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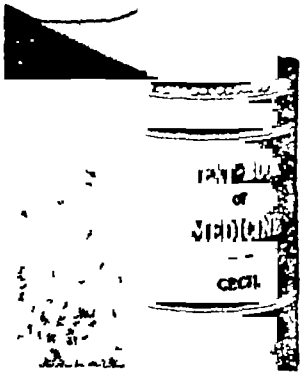
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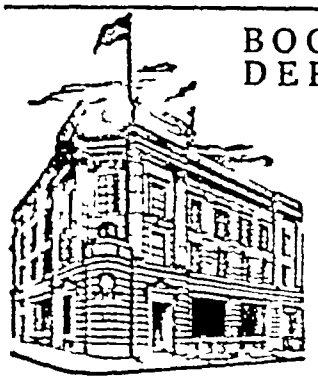
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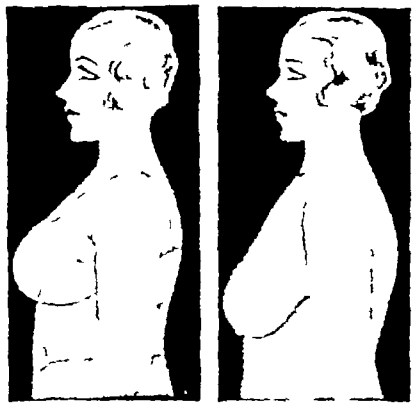


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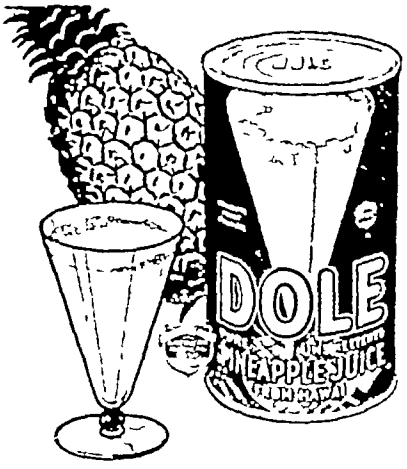
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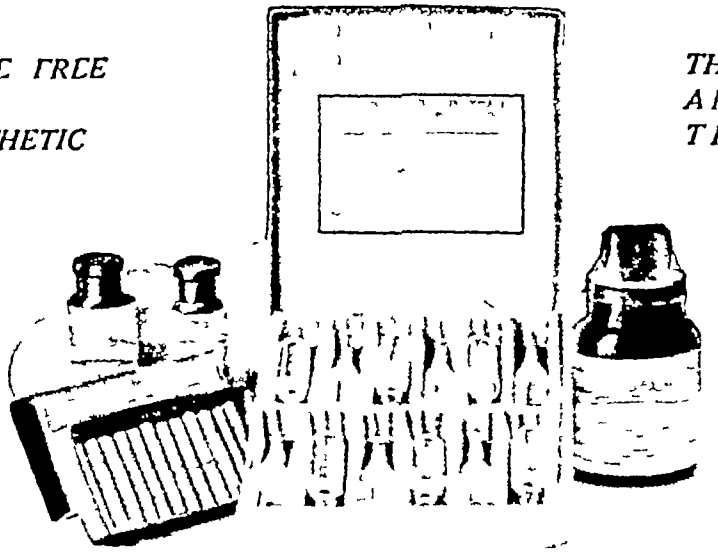
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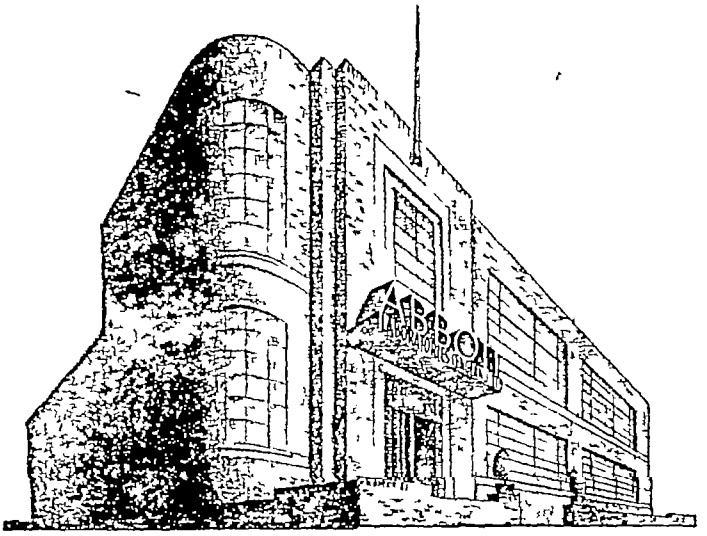
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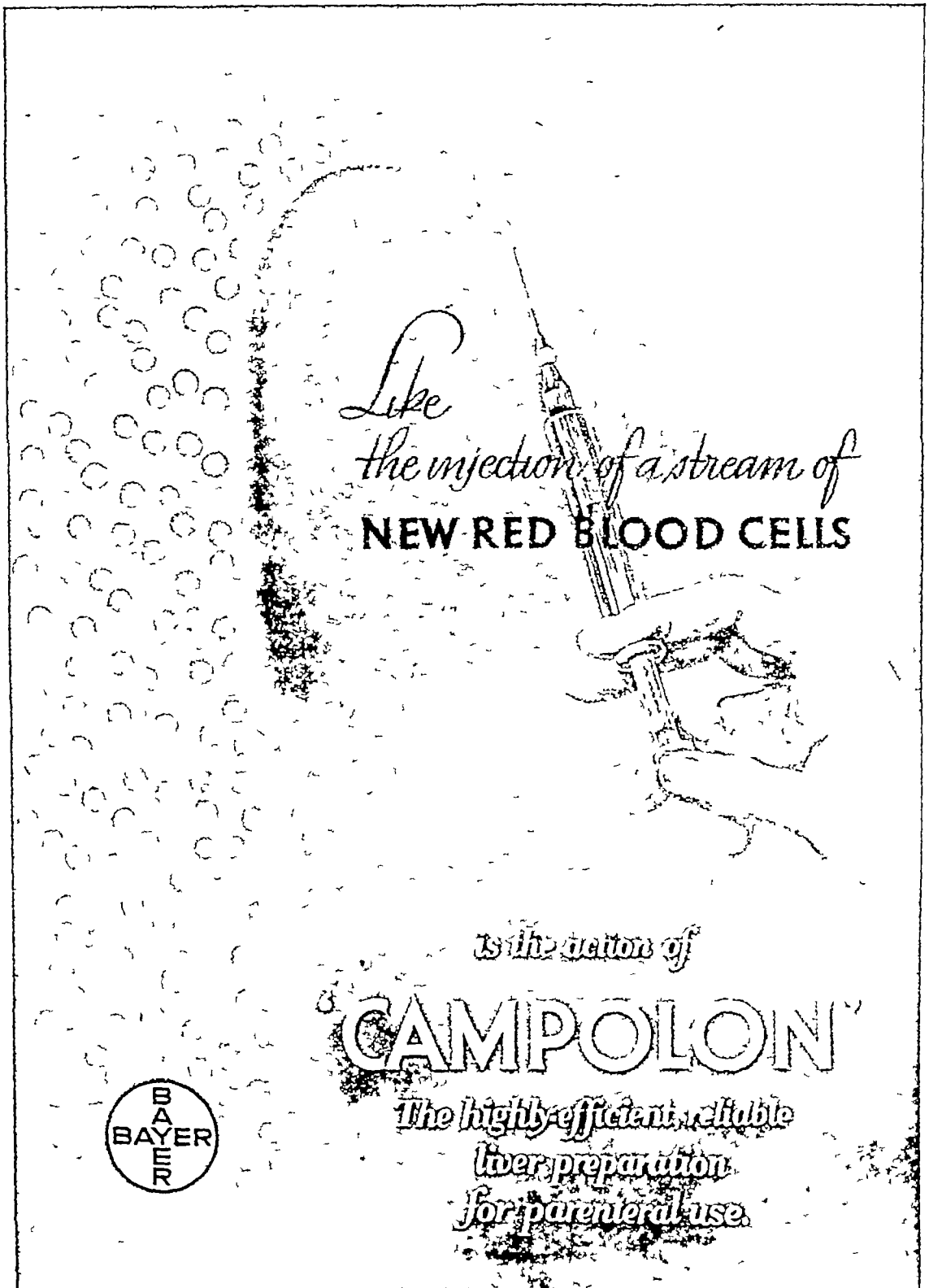
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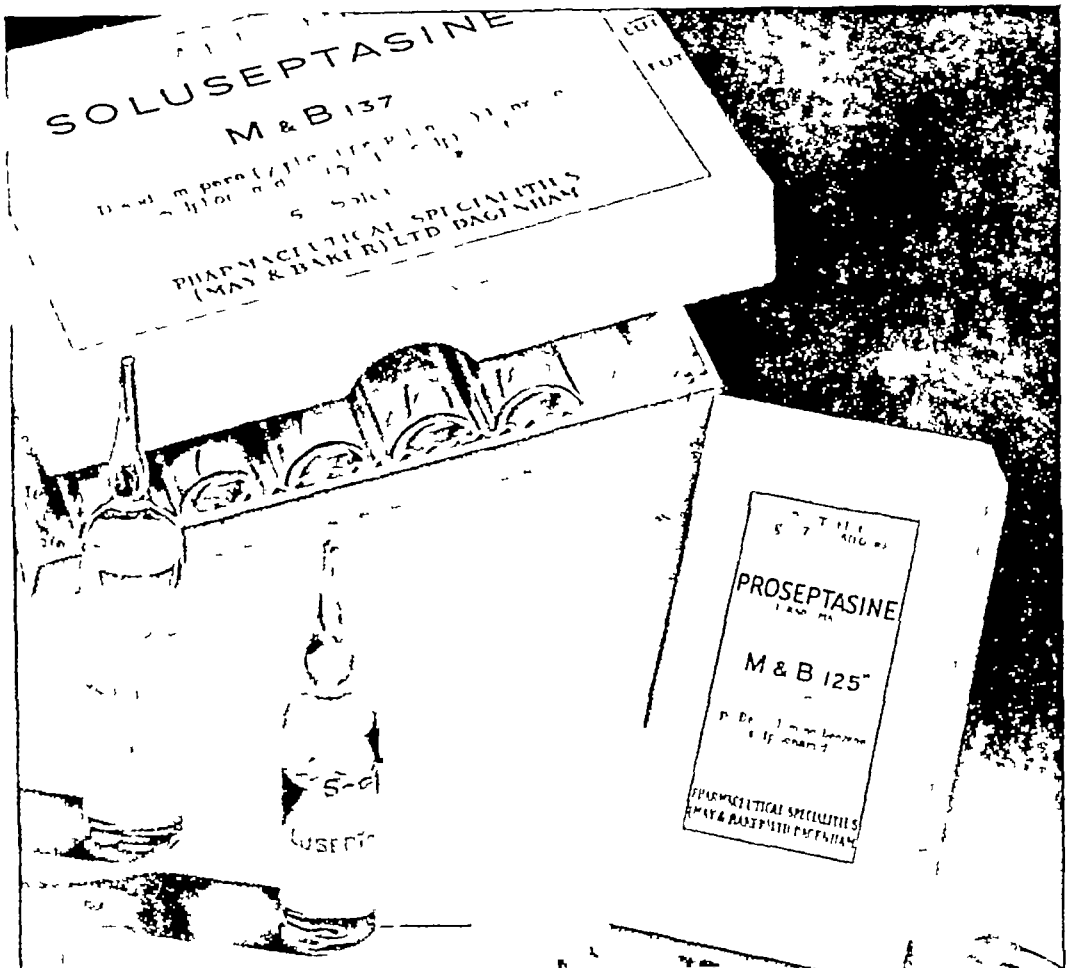
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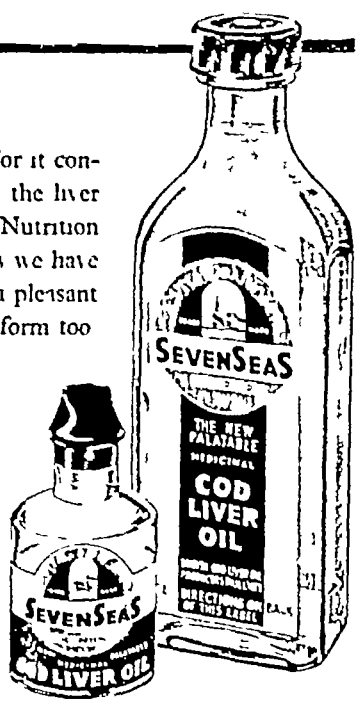
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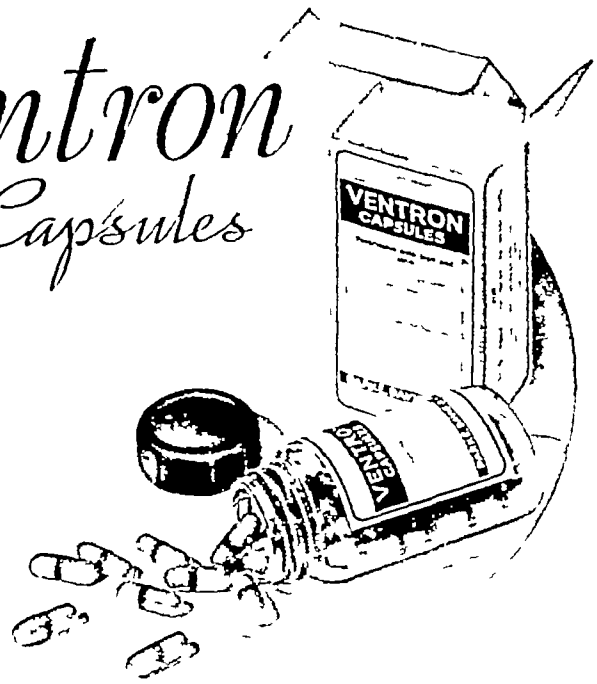
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BRITISH MEDICAL JOURNAL

LONDON SATURDAY OCTOBER 2 1937

CONSERVATIVE TREATMENT OF CANCER OF THE BREAST*

BY

GEOFFREY KEYNES, M A , M D Camb , F R C S

Assistant Surgeon St Bartholomew s Hospital Surgeon Mount Vernon Hospital Northwood

(WITH SPECIAL PLATE)

It is now nearly fifty years since William Stewart Halsted of Baltimore introduced the radical operation for the treatment of cancer of the breast The technique of the operation has undergone modification during that period but Halsted s principle has been accepted throughout the world of surgery and for many years the radical operation has been more or less standardized Moreover the degree of standardization has been some indication of the satisfaction with which surgeons have regarded the results that have been achieved The satisfaction has been only relative because treatment of cancer in all parts of the body has been disappointing The treatment of cancer in the breast has perhaps been less disappointing than in most other positions

Standardization must not however be allowed to create a fixed belief that no further improvement is possible and that any suggested change is necessarily to be regarded with disapproval Most surgeons who have taken the trouble to follow up their patients after performing the radical operation for cancer of the breast are indeed gravely dissatisfied with their results I have described elsewhere (Keynes 1929 1932) the earlier stages of an attempt to find out whether irradiation with interstitial radium needles might be used to mitigate or possibly abolish the necessity for so drastic a form of treatment as the radical operation The present communication embodies the late results obtained in a longer series of patients treated with interstitial radium than has hitherto been recorded Encouragement is to be obtained from a survey of the present treatment of cancer in general for irradiation has virtually supplanted surgical operation in cancer of the tongue mouth and fauces and in cancer of the cervix uteri At one time there was a widespread belief that cancer of the breast is not a radiosensitive neoplasm and it was stated particularly in some clinics on the continent of Europe that satisfactory irradiation of the contents of the axilla is impossible These statements I believe to be untrue and a test is provided by the late results of patients treated by the interstitial method

belief that the patients would do just as well if only a local removal of the breast were performed I must confess that my opinion has now gone to the opposite extreme and I am prepared to maintain that if the axillary lymph nodes are extensively infected dissection of the axilla may be harmful and that if they do not appear to be infected it is unnecessary *provided that radical irradiation is carried out in every patient* I have also to confess that I have had increasing difficulty in accepting any theory of lymphatic permeation by cancer cells since so many of its implications seem to be contrary to experience and to common sense I have been greatly interested therefore in anatomical investigations on lymphatics carried out recently at St Bartholomew s and University College Hospitals by J H Gray (1936 1936a) under the inspiration of Professor H H Woollard By the use of thorotrast and barium lymphatics have been made visible and their course traced more accurately than before and it has been shown that there are no lymphatic plexuses in the deep fascial layers Thus the lymphatic system of the breast lies in the gland and on its surface the main lymphatic trunks passing round the fold of the axilla to the axillary nodes No evidence whatever has been discovered in support of the theory of centrifugal permeation On the other hand normal lymphatic channels are found to connect a carcinoma with infected nodes the only possible inference being that carcinoma cells pass to the nodes as emboli usually without forming intermediate points of growth The supposed permeated channels have been shown to be generally infiltration in planes of tissue cleavage or sometimes to be growth in a venule It follows therefore that widespread operations based upon the permeation theory of lymphatics in fascial planes have no real justification If Gray s observations are correct it will be necessary to revise our conception of the spread of cancer and then perhaps the idea of conservative treatment of cancer of the breast may become less repugnant to us

advanced or inoperable tumours were treated in this way, and the results in fifty of these were examined before it was thought justifiable to extend the procedure to the earlier stages of the disease. It was soon apparent that the belief that cancer cells in the breast were not sensitive to irradiation must be abandoned. Some remarkable results were obtained and although the majority of these patients are now dead from metastases many of them remained alive for periods up to eight years without external signs of disease. Six of them are still alive nearly ten years after treatment and five of the six—that is 10 per cent of the whole—are without any signs of disease.

Two of these patients are shown in the illustrations on the Special Plate.

A patient aged 40 (Fig. 1) came with a large tumour in her left breast which had already produced elevation of the breast and retraction of the nipple. The disease was advanced though still operable. There were palpable lymph nodes in the axilla. She was treated with radium alone after the diagnosis had been proved by biopsy. The picture illustrates her present condition. There is some contraction of the breast which followed the disappearance of the tumour but the patient is without signs of disease ten and a half years after treatment.

A stout patient, aged 57 (Fig. 2) had a very large tumour in the left breast. It was infiltrating the skin and was adherent to the chest wall so that it was judged inoperable. No secondary disease in the axilla could be detected but the patient was so stout that large nodes might have been present. She was treated with radium only and except for a depressed scar in the position of the tumour she shows no trace of her disease nine years later.

When this series of fifty trials of interstitial radium had been completed it was felt to be justifiable to extend the method to treatment of earlier stages of the disease, and from that time to this I have systematically used radium either by itself or in combination with very conservative surgery. The radium has always been applied interstitially in the form of needles, the general principle being illustrated in Fig. 3.

Method of Treatment

The technical details have been described elsewhere (Keynes, 1929, 1932) and need not be repeated here. At the present time the whole breast area is treated with long needles, each containing 3 mg. radium element placed in parallel series from each side and overlapping in the centre. The axilla is irradiated with from four to seven needles, two of which can be introduced into the apex of the axilla through the pectoral muscles. Care is taken to avoid placing a needle in too close proximity to the neurovascular bundle. Three shorter needles are introduced into the area above the clavicle, and, lastly, one of the shorter needles is placed in each of the upper three or four intercostal spaces. Recently, however, I have felt doubtful about the necessity for intercostal irradiation in most patients, and, as these needles are apt to cause pain, I have been tending to omit them. My experience shows that intercostal recurrence is exceedingly uncommon, and in view of Gray and Woollard's work it seems improbable that lymphatic dissemination takes place readily in that direction in the earlier stages of the disease unless it has started at the periphery of the inner part of the breast. The needles are usually left in position for seven days. No radon has been used. Surgical operation, if employed at all, has preceded irradiation, and has been done with the diathermy needle. No dissection of the axilla has ever been carried out, though occasionally an infected gland close to the axillary tail of the breast has been removed.

The patients were carefully observed, and in due course a certain number of failures were noted. These failures were either shown by incomplete disappearance of the primary tumour or by the appearance of recurrent nodules in the breast or in the skin. In a number of patients these residual tumours were removed and examined nine months or more after the irradiation. It was then found that in 50 per cent of them no discoverable cancer remained, the tumour consisting entirely of fibrous tissue. In the other 50 per cent there was evidence of active cancer. This result led to a reconsideration of the procedure, and it was realized that the failures might reasonably be attributed to the physical limitations of radium needles. The penetrating power of the rays is strictly limited, and many of the tumours were too thick and bulky for the gamma rays to penetrate them effectively from below, so that the cancer cells in the centre or at the surface did not receive a lethal dose. Another more theoretical difficulty was the supposed variation in the sensitivity of the cancer cells themselves. I do not attach much importance to the second consideration, but the bulk of the tissue to be irradiated did seem to be a serious obstacle unless the dosage of radium were to be greatly increased, and to this there were other objections. I therefore decided to remove more frequently either the tumour or the breast before irradiation, according to circumstances. Sometimes in the earliest stages of the disease it was desirable to remove the tumour in order to establish the diagnosis. Whenever an operation was done it was as conservative as circumstances would allow, and never was it allowed to extend to removal of the pectoral muscles or dissection of the axilla. In the majority of patients therefore the amount of mutilation was negligible, and, for some, radium was still alone employed without any operation at all. This procedure could only be justified if it was clear that the effect of radium on the axillary lymph nodes was good. It may be stated at once that close observation of the patients over many years has shown that the results in the axilla have been uniformly good. Large axillary nodes have been made to disappear almost with certainty, and they have not recurred. If the axilla did not contain palpable nodes none have developed afterwards. These facts have crystallized the procedure at the present time as follows:

1. Local removal of tumour if it is large or the diagnosis is uncertain, followed by radium.
2. Local removal of the breast if the tumour is very bulky, followed by radium.
3. Never dissect the axilla.
4. Radium by itself may be used (*a*) if the tumour is of moderate size and the diagnosis certain on clinical grounds, (*b*) if the patient refuses operation.

No patients have been treated without histological proof of the disease unless the diagnosis was quite plain from the clinical signs.

If the disease has extended to the supraclavicular nodes when the patient is first seen, this has usually been found to be accompanied by disease within the thorax, so that the patient will often be unsuitable for treatment by radium which, like surgical operation, is essentially a local form of treatment. Apart from the obvious necessity of sometimes rejecting those who showed evidence of metastases in viscera or skeleton, there has been no selection of patients.

Statistical Results

Before considering the figures emphasis may again be laid on the fact that interstitial radium treatment is strictly comparable to surgical operation in that it is a local form of treatment although it can be extended to the area above the clavicle which is not usually included in an operation For this reason no startling improvement in the survival rate was to be expected if radium were used as an alternative to surgery It is the metastases and not the primary disease that usually cause the death of the patient and for that reason I never shared the exaggerated hopes that were at one time placed by some people in the future of radium On the other hand some local advantages were to be expected if the general results seemed to justify its use

For statistical purposes I have divided the patients into the usual three groups

Group I—Disease apparently confined to breast

Group II—Disease apparently confined to breast and axilla

Group III—Disease advanced or inoperable

The statistical results have been very kindly prepared for me by Lady Lorber who as Miss Janet Lane Claypon did so much statistical work on cancer for the Ministry of Health and reliance may therefore be placed on their accuracy

The total number of patients treated by me at St Bartholomew's Hospital at the Mount Vernon Hospital Northwood and privately up to the end of March 1937 is 325 Of these the patients treated within the last three years must be excluded This leaves 250 as the total available for statistical examination They are distributed as follows among the groups Group I 85 Group II 91 Group III 74 Total 250

The net percentage survival rates among my patients have been ascertained by Lady Lorber to be as shown in the following table

	Group	Number	Net Survival	U.C.H. Survival
At three years	I	85	81·5	79·2
	II	91	51·2	51·3
	III	74	31·4	—
At five years	I	85	71·4	69·1
	II	91	29·3	29·5
	III	74	21·6	—

cent for the same periods and probably it is fair to assume that in round figures 80 per cent and 70 per cent may be regarded as average results with the best surgery My figures for radium are slightly above this average I should attach no importance to this small difference were it not for the fact that the statistics in this group are weighted heavily against me When Group I relates to the results obtained by the radical operation the contents of the axilla have been removed and examined histologically so that those patients having infected nodes which were not clinically palpable have been eliminated My Group I on the other hand is necessarily a clinical group only There can be no doubt that a proportion of them would prove to have infected nodes if the contents of the axilla were examined Group I is therefore composed in reality of a mixture of Group I and Group II patients and is more unfavourable than appears on the surface Lady Lorber tells me that there is insufficient material for forming an accurate basis on which to correct this error in grouping Such material as there is indicates that the possible error is in the neighbourhood of 27 per cent She has applied this correction to my series and she then finds that the corrected survival rate for the patients in Group I is as follows

Survival Rate in Group I Corrected for Probable Clinical Error

At three years	64·8%
At five years	86·3%

I must confess that these figures surprise me and they are only published in print with the warning that they contain an element of conjecture I think it is fair to assume however that if the correction could be accurately made the true survival rate for Group I patients would be substantially higher than appears in the table given above

In Group II the survival rates of approximately 51 per cent and 29 per cent at three and five years are almost exactly the same as the figures from University College Hospital In this group so many of the patients are necessarily doomed to die from metastases which have already started when they first come for treatment that little improvement in the survival rate could be expected

In Group III where I obtained a survival rate of approximately 31 per cent and 24 per cent at three and five years it is impossible to give any comparable figures from surgery since so many of the patients are judged wisely enough to be inoperable The survival rate that has been obtained among these patients is the more remarkable when it is remembered that they represent the group that the surgeon knows he cannot

The Survival Rate following Radium Treatment

It is perhaps idle to seek at present for any definite cause to account for the apparent rise in the survival rate of Group I patients following radium treatment I can only point out that the radical operation has a definite operative mortality It is in the neighbourhood of 3 per cent according to the University College Hospital figures Radium on the other hand, has virtually no operative mortality Up to the present time only one patient has died while under treatment and she was found to be suffering from advanced disease of the heart with failure from which she might have died at any moment This operative mortality would probably militate more against Group II patients suffering from more advanced disease than against Group I Nevertheless elimination of this mortality might make a difference of 1 per cent in Group I Secondly, the radical operation undoubtedly delivers a knock-out blow from which many patients do not really recover for a considerable time and it is possible that their resistence to the disease (whatever that may be) is lowered by the shock they suffer The shock from interstitial radium on the other hand is virtually *nil* so that here again an advantage may result, though this is theoretical Lastly, there is the complete elimination of surgical interference with the lymphatic system of the axilla I think it is not impossible that this dissection is commonly performed may sometimes disseminate the disease when it has been temporarily held up in the neighbourhood of the axillary lymph nodes Interstitial radium on the other hand irradiates cancer cells in that position without disturbing them and this may possibly be a real factor in giving a better survival rate Again this is theoretical, and I am sure that more knowledge must be obtained concerning the exact mechanism of the dissemination of cancer before the matter can be settled to our satisfaction This suggestion is put forward however particularly in view of the results from the use of radium in Group I and in view of the work of Gray and Woollard, which these authors think points to dissemination being largely embolic They even deprecate on this basis any more handling or squeezing of a cancerous breast than is absolutely necessary I have often wondered in past years, as I watched patients being examined by twenty or thirty students in succession, whether this might not be seriously affecting their expectation of life, and now it seems as if the answer may be in the affirmative Gray and Woollard are of the opinion that my suggested explanation of the improvement in Group I with radium is probably correct

Comparison with Radical Surgery

I can lay claim to speak without any anti surgical bias, since pure surgery is the chief preoccupation of my life Yet I feel that it must be the ambition of every conscientious surgeon to assist in the gradual elimination of any operation so extensive and severe as the radical operation for cancer of the breast I cannot help, therefore, being interested in noting what may be achieved apart from statistics by the conservative method I have described in comparison with radical surgery No one can deny that radical surgery often entails, in addition to an appreciable operative mortality a really hideous mutilation There is, as a rule, remarkably little limitation of strength and movement of the arm, unless the interference with the axilla results (as it not infrequently does) in an obstruction of the lymphatics of the arm with its attendant swelling and helplessness This state of affairs when it occurs is very distressing indeed Again routine radical surgery does apparently sometimes result in actual dissemination of the disease with widespread recurrences in the skin flaps and their surroundings It is impossible to escape the conclusion that radical surgery does occasionally do more harm than good Lastly and I believe very importantly there is the psychological aspect Most women know what is meant by surgical treatment of cancer of the breast and I am sure that very often they are intimidated by the prospect Surgeons constantly bewail the fact that patients will not come for treatment soon enough, very often hiding their disease until two years or more have elapsed since it was first noticed I am afraid it is the fact of surgery that is partly responsible for this attitude on the part of the patients They are afraid of it and frankly I am not surprised that they should be It is this feeling that deters them from seeking advice, and so prevents any considerable improvement in the end results such as might follow earlier diagnosis and earlier treatment in the aggregate.

Advantages of Conservative Treatment

The advantages of conservative treatment such as I have outlined are as follows The mutilation is usually slight and very often may truthfully be called negligible The Special Plate gives a few examples of the present state of patients some time after treatment

Mrs B aged 38 (Fig 4) had a nodule of growth in the axillary tail of the right breast It was excised with diathermy and radium treatment was given in August 1931 Six years later she is without signs of disease

Mrs W aged 38 (Fig 5) had a similar history The lump was excised and she was given radium treatment only She also is without signs of disease six years later There has been some contraction as the result of the disease and the treatment and the breast is somewhat elevated in comparison with the other

Mrs C aged 34 (Fig 6) was treated recently by excision of a nodule of cancer in the right breast and then by radium Eleven months later the breast is virtually normal

Mrs C aged 61 (Fig 7) had a small tumour in the upper part of the left breast The treatment was the same as in Mrs C above and one year later the breast is normal

There can be no doubt of the aesthetic advantages of conservative treatment

Mrs N aged 39 (Fig 8) when first seen had a very early carcinoma in the outer part of the right breast This was treated by excision followed by radium to the outer half of the breast only She remained well for nearly five years and then showed signs of a second carcinoma in the centre of the same breast with deviation of the nipple The patient refused operation and was treated with radium only Eighteen months after this a very small nodule in the left breast which had been under observation for some time became larger and there was a blood stained discharge from the nipple This nodule was excised and proved to be a third carcinoma and radium was inserted in the breast The patient now shows some contraction of the right breast which has had two treatments but is otherwise quite well more than eight years after being first treated She would rather have died than submit to removal of a breast and is unique in my series in having had treatment for three primary growths apparently with success

With conservative methods there is, as already stated, virtually no operative mortality and there is never any operative shock I have never seen lymphatic oedema of the arm which was due to radium If it occurred, it

was always due to metastatic disease in the thorax Widespread local recurrences after radium treatment are very uncommon, and they do not ever appear to be attributable to the treatment. Finally, a number of patients have been encouraged to undergo treatment only because they were to be spared the mutilation entailed by surgery Patients have sometimes said and written to me most moving things in this connexion, and I have no doubt that if conservative treatment were to be commonly practised it would finally have the result of bringing more patients to the benefits of early treatment, and so improve the end results

Some Disadvantages

Against these advantages of conservative treatment must be set certain disadvantages There is for example, the difficulty of the interpretation of results I have already mentioned the possibility of there being a residual tumour after treatment by radium alone, and the difficulty of knowing whether this contains active carcinoma or not In addition to this there is the post irradiation fibrosis which is apt to appear as long as two years after treatment in the positions where the irradiation has been most intense It is particularly liable to occur on the inner wall of the axilla and many of my patients have fibrous lumps in that situation which would unquestionably be diagnosed as recurrent cancer by inexperienced observers Needless excisions of these lumps and long experience have enabled me to distinguish confidently between fibrosis and recurrence, but it is clear that they introduce real difficulty in the way of widespread adoption of the method Eighteen months ago I treated a lady for a very early cancer of the breast and subsequently she returned to South America Events then took place which greatly alarmed the surgeons in Brazil, and afterwards in Baltimore though I feel sure in my own mind that the patient did not have a recurrence of carcinoma

Another disadvantage of the conservative method is the increased liability to neuralgia or "rheumatic pains in the treated areas It is true that every woman who has had a cancer of the breast is likely to exaggerate slight pains into worse ones because she always thinks that pain indicates recurrence Nevertheless, the treated areas do certainly remain for some time more likely to give rise to pain than an operation scar and the patients are to that extent more conscious of their past experiences I have never encountered among my patients a true brachial neuritis due to placing needles too close to the brachial nerve trunks I have seen it produced however in another clinic, and it must be remembered that radium needles are dangerous weapons if used with insufficient skill (but so it may be answered, is a scalpel or almost any of the instruments we are accustomed to use in surgery) Post-irradiation fibrosis may also affect the pectoral muscle and produce some degree of limitation of movement This is greater when the position of the disease in the breast or axilla necessitates placing a large dose of radium over and under the border of the pectoral muscle In treating early disease this is not necessary and the resulting limitation of movement is negligible

Conclusions

The foregoing account of a clinical investigation which has now extended over fourteen years seems to me to show that the treatment of carcinoma of the breast may justifiably be made much more conservative than it usually is, provided that the necessary facilities for irradiation are available Statistics appear to demonstrate that a definite improvement can be obtained in the most favourable group of patients by judicious use of interstitial radium alone, or of radium combined with very conservative surgery The rapid improvement in x ray technique now taking place suggests that x rays may perhaps be used as an alternative to radium according to circumstances The treatment here advocated is however conservative rather than purely radiological, and details of the technique will no doubt undergo further modification The general trend of surgery in the treatment of cancer is away from the very extensive operations formerly in vogue, and I believe that this may be found to be true of the future treatment of cancer of the breast My own results with conservative methods encourage me to proceed in that belief

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TUMOURS OF BONE*

RESPONSIBILITIES OF THE PATHOLOGIST

BY

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(With Special Plate)

This is the second occasion within a year on which radiologists surgeons, and pathologists have met to discuss the same or very much the same problem At the Royal Society of Medicine meeting in January it was urged by the radiologist and by the pathologist that the closest co-operation must exist between the clinician, pathologist, and radiologist As I understand it co operation in diagnosis means nothing more nor less than a fair co ordination of responsibility, with a spice of mutual understanding and good will Therefore I should like to summarize at this meeting the responsibilities as I see them which rest upon the pathologist in respect of tumours of bone

1 Correlation of Radiography with Pathology

After every amputation of a limb for a bone tumour, and during every post-mortem examination of a subject in which there is a deep-seated or inaccessible bone tumour the pathologist should bisect the bone containing the lesion at right angles to the plane of the best radiograph available or in such other plane as will best facilitate the interpretation of the radiographs This is better done of course, after consultation with the radiologist Next the pathologist must determine the histological structure or classification of the growth And then the radiologist and the pathologist together, with the surgeon if he is interested, should correlate the macroscopical and microscopical appearances of the growth with the radiographs I need hardly say that the radiographs must be recent if the correlation is to possess any degree of accuracy If no recent radiographs

* Read in opening a discussion at a joint meeting of the Sections of Pathology Bacteriology and Immunology and of Radiology at the Annual Meeting of the British Medical Association Belfast 1937

are available it is desirable to take fresh radiographs after amputation, or post mortem as the case may be before the specimen is interfered with In this connexion I have much pleasure in expressing my warmest thanks to my radiological colleagues in the Royal Victoria Hospital—Drs Beath and Montgomery—for their inexhaustible kindness and help For the purposes of correlating radiographs with pathology there is no technical procedure which can approach the preparation of paraffin sections of the whole tumour or segments thereof approximately 4 in by 3 in if the tumour is very large These sections mounted and stained on a clean quarter plate can then be projected on a screen by means of the episcope Three examples are illustrated (1) an osteogenic sarcoma of the tibia invading the knee joint (2) an osteolytic sarcoma (Geschickter) of the femur and (3) a Ewing sarcoma of the upper end of the tibia following irradiation (positive radiodiagnostic test) In passing I may say that the application of the radiodiagnostic test in any surgically accessible and radiographically apparent bone lesion of doubtful nature always fills me with alarm The lesion in this case was a Ewing sarcoma which had been regarded clinically as a Brodie's abscess Eventually a biopsy was done and the diagnosis was returned within twenty four hours The patient aged 21, serving in the Royal Irish Fusiliers refused amputation and intensive irradiation was instituted immediately The local result was good but meanwhile a swelling slowly appeared above the knee Amputation was performed a month later and then it was discovered that the supracondylar pouch of the knee joint was filled with tumour tissue The Ewing tumour is very generally admitted to be the most radiosensitive of all bone sarcomata without exception and yet in this case extension occurred during radiation treatment The patient died five months later with widespread metastases in his skull sternum and other bones In my opinion the radiodiagnostic test is apt to postpone amputation until it is too late

I have no doubt that careful correlation of radiography with pathology is practised to a greater or less extent in all the larger centres, but the subject is important enough to bear repetition Also it has the great merit of being above and beyond criticism and controversy

2. Biopsy

When we turn, however to the second responsibility or function of the pathologist—namely, to the diagnosis of bone tumours by biopsy—we discover a violent clash of opinion In some centres, of which the Royal Victoria Hospital in Belfast is one an 'open' biopsy is carried out as a routine procedure in every doubtful but accessible lesion of bone before any major mutilating operation is undertaken In other centres radiologists surgeons and pathologists are opposed, root and branch to the procedure of biopsy on the grounds that it is dangerous, unreliable and often misleading and unnecessary If they are right it is evident that the practice of the Royal Victoria Hospital is not only wrong but dangerously wrong, if they are right we cannot mend our ways too soon

Arguments for and against Biopsy

Our first requirement is to discover the essential facts upon which we can all agree, whatever our creed We can surely agree that the diagnosis of a bone sarcoma is a matter of urgency—of greater urgency perhaps than in any other malignant tumour According to the statistics of the American Registry of Bone Sarcoma the 'five-year cure' rate does not exceed one in seven In other words radical treatment in America has been delayed beyond the time of dissemination of the growth in six cases out of seven We have no comparable statistics in this country and for all that we know our results may be worse than the American ones Evidently we must diagnose bone sarcoma earlier and earlier before we can expect any significant improvement in the prognosis following radical treatment such as amputation or wide resection We must diagnose it in short before the surgeon can diagnose it on clinical examination alone

There are only two more precise diagnostic procedures which need to be considered in the present state of our knowledge—namely radiography and biopsy The radiodiagnostic test is omitted deliberately Radiography takes precedence in the procedure of diagnosis and should never be omitted If the radiograph is convincing enough radical treatment must be carried out with the least possible delay If the radiograph is not quite convincing—and in the early stages sarcoma can be confused readily with tubercle or with a Brodie's abscess so that the stakes are a limb against a life—what are we to do? We can either perform a biopsy at once or we can wait for a month or for three months or even longer until the radiographic diagnosis is unmistakable Our choice of procedure must undoubtedly be compelled by the relative merits of serial radiography and of biopsy in respect of (*a*) danger to the patient or risk of dissemination of viable tumour cells (*b*) reliability and (*c*) necessity because these are the three respects in which biopsy is challenged and often condemned

(a) Risk of Dissemination of Tumour Cells

Biopsy is attended by the risk of dissemination of viable tumour cells because the surgeon must divide many of the vascular channels of the growth in procuring the specimen for examination Serial radiography, because it postpones amputation or resection for a variable period, is attended by a risk of the same kind No one can determine directly which of the two risks is the greater because each individual case of bone sarcoma in man is an uncontrollable experiment If, however secondary growths make their appearance at any time after the execution of a biopsy the unfortunate biopsy is invariably incriminated by the opponents of the procedure, whereas if secondary growths appear after serial radiography or the radiodiagnostic test without the intrusion of a biopsy, such secondary growths are regarded piously as an act of God This conclusion is merely a stultification of reasoning and, as I hope to show, may not be altogether just to our Maker

Before we can reasonably proceed to a critical analysis of the risks attending biopsy and serial radiography respectively in the diagnosis of bone sarcoma we must close certain gaps in our knowledge of what might be called the biological behaviour of malignant tumours of bone For example, we all know that these tumours are peculiarly liable to metastasize, but we can merely do our best to interpret the reason It is scarcely possible, even if it were prudent, to make experimental observations on any bone sarcoma directly Fortunately for our immediate purpose Nature carries out an appropriate experiment which is not uncommonly observed This natural experiment takes the form of an intrinsic tumour of the brain growing within the bony shell provided by the cranium Such a tumour may be present for months or for years, for all that we know, and may be symptomless so long as its growth can be compensated by adjustment of the

cerebrospinal fluid As the growth proceeds beyond this point the hydrostatic pressure of the whole cranial contents gradually rises affecting tumour and healthy brain tissue alike This increased pressure is evidenced by flattening of the cerebral convolutions post mortem The gradual and natural increase of pressure attending the gradual growth of the tumour is subject to a more sudden increase, irregularly from time to time, owing to the occurrence of haemorrhages into the growth Indeed occasionally a single large and fatal haemorrhage may occur into an astrocytoma which has been previously symptomless A malignant tumour of bone, either endosteal or periosteal, is growing under mechanical restraint from a very early stage of its development and it is a fair conclusion that its hydrostatic pressure will be higher than that of another sarcoma growing in soft tissues We all know that haemorrhages are liable to occur into the substance of a bone sarcoma under natural conditions Each of these haemorrhages must be attended by a further focal, perhaps momentary, rise of hydrostatic pressure whereby tumour cells could be propelled actively into the gaping vascular channel which had been the source of the haemorrhage In my opinion the hydrostatic pressure which we cannot see under the microscope is a far more important factor in the dissemination of viable tumour cells in a bone sarcoma than the rich vascularity of the growth which we can see This conception is not put forward as a scientific fact, because the physical problems involved are so highly complex, it is advanced as a reasonable hypothesis

We have to apply this hypothesis not to one but to two alternative surgical procedures in the execution of a biopsy First, there is the modern or improved method (Hoffman, 1931), which consists in the puncture of the bone sarcoma by a wide bore needle attached to a 20 c cm syringe, the tumour tissue is cored out and strong suction is made (Coley, 1935) There can be no doubt at all that haemorrhage will occur into the growth following such interference and that the hydrostatic pressure will rise according to the volume of the haemorrhage This method is described as 75 per cent reliable, and is merely asserted to be safe According to my view it would be better described as 100 per cent dangerous

The second or alternative method is the simple old-fashioned one of incising the periosteum or, it may be, the cortex of the bone over the bone sarcoma more or less freely and always gently Decompression should occur gradually After a short interval to ensure that the hydrostatic pressure shall have fallen a representative portion of the growth is excised with a sharp knife Blood escapes more or less copiously into the wound, but *not* into the substance of the growth Thus a rise of hydrostatic pressure is avoided According to my view this method should be as nearly as possible safe"

Let us now try to compare and contrast the risks of an open biopsy (that is one executed by free incision) with those arising from lapse of time occasioned by the requirements of serial radiography in the diagnosis of bone sarcoma Every single malignant tumour in man is an uncontrollable experiment The best that we can do is to study the operation of the factors of biopsy and of time in large scale and adequately controlled experiments with malignant tumours in animals Wood (1919) took 673 rats which had been inoculated with the Flexner Jobling rat carcinoma—an adenocarcinoma which metastasizes readily to the regional lymph nodes and by way of the blood vessels to the lungs These tumour-bearing rats were divided into three groups In the rats of Group I a portion of each tumour was excised aseptically (biopsy factor) and the skin sutured over the wound Ten days later the remaining portions of these tumours and the intact tumours of the rats in Group II (biopsy and time 'control') were excised (to prevent further dissemination from the primary site) The rats in Group III (time or serial radiography factor) were left untouched All the animals in the three groups were killed approximately five weeks from the beginning of the experiment The incidence of metastases in Groups I and II was 22 2 per cent and 21 8 per cent respectively Thus the natural liability to metastases was *not* increased significantly by the procedure of open biopsy The incidence of metastases in Group III was 32 2 per cent. Therefore in this particular rat carcinoma, under the experimental conditions stated undisturbed growth for three to four weeks resulted in a considerably higher incidence of metastases than the procedure of biopsy followed ten days later by resection Similar results were obtained with 384 rats implanted with the Crocker Fund rat sarcoma No 10 It is not permissible to translate the results of these rat experiments directly to bone sarcoma as it occurs in man, because the biological behaviour of the rat and human tumours is so vastly different For example human bone sarcoma is more prone to metastasize

We are now in a position to study the statistical analysis of bone sarcoma in man, with reference to survival, as carried out by the American Registry of Bone Sarcoma It might be mentioned that the period of this survey preceded the introduction of the modern puncture method of biopsy

Very briefly there are seventy-four "five-year cures of osteogenic sarcoma "It is interesting to note that twenty of the cases had some form of operative procedure on the tumour at periods of one day to five years prior to amputation These operative procedures consisted of single or multiple biopsies curettages, explorations, excisions, or resections (Crowell 1935)

These results have puzzled, not to say grieved, the opponents of the procedure of open biopsy How have they received them? Their lament has echoed across the Atlantic from New York to London And what has been the burden of their lament? How many more would have been alive this day *if there had been no biopsy*! Their lament comes from the very heart of their preconceived idea that an open biopsy is a highly dangerous if not a lethal procedure Therefore it is all the more astonishing from their point of view that several of the patients survived more than one exploratory operation It has been so often asserted as a fact that an open biopsy in bone sarcoma is a procedure highly dangerous to life that it is now very generally accepted as a fact without a single vestige of proof Indeed, there can be no scientific proof in this issue because no man knows when dissemination of viable tumour cells occurs in bone sarcoma except that it occurs early Surely it is unnecessary to point out that the whole purpose of the American Registry of Bone Sarcoma will be defeated if the facts it brings to light are allowed to be overthrown by a preconceived idea—even if that preconceived idea is one precious to the hearts of many surgeons, many radiologists and not a few pathologists

Scanty as the figures are they tell us that an *open* biopsy is not lethal They suggest the possibility in the light of Wood's experiment on rat sarcoma and rat carcinoma that an open biopsy may not even be dangerous

(b) Reliability of Biopsy as a Diagnostic Procedure

Every means has been used to discredit biopsy as a diagnostic procedure in bone tumours. It has been stated by some radiologists and by some surgeons that biopsy is 'unreliable and often misleading'. If there is any truth at all in that statement surely the radiologist, the surgeon and the pathologist concerned should co-operate more closely to improve their joint efforts. It has been stated by some few radiologists that radiography is a more *conclusive* diagnostic procedure than biopsy! In considering the relative merits of radiography and biopsy in the diagnosis of lesions of bone from the very outset we must avoid an elementary mistake which is too commonly made by the masters of radiology. It is not reasonable to match a pathological David with a radiological Goliath. For any fair test of the kind deplorable as such a test must always be we are bound to presume that the radiologist the surgeon and the pathologist participating in the test each knows his job. If these conditions are fulfilled it is merely absurd to continue the discussion because the microscope is an instrument of infinitely greater precision than the radiographic machine. The microscopist will occasionally make false interpretations of his material if he is human so also will the radiologist if he is not superhuman. The precision is a function of the instrument not of the man. In stating these facts I do not disparage the magnificent achievements of radiography but merely recall that like every other science, including pathology, radiography has its limitations. One would not use a microscope to diagnose a simple fracture of the humerus, let us say because that is the job of the radiographic machine. On the other hand if the fracture were a pathological one the microscope might inform the radiographic machine that the real lesion was a secondary hypernephroma and direct it to the kidneys, the radiographic machine would inform the microscope which of the two kidneys was involved. In short radiography and pathology (in the procedure of biopsy) are not rivals the two sciences are complementary, one to the other.

(c) Necessity of Biopsy and Summary

The one sure fact that we know about the biological behaviour of bone sarcoma is that it metastasizes early. Probably, but not certainly, dissemination of viable tumour cells has already occurred in most cases before a single radiograph can be convincing enough to justify any operation so radical as amputation or wide resection. Serial radiography and the radiodiagnostic test are dangerous by reason of delay in amputation. We know that an open biopsy in bone sarcoma is not lethal, and there is no direct proof that the procedure is dangerous—although it may be so in fact. On the other hand there is experimental evidence in malignant tumours of the rat that a free biopsy is probably not dangerous at all, and certainly less dangerous than lapse of time. There is a faint hope, founded on a reasonable hypothesis, that decompression of the growth may minimize the risk of dissemination of viable tumour cells by lowering the hydrostatic pressure of the tumour tissue.

If these data are acceptable it seems to me that the following routine should be adopted as a logical procedure:

(1) In every surgically accessible and radio-apparent bone lesion which might *conceivably* be a bone sarcoma by reason of radiographic appearances site age of patient and symptoms, decompression by open operation should be carried out as soon as possible.

(2) During this open operation a piece of tissue large enough to be regarded as a fair sample of the lesion should be excised carefully for the purposes of microscopical diagnosis. If the pathological report is not conclusive another piece of tissue should be excised as before with the least possible delay.

(3a) If the lesion is proved to be a bone sarcoma amputation or wide resection should be carried out immediately.

(3b) If happily the lesion is not bone sarcoma other appropriate measures should be applied.

This broad statement of policy is submitted as a contribution towards a more enlightened procedure in the early diagnosis and early treatment of bone sarcoma.

I have to acknowledge with many thanks the helpful advice of my colleague Professor K. G. Emeléus M.A. Ph.D. professor of experimental physics Queen's University, with regard to the physical principles cited in the discussion. I have also much pleasure in thanking two of my technical assistants Mr. D. Mehaffy and Mr. J. Davidson for the willing help they have given me in preparing giant sections on my behalf.

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THORACOPLASTY WITH EXTRAFASCIAL APICOLYSIS*

BY

CARL SUMB, M.D.

The so-called collapse therapy in pulmonary tuberculosis has been developed mainly on an empiric basis. As far as thoracoplasty is concerned this collapse therapy should first and foremost be a cavity therapy. Cases without cavities may heal without thoracoplasty. Infiltrations in other parts of the same lung or in the other lung may disappear after collapse of the cavity.

According to our present knowledge of collapse treatment three requirements have to be satisfied by a thoracoplasty. (1) It should cause a *complete* collapse of the cavity, (2) it should cause a *selective* collapse of the cavity. (3) the operative risk should be *small* not above 1 to 3 per cent. mortality.

1. Complete collapse of the cavity should be carried out because an open uncollapsed cavity represents a potential danger of spreading the disease. The so-called immobilization of the lung by thoracoplasty with incomplete collapse has never been shown to cure pulmonary tuberculosis in a large series of cases. Our follow-up examinations of thoracoplasty patients show that cases with persistent cavities (found by radiographs) after thoracoplasty always sooner or later produce positive sputum. In patients with positive sputum following thoracoplasty a cavity in the lung is usually demonstrable by radiographs.

2. A selective thoracoplasty should be performed for the following reasons. Before operation patients with pulmonary tuberculosis have a diminished respiratory function and therefore need to preserve healthy lung volume as much as possible. The disease may affect the other lung which may also require collapse treatment. A too extensive collapse at the first operation may exclude bilateral treatment. An extensive thoracoplasty is more dangerous than a limited one (Morriston Davies, 1933).

3. In a chronic lesion like pulmonary tuberculosis a low mortality rate is essential. A high operative risk not only

* Read in opening a discussion in the Section of Tuberculosis at the Annual Meeting of the British Medical Association, Belfast, 1937.

frightens the patient but makes him postpone the operation until a terminal stage From the patient s point of view it is ' better to live with a cavity than die without one

Localization of the Cavity

This plays a part in the question of a selective thoracoplasty In 177 cases chosen for thoracoplasty 90 per cent of the cavities were localized to upper lobes only Cases with middle or lower lobe cavities had upper lobe cavities also According to this, 90 per cent. of cases need a

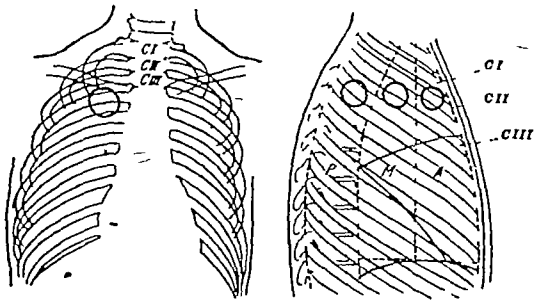


Fig 1 —Localization of the cavity Roentgen examination on two planes P = posterior area M = medial area A = anterior area

partial collapse of the upper lobe, only 10 per cent require total thoracoplasty The lateral film shown in Fig 1 is divided in three areas—the anterior, the medial and the posterior In 102 unselected cases 84 per cent of the cavities involved the posterior area of the lung mostly in combination with the medial area No cavity was localized to the anterior area only

The main question in thoracoplasty is therefore to produce collapse corresponding to the diseased part of the lung—that is, the upper and posterior region

retraction I therefore prefer the name relaxation therapy to that of ' collapse therapy The retraction of the lung by artificial pneumothorax occurs concentrically from the surface towards the hilum and this retraction takes place not only in one plane but in three planes—frontal, horizontal, and sagittal (see Fig 2) In performing thoracoplasty we should aim at mobilizing the lung in a manner similar to artificial pneumothorax, in order to enable that organ to retract concentrically towards the hilum, from the side from behind, from in front, and from above, and eventually from below

Ordinary Methods of Thoracoplasty

Sauerbruch s (1930) total paravertebral thoracoplasty produces a collapse mainly from the side This is often incomplete non selective, and even contraselective as regards the upper lobe cavities The more radical resections of the upper ribs (Graf 1936) produce more extensive and localized collapse from the side In order to obtain sufficient collapse Alexander (1932) and Maurer (1935) advocate resection of ribs far beyond the limit of the cavitation, and this makes the operation less selective The transverse processes are resected also

The practical results show that these methods, even the most extensive ones, cannot in all cases produce sufficient collapse of the upper lobe cavities The reason is in my opinion, that they fail to reproduce the mechanical effect of the artificial pneumothorax Even after the most extensive rib resection the lung remains fastened, upwards medially and posteriorly by adhesions which prevent it from retracting downwards This mechanical situation is similar to that in an incomplete artificial pneumothorax in which intrapleural adhesions above the upper lobe of the lung hinder retraction downwards, thus keeping the cavity open

In order to produce a free mobilization of the upper lobe in selective collapse the thoracoplasty should generally be combined with apicolysis The combination of

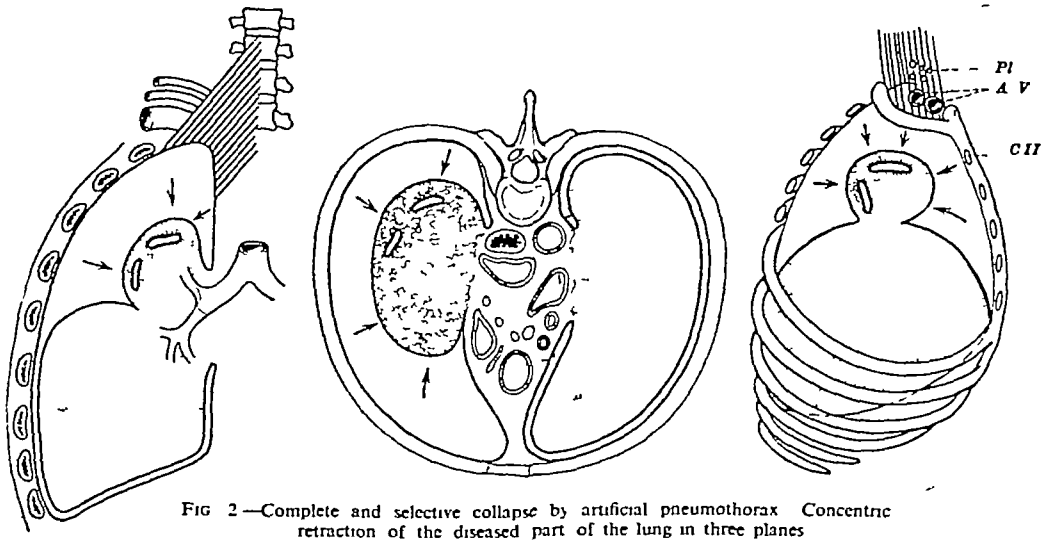


Fig 2 —Complete and selective collapse by artificial pneumothorax Concentric retraction of the diseased part of the lung in three planes

Mechanical Principles in Thoracoplasty

Of the different methods of "collapse treatment, artificial pneumothorax in the absence of adhesions at present seems to yield the best results In view of this artificial pneumothorax in my opinion should form the model for the thoracoplasty with regard to the mechanical effect on the lung The artificial pneumothorax liberates or relaxes the lung s own natural ability of spontaneous

thoracoplasty with apicolysis has been tried by Bull (1930), Lilienthal (1937), Sauerbruch (1930) Nissen (1931), Holst (1932) and Lauwers (1929) as different varieties of the so-called "extrapleural apicolysis—that is a blunt separation of the parietal pleura from the chest wall (endothoracic fascia periosteum of ribs) This method has the following disadvantages (*a*) it may be difficult dangerous or impossible to perform (*b*) it produces an incomplete collapse

(*a*) The performance of the extrapleural apicolysis may be difficult or impossible owing to peripleuritis which alters the normal anatomy about the apex of the lung, causing adhesions between the parietal pleura and the surroundings A risk of penetrating the cavity or the subclavian vein also exists I have for this reason performed the apicolysis in a more external layer, outside failure This extrafascial technique seems to solve the technical difficulties of apicolysis In cases without peripleuritis this type of apicolysis is easily performed by blunt dissection

(*b*) An extrapleural apicolysis may bring about an incomplete collapse The extrapleural cavity becomes filled with exudate and air, producing an immediately effective

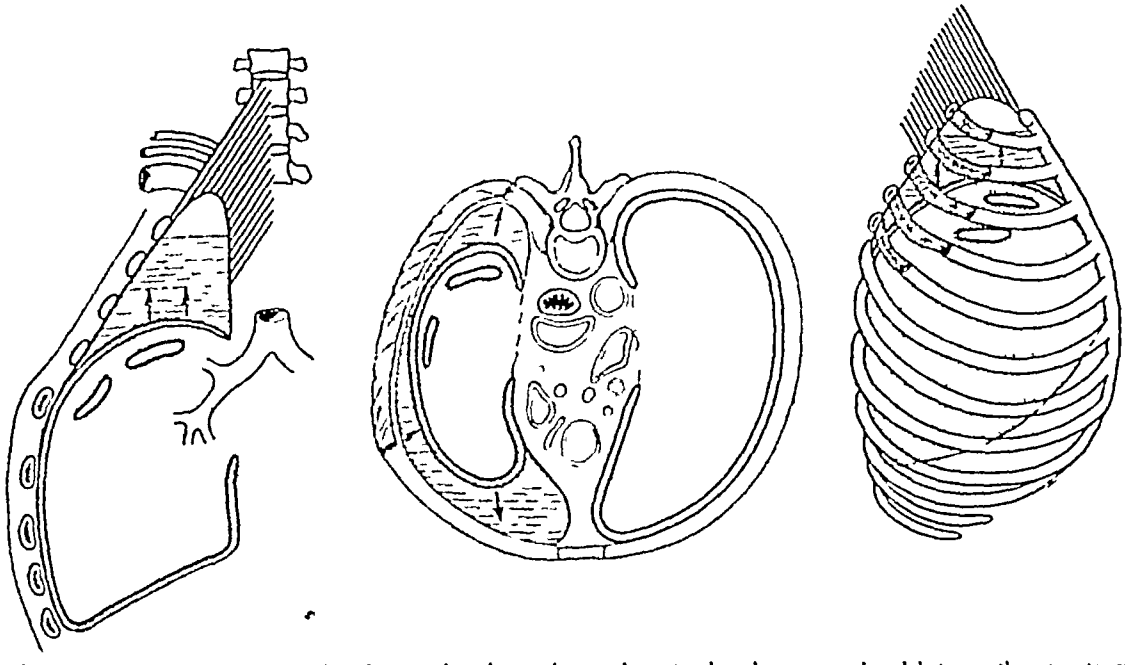


FIG 3 Thoracoplasty combined with extrapleural apicolysis—An extrapleural space produced between the periosteum of the ribs (endothoracic fascia) and the parietal pleura The lung will expand when the exudate in this space is resorbed

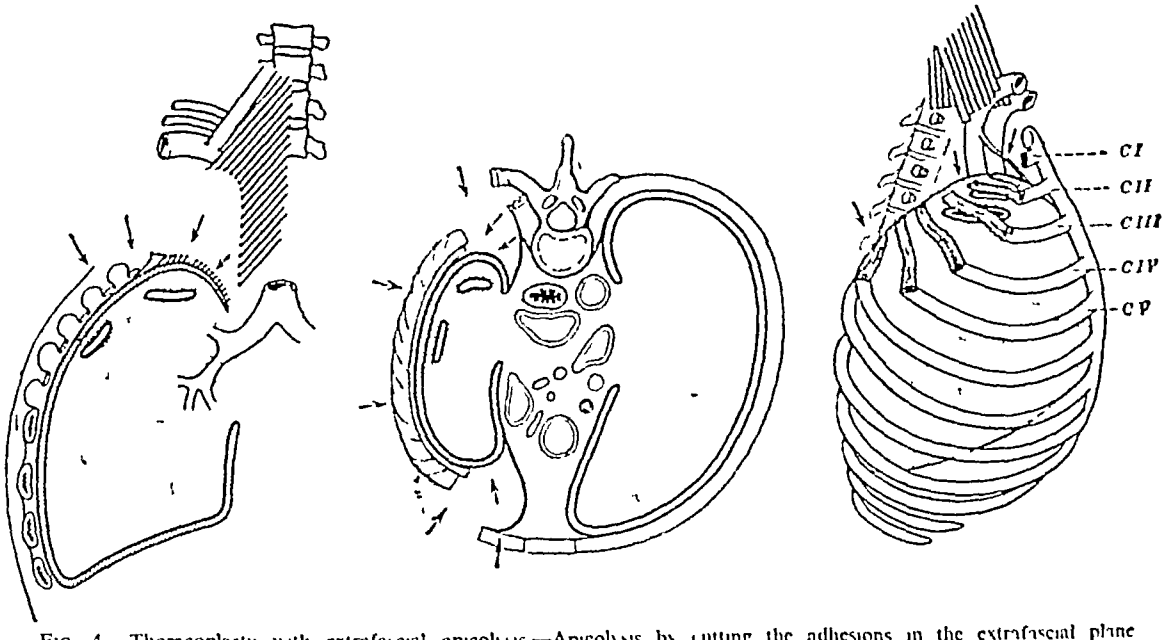


FIG 4 Thoracoplasty with extrafascial apicolysis—Apicolysis by cutting the adhesions in the extrafascial plane Radical rib resection Cutting of periosteum nerves vessels plus excision of intercostal bundles The rib periosteum retracts together with the lung regeneration of ribs fixes the collapsed lung

the endothoracic fascia in the extrafascial plane the so called extrafascial apicolysis The extensions of the endothoracic fascia which fasten the lung to the neurovascular trunk, the vertebrae and the mediastinum described by Sebilau Zuckerkandl as suspension bands,' are dissected free and divided (see Fig 4) By this procedure a radical apicolysis has been successfully carried out in a series of more than 250 cases without a single collapse In the course of some weeks the costal periosteum regenerates ribs over the exudate at a greater or less distance from the lung When the exudate is resorbed—for example after one to two months—the lung will gradually expand again towards the remaining stumps of ribs or towards the regenerated ribs These old or new ribs are to some extent 'pulling the lung out again (see Fig 3) *The ribs should therefore be resected*

thoroughly according to the extent of the apicolysis or more—that is, according to the thoracic dome Further, a dead extrapleural space should be avoided Surgeons have tried to fill this space after an ordinary extrapleural apicolysis but without definite success—P Bull by free transplantation of fat, J Holst by inserting a pedicled flap of intercostal musculature and periosteum, which had been cut laterally and posteriorly

extrafascial cavity prevent temporarily the lung from attaching itself to the surroundings and from expanding During this period, in the course of one to three months *fibrous tissue is developed from the fascia, and ribs are* slowly regenerated from the periosteum over the surface of the lung while the lung is retracted These structures keep the retracted lung fixed and prevent it from re expanding

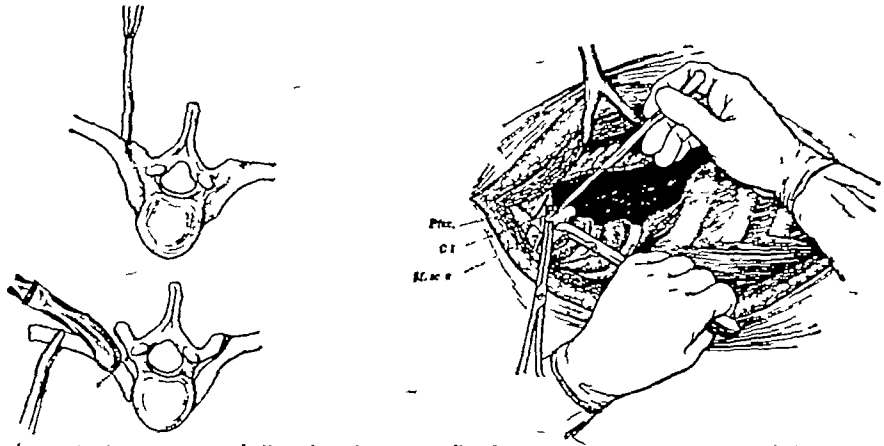


FIG 5—Radical rib resection including the whole first rib The posterior medial stumps of the ribs are resected past the point of the transverse processes after disarticulation of the costo-vertebral joint The serratus and scaleni muscles are cut above the periosteum

The periosteum of the ribs (plus the intercostal muscles, nerves, vessels, and fascia) should not therefore be stripped off to any great extent from the surface of the lung These structures should be severed from their attachments to the vertebrae and eventually from the sternum according to the extent of the apicolysis (see Fig 4) By this method we liberate a portion of the lung which is covered by the endothoracic fascia and partly by periosteum of the resected ribs and intercostal muscles These structures retract together with the lung and form the bottom of an *extrafascial space*

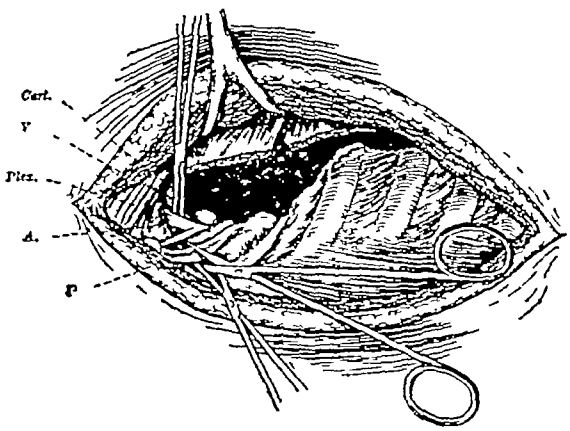


FIG 6—The extrafascial apicolysis is carried out as an open dissection The adhesions to the neuro-vascular trunk the vertebrae and the mediastinum are severed sharply or bluntly Periosteum of ribs vessels nerves and intercostal bundles are cut

Cart = cartilage of first rib V = neuro-vascular trunk Plex = brachial plexus A = Subclavian artery P = periosteum C 1

The liberated part of the lung may now develop its own power of retraction concentrically towards the hilum The retraction may take place in three planes—the frontal the horizontal and the sagittal plane—as in our model, the artificial pneumothorax The exudate and air in the

Thoracoplasty with Extrafascial Apicolysis

This method of apicolysis is characterized by three chief points

1 Apicolysis in the extrafascial plane by cutting the so-called suspension bands of the lung sharply or bluntly

2 A radical rib resection according to the extent of the apicolysis or more

3 Preparation of an extrafascial space by cutting periosteum of ribs etc in such a manner that they are not loosened from the surface of the lung

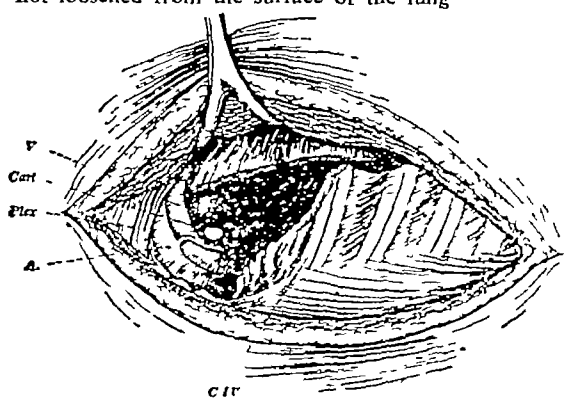


FIG 7 The extrafascial apicolysis first stage—The apex of the lung has retracted downwards 5 to 8 cm from the neuro-vascular trunk—covered by periosteum of ribs The subclavian vessels (V) the internal mammary artery and the cartilage of the first rib are seen (Cart)

This extrafascial type of apicolysis gives both relaxation and subsequent fixation of the collapsed part of the lung Our follow-up examinations have shown that the cavity closes gradually by retraction in the course of weeks or months following operation

Technique

An extensive local block anaesthesia—with 1/2 per cent novocain and 1 in 2000 pantocaine—has been successfully used. The advantages of local anaesthesia are quiet respiration, preserved power of coughing, little haemorrhage. If the patient is apprehensive it is of help to administer intravenously small doses of sodium evipan or pentothal. According to Ronald Edwards (1937) this type of local anaesthesia prevents the onset of shock.

In the first stage from three to five upper ribs are resected, usually the whole of the first, most of the second, and decreasing lengths of the third and fourth ribs (see Fig. 5). The apicolysis is carried out as an open dissection. The intercostal bundles, nerves, vessels and the periosteum of the upper ribs are cut (see Fig. 6). The adhesions or bands between the apex of the lung and the neurovascular trunk, the vertebrae, and the mediastinum are dissected free and severed. These adhesions show a rather variable development. They are normally fragile, but become dense and fibrous after a previous pericleuritis (see Fig. 7). The intercostal bundles are usually excised as they are liable to necrose. The resection of the subjacent ribs is usually performed in one or more later stages. Simultaneously parts of the anterior stumps of the previously resected upper ribs are usually re-resected. The best time for the second stage is within four weeks of the first stage. Later the regenerated ribs are resected, and sometimes two or three transverse processes.

The extent of the operation in each case should be in accordance with the localization of the cavitation, so that the collapse becomes as effective—and at the same time as limited to the diseased part of the lung—as possible. An exact radiographic localization of the cavity in two planes is therefore necessary. The lateral cavities collapse more easily, and need less rib resection and apicolysis than the lesions near the mediastinum. Young, relatively soft lesions require less radical operation than the old, stiff-walled fibrous cavitations. On account of the oblique course of the ribs a cavity situated posteriorly in the lateral plane lies more in relation to the lower ribs than a cavity localized anteriorly at the same level in the frontal plane (see Fig. 8).

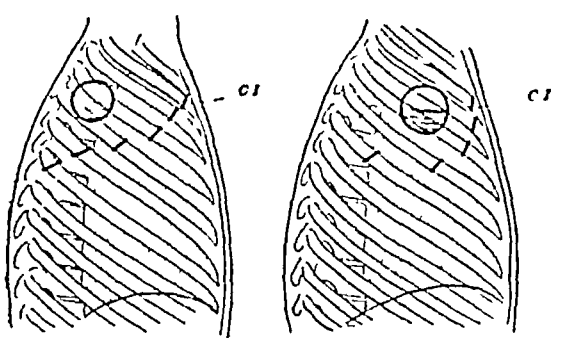


Fig. 8.—Variation of the rib section according to the localization of the cavity in the sagittal plane.

With cavities in the upper and posterior part of the lung the rib resection is usually carried down to two ribs below the bottom of the cavity. With cavities in the medial or anterior area one or two ribs less are resected posteriorly, and somewhat longer pieces anteriorly. The apicolysis may also be varied accordingly. With cavities in the medial or lower third of the lung the apicolysis should be less radical. In these cases, also, it is usually an advantage to begin the resection from above. The radical resection of the upper ribs increases the descent and thereby the collapse also of the lower ribs. Not infrequently total collapse follows upon resection of eight to nine ribs by this method.

The usual first stage varies between resection of three to five ribs and apicolysis from a posterior incision. A too extensive resection of the anterior stumps of the second, third and fourth ribs in the first stage may give severe paradoxical respiration. These stumps may be resected during the next stage if necessary. The smallest first stage from behind represents a resection of the whole of the first and decreasing lengths of the second and third ribs plus apicolysis. The first stage may be performed as a resection of the anterior parts of the first and second ribs only. The apicolysis is then performed from behind in the second stage.

Evulsion of the Phrenic Nerve

This operation should not usually be performed previous to a thoracoplasty. In the rare cases with lower lobe cavities a phrenicectomy may be indicated. In cases with upper lobe cavities the collapsing effect of phrenicectomy is very limited. A paralysis of the diaphragm also sacrifices the sound lower lobe—that is gives a contraselective collapse. It excludes the advantages of a selected apical collapse and may exclude sufficient collapse treatment on the other side if this is necessary.

Paralysis of the diaphragm increases definitely the risk of pulmonary complications after the thoracoplasty (Holst, Semb and Trimann Dahl, 1935). The explanation of this is that the suspended mobility of the diaphragm interferes with the effectiveness of cough. This diminished effectiveness may result in a drowned lung. Presence of air in the bronchioles and alveoli of the lung is necessary for cough to act explosively and force the secretion out of the bronchi. Active ability of inspiration is therefore necessary after a thoracoplasty this has been reduced by resection of ribs. This lack of inspiration following phrenicectomy explains the diminished effectiveness of coughing and the resultant atelectasis. It is a sound plan therefore, to try to avoid a phrenicectomy previous to thoracoplasty. It may, however, give effective collapse *after* a thoracoplasty.

Relation of Extent of Operation to Post-operative Reaction

Of the three requirements mentioned in the beginning of this paper two have already been discussed. The technique of the thoracoplasty with extrafascial apicolysis fulfils the two mechanical requirements for a complete and selective collapse. The third requirement necessary to maintain a low operative risk is a matter of small and several stages. Our material is well fitted to demonstrate the advantage of using small stages in this operation as both one stage and multiple stage methods have been tried.

Table I

Ribs resected in One Stage	Total No.	Dead within Two Months	Post-operative Reaction			Atelectasis
			Slight	Medium	Severe	
C. I III IV	103	2%	63%	31%	6%	4%
C. I V	53	2	55	36	9	9
C. I VI	57	4	40	40	20	25
C. I VII VIII IX X XI	43	16	39	18	21	62
Second to third stage	83	14	75	20	5	5
Total	339					

* Several cases operated on in a terminal condition.

In Table I the operations are classified according to the extent of the procedure in one stage in order to clarify the relation to the post-operative complications. The post operative mortality rate increases with the number of ribs resected in one stage, especially with resection of six ribs or more (see Table I). By operation

in two or more stages the mortality is reduced to about 3 per cent, in spite of the fact that patients who were very bad risks have undergone operation (see Tables II and III)

TABLE II—*(Total Material 1932–7) One stage and Several-stage Operations Combined*

No of Ribs Resected	Total No of Patients	Dead within Two Mths	Dead Later	Survivals	Roentgenological Control of Cavitation		Tb in Sputum		No Information
					Complete Collapse	Incomplete Collapse	Negative	Positive	
C I III IV	18	2	—	16	15	1	13	3	—
C I V	45	1	2	42	40	1	39	2	1
C. I VI	66	3	6	57	53	3	49	7	1
C I VII VIII	92	7	3	82	71	10	68	13	1
C I IX XI	25	2	1	22	19	2	19	2	1
Total	246	15 (6%)	12 (5%)	219	198 (90%)	17 (8%)	188 (86%)	27 (12%)	4 (2%)

TABLE III—*(1934–7) Operation in all Cases by Several Small Stages*

No of Ribs Resected	No of Patients	No of Operations	Dead within Two Mths.	Dead Later	Survivals	Roentgenological Control of Cavitation		Tb in Sputum	
						Complete Collapse	Incomplete Collapse	Negative	Positive
C I III IV	18	18	2	—	16	15	1	14	2
C I V	31	33	1	2	28	27	1	27	1
C I VI	29	46	—	2	27	25	2	25	2
C I VII VIII	63	129	2	1	60	55	5	53	7
C. I IX XI	8	21	—	—	8	8	—	8	—
Total	149	247	5 (3%)	5 (3%)	139	130 (93%)	9 (7%)	127 (91%)	12 (9%)

The general post-operative reaction shows similar figures The number of cases with severe post operative reaction increases with the extent of the operation With resection of the three to four upper ribs, plus apicolysis in one stage, the post operative reaction is usually relatively slight With resection of more ribs in one stage the reaction is more serious (see Table I)

Most important are the pulmonary complications The influence of the diaphragm on these complications has been mentioned Thoracoplasty reduces the breathing and coughing ability The continuity of the ribs is broken, and the active mobility, producing inspiration and expiration is correspondingly diminished Paradoxical respiration occurs due to the softening of the thoracic wall The impaired respiration and the poor support of the soft thoracic wall cause a diminished effectiveness of coughing This impaired function of the lung is dependent on the number and lengths of ribs resected and function is further impaired by a paralysis or fixation of the diaphragm A stabilized mediastinum however, counteracts and reduces this impairment

With the smallest operation (see Table I)—resection of three to four ribs plus apicolysis in one stage—atelectasis of the operated lung occurred in less than 5 per cent With resection of more ribs in one stage the occurrence of atelectasis and pneumonia increases rapidly (9 per cent., 25 per cent 61 per cent) In second stage or third stage operations the risk of pulmonary complications is small (5 per cent) provided these operations are not too extensive Accordingly pulmonary complications after thoracoplasty are as far as possible avoided by operation in small stages

Wound Complications

The large extrafascial space may become infected Prolonged drainage invites infection The wound is therefore usually closed without drainage Drainage of short duration (twelve to twenty-four hours) may be used when persistent oozing is present—for example, after the second stage After the apicolysis the intercostal bundles over the apex of the lung are liable to necrosis thus favouring infection These bundles should therefore be thoroughly excised With these precautions the infection is well controlled

The application and size of the stage in each individual case depends upon an estimated judgement of the patient's power of resistance, partly before, partly during the operation In cases with poor general resisting power the stages should be small, as the general post operative reaction increases with the extent of the operation, and vice versa The time between the stages should thus be of long duration, in order to allow the patient to recover This may have to be done in patients with febrile temperature exudative lesions of the lung myocarditis diabetes and complicating complaints, or who are over 40 years of age When a severe general reaction occurs during the operation this should be interrupted

The danger of pulmonary complications depends chiefly on the patient's power of respiration and expectoration Large amounts of sputum and large cavities increase this risk As a paralysis or suspended mobility of the diaphragm increases the risk, a fluoroscopic examination of *the mobility of both diaphragms should be carried out* before every thoracoplasty, and the size of the stage planned accordingly

Special tests have been made in order to estimate the stability of the mediastinum—for instance, by radiographs in the lateral position, etc This however, can be best ascertained during the operation by observing the occurrence of paradoxical respiration after resection of the first two or three ribs If pronounced paradoxical respiration occurs the stage as a rule should be cut as short as possible

The function of the other lung with regard to respiration and expectoration should also be investigated With reduced function in this lung—for example, through artificial pneumothorax, an extensive shrinkage of the pleura after previous pleurisy on that side, a fixed diaphragm or a pronounced emphysema—an extensive operation which reduces or suspends the function of the diseased lung, may result in insufficiency of respiration In all these cases this danger is reduced by operating in small and several stages

The relatively slight risk when this operation is performed in stages enables us to extend the indications for it—that is, perform thoracoplasty in cases which would not stand a more extensive one stage operation or a less selective one A small first stage of this operation with resection of three ribs plus apicolysis or resection of the anterior stumps of the upper ribs as previously described may be performed as a "test operation The next stage or stages may be carried out sooner or later when the patient's condition has improved sufficiently This holds good in patients who do not fulfil the usual requirements as to a good general condition, a unilateral lesion a productive phase with pronounced shrinkage, moderate amount of sputum, etc Also these patients may in this manner get the chance of a collapse therapy

Thoracoplasty versus Artificial Pneumothorax

The selective collapse and low mortality rate in thoracoplasty with extrafascial apicolysis make it even more possible than before to extend the indications for thoracoplasty to cases with artificial pneumothorax and an incomplete or contraselective collapse—for example, due to adhesions over the apex of the lung Cauterization in these cases is often dangerous and prolonged treatment

with a contriselective artificial pneumothorax gives bad late results (Sinding-Larsen, 1937) The basal artificial pneumothorax in these cases should be abandoned previous to the thoracoplasty and the lung allowed to re-expand if possible Presence of a basal artificial pneumothorax during thoracoplasty has little or no value—it is unnecessary and represents a potential danger of effusion or empyema I have no experience of the so-called extrapleural pneumolysis (pneumothorax)

Thoracoplasty versus Plombage

The collapse produced by paraffin packing may be compared to that of the first stage of thoracoplasty with extrafascial apicolysis The paraffin packing gives an operative mortality of 3 to 5 per cent while our first stage thoracoplasty hitherto has 1 to 2 per cent mortality The paraffin packing sometimes has severe late complications one year or more after the operation, with penetration to the cavity and perforation of the skin by fistulæ It may also hinder a further thoracoplasty owing to a fibrotic reaction around the paraffin The use of paraffin packing therefore, is not advisable

Results

The mortality rate within two months of operation has been reduced to approximately 3 per cent by operation in several stages (see Table III)

Collapse of the cavity and a sputum free from tubercle bacilli have been achieved in about 90 per cent of the surviving patients The follow-up examination in some cases is, however very recent (see Tables II and III)

Of all the cases 90 per cent had partial thoracoplasty with resection of eight ribs or less Only 10 per cent required total thoracoplasty

In seventeen cases artificial pneumothorax had been induced on the other side, and was present during the thoracoplasty These patients tolerated the operation surprisingly well probably owing to a stabilized mediastinum There were no deaths In fourteen of the seventeen cases complete collapse of the cavity and a sputum free from tubercle bacilli was achieved In four cases artificial pneumothorax on the other side was induced after the thoracoplasty

The operation has also been tried after thoracoplasty performed previously by other methods has failed to produce complete collapse Complete collapse of the cavity was achieved in fourteen out of sixteen patients who were operated on a second time in this way

The results of this operation so far indicate that we are moving closer towards our goal—namely (1) a complete collapse, (2) a selective collapse, (3) a low operative risk

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Thirty-three special hospitals in London are making an appeal for funds on October 12, when by the sale of emblems, it is hoped to raise more than the £30,000 which these hospitals used to collect on separate flag days during the year Voluntary help is urgently needed, and any suggestion or offers of service will be welcomed by Lord Luke, chairman of the London Hospitals Collections Central Committee, 36, Kingsway, London, W C 2

CEREBRAL OEDEMA IN CERTAIN MENTAL DISORDERS

BY

C. LOVELL, M D, B S

Pathologist to Bethlem Royal Hospital

(With Special Plate)

During an investigation of the static surface tension of the serum in various diseases it was observed that the sera of some cases of mental disease presented certain peculiarities not found in the sera of normal individuals

If a normal serum be divided into two parts and one part be heated to 56° C for thirty minutes and cooled to room temperature and the two specimens be set up in capillary tubes of approximately the same diameter the surface tension reducing substances present accumulate at the concave meniscus so that at the end of three hours no further change can be detected in the next half hour and the results are then comparable If the value of the surface tension at this point be worked out there is an average difference of 4·5 dynes per cm between the normal unheated and the heated specimens These results can be reduced to terms of a standard tube of diameter 0·075 cm This standard has been chosen so as to divide the instrumental error equally between the two stages of the measurement (Lovell, 1922-3) I have occasionally seen variations in persons apparently healthy but I have never observed an abnormal serum among university students and schoolboys who were undoubtedly fit, the specimens being taken during the day from 10 a m to 6 p m

It was discovered in 1923 that a large group of anxiety cases showed no difference between the surface tension readings of the unheated and the heated specimens The mechanism of this was not clear at the time, but the method was of some use in differentiating between the katatonic stage of dementia præcox and the similar stage of acute confusional cases

About this time we examined the organs in a case of extreme anxiety in which the serum had shown the abnormal surface tension condition The patient had died of pancreatitis with hæmorrhage We cut sections of all available pancreases in the museum and divided them into the normal and the abnormal We then turned up the old case books and found that in every case in which there was an abnormal pancreas anxiety had been a prominent feature But as most of these patients had died of some inflammatory disease one was not justified in assuming that the pancreatic changes were directly connected with the mental condition Moreover, in the pancreas autolytic changes are so uncertain that it is not possible to draw conclusions from the appearance of the parenchyma Round celled infiltration and fibrosis of the interlobular tissue are the only criteria (Lovell, 1923)

A whole series of cases then came to light in which pathological anxiety as a mental symptom was associated with evidence of pancreatic disorder This was confirmed by the work of Drury and Farran Ridge (1925) and Mann (1925) on blood sugar curves To a series of 120 cases the accepted pancreatic tests were applied by Dr Macaulay Mr Majumdar, and others The tests used were the Loewi test, the sajodin test and the estimation of diastase and fat excretion The results were not always confirmatory For instance in the sajodin test the material was sometimes retained in the stomach for a considerable time owing to gastric atony, and the appearance of iodine in the urine was consequently delayed In the fat-

excretion test not only was the amount of ether-soluble material influenced by the diet, and by liquid paraffin taken in aperients but different parts of the same specimen gave different results A general survey of every available type of mental case was then made and patients showing the abnormal blood fell into three groups (1) Simple pathological anxiety (2) Agitated melancholia (3) Chronic encephalitis

At this stage we were faced with the same difficulty as in renal disease—the lack of correspondence between the clinical and the pathological grouping Is there any physical feature common to the three groups? Let us consider the question in its various aspects

1 —The Pathological Results

Of the last 2,000 patients forty nine have died and have been examined post mortem During life the serum was normal in nineteen Post mortem the pancreas was normal in seventeen, abnormal in two The serum was abnormal in twenty nine The pancreas was abnormal in twenty four No abnormality could be found in the remaining five In one case the specimens were lost The changes both in the ducts and in the interlobular tissue are often patchy in distribution (see Plate, Fig 2)

2 —The Noguchi Test in the Cerebrospinal Fluid During Life

	No of Cases	Noguchi positive	Noguchi ±	Noguchi negative
Sera abnormal	39	34	2	3
Sera abnormal but within limits of instrumental error	7	6	0	1
Sera normal	29	11	5	13

It is, however, recognized that the protein of the cerebro spinal fluid is variable and that a positive Noguchi reaction is given in many conditions

3 —The Post-mortem Appearances of the Brain

No case of simple anxiety has yet come to necropsy at Bethlem Royal Hospital In cases of agitated melancholia and of encephalitis the brains seem to form a continuous series, from the intense perivascular infiltration of the acute encephalitic to the dilated spaces with oedema of the melancholic In between is every degree of oedema and infiltration so that it is often impossible to distinguish between the two conditions

4 —The Physical Considerations

A difference of 4 or 5 dynes per cm which takes three hours to develop is difficult to check by any other method The work of Schryver (1910) led us to think that changes in viscosity of the serum such as are known to occur under the action of heat might be responsible for the alteration in surface tension on heating A series of determinations of viscosity by Wace seemed to contradict this Recently Ashby has shown that under the conditions of the experiment viscosity changes have no appreciable effect The loss of carbon dioxide from the serum may have an effect by causing a redistribution of electrolytes

A series of osmotic experiments with collodion capsules, carefully paired for equal permeability showed that in the abnormal serum the osmotic pressure of unheated and heated portions presents little or no difference moreover, the electrolyte in passing out of the capsule carries protein with it to a greater extent than in the normal This action of electrolytes has been known for a long time (Taylor, 1921 , Bayliss, 1923)

The depression of the freezing point was investigated by Wehler The difference of depression between unheated and heated portions of the same serum was, on the average, 0 02 degree in so called pancreatic cases and 0 03 to 0 05 degree in normal control cases More recently the electrical conductivity has been investigated using the apparatus designed by Ashby (1930) The initial experiments confirm these findings There appears to be a firmer union of electrolyte and protein in the cases with no range of surface tension than in the normal It will occur at once that herein lies the cause of the positive Noguchi test in the cerebrospinal fluid given by the *majority of these cases* Also the *slight oedema of the* skin noted later may be due to the same cause (Achard, 1924)

Some Italian observers claim that sulphur is to the pancreas as iodine is to the thyroid gland The daily excretion of sulphur in the urine varies within wide limits in the normal individual In a series of fifty cases examined by us the total sulphur per diem was diminished in some anxiety cases but not in all Fifteen cases showed below 2 grammes per diem and these were all cases of anxiety or encephalitis, excepting one of carcinoma of the liver

The sugar content of the cerebrospinal fluid which is raised in encephalitis and the cerebrospinal fluid chlorides have not been estimated in sufficient numbers to be worth quoting Certainly in many pancreatic cases the apparent chloride content is low, whereas it is raised in uraemic cases

The pressure of cerebrospinal fluid as shown by a manometer is not necessarily raised It is well known that the intravenous injection of hypertonic solutions will reduce the pressure in the cerebrospinal fluid of acute encephalitis *Experimentally we have tried hypertonic* enemata on three cases of the pancreatic type In each of these the patient was worse after the enema In one case in which we used an enema of gum saline the patient was definitely more confused for a time after the experiment

The fat in the faeces was estimated by Cammidge's method by the Soxhlet method, and by our own method of difference As mentioned above the normal figures vary within wide limits depending on diet liver activity medicines etc In a series of 200 cases the results are shown in the following table

Serum	Ether soluble Fraction of Faeces	
	Below 20 %	Above 20 %
Normal	67	17
Abnormal but within limits of instrumental error	32	12
Definitely abnormal	33	34

This test is of some use, however when dealing with cases in which the serum result is indefinite

At first sight there is an agreement between the figures of the ether soluble fraction and the serum figures in 67 + 34—that is 101 cases only out of 200 But my colleague Mr Bartlett tells me that statistically there is a contingency coefficient of 0.25 pointing to a definite relation between the two series of measurements

Clinical Considerations

There are three factors in the production of mental disorder heredity, mental stress and physical disease One or more of these factors are always present generally two of them Normal individuals mostly experience similar mental stresses but are able to deal with them as long as they are in good bodily health

There are many physical conditions associated with anxiety, such as renal disease arteriosclerosis, hyperthyroidism, gall stones meningitis hyperglycaemia and carcinoma The pancreatic anxiety cases present certain peculiar features The anxiety must be pathological There is generally a history of intestinal infection or gastric influenza preceding the development of the anxiety and frequently a history of diabetes in the family but only four patients in the last 2 000 have had glycosuria themselves Conjunctival jaundice is usually present An oedematous condition of the skin is the rule and the first sign of improvement is an alteration in the texture of the skin which becomes less tense The patients are very intelligent and generally good at mathematics They have insight into their condition, and are often very angry with themselves and realize the absurdity of their fears

The dividing line between simple anxiety and agitated melancholia is not defined The agitated melancholic is more liable to pigmentation (Opie 1910) which may be marked A lymphocytosis is frequent In one series of fifty nine cases with a lymphocytosis seven agglutinated some organism from the faeces In another series of ninety cases Dr W Paige of Sydney found an agglutination of *B. proteus* in three

The encephalities are of two types Those met with in practice generally show some disturbance of movement, either a pronounced paralysis or some loss of muscular control Institutional cases usually reveal disorders of conduct and are found among the schizophrenics They may show a coarse tremor or ocular paresis which may be transient and may lead to their recognition They may be katatonic or hypomanic and may ultimately present the Parkinsonian picture Like the more acute cases, they can be roused from their lethargy for a short time

Course of the Disease

Many of these cases have been followed up for as long as fifteen years The progress of the simple anxiety case and the agitated melancholic will depend so far as the physical factor is concerned, on the extent of the damage This is well shown in the photographs (Figs 6 and 7, Special Plate)

ILLUSTRATIVE CASES

Case 1—A draughtsman aged 19 developed an anxiety about his work He was fearful that his drawings would be soiled He was the last out of the office at night and was waiting in the morning for the office to open In the hospital he could always be found washing his hands and he would stand aside when the patients went in to meals to avoid contamination He was found to be a pancreatic case and was put on treatment Three nights later he woke up calling for help He said he felt something give way inside him From that time he improved he was normal in a week and back at work in a month He had no more treatment and has felt no undue anxiety since this illness ten years ago Probably this was a case of pancreatic calculus or inspissation

Case 2—A middle aged Canadian storekeeper In the middle of the night he would wake wondering whether he had closed the shop he would then dress, go downstairs, take down the shutters put out his stock and turn on the light and then put it all away again He recovered and has had no recurrence

Case 3—This patient was a young man married happily and holding a responsible post in the City His only anxiety was that he might forget how to manage his tie when he dressed in the morning He sometimes became so exhausted by his struggle with the tie that he had to lie down and rest while dressing He refused to let his wife tie it or to use a ready made tie but persisted with the struggle He then developed extensive furunculosis Under treatment he apparently recovered Two years later he wrote that he had furunculosis again and a short course of treatment put him right He has been well for three years now

Case 4—An intelligent man of about 35 Thirty years before he had stolen a few pence from his mother who had then died before the child could confess his fault He buried the pence in the street and for thirty years had been unable to pass down that street He showed anxiety on every subject and used to get his family out of the house on any pretext so that he could wash up the tea things two or three times He would take a railway ticket and explain to the booking clerk that he could not remember having asked for it He was then covered with confusion lest the clerk should think him mad Under treatment he became normal but relapsed several times Here in addition to the pancreatic condition we have the habit of thirty years I have been in touch with him for fifteen years He is blessed with a happy family and a sense of humour his anxieties have lost their sting and have become a source of household merriment in which the patient joins

Case 5—This patient was a man of middle age with agitated melancholia All lines of treatment were tried without any effect and he was discharged as a hopeless case He showed intense pigmentation (Opie 1910) and may well have been a case of pancreatic cancer

The Encephalitis Cases

With regard to the encephalitis cases we must recognize two independent phases The first is the paralytic phase The muscular wasting the oedema of the brain and I think the cerebral thromboses prior to organization can all be influenced by treatment but when we have done this we have still to deal with the second—the hysterical phase

As medical men we are seldom able to apply the discipline which so many of these unfortunate people subsequently undergo in the prisons A group of five encephalities was selected in one of these, a case of eight years duration, the serum was normal and treatment produced no effect In two cases the surface tension range of the serum was diminished, and treatment produced improvement only To a stranger these patients might have appeared normal but one slowly protruded her tongue at awkward moments, and the other developed a transient lethargy when called upon by her mother to do any work The remaining two had the abnormal type of serum and appear to have recovered completely Subsequently we have found this to be the rule So long as the serum is abnormal there is some hope of recovery, but when the serum is normal either the case is not a pancreatic case or the damage is permanent

There are many interesting problems in medicine on which this connexion between the pancreas and low grade infections seems to throw light such as the age incidence of vaccinal encephalitis but they are beyond the scope of this article The pancreatic case in general does not appear to be allergic but this condition can be produced by recurrent infection

Treatment has been by administration of extracts of gastric mucosa, by vaccines in suitable cases, by isotonic

glycerol by sulphur when this element is deficient, and by calcium salts according to the laboratory findings and the nature of the case

Summary

An abnormal condition of the serum is described which when persistent, is nearly always associated with signs of pancreatic inflammation this inflammation is generally ascending from the intestine and is patchy in distribution Glycosuria is rare Insulin is ineffective The altered blood state predisposes to oedema and to low grade infections

My thanks are due to Dr Porter Phillips to Professor Downs of Alberta whose work gave us the key to our problems fifteen years ago to my staff at Bethlem Royal Hospital who have prepared the sections and photographs and to all those who have helped by case notes and after histories and who are too numerous to mention individually in this article.

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NON-SUPPURATIVE INTRACRANIAL COMPLICATIONS OF OTITIS MEDIA*

BY

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It is with some diffidence that I present this paper before this Section but I have been given to understand that an unbiased opinion on the quality of alien coal can be obtained in Newcastle

The intracranial complications of otitis media may be classified as suppurative and non suppurative The pathology of the former is well established, for each stage in the process has been observed post mortem The pathology of the non suppurative complications is not so clear for the operative findings are often inconclusive and necropsies are rare These non suppurative complications are of two kinds one an encephalitic lesion which gives rise to both focal and general symptoms and the other a derangement of the amount or of the circulation of the cerebrospinal fluid resulting in the accumulation of the fluid and a rise in the general intracranial pressure

The Encephalitic Lesion

The encephalitic lesion was postulated by Borries in 1921 and by Symonds in 1927 under the terms "otogenous encephalitis and non purulent encephalitis respectively Borries held that the encephalitis was analogous to that which occurs in acute fevers and that it ran its full course without suppuration He stated that it was possible to identify the lesion at a post mortem examination of the rare fatal case Symonds suggested that the encephalitis might be the initial stage in the formation of a cerebral abscess

In general the diagnosis has been made only when recovery followed a negative exploration for cerebral abscess 'the symptoms of abscess without abscess (Borries) In this condition the cerebrospinal fluid is normal or perhaps blood stained

When a patient with otitis media presents symptoms of a focal lesion of the brain, such as aphasia hemiparesis or hemiplegia, it is wise to make a diagnosis of an abscess and to act on that diagnosis Non purulent encephalitis is rare in comparison with the purulent type If, however an abscess be not found recognition of the possibility of this condition may save further unnecessary exploration, and a decompression operation is indicated in some of these cases of encephalitis just as in some cases of abscess

Derangements of the Cerebrospinal Fluid

These derangements are of two general types In the first type an excessive amount of cerebrospinal fluid gives rise to the symptoms and signs of increased intracranial pressure Symonds described this condition in 1931 and gave to it the name of otitic hydrocephalus using the word hydrocephalus as meaning simply an excess of fluid in the skull By drawing attention to the existence of such cases Symonds rendered a signal service to otology and neurology Nothing need be added to his description to make these cases recognizable The outstanding symptoms are intermittent headache and papilloedema In spite of a high degree of pressure the patient may look remarkably well There are no localizing signs, a feature which serves to distinguish this condition from that of non suppurative encephalitis The fact of greatest importance is that the cerebrospinal fluid is normal and that there is no excess of protein or cells As there is no obstruction in the pathway of the cerebrospinal fluid the excess of fluid may be withdrawn at any point in that pathway and of course the easiest point for withdrawal is the lumbar sac One or several lumbar punctures may be necessary before the amount of fluid remains within normal limits

The second type of derangement is of the circulation of the cerebrospinal fluid rather than of its amount At some point in the cerebrospinal fluid pathway an obstruction to the circulation of fluid occurs so that the fluid is held up proximal to the obstruction If the obstruction be at the outlet from the ventricles an internal hydrocephalus results if in the cisterns of the posterior fossa one or more of these cisterns may become distended with retained cerebrospinal fluid In either case the patient then presents the symptoms of increased intracranial pressure These collections of fluid localized in the ventricles or in the cisterns of the posterior fossa demand direct removal

There are therefore two derangements of the cerebrospinal fluid which may arise in the course of otitis media (1) a general excess of cerebrospinal fluid in which lumbar puncture is safe and curative (2) a localized collection of cerebrospinal fluid in which lumbar puncture may not be safe and is not curative

Can these two conditions be distinguished clinically from each other? Cases of both types have symptoms of increased intracranial pressure but papilloedema is much more common when the fluid is in general excess than when it is localized Should papilloedema therefore be an indication for lumbar puncture?

* Read in the Section of Oto-rhino-laryngology at the Annual Meeting of the British Medical Association Belfast 1937

So far as my experience goes it is not possible to make a definite clinical diagnosis between a general excess of cerebrospinal fluid and a localized collection of cerebrospinal fluid. Statistics and probabilities do not help in the individual case. The safest way to make the diagnosis, and incidentally to treat the patient, is to perform a ventricular puncture. If there is a general excess of fluid this will remove it as readily as a lumbar puncture; if there is a localized collection of fluid in the head the ventricular puncture will furnish some indication of its position and will not carry the risk of lumbar puncture.

The clinical picture associated both with the general excess of cerebrospinal fluid and with the localized collections of fluid is usually suggestive of an intracranial abscess, and an abscess must be excluded in every case. The routine just suggested is applicable when it is necessary either to confirm or to refute the diagnosis of an abscess. The cerebrospinal fluid obtained by ventricular puncture is immediately examined and its protein content and cell count noted. A perfectly normal fluid is suggestive but not indicative of a non-suppurative rather than a suppurative lesion. Incidentally the amount of fluid obtained indicates the size of the ventricle and affords a clue to the whereabouts of any local collection of purulent or non-purulent fluid.

Conclusions

The whole matter may be summarized thus. When symptoms and signs of increased intracranial pressure develop in the course of otitis media and clinical methods fail to establish a definite diagnosis ventricular puncture is safer and more informative than lumbar puncture and should be used first. If a communicating hydrocephalus be found, lumbar puncture may then be used for treatment.

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Clinical Memoranda

Treatment of Graves's Disease with Pancreatic Extract

Thyrotoxicosis is defined as a condition affecting a previously healthy thyroid gland, the cause of which is obscure and originates probably outside the thyroid, but the main symptoms are the consequence of the production of a perverted secretion in combination with an excess of normal secretion (Joll). Many theories have been advanced as to the cause and origin outside the gland, and one naturally looks for a contributory pathological condition in one of the other endocrine glands—the thymus, adrenals, pituitary, parathyroid glandules, pancreas, and the lymphatic apparatus. Pathological changes do appear in the endocrine organs, but there is doubt if they are the cause or are directly due to the thyroid disease and merely develop with it.

One cannot, however, fail to notice a very close link between the pancreas and the thyroid in thyrotoxicosis. There may be a considerable disturbance of the digestive system with prominent symptoms such as diarrhoea and icterus, looseness of the stools as distinct from true diarrhoea is very common, and is due to the very large amount of undigested fat and meat fibres—surely a pancreatic insufficiency? Severe grades of thyrotoxicosis are associated with increased appetite and thirst and loss of weight and toxic goitre may make manifest a latent diabetes or convert a prediabetic condition into true diabetes. It has been shown that functional glycosuria clears up with thyroidectomy, and true diabetes may develop if the goitre is not operated on. Again, the blood sugar is high in thyrotoxic states and in conditions of deficient pancreatic activity. A diminished output of pancreatic diastase is found in the urine in toxic conditions of the thyroid. It is well established that the fat-splitting function of the pancreas may be deficient in Graves's disease with a resulting increase of fat in the stools due to imperfect absorption a large proportion being in the form of undigested fragments. None of the other endocrine glands show such constant changes as does the pancreas in thyroid hyperactivity.

There seems little doubt that there is deficiency of iodine absorption in Graves's disease and this deficiency may arise according to Marine because there is a diminished amount of iodine in the diet or because the body for some reason requires an increased supply or because there is something which blocks tissue oxidation. The problem of Graves's disease may be solved by this simple theory that it is through pancreatic insufficiency that the necessary amount of iodine is not absorbed from the food for the pancreas has to do with the breaking down of carbohydrates fats and proteins.

As far back as 1920 I treated a case of what seemed to be a malignant pancreas with pancreatic extract; the diarrhoea, which was excessive and uncontrollable quickly subsided and the patient recovered and rapidly put on weight. This led me in 1931 to prescribe pancreatin to a severe case of toxic goitre because of diarrhoea with very light coloured stools and it was my good fortune to note that the diarrhoea was controlled at once and that there was amelioration of the syndrome of symptoms the huge goitre disappearing within a few weeks. In 1934 to help to control persistent looseness of the stools in another severe case of Graves's disease I tried the efficacy of parenteral injections of vagotonine a then newly discovered hormone isolated from the pancreas by Santenoise. This experiment has been found successful in three instances.

In May 1934 the *Lancet* published a letter with the heading "Pancreatic Insufficiency in Graves's Disease," outlining my successful treatment of exophthalmic goitre with pancreatic extract. It is interesting to note that the *British Medical Journal* epitomized an article of J. V. Kup (*Dtsch. med. Wschr.* April 3, 1936, p. 538) entitled "Skin in Thyrotoxicosis: Changes" in which it was stated that eczema due to exophthalmic goitre was cleared up with treatment by tablets containing the total extracts of the pancreas and that the manifestations of the thyrotoxicosis regressed markedly.

It is in what is now termed the primary toxic goitre that this treatment is so notably and uniformly successful although one can see amelioration of the symptoms and some change occur in the gland after lengthy treatment in the secondary or toxic adenomatous goitres. Acute or fulminating cases of goitre may be met with in which an early fatal termination may be expected where such grave symptoms occur as uncontrollable vomiting and diarrhoea (? pancreatic disease), but the common form has an insidious beginning is chronic in its course and interrupted with acute exacerbations. Many cases of incipient toxic goitre come before the general practitioner which unless he is 'goitre-minded' are labelled as neurasthenia and these are the cases which would be rapidly cured and never develop into the chronic Graves's disease if recognized and treated with pancreatic extract. Any patient who exhibits fine tremors complains of palpitation and has an increased pulse pressure without necessarily having exophthalmos or an enlarged gland should be tested with the impedance angle apparatus to clinch the diagnosis.

It may be a matter of criticism that the iodine used with the pancreatic extract in most of the cases successfully treated was the cause of the benefit accruing. Iodine medication in itself will not cure the disease, and if its administration is continued, especially in larger doses, definite increase in the syn-

drome of symptoms will undoubtedly ensue The gland itself if overtreated with iodine undergoes marked changes resembling the so-called adenomata of the nodular goitre and may partake of the characters of colloid adenomata or foetal adenomata or cysts

CONCLUSION

The treatment is a simple one and consists in the oral administration of pancreatic extract (whole gland) thrice daily before food The best preparation is that of Oppenheimer's palatinoids—pancreatin gr ½ iodine in the form of Lugol's iodine m iv or better still Oppenheimer's pulverettes alphidine is given twice daily between meals two or three days a week Over medication with iodine is to be deprecated, and in some of the successfully treated cases no (or very little) iodine was ever given Feeding pancreas has proved successful in the treatment of other conditions, and there is no reason why it should not be as beneficial orally in toxic goitre as the ingestion of uncooked or even cooked liver in the treatment of the anaemias

The patients should carry on with their usual avocations as the nervous element is such a big factor in retarding progress Cases of Graves's disease seldom do well in hospital and those awaiting operation often have to be placed in side wards to eliminate this nervous element

With this treatment of Graves's disease provided especially that the incipient cases are recognized early it may be possible to eliminate the need for thyroidectomy in the primary toxic conditions There may still be need for the operation in the secondary toxic types, or in the case of those patients suffering from primary toxic goitre who will not tolerate the tediousness of a prolonged course of treatment where dramatic results are not evident Most surgeons do not undertake thyroidectomies with complacence they feel that they are removing a structure which cannot be replaced and which has a very important part to play in the body fabric It is worth while to recall Professor C Harington's summing up in his book the *Thyroid Gland*

> The only practical means at present of handling the condition of toxic goitre consists of a palliative surgical measure devoid of any rational basis

And in discussing the possibility of lesions of the pituitary gland and suprarenal cortex in thyrotoxicosis he writes

> Neither of these hypotheses can be advanced as a serious theory of the aetiology of Graves's disease They are discussed here because it seems to the writer that it is almost certain on some such lines that the explanation of the problem of Graves's disease will eventually come

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Acholuric Jaundice and Gout

Although it has long been known that there is a disturbance of purine metabolism in acholuric jaundice the association of acute gout with this disease appears to be very rare On examining the literature we have only once been able to find it recorded E Leschke (1922) described combined gout and acholuric jaundice in a patient whose father appeared yellow from childhood and whose grandfather had suffered from gout and yellow sickness probably acholuric jaundice all his life Leschke suggests that the occurrence together of these two diseases is not a fortuitous circumstance but that it is due to the excessive liberation of nucleo-proteins from the greater destruction of red blood cells This increases the endogenous uric acid formation thus establishing a condition for the development of gout In the case here recorded a family history in the father was obtained but although the mother had died from heart disease and jaundice there was no definite evidence of acholuric jaundice

A carpenter aged 26 single was admitted to St Nicholas Hospital on September 7 1936 complaining of jaundice Three weeks previously he had had an attack of abdominal pain and vomiting and became jaundiced The jaundice had persisted He said that his motions had never been pale He had had four or five previous attacks of jaundice the earliest occurring when he was 10 years old and he was admitted to Charing Cross Hospital at the age of 12 for this condition

Investigation of the family history showed that his father had died aged 63 and had suffered from gout His mother had died aged 36 from heart disease and jaundice He had four aunts all on the maternal side none of whom suffered from gout or jaundice He had no brothers or sisters

On examination the patient's general nutrition was good, the mucous membranes were pale and there was a considerable degree of jaundice The spleen was enlarged the lower limit extending to just below the umbilicus A blood count taken two days after admission showed red blood cells 3 600 000 per c mm haemoglobin 68 per cent colour index 0 94 white blood cells 9,500, differential count normal, reticulocytes, 10 per cent The van den Bergh test gave a negative direct reaction and a positive indirect reaction of 14 units The fragility of the red cells was increased haemolysis beginning at 0 7 per cent and being complete at 0.3 per cent NaCl 50 per cent of the red cells were haemolysed at 0 48 per cent NaCl (normal 0 4 per cent NaCl) The Wassermann and Kahn reactions were negative A radiograph of the abdomen revealed three well-defined gall stones

On September 24 1936 seventeen days after admission the patient felt depressed and irritable At one o'clock in the morning of the 25th he awoke with acute pain in the right big toe so severe as to require morphine to relieve it On examination the right hallux was found to be red hot swollen and extremely tender, the swelling being most marked in the metatarso phalangeal joint region It was undoubtedly an attack of acute gout The condition responded well to a colchicum mixture and local treatment with lead lotion The patient recovered from the acute stage within twenty four hours and the swelling of the joint gradually subsided during the next five days

Frequent blood examinations were made showing after a temporary improvement an increase in the anaemia with persistence of the jaundice It was decided therefore to perform a splenectomy and this was done by Mr R A V Lewis Lloyd on November 7 1936 A blood transfusion was given a week previously and a second during the operation Seven days later the patient had a slight return of pain in the same joint as before which again responded to a colchicum mixture He made a good recovery from the operation the jaundice disappeared and he was able to resume work An examination of the blood on February 24 1937 showed the following count red blood cells 4 750 000 per c mm haemoglobin 100 per cent colour index 1 05 white blood cells 11 000 per c mm reticulocytes were less than 1 2 per cent The increased fragility of the red cells was still present The patient has had no further attacks of gout

We are indebted to Sir Frederick Menzies medical officer of health for London for permission to publish this case

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Reviews

PHYSIOLOGICAL FOUNDATIONS

The Physiological Basis of Medical Practice A University of Toronto Text in Applied Physiology By Charles Herbert Best M A, M D, D Sc Lond I R S (Canada), F R C P (Canada) and Norman Burke Taylor M D, F R S (Canada), F R C S Ed F R C P (Canada) M R C S, L R C P (Pp 1,684 398 figures 45s) London Baillière Tindall and Cox 1937

That Drs C H Best and N B Taylor should fill more than 1,500 pages concerning *The Physiological Basis of Medical Practice* is in itself evidence of the increasingly close association between physiology and medicine which has characterized this century Of their competence for the task there can be no question for they have played an important part in the achievements that have made the department of physiology in the University of Toronto famous In their preface they clearly state their aims, which are or should be those of all who dwell on either side of the border between physiology and medicine As the various bodies concerned with the revision of the curriculum are fully aware, the medical student does not always realize how great has been the part which physiological discoveries have played in the progress of medicine and that the practice of to-day has evolved from the theories of yesterday While rightly claiming for physiology the credit for much advance in medicine, the authors are not oblivious of what Sir Archibald Garrod called the debt of science to medicine, and as they say, several examples could be cited of clinical investigations which have pointed the way to the physiologist

Anatomy, physiology, and pathology each in turn became the principal aid on which medicine relied These stages are well seen in the changing nomenclature of certain diseases—thus locomotor ataxy describes the leading clinical symptom, while tabes dorsalis implies a knowledge of the structure and functions of the spinal tract, disturbance of which is responsible for such symptoms Finally we were able to refer this to a degeneration of the lower sensory neuron through the agency of the syphilitic toxin Here clinical observation anatomy, physiology, and pathology are seen in their normal sequence, not contradicting but confirming each other Morbid *anatomy* has reached as far as we can expect it to go and, as our authors say, the student of scientific medicine is directing his attention more and more to morbid *physiology* in his efforts to solve clinical problems Sir Humphry Rolleston recognized this when as Regius Professor of Physic at Cambridge he instituted a course of lectures entitled "Morbid Physiology' In its turn physiology is becoming increasingly biochemical It is curious to find Sir James Goodhart writing just a quarter of a century ago I met a hybrid the other day—a biochemist

But the older sciences are not failing to provide us with new conceptions The recognition of the nerve unit—the neuron, contiguous but not continuous with other neurons—has gradually revolutionized much of neurology More recently the idea of an organ as a localized structure has been expanded to include structures widespread throughout the body such as the erythron and the reticulo-endothelial system within that definition Full justice is done to such conceptions in the book before us

To particularize a little, we were struck with the brief but helpful account of cholesterol and its metabolism—still a somewhat elusive subject Not only is it suggested that this may prove the "mother substance" for such important compounds as the bile acids, oestrin, the luteal hormone and the male sex hormone, but the writers go on to say, 'The only means by which arteriosclerosis can be produced regularly is by diets high in cholesterol' This has an important bearing on the observation that the high fat, low carbohydrate diet in diabetes appears to accelerate the production of arteriosclerosis even in young diabetics Again, it is interesting to learn that in diabetes insipidus the ingestion of large quantities of water with a temperature below that of the body necessitates readjustment of the heat regulating mechanism, hence vaso-constriction as a compensatory measure to conserve heat The resulting sense of cold excites shivering which may cause a rise in the basal metabolic rate the food intake is increased in consequence If pituitrin is given without restricting the fluid intake to such patients water intoxication may result

One reflection arises from perusal of these pages scientific controversy is often not wasteful of effort but may be highly productive Thus the controversy between Stewart and Cannon not only led to a revolution of our ideas on the functions of the adrenal cortex but confirmed the emergency action of adrenaline The dispute as to rickets being a disease of diet or of the dark paved the way to discoveries of great importance When disputants are equally ardent in their search for truth honours are equally divided in the long run

The book is a storehouse of information lucidly stated and valuable to physiologist and clinician alike But, quite by the way, we hope that in a future edition Dr H G Turney will not be deprived of the credit of first describing the condition now known as Cushing's syndrome in favour of some hypothetical being called Turner on page 1156

PARASITOLOGY

Précis de Parasitologie By E Brumpt Fifth edition Two vols (Pp 2 140 1 085 figures 4 coloured plates Brochés 170 fr reliés toile 200 fr) Paris Masson et Cie 1936

Perhaps nothing is better calculated to give an idea of the rapid accumulation of knowledge in any branch of science than the growth in size of successive editions of a textbook on the subject This is well exemplified by the appearance of the fifth edition of Brumpt's *Précis de Parasitologie* Ten years ago the fourth edition consisted of a single volume of some 1 450 pages the present issue, in two volumes runs to nearly half as many pages again In his preface the author refers to the many advances in more recent years in the domain of parasitology such as the recognition of new species, the demonstration of previously unknown evolutional cycles the discovery of new hosts and modes of transmission and draws attention to some of the newer means of investigation and the results obtained by experimental methods All these have been incorporated while the section on mycology has been entirely remodelled and greatly augmented to bring the present edition right up to date

Professor Brumpt is to be congratulated upon the enormous task he has accomplished—even though, as he tells us, he could not resist the temptation on several occasions to abandon this exhausting labour in order to take some repose by turning to research work and travel Everyone who is interested in parasitology is already familiar with the earlier editions and the method of presentation of the subject matter therein It is not, therefore, necessary here to say more than that the possession

of this last edition is a *sine qua non* The index is excellent, while the text references to authors with dates of publication are in themselves a feature of great value The text figures, ample in the previous edition have been increased from 850 to 1,085 in number Here and there minor points may be noted which could be amended with advantage To give a single example—the differentiation of the treponema of yaws and that of *syphilis* is not very clearly stated nor the question of cross immunity well presented, bismuth is not mentioned in treatment

MORTALITY RATES OF JEWS AND NON-JEWS

Tod und Todesursachen unter den Berliner Juden By Dr Franz Goldmann and Dr Georg Wolff with a foreword by Dr E. Seligmann (Pp 82) Berlin-Charlottenburg Reichsvertretung der Juden in Deutschland 1937

Drs F Goldmann and G Wolff have published an analysis of the rates of mortality of confessional Jews in Berlin which is of considerable value The authors obtained particulars of 14,083 deaths of confessional Jews occurring in the two triennia 1924–6 and 1932–4 The totals agreed reasonably well with those recorded in the municipal yearbooks—for the former period the deaths of which particulars were obtained were 2 per cent and for the latter period 8 per cent too few, for 1924–6 age standardized rates of mortality could be computed The authors have accordingly made a complete analysis the exactness of which is guaranteed by Dr Wolff's high statistical reputation The general rate of mortality of the Jewish population was appreciably less than that of the whole population strikingly so under the articles of infant mortality and mortality from tuberculosis On the other hand the mortality of Jews from diabetes, diseases of the circulatory system—especially arteriosclerosis—and suicide was above the average It is possible, we think, that the striking difference in respect of arteriosclerosis might be modified by age standardization but the data relate only to 1932–4, so that standardization was impracticable

The authors rightly decline to draw any decided conclusions as to the respective shares of racial predisposition selection and economic circumstances in the production of these differences From one of their findings others may be inclined to draw an inference In 1924–6 the suicide rate in Jewish males was 1.2 and in Jewish females 1 3 times that of the general population In the period 1932–4 suicide had increased among the Jews much faster (almost 50 per cent) than among the non-Jews

PRE NATAL AND POST-NATAL CARE

Pre Natal and Post Natal Management By J St George Wilson M C., M B., Ch M F R C S F C O G (Pp 206 80 figures 10s 6d net) London E Arnold and Co 1937

Mr St George Wilson has written a little book which will probably meet with wide acceptance and may even become an obstetric best seller The author writes as a clinician not too much hampered by a scientific outlook but keenly interested in the treatment of symptoms and convinced of the importance of giving serious consideration to conditions which are too often dismissed as minor ailments He clearly possesses the gift of keen clinical observation and men of experience may well find some of his "tips" to be worthy of their consideration Confident advice is given about almost everything and one of the great attractions of the book to the junior practitioner will be that if he follows Mr Wilson he need seldom if ever be in doubt as to what is the best thing to do The advice is given for the most part in terse sentences which are often so unconventional in construction as to arrest the reader's attention for their form as much as for their import The author writes on page 36 We do not believe in physical exercises which allege to prepare for labour , the meaning is obvious and if the shades of all the grammarians are made to shudder—what of it? As a rule the author wastes no words and it is regrettable to find such a trite remark as 'the abdomen will vary in appearance with the period of pregnancy

Like most good clinicians Mr Wilson does not disdain the empirical and it is greatly to his credit that he has himself tried out all or nearly all, the methods of treatment which are discussed It is therefore unfortunate that mention should be made of the treatment of hyperemesis by rectal injections of the patient's urine a method reminiscent of the unpleasant empiricism of the Middle Ages On the whole the author's methods constitute a happy combination of the old and the new thus in the treatment of secondary anaemia in pregnancy chief reliance is placed on the trusty and well tried Blaud's pill which is recommended in doses rising to 225 grains a day but violet ray therapy is also advised as an adjunct to treatment with iron An excellent example of careful clinical work will be found in the chapter dealing with the management of varicose veins in pregnancy a subject which few obstetric writers have thought it necessary to deal with, yet it is of great importance to the health and working capacity of the mother The considerable number of x ray photographs are all of uncommon excellence and are without exception a help, not a puzzle to the reader those which depict malformations of the foetal skull may be selected for special praise

To subject the book to descriptive analysis would be unfair to prospective readers, whose appreciation of a somewhat uncommon effort will be all the greater if they approach it in an expectant frame of mind We feel confident that junior practitioners and all who are working in ante natal clinics whether doctors or midwives, will find in it a most useful mentor and guide

CONTROL OF TUBERCULOSIS

The Control of Tuberculosis in England—Past and Present By G Gregory Kayne M D., M R C P D P H Foreword by Sir Humphry Rolleston Bt G C V O K C B (Pp 188 8s 6d net) London Humphrey Milford Oxford University Press 1937

Dr Gregory Kayne in the course of his Dorothy Temple Cross Fellowship was able to make an excellent survey and has now published this in book form The chequered story of pure administration is always regarded impatiently by the clinician It is debatable to what extent progress is owed to scientific discoveries and how much to the application of them by sociologists and legislators Tuberculosis is an endemic infection with waves of epidemic incidence corresponding with industrial and social aggregations What Society creates Society can control and presumably the ancient Pharaohs could have been protected against death from the tubercle bacillus by measures similar to those described in this book

Dr Kayne begins with the voluntary system which preceded the first official recognition of tuberculosis in 1908 Haphazard treatment in special hospitals the building of small sanatoria for the well to-do patchy pursuit of clinical interest were the features of the early period The poor had only the out patient department the rich went to Madeira and Switzerland The Edinburgh Dispensary was founded in 1887 but the example did not spread very much until the beginning of the great war The infectivity of the disease was not really accepted in Government

circles until 1908 and notification did not become compulsory until 1912 Lord Astor's committee established the tuberculosis scheme as we know it to-day with dispensaries, sanatoria hospitals and settlements In the beginning national health insurance made funds available but latterly seems to have dropped out of direct connexion with the tuberculosis scheme Dr Kayne's book describes all these developments faithfully and without prejudice In the last section he turns to the future and gives a sketch of its possibilities He plumps for the periodic examination of healthy people with more radiology and closer contact with the general practitioner 'Sooner or later the preservation of the health of the population will come to be regarded as on the same footing as national defence or police supervision and a complete health service will be available for every citizen who falls ill in the same way as the police serves now when he is attacked or threatened by others Dr Kayne has more confidence in the present voluntary system than this statement would seem to suggest He is probably correct in thinking that the English mind will evolve an amalgam of State and private practice without an extreme

In a book dealing with administration it is perhaps too much to expect adequate attention given to research Is not this where much of our vaunted administration fails? The tuberculosis scheme has evolved out of humble beginnings in a few voluntary hospitals and wooden sanatoria hidden far away from towns into a fairly adequate system of control of contacts and actual cases Any person who has suspicious symptoms may be referred to a dispensary for expert examination Treatment has reached a high level and social care is beginning to be understood What of research and future development? From Dr Kayne's book we have the feeling that our national tuberculosis scheme will go on extending in its blind planless fashion He is likely to be right A writer on English administration who fails to give the impression of extraordinary inchoate and illogical development would not be stating the facts and Dr Kayne's book is an excellent one for this reason as well as for its accuracy and completeness

Notes on Books

Digitalisfibel fur den Arzt (Berlin J Springer, RM 1 80), by Professor Ernst Edens is a brochure of some thirty pages into which the author has condensed the essential facts regarding digitalis which he rightly claims is the most indispensable weapon that the general physician possesses The information is set out in seventy-five paragraphs, and an account is given of the history, chemistry, pharmacology, and therapeutic use of the drug The account is supplemented by a list of 120 selected references The author himself has done much to advance our knowledge of digitalis and his opinions are based on many years of clinical experience Hence the synopsis is of more than usual interest for it shows which facts a leading authority considers to be really essential

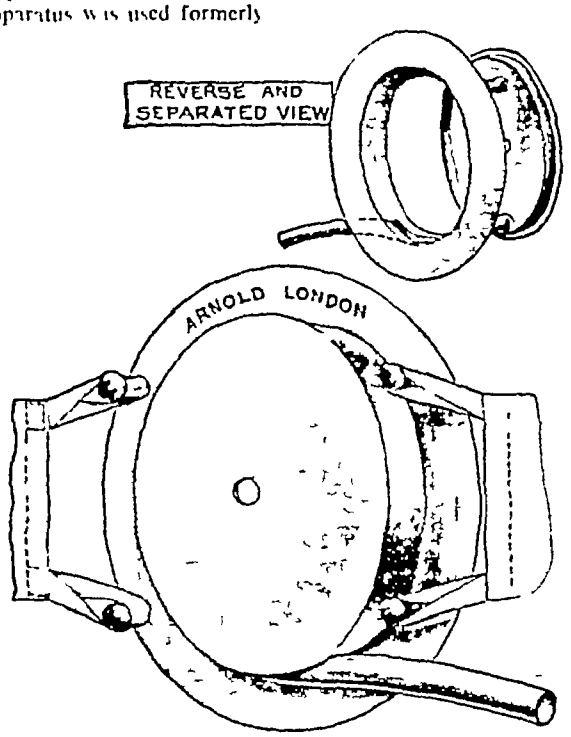
Grundlagen einer neuen Therapieforschung der Tuberkulose by Drs W Pfaff and Willy Herold (Leipzig G Thieme, RM 17 80), is a monograph in which the authors give an account of investigations undertaken to determine the mode of formation of tuberculous lesions The first half of the volume gives a general review of the pathology of inflammation with special reference to infection with the tubercle bacillus The second part describes experiments carried out by the authors They used fluorescent vital stains and studied the passage of these out of the blood vessels with ultra violet illumination The third part reviews the methods available for checking the growth and spread of tuberculous infections

Preparations and Appliances

A SUPRAPUBIC BOX

Mr Charles E Kindersley F R C S (Bath) writes

The suprapubic box illustrated in the accompanying figures has been made for me by Messrs John Bell and Croyden, Wigmore Street London W 1 It is used wherever an Irving apparatus was used formerly



The outlet tube at the lower extremity of the box is attached to a suction apparatus and eliminates the urinal between a patient's legs and enables the patient to move freely in his bed

I have now been using this appliance for several years in prostate cases and find it is possible to keep a patient perfectly dry and at the same time to allow unimpeded mobility in bed

ZINC PROTAMINE INSULIN SUSPENSION

80 units per c cm

In response to a demand from users of protamine insulin (with zinc) for a preparation of higher unit value than the 40 units per c cm the four British firms engaged in its manufacture (Allen and Hanburys Ltd Boots Pure Drug Co., Ltd., The British Drug Houses Ltd and Burroughs Wellcome and Co) have now made available a suspension containing 80 units per c cm This preparation is issued in one size only—5-c cm vials containing 400 units (80 units per c cm) The original preparation containing 40 units per c cm will continue to be issued as at present in 5-c cm and 10-c.cm vials

STREPTOCIDE OINTMENT

Streptocide ointment (Messrs Evans Sons Lescher and Webb Ltd) contains 5 per cent of *p*-aminobenzenesulphonamide dissolved in a bland neutral ointment base. The remarkable disinfectant action of this drug on haemolytic streptococci is well known and clinical trials indicate that the drug is effective on external application against these organisms when present as surface infections

BRITISH MEDICAL JOURNAL
LONDON
SATURDAY OCTOBER 2 1937

"A CALL TO THE NATION"

By the time these words appear in print the Government's National Health Campaign will have been launched by the Prime Minister in a speech broadcast to the nation The main objectives of this campaign, which is organized on behalf of the Minister of Health and the President of the Board of Education by the Central Council of Health Education, the cost being borne from public funds, are "to encourage the wider use of the existing health services and to bring home the need for increased physical fitness"

No student of the history of medicine and the development of medical organization can doubt that any project, scientific or administrative, which is likely to raise the standard of public or personal health can count on the whole hearted support of the medical profession Of the informed and stimulating contributions to the public health by special committees established by the British Medical Association some recent examples strikingly illustrate this fact The reports on nutrition translated the findings of physiology into factors of domestic economics at the same time focusing public attention on the first essential of bodily health, good nutrition, the report on physical education provided the basis upon which the Government constructed its proposals on this subject an event not too freely acknowledged that on fractures was important enough to justify the appointment of a departmental committee to give practical application to its findings the reports on immunization, on medical education, on mental deficiency, on alcohol and road accidents, and on the medical aspects of abortion, together with such pronouncements as that on the purity of milk show a catholicity of contribution to subjects of public interest It will be conceded that the medical profession alive as it is to its public responsibilities, is unusually well equipped to examine with a friendly if critical eye a national campaign to improve the public health

The projected campaign is limited in its applications it is directed to the wider use of certain existing services and those only Although there is evidence at this late stage of a tendency to widen the basis of the campaign the available literature makes it clear that it is the maternity and child welfare, the school medical, and the tuberculosis services of local authorities which in the next three months are to enjoy the bright light of publicity, although the national health insurance service is to receive mention It is legitimate to ask whether the restriction of the campaign to these services excellent though they are, is in the ultimate public interest Hospitals, voluntary and municipal, universities and research institutions, voluntary bodies and such public-spirited organizations as public medical services and provident associations, and private practitioners, both specialist and general, are all agencies contributing to national health no less than the local authority services which, by their non-domiciliary and occasional character and their limitation to isolated phases of human life history, can be of little value without the co-operation and support of these other agencies If and where such co-operation is lacking, to advocate in a national health campaign the use of certain services, chosen because they are provided by statutory authority, may aggravate a situation already inimical to the welfare of the public Perhaps the most unhappy characteristic of the existing provision for the health of the people is the lack in many areas of the appropriate arrangements for co-operation and consultation between the many workers in the field of health, notably between local authorities and the medical profession

An increase in the numbers of attendances at ante natal and infant welfare clinics, already quite high, can scarcely be regarded as being of itself a sufficient result of a national health campaign launched by the Prime Minister in what is officially described as "a call to the nation" Indeed a concentration of public attention on certain limited existing services is not without the danger that it may divert it from the consideration of the larger problems of future development, and postpone the elaboration of a comprehensive long term policy Governmental action on the lines of the report of the Departmental Committee on Scottish Health Services including the extension and amplification of the existing national health services and the creation in England and Wales of a complete national maternity service is an urgent need of the day

The Minister of Health has given abundant evidence of his courage and his enthusiasm for the public health There may be good reason for limiting present activity to the existing services But we would urge him in the public interest to widen the basis of this campaign so as to present to the public in truer perspective the problem of national health, and the many varied agencies, statutory and voluntary, individual and corporate, which contribute to it.

WORK IN RADIUM THERAPY

[illegible]

[illegible]

[illegible]

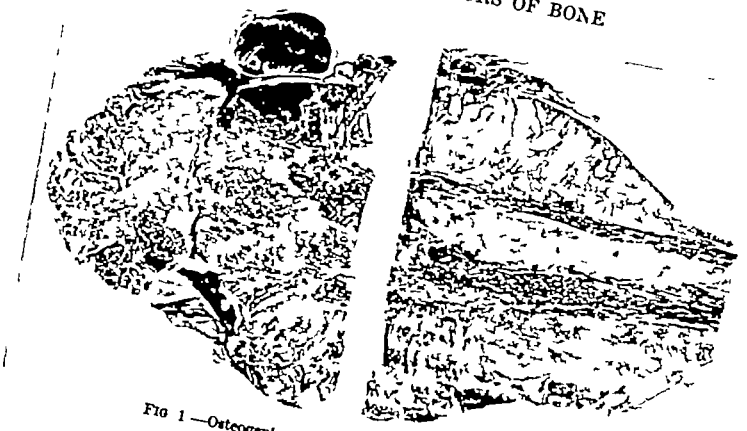


FIG 1.—Osteogenic sarcoma of tibia invading knee joint



FIG 2.—Osteolytic sarcoma of femur



FIG 3.—Ewing sarcoma of tibia Positive radio-diagnostic test (2-50r)

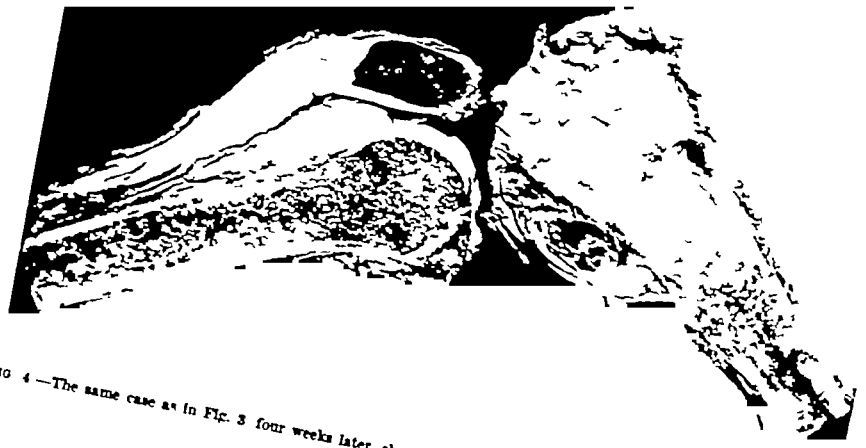


FIG 4.—The same case as in Fig. 3 four weeks later, showing extension of tumour into supra-condylar pouch during progress of irradiation

GEOFFREY KEYNES CONSERVATIVE TREATMENT OF CANCER OF THE BREAST



FIG 1

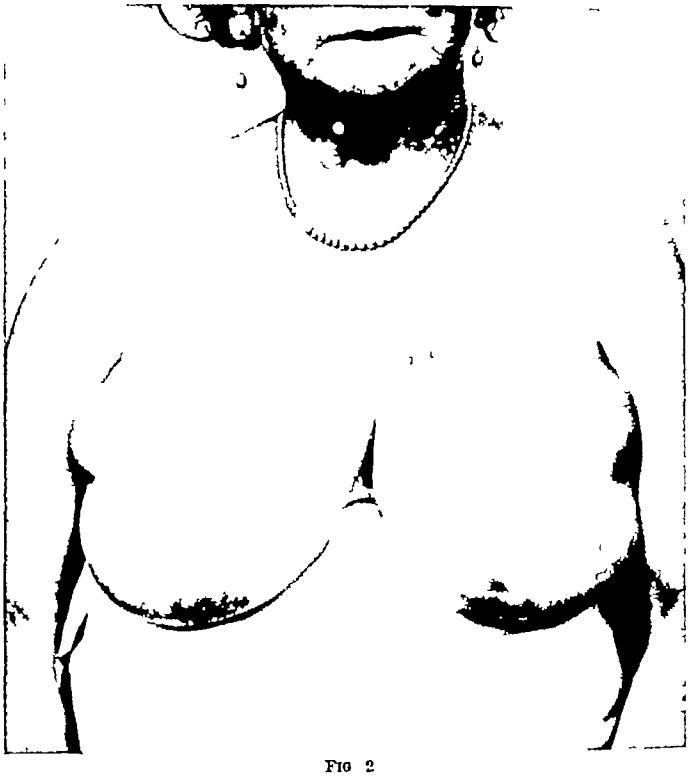


FIG 2

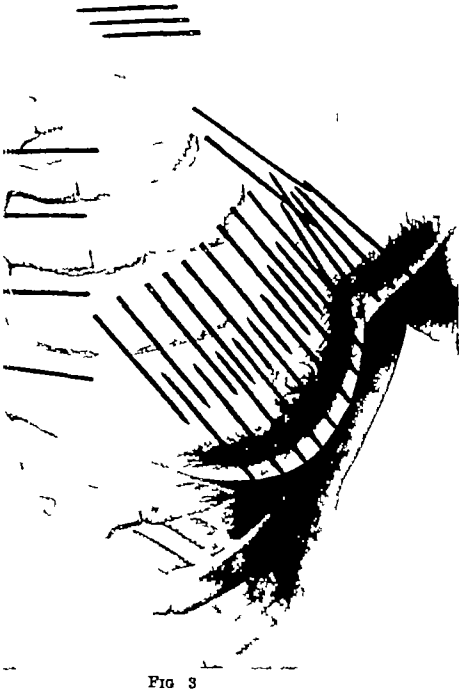


FIG 3

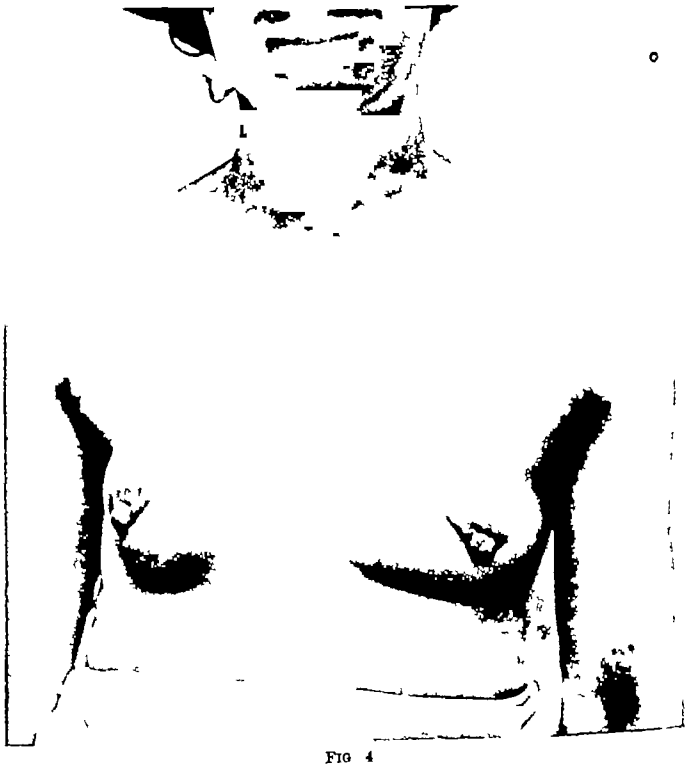


FIG 4

GEOFFREY KEYNES CONSERVATIVE TREATMENT OF CANCER OF THE BREAST

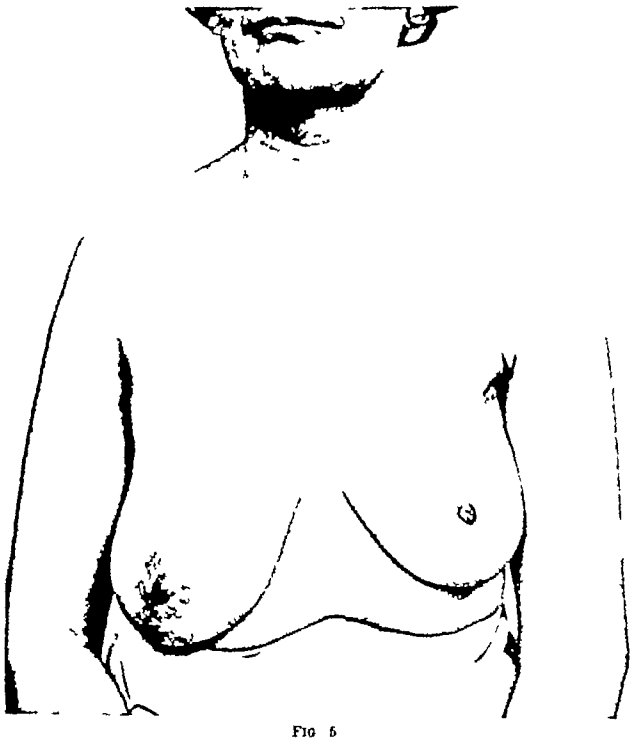


FIG 5

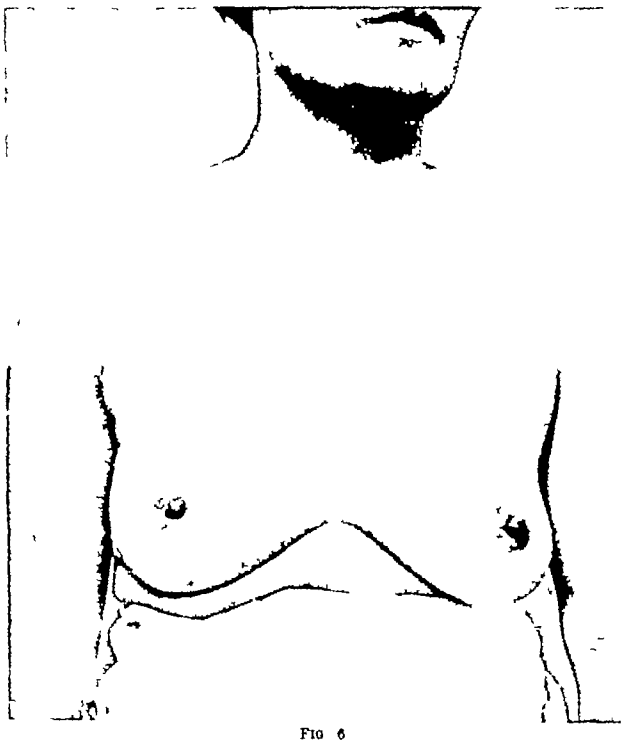


FIG 6

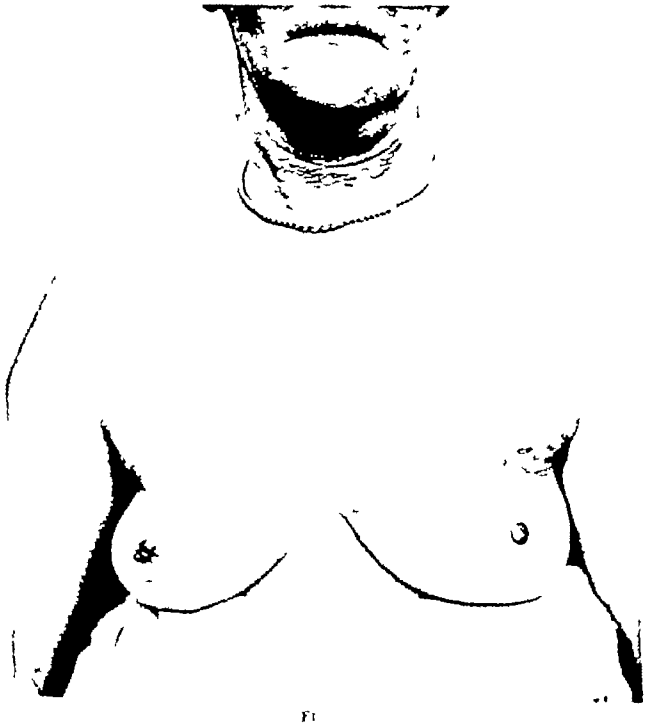


FIG 7



FIG 8

C LOVELL CEREBRAL OEDEMA IN CERTAIN MENTAL DISORDERS

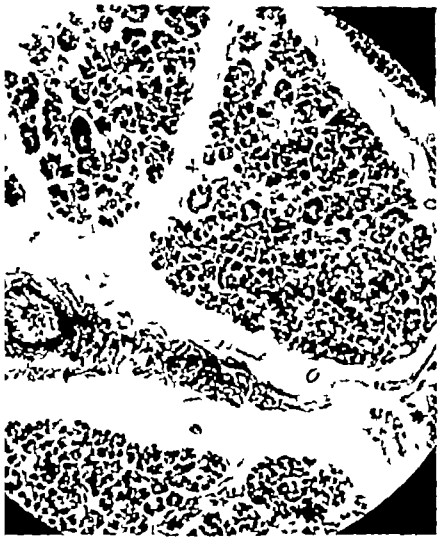


FIG 1.—Normal pancreas.



FIG 2.—Pancreatic duct showing patchy inflammation

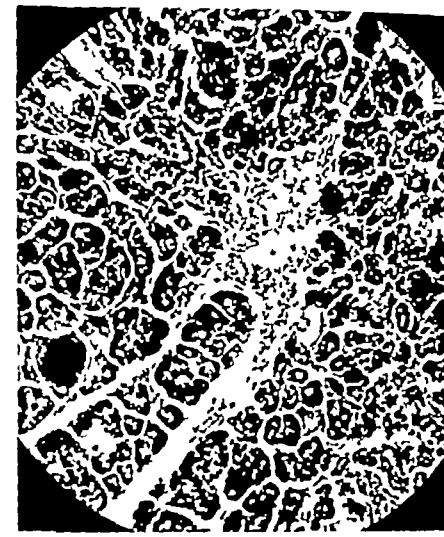


FIG 3.—Case of anxiety state duration three months pancreas

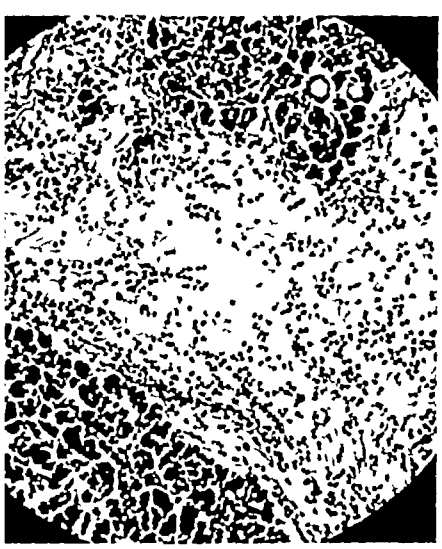


FIG 4.—Case of anxiety state duration uncertain pancreas.



FIG 5.—Case of anxiety state, duration two years pancreas



FIG 6.—Brain in agitated melancholia showing organized thrombus



FIG 7.—Brain in agitated melancholia showing oedema.

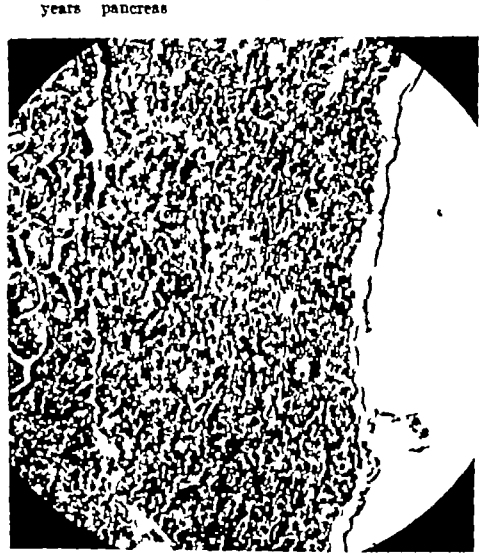


FIG 8.—Pancreas of a case of schizophrenia fibroblasts invading parenchyma.

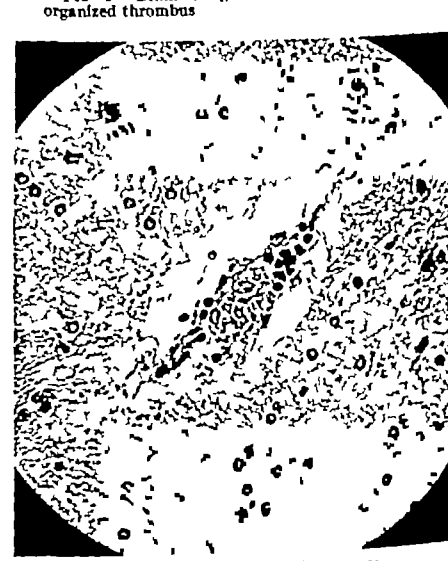


FIG 9.—Section of brain of same case

These figures confirm the unfortunate fact that by far the greater number of patients only apply for treatment when the disease is advanced—in some cases when treatment is impossible meanwhile the chances of success progressively diminish The following is a brief summary of five-year results

Number of Patients Treated and Five year Survivals in the Different Stages

	No of Patients	Not Treated	Five-year Survivals	Percentage
Stage I	15	—	13	86 6
„ II	41	—	20	48 8
„ III	126	—	19	15 0
„ IV	106	8	1	0.9

Of the 288 patients applying for treatment no fewer than 232 postponed seeking expert advice until the disease had made such progress that—to put it very bluntly—the expert did not have a fair chance We have repeatedly urged the need for early treatment, and no better argument could be put forward than the figures we have collected from this report Thinking it might be of interest to see if there has been any improvement in more early attendances, we have examined the figures given for the years 1932–6, but, although there is a very slight improvement, the tendency to delay seeking advice until an advanced stage of the disease still persists Summarizing these records we find that out of 250 patients presenting themselves 58 were in Grades I and II, and no fewer than 192 in the advanced Grades of III and IV The facts are deplorable but as the Radium Institute is a metropolitan hospital receiving cases from all over the country they may we think, be taken as fairly typical of conditions generally Education of the public is necessary, and can only come about with the help of the general practitioners The task is admittedly both delicate and difficult but should not be beyond those whom the public regards not only as medical advisers but as friends It would be invaluable if we could once definitely ascertain where the cause of the trouble lies

There is one friendly criticism which we are tempted to make—namely that the report as it stands hardly does justice to the excellent work for which the Radium Institute has such a deservedly high reputation Of the eighteen pages which constitute the actual medical report no fewer than sixteen are entirely devoted to statistical summaries There must be many interesting observations made in the course of a year's work which are worthy of being recorded and a brief account of some of the researches instead of a bare enumeration of the publications based upon them would have added to the interest as well as to the value of the report. If the present instance had been an isolated one it might have passed without comment, but the practice of issuing reports which are for the most part only tabulated summaries hardly tends to arouse general professional interest and will, we fear, tend to deter any reader less hardened than a specialist or a reviewer

TRENDS OF POPULATION

In his presidential address to the Geography Section of the British Association Professor C B Fawcett discussed the world trend of population since census taking became regular and widespread—that is since the beginning of the nineteenth century He pointed out that the net effect has been to add about a fourth to the major populated areas, and has not been either to spread population more evenly throughout the world or to fill up the great open spaces He examined in detail that aspect of this movement which impresses itself upon all observers—namely, the drift to towns

For many years Professor Raymond Pearl and his associates in the department of biology of the School of Hygiene and Public Health, Johns Hopkins University, have been studying the physiological aspects of the population problem and two recent memoirs[1] are good illustrations of their method of approach Briefly this is the problem The effective birth rate depends upon natural or racial peculiarities age, and exposure to risk. This last factor (assuming for simplicity that we are only concerned with the fertility of married couples) is partly determined by the use of contraceptive methods Now in a country such as the Birth Registration Area of the United States of America official statistics provide much information respecting fertility as influenced by age habitat, and racial condition, because the data distinguish not merely between white and coloured but between native and foreign-born women The first of the memoirs cited above is based on the data for 1930, and the general plan of the study is as follows If one thought of 'man' simply as a breeding mammal then in the healthy animal with unrestricted opportunities for sexual intercourse first pregnancies would be concentrated within a narrow range from the moment of sexual maturity and other pregnancies follow at regular intervals the record in individual cases would be determined by innate fertility Of course in human beings these conditions are seldom if ever fulfilled one has quite apart from the use of contraceptive methods such factors as differences in age at marriage, and actually the interval between the biologically possible and the actual date of first pregnancy in

[1] *Human Biology* 9 65 and 212 *Amer J Hyg.*, 25 '07

almost all classes of society is large Thus if one takes the reproductive span as the average period from first menstruation to menopause, it is found that in American-born whites 23 9 per cent of that span, in foreign-born whites 31 8 per cent and in coloured women 15 8 per cent elapses before the first live birth, for first stillbirths the interval is greater Professor Pearl compares in detail the actual reproductive histories—what he calls the patterns of reproductivity—and provides a number of instructive tables He has also, in the second memoir cited, compared samples of women from New York and Chicago who gave particulars respecting their use of contraceptive methods

Like other observers Professor Pearl finds that the effective reproduction of what are generally regarded as desirable elements in a civilized community is much below that of less eligible strata, and that "birth control," although by no means equally effective everywhere, has been a material factor But he is led to think that other factors, in particular deferred age at marriage, are of more significance than some statisticians have believed, and that "birth control" itself is more important "in keeping women out of the category of breeders at all or admitting them into that category only once in a lifetime" than as a method of spacing out the pregnancies of multiparae These are important conclusions from the sociological point of view, and no doubt Professor Raymond Pearl will develop his views at length in the Heath Clark Lectures which he is to deliver at the London School of Hygiene and Tropical Medicine in a few weeks' time

To an observer in Mars, without personal grounds for anxiety, the problem of population trends must be of fascinating interest He will note that, *pari passu* with a maximum of concentration in and around large cities of human beings, the means of destruction of life have been multiplied, and the power to set these means of destruction into motion has, even in democratic States, also become concentrated under the control of a small number of persons He will also note that the function of replacing the existing inhabitants of the earth is becoming specialized not merely as between races but within each community He will ask himself whether, in the event of the kind of mutual destruction of cities which Mr H G Wells foretold so many years ago in *The War in the Air*, the return to barbarism he suggested may not be inevitable A mitigating factor is that the modern city tends to enlarge its area, so that if the peoples of Europe can be prevented from flying at one another's throats for a generation, total destruction will be impracticable But such an economic or military reorganization would leave the problem of reproduction unsolved

MEDICINE AND THE PUBLIC

A report appears in our *Supplement* this week of the special meeting of the Council of the British Medical Association which was held on September 22 to consider proposals for cultivating better relations between the organized medical profession and the public Though differences of opinion as to ways and means were clearly put forward in the course of debate, the Council had no difficulty in accepting the general principle that steps should be taken to inform the community about the work of the profession more especially in the medico sociological sphere to secure a more enlightened attitude towards the problems connected with National Health Insurance and to persuade the newspaper Press to be more constructive in its handling of medical news The executive decisions taken by the Council included the setting up of a Propaganda Committee and the appointment of a public relations officer to take up his duties almost immediately It is hoped that by these and other cognate means public opinion may be informed and guided in relation to the work and views of the Association in matters that directly concern the health of the people

UPPER RESPIRATORY INFECTION IN CHILDHOOD

No apology is necessary for referring once again to the discussion on otitis media in early childhood which took place at the Royal Society of Medicine in May, 1937, and is now published in full in the current number of the *Proceedings*[1] Everyone dealing with children should be familiar with its implications Otitis media in children under 5 years of age differs considerably from the disease in later childhood and adult life Owing to their free communication, the Eustachian tube middle ear, and mastoid antrum are simultaneously involved and the infection is bilateral in approximately half the cases Spontaneous perforation is uncommon and late owing to the relatively greater strength of the tympanic membrane the width of the Eustachian tube, and the collapse and dehydration of the child The disease can therefore easily be overlooked Tuberculosis of the ear is much less often seen than a quarter of a century ago and the commonest organism is the streptococcus Figures given by Dr J H Ebbs based on 880 consecutive necropsies of children under 14, showed the surprising incidence of otitis media in infancy Infection of the middle ear is found in over 50 per cent of children who die under the age of 14 and sinusitis in over 30 per cent Of those dying in the first year of life the number with otitis media is over 60 per cent In many of these children the presenting symptoms are diarrhoea and vomiting and there seems no doubt that an upper respiratory infection is the commonest cause of alimentary disturbances in infancy Pneumonia is an even more frequent finding than gastro-enteritis and the number of cases in the first year of life is described as appalling Infection of the upper

[1] *Proc roy Soc Med* 1937, 30, 1293

respiratory tract is a 'menace to all lower-lying structures" and it may lead to tonsillitis bronchitis bronchiectasis pneumonia and severe gastro-intestinal disturbances There is no doubt that these infections are contracted from other persons and Dr Ebbs emphasizes that the contact of an adult with an infant while that adult is suffering from a cold or influenza, exposes the infant to one of the gravest risks which it can encounter during its life time A final important point is that the vast majority of infants who die of infections related to otitis media and sinusitis have been artificially fed and "the best insurance that a mother can adopt for her infant is breast-feeding whenever it is possible and particularly during those difficult first few months of life when infections are so dangerous"

ARCHIEPISCOPAL LICENCES TO PRACTISE

Mr R R James[1] has examined the records at Lambeth and has taken out the names of those to whom the Archbishop of Canterbury issued licences to practise medicine and surgery from 1580 to 1773 The work is laborious but is well worth the trouble It greatly assists the student of the history of medicine in England It enlarges his knowledge of the curious manner by which medical practitioners have reached their present qualifications and it gives personal details about the lives of some medical men well known in history Mr James with the help of Mr J Harvey Bloom published in 1935 the names of those who were licensed by the Bishops of London and by their Vicars General It now remains to do a similar service for the Northern Province of York The licences granted by the Archbishop of Canterbury appear to be in common form in Latin in the earlier days and afterwards in English It would be useful if Mr James would expand and print an example of each The licensees are described as *Professor* or *peritus* in their art Did these terms carry the same distinction as the S T P and the D D or were they merely conventional?

SOCIAL HYGIENE

The *Empire Social Hygiene Year-Book*[2] has established itself as a useful work of reference and compendium of current facts The new issue contains additional statistical tables regarding the incidence and treatment of venereal diseases an account of community provision for cripples and the blind and the public health and educational statistics for the counties and county boroughs of Northern Ireland in addition to those for Great Britain which have appeared in former years In a series of short articles the subjects of housing maternity and child welfare illegitimacy prostitution juvenile delinquency and mental defect are studied The chapter on marriage law needs revision in view of the passing of the new Act Many compact tables are given to show the exact position with regard to venereal diseases in the community Each of the armed forces shows a gratifying fall in the incidence of hospital admissions—an almost continuous reduction since 1921 The case ratio is highest in the Navy, but even there it is not much more than half of what it was fifteen years ago and the Army and Air Force show still more striking reductions In the Navy the incidence of venereal disease is highest in the China station followed closely by the African and the American and West Indian stations In the Army the incidence is greatest in the Jamaica command where in 1935 the admissions to hospital for gonorrhoea per 1 000 of strength were 134 4 The bulk of the *Year-Book* consists of information with regard to each of the counties and county boroughs concerning health social and educational services and information of the same kind has been compiled for each of the Provinces in the Dominions the Presidencies and Provinces of India and the various Colonies and Dependencies

REGIONAL ILEITIS

In 1932 Crohn of New York first drew attention to a characteristic condition of chronic inflammation in the intestine which had until then been only imperfectly recognized Since the publication of Crohn's paper numerous reports have appeared on this subject particularly in America and more recently in this country Sir Arthur Hurst[1] has recorded further cases and with Drs Colbeck and Lintott reviews the whole subject of regional ileitis or Crohn's disease The condition is one which has almost certainly in the past been mistaken for ileo-caecal tuberculosis The pathological changes are however those of a hyperplastic inflammation, resembling macroscopically a neoplastic condition but histologically similar to those of tuberculosis The inflammation appears usually in the last eight inches of the ileum and is associated with marked fibrosis adhesions and in some cases fistula formation, the bowel becomes rigid and narrowed and the clinical picture of intestinal obstruction usually develops Crohn's disease is a non specific granuloma of the intestine whose aetiology is at present unknown as Hurst points out it is by no means a rarity Crohn originally described four main clinical pictures (1) that of an acute intra abdominal disease similar to appendicitis (2) that of ulcerative colitis (3) that of chronic intestinal obstruction and (4) that of persistent fistula in the right iliac fossa The most important clinical finding is a mass in the right iliac fossa to which may be added the signs of a fistula diarrhoea and the scar of a previous appendicectomy The latter finding arises from the great difficulties which may exist in differentiating this condition from recurrent attacks of appendicitis so that a large number of cases have an appendicectomy performed The diagnosis of regional ileitis can usually be confirmed by the characteristic filling defects and narrowing of the terminal ileum often with great distension of the intestine above the

Janus 40 97

Prepared by the British Social Hygiene Council London George Allen and Unwin Ltd (15s)

Guy's Hosp Rep 1937 87 175

lesion, found on x-ray examination The importance of the recognition of Crohn's disease lies in the successful results of surgical treatment As Hurst states, the only satisfactory treatment is operative In most cases resection of the affected area of gut is possible, and if this can be done the end-result is excellent where resection is impossible owing to the presence of adhesions or fistula, a short-circuiting operation may still give highly successful results Hodgson,[1] for instance, recently reported a patient for whom a lateral anastomosis was performed without resection seven years previously with good subsequent recovery, and in one of the cases described by Hurst recovery followed a short-circuiting operation In a discussion[2] at the Medical Society of London last year A D Wright, however, who had at that time seen eight cases, pointed out that regional ileitis had a high mortality, and emphasized the great loss of weight which may follow the obstruction and inflammation It is to be hoped, however that as the condition becomes better recognized earlier surgical treatment may lower very greatly this mortality and that the clinical features will become sufficiently known so that radiological assistance will be called in if suspicion of Crohn's disease is aroused

ADHERENCE OF TUBERCULIN TO SYRINGES

Professor E R Long and Miss F B Seibert have added one more observation to their valuable work on tuberculosis for with Dr Nielson they[3] have again pointed out the fallacies besetting the use of the same syringe for injection of tuberculin and Schick or Dick test toxins These authors refer to the uncanny adherence to glass of tuberculin and to the danger of "infinitesimal amounts of tuberculin" distorting the results of Schick and other tests done later, since the "positive Schick tests" may be in reality tuberculin reactions In one group of thirty-three children tested the syringe used for the Schick test was washed and autoclaved after it had been used for tuberculin, yet four children gave a "positive Schick test" when this syringe was employed while the same Schick toxin from a previously unused syringe gave no reaction In seven other children the 'tuberculin" syringe was associated with a 50 per cent larger reaction than the new syringe—in other words, the results in eleven children in a group of thirty-three were vitiated because of the employment of an old tuberculin syringe These writers also record that the Schick test in a young physician had become "Schick-positive"—though he was in reality Schick-negative—because a tuberculin syringe had been employed As Professor Long and his colleagues state these difficulties were pointed out previously in 1935 by H J Parish and R A O'Brien[4] who themselves after making the discovery of the extraordinary adherence of tuberculin, found that K Zeiler[5] in 1911 had noticed the same danger The important problem is How can the general practitioner make sure that his syringes are "uncontaminated" with tuberculin? The American writers say that immersion for twelve hours in sulphuric acid bichromate or boiling for ten minutes in soapy solution "seemed to have got rid of" the tuberculin, and Parish and O'Brien were unable to find a simple, reliable method of cleaning syringes and glassware Both groups of workers indicate that it is safer to keep permanently separate syringes for different dilutions of tuberculin, or to employ previously unused syringes wherever there is a possibility of confusion between tests It is obvious that the general practitioner must remain in a dilemma until the experts carry the problem further and that a number of the reported conversions of Dick or Schick-negative reactors to positive may have been due to the employment of syringes not beyond suspicion The fallacy may also be responsible for the view that has been expressed that children in tuberculosis sanatoria are more difficult to immunize against diphtheria than others The "positive Schick test" obtained after immunization may have been a positive tuberculin reaction due to the presence of traces of tuberculin in the hospital syringe It is not improbable, also, that some of the unusual reactions mentioned from time to time after the injection of vaccines, diphtheria prophylactic or hypodermic solutions or the abnormal larger reaction from the injection of "Schick-control" may be the result of syringes "contaminated" with tuberculin it is not generally realized that an apparently healthy person may give a vivid tuberculin reaction to a minute dose of tuberculin—for example, 0 1 c cm of a dilution of 1 in 50 000 or even 1 in 100,000 It may be wondered whether the method of sterilizing with weak soda, washing, and dry-heating described by J L Law and C W Cory[6] in the valuable number of tests carried out by them was sufficient to clear the previously used syringe of even these minute traces of tuberculin These problems must finally be solved by the combined efforts of laboratory worker and clinician

THE MEDICAL REGISTER UNTRACEABLE PRACTITIONERS

We publish in the *Supplement* this week, at the request of the General Medical Council a list of the names of those medical practitioners who have not replied to the Council's inquiries as to the accuracy of their postal addresses Any practitioner, wherever resident, whose name is included in this list should communicate at once with the Registrar of the General Medical Council, 44, Hallam Street, Portland Place, W 1, or, if originally registered in Scotland, with the Registrar of the Scottish Branch Council, 44, Queen Street, Edinburgh, 2

Sir StClair Thomson will give the annual address at the Central London Throat, Nose and Ear Hospital on Friday, October 8 at 4 p m His subject is "Subglottic Intrinsic Cancer of the Larynx"

[1] *Lancet* 1937 1 926
[2] *Trans med Soc Lond* 1936 59 87
[3] *J Amer med Ass* 1937 108 2179
[4] *British Medical Journal* 1935 1 1018
[5] *Dtsch med Wschr* 1911, 37 2075
[6] *Amer J infect Dis Child* May, 1937, p 1220

ANAESTHESIA IN GENERAL PRACTICE

This is one of a series of articles, contributed by invitation

SPINAL ANAESTHESIA

BY

H K ASHWORTH, D A, M B, M R C S

Indications and Contraindications

With the qualification that few absolutely rigid rules can be made about the indications for any particular type of anaesthetic, those for spinal anaesthesia fall into four main groups

Group 1—Cases in which inhalational anaesthesia usually aggravates existing systemic disease—for example in patients suffering from diabetes phthisis bronchitis renal disease hyperpiesis, congestive cardiac lesions or obstructive jaundice

Group 2—Cases in which the performance of the operation is greatly facilitated by the unrivalled muscular relaxation provided by spinal anaesthesia—for example in intestinal obstruction lumbar sympathectomy, or abdominal operations in obese subjects Also in this group may be mentioned anaesthesia for evacuation of the uterus for inevitable abortion and for Caesarean section Spinal anaesthesia produces excellent uterine contractions thus diminishing haemorrhage and also ensures that the infant when born is not anaesthetized

Group 3—Cases in which the existing lesion gives rise to severe general toxaemia and in which good muscular relaxation is essential for adequate surgical treatment without the added toxin of ether or chloroform—for example in acute appendicitis with general peritonitis, and in cases of perforated gastric or duodenal ulcer

Group 4—The exigencies of practice—for example the single-handed emergency Spinal anaesthesia makes it possible for the single handed practitioner to undertake manipulations or other required treatment for dislocations or fractures of the leg It is also indicated for obstetrical emergencies Tropical climatic conditions and dread of unconsciousness are two obvious indications for the use of spinal anaesthesia.

The idea still unfortunately persists that the poorer the general condition of a patient the more is spinal anaesthesia to be preferred to inhalational anaesthesia Spinal anaesthesia is almost always the sure means of killing the moribund It should be a rule of sound practice that if the general condition of the patient cannot be improved by rest, warmth intravenous saline injections ephedrine, etc, until the systolic blood pressure has been raised to at least 90 mm and any pre-existing dehydration remedied then spinal anaesthesia should not be employed

Other contraindications are mental instability organic disease of the central nervous system, a septic lesion in the lumbar region deformity of the spine pyaemia and certain forms of severe cardiovascular disease profound anaemia low blood pressure or severe myocardial deficiency Children do not well tolerate spinal anaesthesia and unless there is an overwhelming indication this method is not to be recommended for patients under the age of at least 16 years

Premedication

Spinal anaesthesia should never be used unless the mental tranquillity of the patient is assured Patients between the ages of 16 and 60 should be given a subcutaneous injection of omnopon 1/3 grain and scopolamine 1/150 grain forty five minutes before the time of operation The dose of omnopon and scopolamine should be halved for patients over the age of 60 At the same time except in cases of hyperpiesis ephedrine 3/4 grain should be given by subcutaneous injection in order to combat the fall in blood pressure which often accompanies spinal anaesthesia Ephedrine is quite useless if, as popularly but erroneously employed, it is injected immediately before the administration of a spinal anaesthetic It is a slow acting drug and the vasoconstrictors are paralysed long before the ephedrine is absorbed from the subcutaneous tissues

Half an hour before operation the eyes and ears of the patient should be comfortably but effectively bandaged and he or she should be left in complete quiet This premedication is usually sufficient for the phlegmatic type of patient More highly strung or excitable patients should be given light inhalational anaesthesia during the operation

Technique

Ampoules of anaesthetic solution, files needles and syringes (employed solely for spinal and local anaesthesia) should be sterilized by prolonged soaking in spirit, and should be transferred to a bowl of sterile water at body temperature when required It is important that no trace of alkali should come into contact with the outfit at any stage of the proceedings, because the slightest trace is sufficient to precipitate and render ineffective both percaine and stovaine Fine bore needles with a narrow bevelled point and fitted stylet should be used These may be obtained to fit Record syringes and either this type or that with a simple bayonet catch of the Labat pattern is preferable to those to which the syringe has to be screwed Rigid aseptic precautions must be observed both in the sterilization of the administrator's hands and the patient's back and the administrator should always wear a sterile gown and gloves

Intrathecal puncture for spinal anaesthesia should always be performed in the second third or third fourth lumbar interspace and never at any higher level After the selected interspace has been palpated a skin wheal should be raised in the midline by the intradermal injection of a few drops of 1 or 2 per cent novocain solution and the skin and subcutaneous tissues pierced by a De Cnux primary puncture needle passed to a depth of about three quarters of an inch and immediately withdrawn The spinal needle is then passed through the track thus made and pushed on until the point is felt to have pierced the dura mater The stylet is then withdrawn, and clear cerebrospinal fluid should drip from the needle If by reason of difficulty in performing intrathecal puncture the cerebrospinal fluid is blood stained no attempt should be made to inject the anaesthetic solution until the drops become clear

Barker's solution of stovaine (specific gravity 1025) or the 1 in 200 solution of percaine (specific gravity 1026) are both considerably heavier than the cerebrospinal fluid (specific gravity 1004 to 1010) and either of these solutions may be used with the same technique of administration The chief differences between the two solutions are that the 1 in 200 solution of percaine takes slightly longer to produce anaesthesia, is given in a slightly larger dosage

and the resulting anaesthesia lasts much longer Upper abdominal anaesthesia with stovaine rarely lasts more than forty to fifty minutes, whereas heavy percaine is effective for twice as long Either solution can therefore be employed, the choice depending upon the probable duration of operation and the desirability or otherwise of a speedy recovery from the effects of the anaesthetic Height of anaesthesia with these two solutions is obtained by the process of gravitational diffusion, which consists of tilting the patient so that the nerve roots that supply the upper limit of the required anaesthesia are, as far as possible, made the most dependent part of the spine, then injecting the solution and leaving gravity to do the rest

Position of Patient During Administration

For subumbilical surgery anaesthesia should extend as high as the eighth dorsal nerve roots, and for full abdominal anaesthesia as high as the fifth dorsal The patient is placed on the table with the side on which the operation is to be performed downwards, unless the operation is bilateral, in which case it is immaterial on which side the patient lies For full abdominal anaesthesia the table is tilted into eight degrees of Trendelenburg position, and for subumbilical anaesthesia into five degrees At the same time the head and neck (but not the shoulders) of the patient are raised, either by lifting the headpiece of the operating table or else by a suitable arrangement of pillows This is done in order to prevent the solution from gravitating to a height at which it would anaesthetize the anterior roots of the phrenic nerves (third, fourth, and fifth cervical), thus causing paralysis of the diaphragm and almost instantaneous death A dose of 1 6 c cm of stovaine or 2 c cm of heavy percaine is usually adequate to obtain full abdominal anaesthesia

For operations on the leg 1.2 c cm of stovaine or 1 5 c cm of heavy percaine should be injected, but the table need not be tilted from the horizontal, although similar precautions should be observed for protecting the phrenic nerves by raising the head "Saddle area" anaesthesia is obtained by injecting 1 c cm of stovaine or 1 3 c cm of heavy percaine with the patient kept sitting upright for three minutes before lying down on a flat table with one pillow under the head This gives a localized but effective anaesthesia useful for the following procedures (1) obstetrical manœuvres, including forceps delivery, (2) vaginal and perineal operations, (3) haemorrhoidectomy, (4) operation for fistula in ano, ischio-rectal abscess, etc When stovaine or heavy percaine have been used the Trendelenburg position cannot safely be adopted until at least fifteen minutes have elapsed for fear of upward spread of the solution towards the phrenic nerve roots

The Use of Light Percaine

For operations necessitating the rapid adoption of the Trendelenburg position, or performed in the lateral posture, as, for example, in thoracic or renal operations and for quiet (but not for urgent) upper abdominal surgery of prolonged duration the original 1 in 1,500 solution of light percaine (specific gravity 100345) in 0 5 per cent saline is still pre-eminent The use of this solution necessitates an entirely different technique which was originally described by the late Howard-Jones The cardinal feature of this procedure is that a slight degree of Trendelenburg position is essential immediately following the administration of the anaesthetic and for three hours subsequently

The dose should be varied according to the size and bulk of the patient within the limits tabulated

	Males	Females
For subumbilical surgery	11–13 c.cm.	10–12 c.cm
For full abdominal anaesthesia renal or thoracic surgery	13 5–16 c cm	12.5–15 c.cm

A 20 c cm syringe is charged with 2 c cm of the solution and the plunger pulled up and down in order to rinse the syringe with the solution The 2 c cm is then ejected and the syringe filled with the requisite dose of percaine The patient is placed in the lateral flexed posture on a horizontal table without a pillow and with the side on which the operation is to be performed uppermost Intrathecal puncture is performed as previously described and the requisite dose of light percaine evenly and gently injected, the actual injection occupying twenty-five to thirty five seconds After the needle has been withdrawn the table is slightly tilted until the head of the patient is just dependent The patient is then gently turned over to assume the ventral decubitus for six to ten minutes in order that the light percaine solution may soak the posterior nerve roots After six to ten minutes the patient is turned on to his back and the operation may be started immediately If the operation is one which necessitates the lateral posture no alteration (other than slight tilting of the table) is made in the position of the patient after the injection of the light percaine, and the operation may be begun after six to ten minutes have elapsed for the development of anaesthesia

During operations performed under light percaine anaesthesia the patient may be immediately placed in any degree of Trendelenburg position surgically desirable As previously mentioned, a slight degree of Trendelenburg position must be maintained for three hours following administration, which necessitates the raising of the foot of the patient s bed on blocks irrespective of the surgical desirability of this procedure For this reason light percaine is not the anaesthetic of choice for emergency abdominal surgery in the presence of peritonitis, ascites, etc Light percaine produces anaesthesia in the upper abdomen lasting for a minimum of one and a half and usually for two to two and a half hours

Management of the Patient

The first important point is to ascertain that the spinal anaesthetic is working well No attempt should be made to test the efficiency of the anaesthetic upon any site which is not expected to be fully anaesthetized, or before sufficient time has passed after injection for anaesthesia to develop If a patient is once hurt his confidence is destroyed and is seldom completely restored In testing anaesthesia a sharp pointed towel-clip is the most satisfactory instrument to employ The patient should never be asked if he can feel anything or be allowed to see any test being performed, but the anaesthetist must watch the patient s face carefuly Imperfect anaesthesia will be demonstrated by a contraction of the mouth The patient should be asked to raise the legs, and also to take a deep breath, then give a cough, while the anaesthetist watches the abdomen Bulging of the abdomen when the patient coughs indicates that the anaesthetic has produced relaxation of the abdominal muscles The patient s arms should be placed by the side and comfortably but firmly fixed by a sheet or other suitable device to the table The hands should never be placed under the buttocks during operations under spinal anaesthesia

Whether supplementary light inhalational anaesthesia should be given should be decided on the merits of each particular case Generally it is necessary during upper abdominal surgery, otherwise traction on the upper abdominal viscera or manipulations in the region of the diaphragm cause discomfort nausea or vomiting, and a consequent reflex fall in blood pressure Gas and oxygen is ideal but if this is not available a satisfactory light and harmless anaesthesia of the midwifery type may be obtained by the use of a few drops of chloroform and ether mixture on an open mask Inhalational anaesthesia is rarely necessary for procedures other than upper abdominal surgery except in the case of nervous patients upon whom the preliminary dose of omnopon and scopolamine has not produced its usual tranquillizing effect

It is the duty of the anaesthetist to protect the patient from being treated to any undesirable dissertation on the state of his or her inside by a forgetful surgeon Omnopon and scopolamine alone often confer complete amnesia but it is generally in the wrong case that it fails to do so If consultations are desirable among those present as to further procedure after the lesion has been exposed, it is usually expedient to administer light inhalational anaesthesia Similarly the anaesthetist should ensure that the unanaesthetized chest of the patient is not used as a repository for temporarily unwanted instruments

Management of the Common Complications

A fall in the blood pressure is a normal physiological accompaniment of all high spinal anaesthesia and only calls for restorative measures when profound in degree In the latter cases the Trendelenburg position should be adopted and the patient should inhale sal volatile Drug treatment consists in the subcutaneous injection of pituitrin 1 c.cm or, in really alarming cases, in the intravenous injection of 2 or 3 minims of an ampoule of 1 in 1 000 solution of adrenaline In this connexion the use of a bridge on the operating table almost invariably causes an undue fall in the blood pressure of a patient under spinal anaesthesia The anaesthetist should politely but firmly deprecate the use of a bridge for operations on the biliary passages unless it is absolutely essential In the majority of cases the perfect muscular relaxation and comparative stillness of the abdominal contents produced by spinal anaesthesia appear to compensate the surgeon for the loss of one of his aids This does not apply to operations on the kidney performed in the lateral posture In these the use of the bridge has not usually the same obstructive effect on the venous circulation

Unless there is any surgical contraindication—for example pelvic peritonitis—and despite any surgical contraindication if the general condition is poor the foot of the bed should always be raised on blocks for at least three hours after the administration of a spinal anaesthetic irrespective of the drug used Subsequently one pillow should be added beneath the head every hour until the patient has been raised to the degree desirable for nursing In cases of peritonitis etc., in which the general condition is fair or good and in which any drug except light pericaine has been used the blocks should be omitted The patient should be flat with a small pillow under the head for three hours and should then be gradually raised in the manner described

A French society for the study of cardiology has recently been organized by Dr Laubry and other heart specialists in co-operation with the editorial board of the *Archives des Maladies du Coeur*

INTERNATIONAL HYGIENE

[From a Correspondent at Geneva]

The fires of oratory at the present Assembly of the League do not burn brightly Whether it is due to the world situation or to the overwhelming effect of the new palace at Ariana Park—rather like an oriental dream—the tribune is unoccupied Appeals by the president of the Assembly (the Aga Khan) for orators to inscribe their names go unregarded A single speech and a morning session is at an end The commissions also fail to arouse debating enthusiasm A discussion on the status of women lapsed within an hour Even the League's budget goes through almost in silence The only occasion on which there has been any competition in oratory, the debate extending over two sessions was when the report of the Health Organization came forward for review, and this subject aroused no controversy, only a desire on the part of every delegate to show how progressive was his own country in health matters

A New Covenant and a New Habitation?

As health seems to be the one subject on which all nations are agreed it might be a wise expedient to divorce the Health Section and perhaps the sections dealing with social questions and the drug traffic from the unstable and weakening political framework of the League, and construct for them a new Covenant and give them a new habitation Such a non-political League would command the adhesion of all nations including those at present outside the membership—namely, the United States, Germany, and Japan—as well as indifferent members such as Italy As there is great sensitiveness with regard to localities the centre of such a League ought not to be at Geneva perhaps it might be located in a country like Palestine at the junction of three continents or in Egypt, the youngest member of the present League, whose delegate Dr El Wakil, professor of the Faculty of Medicine at Cairo declared in the course of the debate that the science of medicine, both preventive and curative, was born and systematized in the land of the Pharaohs and for centuries practised and taught there before it was practised and taught anywhere else

In the debate on health questions the Chinese delegate described how the authorities in his country with the aid of the League were stamping out epidemics of cholera in the Shanghai and Canton areas The Finnish delegate spoke at length of the way in which Government authorities and voluntary bodies in Finland were coping with the problem of tuberculosis and he urged the Health Organization to set up a special committee to deal with that subject The League he said had concentrated rather upon tropical diseases and had not done much work on diseases which by reason of their incidence their chronic nature and their social consequences commanded public attention in Europe The Indian delegate mentioned some recent achievements in his country in the sphere of public health including the establishment of a committee for the standardization of therapeutic substances and the inauguration of new anti-malarial measures The Central and South American delegates all acclaimed the projected conference on rural hygiene which is to be held in Mexico City in December 1938 and for which fourteen American countries including Canada and the United States, have already accepted invitations

Hygiene in the Far East

The report of the conference of Far Eastern countries on rural hygiene held at Bandoeng, Java in August was placed before the Assembly Its president was Dr J Offringa director of the Netherlands Indian Public Medical Service, and its secretary Dr L Rajchman director of the League Health Section and fourteen countries were represented whose populations aggregated to more than half the total population of the world One of

the subjects discussed was the collection of accurate vital statistics Many countries in the East have not yet brought together the statistical data to afford accurate information on mortality and morbidity, yet the development of a sound public health programme must necessarily rest on the basis of exact information Discussions took place on the importance of the decentralization of health and medical services It was felt that the greatest benefit to the health of rural populations, at the smallest cost, could be obtained through some decentralizing process, but emphasis was also laid on the importance of proper control from the central authority and the adequate protection of the personnel as to their tenure of office

The significance of malaria in Eastern countries was stressed by the conference An appalling mortality is at the present time caused by malaria in many countries of the East It was stated that a great majority of the victims could be saved apart from epidemic outbreaks if it were possible to supply them with a few doses of quinine in time Furthermore this treatment would in many cases suffice to enable the patients to resume their normal life and work, so that the economic havoc caused by the disease would be materially lessened It was the general opinion that the Governments should take the responsibility of supplying treatment to the malarious sick, and of giving such treatment not only in times of epidemics but also under ordinary conditions Totaquina and cinchona febrifuge were declared to be satisfactory for this purpose of saving life and reducing distress, and furthermore, had the advantage of being cheaper than quinine

Other health measures advocated by the conference concerned tuberculosis pneumonia, leprosy, and plague The importance of carrying out preliminary surveys and sample tuberculin tests was recognized, but the financial limitations of Eastern countries make it important that an anti-tuberculosis programme should be simple and adapted to local conditions The problem of pneumonia remains a serious one in the East, and only recently has very much attention been paid to it It was suggested that a plan of campaign should be entrusted to a body of experts familiar with tropical conditions With regard to leprosy, the conference felt that while many lacunae existed in the knowledge of this disease, methods found applicable in its control in many countries should be used wherever possible On plague the conference referred to the Advisory Council of the League of Nations Eastern Bureau two proposals one concerning the control of land and rail traffic so as to prevent the spread of infection, and the other an exchange between Governments of information and the best designs for rat-proofing rural houses and cottages On the more general question of training it was pointed out that the lack of properly trained people is retarding development in all directions There must "be no compromise in the training of the qualified men and women in medicine, and every country should maintain the highest standards commensurate with its resources and level of general education '

The Health Budget

The budget of the International Health Organization for 1938 provides for an expenditure of one million Swiss francs (about £48,000), of which 50,000 francs are to be spent on international biological standardization and 30,000 on liaison between the various national health services collective and individual missions, and special technical studies Hitherto the vote for the International Health Organization has included a grant of 300,000 francs from the Rockefeller Foundation this is no longer forthcoming but the League funds have made up the difference, and the estimate for 1938 is virtually the same as the expenditure for 1937

A new journal on circulatory disorders, the *Archives of Research on the Circulation* has been published by Theodor Steinkopff of Dresden and is edited by Professor Dr Eb Koch (Bad Nauheim) and Professor Dr Fd Stadler (Plauen-i-V)

CONGRESS OF MASSAGE AND MEDICAL GYMNASTICS

While the number of attendances at the 1937 annual congress of the Chartered Society of Massage and Medical Gymnastics approximated those of previous years there was a noticeable increase of attention paid to the most modern methods and doctrines, as well as a greater diversity of subjects for discussion Lantern and cinematograph lectures were a prominent feature of the meetings at the London School of Economics from September 20 to 24 inclusive Practical demonstrations on new suspension exercises for the head and trunk, the Goldthwait postural exercises, crawling exercises, and the application of hot mud packs to various parts of the body proved very popular, while in the brief afternoon intervals members visited with great interest the British Red Cross Society's clinic for rheumatism, the rheumatic clinic on Clapham Common of the L G O C Employees' Friendly Society, St Vincent's Orthopaedic Hospital at Pinner the physiotherapeutic department at St Thomas's Hospital and Queen Mary's Hospital for Children at Carshalton The lectures ranged from the most technical topics to such subjects of more general interest as the development of the movement to improve the fitness of the nation Sir Kaye Le Fleming, who presided at this one, stressed the importance of providing wise and skilled guidance for the intensifying campaign, and his warnings were reiterated in the discussion which followed the lecture on this subject by Miss E R Clarke Mrs Guthrie Smith suggested that steps ought to be taken to ensure that all voluntary trainees were medically graded and carefully supervised according to their physical condition if harm rather than good was not to ensue

Too Narrow a Title

The enlarging scope of the Chartered Society was instanced again by a debate which followed the annual meeting in the course of which it was pointed out clearly that the activities of members included various modern forms of physiotherapeutic assistance under the supervision of medical practitioners, and that such electrical and other work was not indicated by the present rather misleading title by which the society was at present known Great difficulty was experienced, however in deciding on a title which would be adequate as well as reasonably brief so widely has the Chartered Society expanded since its start as an examining board in 1894, and its inauguration as an incorporated society six years later Two of the original founders were present at the annual dinner and one at the special Founders Lecture, with which Mr H A T Fairbank on the last evening brought an outstandingly successful and scientific congress to a triumphant close As one illustration of its modern outlook may be cited the brilliant lantern and cinematographic demonstration by Mr E R Desoutter on the triumphs now achieved in the manufacture of artificial limbs The scientific proceedings of the congress will be published this autumn in a special issue (price 2s 6d) of the society's *Journal* The subjects discussed include the treatment of scoliosis, intracapsular fractures, chronic backache, and rheumatism, indications for short-wave therapy, orthopaedic operations under spinal anaesthesia, psychological factors in physical disease, the surgery of the sympathetic nervous system, and faradism and pelvic floor exercises for urinary incontinence Many medical practitioners attended these demonstrations as guests of the Chartered Society

The Annual Dinner

Proposing the toast of the Society at the annual dinner, held on September 22 at the Café Royal, Mr H A T Fairbank traced the growth of the organization to its present membership of over 11,000, and empha-

sized its insistence on the highest possible ethical and professional standard He pleaded for still more research, particularly in electrical and cognate methods of therapeutics, and commented on the value of the Society's strict loyalty to and co operation with the medical profession Miss Pratt added that a research scholarship dealing with the physiology of the body was about to be instituted, while Miss Wicksteed, proposing the health of the guests, commented on the increasing ability of the medical profession to give detailed and scientific instruction as regards physical treatment Sir William Willcox mentioned the co operation of the society with the British Medical Association in the compilation of the *National Register of Medical Auxiliaries* Dr F A Roper added that the members of the Society were its most effective missionaries, and that their work boded well for still greater success and usefulness in the future The pioneer work and untiring devotion to the Society of its chairman of council Dr J B Mennell, were enthusiastically acknowledged by Dr W J O Donovan

Nova et Vetera

A LETTER BY EDWARD JENNER

The following letter, in the handwriting of Edward Jenner not previously published, has been found in an old scrap book belonging to Frank Buckland The lady to whom it was addressed was the second wife of our correspondent's grandfather, Mr B Morland (born 1788 died 1833) who practised as a solicitor at Abingdon Jenner wrote this letter six years after the introduction of vaccination in 1798 and it is of interest as it shows how widely vaccination had been adopted at that time and also because of the care that he took to prevent error and false alarms

Berkeley Glos
March 4th 1804

Madam

Having some time since heard that a report was current in Town that a child of a Mr Grant at Portsmouth had received the smallpox after it had been inoculated *by me* for the cowpox I *requested a friend in Town* (Mr King Surgeon in New St Hanover Square) to make an inquiry into the business Mr King immediately wrote to Mr Grant who explained the matter in a very candid and satisfactory manner It turned out to be nothing more than one of those rashes which an irritable skin is very apt to push out on the application of acrid substances particularly the animal poisons Seeing that such cases must necessarily occur I did not omit to guard the World against false alarms in my earliest publications on the vaccine subject but unfortunately without a reference to these or anything of the kind without a knowledge of the Vaccine Disease or the smallpox entirely ignorant too of the laws of the animal œconomy prejudiced persons like Mr Seaton, dash into the subject reason and decide at once One would suppose from reading this gentleman's letter that vaccination was a project of a month old Could anyone imagine that at the time Mr S penned it millions of persons having been inoculated for the cowpox had been exposed to the infection of the smallpox without feeling any ill consequence? Had the child of Mr Grant been exposed to the effluvia of smallpox no ill consequence would have ensued In a word the experience of the world (for all civilised nations have now adopted vaccine inoculation) allows me to say that no one who has passed through the vaccine disease correctly ever caught the smallpox after the most rigid exposure to it even in its most active and malignant forms

I have the Honour to be Madam
your very faithful
humble servt.
E. JENNER

P.S. If I recollect right I had an interview with Mr Morland at Benson in my way from Town on the subject of the Inoculation of your Infant

THE MEDICAL SITUATION IN SHANGHAI

EFFECTS OF AIR BOMBARDMENT

The following letter with enclosures has been received at the Headquarters of the British Medical Association

c/o Public Health Department S M C,
Shanghai August 30, 1937

The Secretary
British Medical Association
Tavistock Square London

Sir,

On the evening of Saturday August 28 through the courtesy of the Central News Agency, the following radiogram was sent to you

Shanghai British doctors handling Chinese casualties appealing B M A use any political influence prevent inhuman carnage caused Chinese women children, by Japanese bombing

In confirmation of this message we are desirous of explaining briefly the conditions under which it was sent The medical situation in Shanghai has been one of extreme difficulty throughout this emergency period owing to occupation of a part of the International Settlement by Japanese forces and the danger (subsequently made all too real) of hostilities in that area Several hospitals, general and isolation, had to be evacuated This thrust a severe enough burden on the few remaining hospitals of the International Settlement and French Concession dealing with sick and wounded Chinese civilians To this was added the large number of injured in the accidental bombing of August 14 and 23, and it should be noted that such hospitals have had to act at once as first aid stations casualty clearing stations, base hospitals and, until yesterday, convalescent hospitals there being no further place to which to evacuate their patients

The Lester Chinese Hospital, a 93 year old British institution run entirely for Chinese civilians and staffed by British and Chinese doctors, nurses, and technical staff is one of the most centrally situated and has acted as one of the chief centres for casualty work With its five operating theatres working often at full pressure and its wards crowded with extra beds, many patients having at times to be accommodated on the floor it has presented a very realistic picture of the results of modern warfare (declared or undeclared) around and over a densely populated city On August 28 a number of Japanese planes were clearly visible hovering over the region of the Shanghai South Station a district outside the Settlement but within the limits of the Chinese city area

It has been abundantly proved that not only were there no troops or troop movements anywhere near the place but control was entirely in the hands of a small number of police The station and its precincts were however, crowded with Chinese refugees awaiting trains to take them from this severely congested area After full observation the deliberate multiple bombing of these defenceless people ensued and a short time later the mangled remains started to pour into the hospitals

Standing in the courtyard of one of these hospitals seeing the lorries ambulances rickshaws and private cars pouring in and depositing their loads of broken maimed and often dying people or working in the out patient and casualty departments or in the various operating theatres the sight of women and children deliberately butchered by the bombers could not but force us to urge on our home people to rise and crush such utter inhumanity Nearly 200 killed outright and over 400 wounded mainly *women and little children such is the record of those few* moments on Saturday last and it is with the vision all too clear in our minds of an area strewn with the broken fragments of these women and children of hospital courtyards and rooms red with seeping blood of rows of the maimed hovering between life and death of

parentless children and childless mothers, that we send this appeal If anything is needed to complete this picture it can be added in the sight of crowds of anxious relatives rushing from hospital to hospital, seeking their dear ones, and too often finding only their dead

I may add that in my official position—attached to the Shanghai Municipal Council s Health Department, where I have been engaged in organizing the medical inspection of refugee camps, over 100 in number, with a population of 70 000 refugees—I have personally experienced all this slaughter of non-combatants many of the slighter cases of wounding having come back to refugee camps I enclose a number of photographs which speak for themselves I also enclose leaders in two of our prominent English newspapers which present an accurate critical résumé of the situation

I have the honour to be,

Your obedient servant,

R C Robertson
M C M D Glasg M R C P Ed
D P H Ed F R F P & S Glasg
Head of Division of Pathological Sciences Henry Lester Institute of Medical Research temporarily attached to the Public Health Department, S M C

Local News

IRELAND

Decrease in Zymotic Diseases

The report for 1935–6 of the Department of Local Government and Public Health, Irish Free State, records a slight rise in the general death rate , increases are shown in the majority of classified causes of death with whooping cough and typhoid as exceptions With regard to zymotic diseases the incidence of typhus fever was the lowest ever recorded in the Free State , only three cases occurred, while in the previous year there were seventeen When it is recalled that exactly a hundred years ago in 1847, the number of typhus cases in Dublin alone exceeded 40,000 and in the whole of Ireland reached more than a million, the present figures may be regarded as the happy result of a long struggle to improve insanitary conditions and to reduce overcrowding and poverty During the last two years especially efforts have been made towards better housing conditions in typhus endemic areas, and arrangements for the provision of free milk and meat have been in force The three cases, which occurred in counties Waterford and Cork, were sporadic, and in no way connected with one another The report points out that the presence of lice on the bodies of ill-nourished children and adults is far from uncommon, even though personal cleanliness may be beyond question Therefore it is imperative, in dealing with the problem of typhus fever, to take adequate measures for the improvement of the nutrition of the poor The number of cases of typhoid reported during the year was 420 This figure, though high, compares very favourably with the 590 of the previous year Deaths from typhoid numbered sixty-four, the lowest ever recorded in the Free State A table demonstrates the effect of improved sanitary conditions on the incidence of typhoid In Cork county borough a rapid gravity filtration plant in connexion with the water supply was installed in 1928 in the same year the practice of systematic bacteriological examination of the water was instituted For the three decennial periods from 1895 to 1924 the number of cases of typhoid was 613 503, and 460 respectively , for the decade 1925 to 1934, a period including several years subsequent to the installation of the new plant, the figure fell to seventy-six. The number of deaths decreased proportionately It is stated that the city was entirely free from the disease in 1930, and in each of the four cases, constituting the total incidence during the three following years, the source of infection was outside the city In 1935, however, three cases were notified Returning to the year under review the report states that no serious epidemic of typhoid occurred in the Free State, though there were a number of small local outbreaks One of these occurred in a public institution within Limerick county borough There were eighteen cases, including one each of paratyphoid A and B, and infection was traced to two carriers, who were isolated A carrier was also responsible for seventeen cases in Dingle rural district A small outbreak in a mental hospital in Galway proved to be due to contamination of a well Although questions of domestic sanitation, water supply, and milk supply play a large part in the control of typhoid, the report stresses the paramount importance of carriers "Every outbreak of typhoid leaves its trail of carriers behind' It is therefore essential to concentrate on the provision of efficient machinery for the detection, treatment and control of carriers in the area of every health officer As in preceding years, a complete absence of small pox is recorded Efficient protective measures have kept the Free State immune from this disease for more than a decade. The report points out however that in some districts the local sanitary authorities fail to enforce the Vaccination Acts 'Once the barrier is broken and one case of small pox occurs in this country the result may very well be disastrous in a population a large proportion of which is unvaccinated ' An interesting feature of the report consists of appendices detailing the application of proceeds of the sweepstakes

Tuberculosis in Belfast

The annual report (1936) of the tuberculosis department of the city and county borough of Belfast states that the total number of patients observed or treated during the year was 7,445 A table dealing with the mode of infection shows that out of 1,109 new cases examined during the year 466, or 42 per cent , had been in contact with other tuberculous patients Although the remaining 643 cases gave no history of contact, it may have taken place without their knowledge in a considerable number of instances This assumption was proved to be true by the extensive use of the purified protein derivative (P P D) test, 1,549 of these tests being made during the year The intradermal method has been employed, with 0 1 c cm doses of varying strengths of P P D (as issued in tablet form by Parke, Davis and Co) The report stresses the value of this test in diagnosis, and its superiority over old tuberculin in its freedom from the undesirable secondary effects caused by the latter s lipoid and carbohydrate fractions and the consequent avoidance in large measure, of headache, malaise, and febrile manifestations

Down Mental Hospital, Downpatrick

Voluntary admissions to Down Mental Hospital, Downpatrick, continue to show an increase Voluntary patients, however, create a problem, states the medical superintendent in his annual report, by their tendency to ask to return home as soon as a decided improvement in their condition becomes perceptible, but before recovery can be considered complete The importunities of the patients relatives do not facilitate the solution of this problem Syphilis was a factor in seven cases admitted during the year , four of these being general paralysis of the insane In one case the patient, suffering from juvenile G P I , was a girl who had so far deteriorated from normality that she disregarded the calls of nature and employed her time tearing up her clothes and every article on which she could lay her hands Treatment with tryparsamide and bismuth effected so remarkable an improvement in her that she was able to return home Other cases due

to syphilis were those in which the disease had caused degeneration of the blood vessels and membranes of the brain in one infection had occurred forty years previously Among other causes of mental symptoms were pernicious anaemia and encephalitis lethargica and the report points out that the former should be preventable Some of the sufferers however had lived alone in remote districts and their condition was not realized until the onset of the mental symptoms One case of confusional insanity was found to be due to poteen drinking Although this patient recovered the report stresses the importance of warning the public against indulgence in crude spirits leading to permanent dementia

ENGLAND AND WALES

The Harrogate Spa Development Scheme

On October 6 Sir Kingsley Wood the Minister of Health will lay the foundation stone of the new extensions to the Harrogate Royal Baths These extensions have been under consideration by the Corporation for several years and no effort has been spared in the design and equipment of the new building Two years ago a select committee of officials and members of the Harrogate Corporation made an intensive study of the English and several of the Continental spas visiting many places both at home and abroad and the knowledge gained has been of great service in the planning and designing of the present scheme The new block of buildings will incorporate the most recent developments and modern devices in balneological treatment The extensions include (1) the provision of an entirely new block of buildings adjoining and connecting the present baths, (2) reconstruction of the Winter Gardens (3) general refitting of the existing bathing establishment at the Royal Baths When this spa development scheme is completed, which will take about two and a half years at an estimated cost of £66 000 Harrogate can rightly claim to be one of the best equipped spas in Europe

Remedies for Nursing Shortage

Sir Kingsley Wood, opening the new health centre at South Shields last week, made pointed reference to the need for maintaining an adequate and efficient nursing service throughout the country It was he said a matter that concerned not only the institutions of the local authorities and the voluntary hospitals but also the sick in their own homes The number of nurses entering the profession had not in fact fallen but the great expansion of the hospital and allied services was to-day demanding more entrants and that demand might well be further increased in the future There were other considerable problems like the conditions of the service itself recruitment and methods of training Girls for instance in secondary schools who had an inclination to take up the profession were not able at present to begin their studies or to take part of their professional examination before entering hospital at the age of 18 There was also the need for securing the best possible working conditions for hospital nurses both during their training and afterwards He was glad to observe that the movement for shorter hours and other improvements was gathering force A number of authorities and institutions had already done much in this connexion and the adoption of shorter hours was one of the factors contributing to the shortage of nurses since more nurses were required for a given number of patients A matter of pre-eminent importance was accommodation for nurses It was a step in the right direction that in the last two years the Ministry of Health had sanctioned loans to local authorities amounting to [illegible] for the provision of additional nurses' accommodation and improvements and during the same period nearly £200 000 derived from other sources was spent by the authorities for the same purpose Voluntary hospitals were moving in the same direction He believed ways could be found by which all these matters could be further substantially advanced The President of the Board of Education had not only a keen personal interest in the matter but had a close connexion with the question of recruitment and training The President and himself had therefore decided to appoint at an early date a committee including representatives of the hospitals, the local authorities and the medical and nursing professions to make a comprehensive inquiry into the whole subject of the recruitment and training of nurses for the sick The inquiry must cover the whole field including conditions of service

Rebuilding St. George's Hospital

A donation of £80,000 has been given by Mr Harry Oakes to the treasurers of St George's Hospital This munificent gift the largest single amount yet subscribed to the rebuilding fund has been made in order to enable building operations to begin next year The site of the new St George's Hospital includes all the old Knightsbridge houses as far as the former underground station The hospital owns half the estate the freehold of the other half was acquired at a very low figure from the Duke of Westminster in 1906 There is however a right of pre-emption under which that half of the property would revert to the Westminster Estate in the event of the hospital moving to another site In spite of many statements to the contrary no satisfactory offer for the property has ever materialized A special committee was appointed to investigate the possibility of moving to another site, many sites were inspected, but not one could be found at a price the hospital could afford to pay—nor indeed was one found suitable for the re-erection of the hospital The new building will contain 520 beds instead of the present 330 including a block of 50 private beds for persons of limited means

SCOTLAND

Rheumatic Clinic at Aberdeen

At a meeting of Aberdeen town council on September 19 Lord Provost Edward W Watt presiding it was agreed to consider the establishment of a clinic for the treatment of industrial rheumatism and to proceed at once with part of the scheme The matter arose out of a report by Dr Harry J Rae medical officer of health for the city of Aberdeen who after pointing out that rheumatic diseases were of the greatest importance in connexion with the working capacity of the community suggested that facilities should be provided for their diagnosis and early treatment It was stated that Aberdeen was the only local authority in Scotland which had yet proposed to deal in a systematic way with cases of rheumatism The scheme involves the establishment of a clinic and the installation of deep immersion baths with sprays and of peat and mud baths The council resolved to get estimates for the expenditure that would be incurred

Health of Dundee

The report for 1936 of the public health department of the city of Dundee records a slight increase in the general death rate The infantile mortality rate of 81 per 1000 births although a little less than that for the whole of Scotland and considerably less than that for the large burghs combined compares unfavourably with the record figure of 68 for the previous year This is attributed to an outbreak of primary pneumonia in January and February Of the 681 notifications 427 were of children under 5 years including 191 under 1 year The disease

caused sixty eight infant deaths compared with thirty-five in 1935 The incidence of dysentery in the city rose from sixteen cases in 1935 to eighty four in 1936 In forty-nine of these the diagnosis of bacillary dysentery was accepted The majority of the cases were of a mild type, and only three patients were given serum The greatest number of cases occurred in the periods April-May and September-October With the exception of one family, from which three children were admitted to hospital, no large family outbreaks were recorded Most of the cases were in children, those under 5 years accounting for 60 per cent of the total figure Of the three deaths in King s Cross Hospital concurrent infection was a contributory cause in each case

Cost of Milk

In his report for 1936 Dr A Johnstone, medical officer of health for Greenock, devotes particular attention to the question of nutrition and physical fitness Discussing the problem of increased consumption of milk he points out that milk at the present time is too expensive for the family of a low-wage earner consisting of father, expectant mother and six children, who would require about eight pints daily, costing approximately fourteen shillings per week If milk is to become the key of the population s nutrition, the report continues some means must be found materially to reduce the cost The local authority had realized the value of milk for many years, and had provided free milk under its maternity and child welfare scheme The Health Department had, however, worked in the face of persistent prejudice and ignorance, for it had been found that in households where milk was provided for an expectant mother or a child it had been used simply as a general supplement to the family income instead of being devoted to the purpose for which it was given

Correspondence

Quinine Tolerance and Hyperthyroidism

SIR —I was interested in Dr Piney s letter in your issue of September 25 (p 637), for I have long been impressed with the beneficial effects of quinine in the form of the hydrobromide in hyperthyroidism, as was originally recommended by Sir Robert McCarrison With regard to the suggestion that determination of quinine tolerance might be of diagnostic value, Bram in 1921, and again more specifically in 1928 (*Arch Int Med* July, **53**) urged this method He maintained that if a patient could take 10 grains of quinine hydrobromide four-hourly for forty-eight hours without developing symptoms of cinchonism hyperthyroidism was present

That persons with hypothyroidism should be sensitive to quinine would seem to follow logically, but I think Dr Piney is the first to call attention to it —I am, etc ,

London, W 1, Sept 27 W Langdon-Brown

Indications for Induction of Abortion

SIR —In his letter (September 25, p 635) Mr E A Butterworth mentions two cases in which he believes that abortion should have been induced While protesting against the contrary view of the colleagues to whom he referred these cases he frankly admits that on purely clinical grounds they were justified in their refusal to induce abortion but he regrets that they did not allow what he euphemistically calls "the personal aspect of the cases to outweigh the absence of clinical indications for the treatment he proposed For some of us the heavy responsibilities inherent in the practice of medicine are sufficient, and we are unwilling to assume others that are not within our proper terms of reference or within our special competence to assume *Ne sutor ultra crepidam* is an old tag not without influence with us

But Mr Butterworth thinks we should be ready to advocate or to induce abortion in the case of any pregnant woman who is likely to find childbirth or the care of a child a strain, and prepared to prevent from being born alive any child whose future home conditions are, in our inspired view, unlikely to be favourable to its upbringing His position has only to be thus bluntly stated for its wholly untenable character to be apparent If the procedure he indicates were adopted it would open the door for any amateur sociologist or any sentimentalist who chanced to be on the *Medical Register* to induce abortion where no medical indications might obtain

As a profession we may not always find the Law the most enlightened of institutions, but we may be thankful that *in this country it will never hand over to us the* power of life and death over our future fellow-citizens that Mr Butterworth—surely unthinkingly—desires Nor is it likely that a nation still given to occasional easy boasting that it has cast off the shackles of a mediaeval ecclesiastical tyranny will knowingly fetter itself with the chains of a potential medical tyranny that would be far worse in that it lacked fixed or rational principles and was guided by no more impressive philosophy than an untutored opportunism —I am, etc ,

London W 1, Sept 24 F M R Walshe

Endotracheal Anaesthesia

SIR —I read with interest the article by Dr Ivor Lewis on endotracheal anaesthesia in your issue of September 25 With most of the paper I cordially agree, but I would like to make some observations on a few of the categorical statements he makes therein I have had a continuous experience of endotracheal anaesthesia for the past twenty-five years, and have employed it in many thousands of cases of all kinds since I first introduced the method into England in 1912 It is not only the best and safest method of administering ether but it is in addition a means of artificial respiration

But I have noticed in the last five or six years that professional anaesthetists all over the country are getting further and further away from the rigid principles laid down by Meltzer and Auer in 1909 Their needlessly cumbersome instruments and methods show that these principles are in danger of being forgotten Those two great physiologists showed that in a curarized animal in which the movements of respiration were entirely suspended life could be maintained by a continuous stream of air in *one* direction—that is, in by an endotracheal catheter and out through the glottis The catheter in the trachea should have a lumen of about half the diameter of the trachea, it must reach down to the bifurcation—the pressure of air should be 10 to 12 mm of mercury, and the cross-section of the whole catheter must occupy about two thirds of the open area of the glottis

If all these conditions are present a curarized dog can be kept alive for many hours Similarly dogs poisoned by a lethal dose of strychnine, morphine, carbon monoxide gas, or ether pushed to cardiac failure could all be resuscitated Should however, the tube be too large or too small or not reach to the bifurcation of the trachea or if it be inserted through a tracheotomy opening instead of the natural glottis, the curarized animal would surely die

However if the pressure of air were released occasionally and the lungs allowed to collapse a few times every minute thin slight variations in the size or length of the endotracheal tube would not be so important In other words the curarized animal lived even if the tube were not of the correct size providing attempts were made mechanically to imitate the movements of respiration and so allow the heart and great veins to fill with blood

In endotracheal anaesthesia in human beings the movements of respiration are never entirely suspended It follows therefore that the method *may* be successful with all sizes and lengths of tubing but the fact remains that the optimum size and length has been departed from with consequent physiological deterioration of its artificial respiratory mechanism

It will be obvious from what I have just written that I object strongly to the sentence in Dr Lewis's second paragraph 'The method of insufflation in which the anaesthetic vapour is blown through a small bore catheter and returns around a tube is now almost effete It is not effete On the contrary, it is founded on the basic principles of the method and any departure from this impairs its great value In my opinion it is wrong to use large tubes which fill the glottis It is unnecessary to use bags, it is wrong to allow rebreathing of any kind It is wrong to pack the mouth with gauze to use a stomach tube or a second pharyngeal tube With an efficient apparatus water saliva, pus blood or stomach contents may be poured into the mouth without any of these foreign substances entering the trachea With a direct laryngoscope a small bore catheter may be passed by direct vision safely surely and aseptically Why use the nasal route which has none of these advantages?

Finally I object to Dr Lewis's sentence, 'absolute contraindications include thyroid operations I do not know how many thyroidectomies I have done in the last twenty five years but the number must be well over five hundred I have used nothing else but endotracheal anaesthesia in these cases and I have never had the slightest difficulty in passing the tube Post anaesthetic tracheitis or lung complications have been immeasurably fewer than by any other method of anaesthesia local or general—I am etc,

Liverpool Sept 27 R E KELLY

SIR—It is unfortunate that Dr Ivor Lewis in his otherwise interesting article in the series on Anaesthesia in General Practice should have made the assertion that intratracheal anaesthesia is absolutely contraindicated in thyroid operations because of the risk of tracheitis resulting from surgical handling of the trachea Perhaps my considerable experience of intratracheal anaesthesia in these operations might be helpful to your readers in correcting Dr Lewis's bias I have recently completed my 5,000th operation on the thyroid gland (over 3,000 of these operations have been performed under intratracheal anaesthesia) and I am able to assure Dr Ivor Lewis that the incidence of post-operative tracheitis has been negligible and considerably less than in the days when I had to be content with local anaesthesia open ether gas and oxygen with a mask etc

The explanation appears to me to be that a properly fitting and properly introduced tube of suitable material renders the operation so free from the risks of asphyxial symptoms (which are so often met with in other methods of anaesthesia) that traction is reduced to a minimum There is for instance no call to relieve sudden respiratory distress by the effort necessary to dislocate impacted substernal portions of thyroid tissue nor need the operation be hurried in any way

Finally I should like to know what evidence Dr Lewis can adduce that the friction of a smooth intratracheal tube against the mucous lining of the trachea does in fact induce tracheitis under the conditions met with in properly conducted thyroid operations—I am etc

London W 1 Sept 27 CECIL A JOLL

The Radiology of Megacolon

SIR—Megacolon is a rare condition in my practice and I do not feel justified in discussing it but there are physiological variations in the size of the colon which do interest me though Sir Arthur F Hurst (*Journal* September 11 p 551) believes they can all be explained away by the existence of postural tone I must plead guilty, too, to my ignorance of some current literature bearing on this subject but I like to observe facts for myself Later on I am willing to study the views of others

Personal observation taught me the nature of postural tone in the stomach and colon though of course I did not use the term postural tone I also suspected it ensured a constant pressure within the stomach though I had no proof In the stomach of a given individual postural tone will explain the constant level maintained with different amounts of barium but it does not explain why there are marked variations of the level in different healthy individuals These variations are surprisingly wide in the stomach and I am very cautious about describing them as pathological Similar variations exist I believe in all parts of the alimentary tube The different segments of the alimentary canal show functional changes clearly indicated by anatomical and physiological modifications and it does not follow that such a property as postural tone will behave in the same manner in two different segments In comparing the stomach with the colon we must remember that we estimate tone in the stomach in the vertical position under the force of gravity but in the colon the horizontal position is used for barium enemas and gravity is largely counteracted thereby Moreover the stomach possesses an internal elastic air cushion which is often absent in the colon and whose value it is difficult to estimate

Sir Arthur Hurst objects to my estimation of bowel tone by means of a full barium enema which he considers simply indicates distensibility of the large bowel and not its tone What are the facts? My barium enemas are given with three feet of pressure a thinner barium than usual to ensure free flow and as quickly as possible only checking the flow when there is marked discomfort if the bowel is not already fully distended I screen continuously noting the manner in which the bowel expands the rate of passage of barium and the appearance of bowel contour etc

The healthy colon expands quite differently from the megacolon In the latter the bowel is collapsed in the former it is contracted The healthy colon offers resistance to the passage of barium and the degree of resistance can be seen on the screen to be a variable factor—mainly due I believe to the degree of tone When tone is excellent distensibility will be less than when tone is poor for one condition offers more resistance than the other With poor tone and increased distensibility more barium will have to enter to obtain the same degree of internal tension of the muscular coat and pressure within the whole organ necessary to stimulate contraction the

essential preliminary to evacuation Consciousness of this act is also roused at the same time

I regard tone as static contractility Increased tone implies the need for more force to distend a hollow viscus like the colon Diminished tone has the reverse effect The healthy colon never distends to the same extent as the stomach does, but when a certain degree of internal tension has been reached gives the patient warning that evacuation is essential For me this point indicates not merely distensibility but also tone

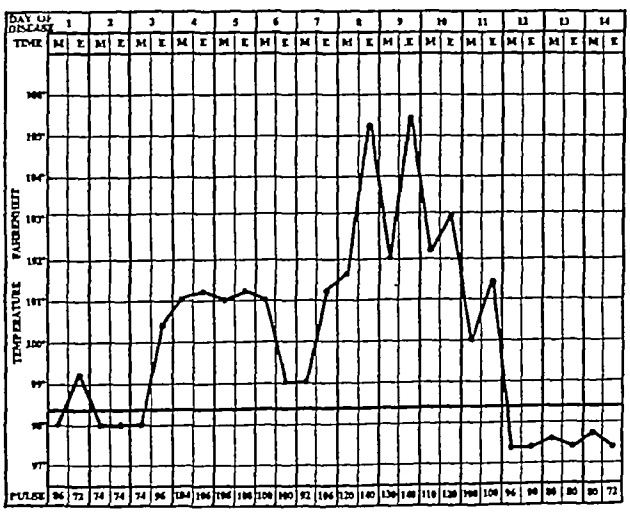
Professor Sherrington's observations show that the subject is one of great complexity, needing careful study The physiologist studies a typical case, the radiologist studies clinical varieties which include both physiological and pathological variations—that is, applied physiology In spite of the very lucid way in which Sir Arthur Hurst distinguishes between tone and distensibility after a barium enema, I am not convinced from my own observations that these conditions can be dissociated under the conditions named—I am, etc,

London, W 1, Sept 21 JOHN R WYLIE

Idiosyncrasy to Prontosil

SIR—I have recently had the following case under my care, and would be glad of any information (especially from Dr Colebrook of Queen Charlotte's Isolation Block) as to whether prontosil can cause a pyrexia or leucocytosis, and, if so, how to differentiate between the artificial and the real cause, if any, in cases in which prontosil has been given

The patient was a primipara aged 28 and the pregnancy was normal. Delivery took place at 5 a m under chloroform and with the aid of forceps One stitch was required On the second and third days two prontosil album tablets of 0.5 gramme each were given thrice daily as a prophylactic since the confinement was taking place in a cottage with unskilled help On the fourth and fifth days five *p* amino



benzene sulphonamide tablets of 0 25 gramme each were given three times daily the dose being increased on the sixth seventh, and eighth days to six tablets On the ninth day six tablets of the drug were given at 8 a m followed at 11 a m by 30 c cm. of streptococcus antitoxin (Parke Davis and Co) containing 300 U.S A units per c cm On the eleventh day 1 c cm anahaemin B D H was injected There was no further treatment

A blood count taken on the sixth day showed 15 800 white cells per c mm with a differential count of polymorphonuclears 75 per cent lymphocytes, 21 per cent, large mononuclears 2 per cent, transitionals 2 per cent There were no eosinophils basophils, or myelocytes Cultivations from the blood incubated at 37 5° C remained sterile after twenty four hours The urine, which showed an acid reaction, contained a large amount of albumin, but no sugar

The centrifugalized deposit of urine contained some amorphous urates, and epithelial cells No pus, blood, tube casts or further abnormalities were detected No tubercle bacilli were found in specially stained preparations and Gram stained specimens failed to demonstrate the presence of any organisms Cultures yielded a growth of one or two colonies of *Staphylococcus albus* only Cultivations of swabs from the lochia taken on the sixth day yielded a scanty mixed growth of *Staphylococcus albus* and a diphtheroid bacillus The *Streptococcus haemolyticus* was not isolated On the eighth day the *Strep haemolyticus* was present in cultivations made from a lochia swab, but the organism only developed after prolonged incubation On the eleventh day swabs from the lochia and urine showed a trace of albumin The urine yielded a growth of some colonies of the *Strep haemolyticus* but these were not isolated in cultures made from the swab

During the whole time the patient said she felt quite well, but hot at times during the eighth and ninth days, when she was slightly cyanosed and was becoming anaemic On the ninth day she was in a semi-comatose condition, but could be roused She took nourishment well Castor oil was given twice and an enema once, but no magnesium sulphate at any time The uterus involuted normally lochia were normal the whole time No rash or any other symptoms occurred—I am, etc.,

G P HUMPHRY M R C.S, L R C.P

Abergavenny, Mon, Sept 18

Treatment of Club-foot

SIR—This crippling condition has an evil reputation among us having so often defied the repeated efforts of able surgeons in the past Readers will therefore have rejoiced in the optimistic outlook engendered by the articles from Mr Denis Browne (*Journal* September 18, p 570) and Mr E P Brockman (p 572) These authorities advocate the method introduced by the former and employ his specially devised metal splint This note, while not detracting from their great work, alludes to another current method of treatment which has proved effective and seems to merit reference My interest in this problem, dating from 1920, prompted a contribution to the *Lancet* in 1928 and lingers, although my practice has tended away from orthopaedics lately

The procedure was described last year,[1] and, as the familiar plaster-of-Paris is the splintage used, may appeal to some workers in preference to adopting and mastering a new apparatus It achieves a well-nigh perfect foot both in range and form A distinctive asset of plaster is that the surgeon knows, though the babe is out of his sight, that the corrective force is continuous Movable splints mean a great strain on the co-operation of mothers and others On the doctor, however, chiefly, depends success, for it is he who must recognize the malady and urge the parents to place their infant in competent hands within the first week or two of its life He must gain their consent to the long process of establishing the cure, which may take two years Clearly the enterprise demands devotion of high quality, but this is not more than is commensurate with the use and beauty of the resultant foot—I am, etc,

Bristol Sept 26 A WILFRID ADAMS

[1] *Med Press and Circ* October 21 1936

Technique of Cataract Extraction during Narcosis

SIR,—Mr Basil Graves in his article under this heading in the *Journal* of August 14 (p 319) says that medical thought is accustomed to local anaesthesia and extreme degree of general anaesthesia and not to what he terms surgical narcosis to relieve the mental strain on the average elderly person of consciously submitting to a cataract operation For some thirteen years I have been successfully employing subdermal injection of scopolamine and morphine as a routine to allay the anxiety of the patient during operation not only for cataract but also for glaucoma and squint I brought this to the notice of the Oxford Ophthalmological Congress in 1927 during a discussion in which Mr Basil Graves also took part (*Transactions of the Ophthalmological Society of the United Kingdom* 1927) During the last few years in cases of glaucoma I have been omitting scopolamine and using only morphine hypodermically

Now the difference between Mr Basil Graves's procedure and mine is that he makes the patient unconscious and incapable of co-operating with the surgeon during operation while my aim is to make the patient care free but at the same time to retain his co-operation Is it better to quell the anxiety of the patient while retaining his co-operation or to abolish consciousness and lose co-operation during the operation? To me it seems preferable to remove anxiety and retain co-operation Further can elderly patients who are sometimes arteriosclerotic nephritic diabetic or subject to some other disease stand the very large doses of bromide paraldehyde and omnopon required to achieve Mr Basil Graves's surgical narcosis? In most cases my simple method induces a sufficient amount of sleep after operation to refresh the patient and the nurse does not have to attend to the feeding and to the evacuation of bowels and bladder of an unconscious patient whose sleep may last from seven to fourteen hours

As a rule my patients are propped up in bed on the day following the operation and exceptionally on the same day Often unless the patient prefers to keep in bed he is allowed to sit up on a chair the very next day This has been my practice since 1918 I employed no narcotic before operation until 1924

The points I have raised here are such as are likely to occur to the minds of many surgeons It is with a view to getting light on them from Mr Basil Graves that I have ventured to write this letter—I am etc

Eastbourne Sept 18 D V GIRI

Ether Convulsions

SIR,—With regard to ether convulsions the late S R Wilson's impurity theory is regularly reprinted from one article to another but I had it on good authority from an anaesthetist now also dead who had assisted him in his researches, that this gifted teacher had entirely discarded the theory and was working out a new line of thought which was cut short by his untimely death Accordingly remembering this and several personal experiences when a patient had slight twitching of the face during the isolation of her appendix I had the temerity not to change the ether in the container of the Shipway nor that in the drop bottle (although the former had been used for a case two days previously) it was also used for the three later cases none of which showed the slightest clinical sign of convulsion The details are as follows

The patient was an obese and rather lethargic woman of 24 On the previous day her recumbent blood pressure was 90/70 and the pulse 90 Induction began at 10.33 a.m. with O_2 and CO_2 followed by ether and was uneventful She was placed in the Trendelenburg position since it was thought she might require hysterectomy and the incision was made at 10.48 As the patient had a thick neck and a heavy jaw the airway required constant attention although a rubber tube was *in situ* The uterus was normal but there were many pelvic adhesions and while these were being divided at 10.59 the first slight twitchings began about the face and spread to the abdominal muscles There was slight cyanosis but the pupil remained moderate Ether was abandoned a larger airway substituted and O_2 and CO_2 continued Meanwhile the surgeon completed an appendicectomy and at 11.4 all was normal The patient required no more anaesthetic and was well relaxed for closure The last sutures were in by 11.13

The premedication was by morphine 1/6 grain and atropine 1/100 grain The total amount of ether used was 5 ounces and the temperature of the theatre was 72 Nothing abnormal was reported during the further course

I am indebted to the honorary surgeon for permission to report the case—I am etc

BESSIE E COOK
Doncaster Sept 18 Hon Anaesthetist Royal Infirmary

Aetiology of Erythema Nodosum

SIR,—Dr Lees Templeton's letter in the *Journal* of September 18 (p 599) reporting a case of erythema nodosum has prompted me to publish the following account of a small epidemic of the same condition

Five cases occurred in a family of two parents and five daughters The youngest daughter developed a cold on November 2 1935 a severe tonsillitis supervened a week later and the typical lesions of erythema nodosum appeared some days afterwards. The mother and another daughter went down with severe tonsillitis on November 22 and 23 The mother developed a profuse eruption of nodules on the upper and lower extremities the daughter an eruption on the legs only on December 1 At this time it came to light that the father had had a sore throat a few days before the youngest daughter had been taken ill Peace now reigned in this much-alarmed household until February 12 1936 when two more daughters went down with tonsillitis nodules appearing on their legs on February 22 The age limits were 7 and 47 years

One would hesitate to ascribe such a clinical entity to more than one cause and this experience provides ample proof of a streptococcal origin An equally convincing tuberculous origin was provided by an outbreak of erythema nodosum in a class of school children in Copenhagen a short report of which was printed in the *British Medical Journal* of May 14 1932 (p 893) In view of such experiences one has no option but to accept the general opinion expressed in the opening paragraph of Dr Templeton's letter—I am etc

Chester Sept 22 PHILIP R GRAVES M.D. M.R.C.P.

Expulsion of Placenta Praevia in Advance of Foetus

SIR,—The case of spontaneous expulsion of the placenta in advance of the foetus recorded by Mr J M Nankivell in a clinical memorandum in the *Journal* of September 11 (p 527) recalls an almost identical case which I attended on November 15 1901 in a mining district in County Durham All these years I have been on the look out for a similar case but neither in my reading of the medical literature nor in converse with my colleagues have I heard of one until I came across Dr Nankivell's notes in the *Journal* The history of my case, from notes which I

wrote at the time and have by me as I write now, is as follows

When I arrived at the house the patient was lying in the middle of the bed on her left side with the thighs flexed The placenta was a short distance away, free from the body, with the uterine surface exposed, and the intact cord was seen to lead into the vagina There was comparatively little haemorrhage judging from the state of the bed, which had been left undisturbed On tracing the cord upwards into the vagina I found that I had to deal with a transverse presentation, both hands of the foetus hanging down The umbilical cord was unusually long After giving chloroform I replaced the hands with great difficulty performed podalic version, and extracted the child a boy needless to say dead There was very little post partum loss, and the puerperium was normal This was the mother's third child, she made an uninterrupted recovery, and was, I believe out of bed in a week.

I find nothing recorded as abnormal in the course of this pregnancy, not even any previous haemorrhage The wonder to me in this case was the small quantity of blood that the patient had lost before the expulsion of the placenta and the absence of shock—I am, etc,

LEOPOLD FOTHERGILL M B, B S

Blyth, Northumberland, Sept 25

SIR—In your issue of September 18 (p 598) Professor Miles Phillips mentioned several references in the older literature to this occurrence, and I am glad to be able to inform him that I have enjoyed, during the last few days, reading Dr Smellie's experiences with similar cases, including the one quoted by Professor Phillips, thanks to the kindness of one of your readers who made me a gift of three volumes of Smellie's works dated 1764 One can readily appreciate that many cases of placenta praevia might in those days terminate by spontaneous expulsion of the placenta in advance of the foetus That such a termination was advocated by Sir James Simpson in preference to pulling down a leg after version surely shows what a dangerous procedure, especially if rapid delivery of the aftercoming head were practised, he considered the latter

The reason why such cases do not end in this spontaneous manner nowadays except in rare instances (in spite of Dr O Donel Browne's two cases in ten years they must be rare) is obviously because the condition of placenta praevia is diagnosed earlier and more often and treated by modern methods put into operation at the earliest possible moment after diagnosis has been made reasonably certain

It is generally recognized to-day that the life of the mother is the obstetrician's first concern in a case of placenta praevia The child must be regarded merely as the means by which the mother's life may be saved in certain procedures where the foetus is made to act as a compressor of the placental site and at the same time as a dilator of the cervix Therefore when the half breech is used to plug the lower segment and the cord is seen to be pulsating when the body is born, the natural instinct rapidly to extract the head must be denied, as the lower segment may be thus severely lacerated For this reason, apart from many others, the procedure adopted by the late Dr Willett had much to commend it He applied forceps now known as Willett's placenta praevia forceps, to the scalp of the foetus when the head was presenting The membranes were first ruptured to the side of the placenta, or the placenta perforated if central, and when a secure grip of the scalp was obtained a weight of two pounds was attached to the handles by a tape, the other end of which hung over the end of the bed The advantage of this method is that the forceps can be applied with or without an anaesthetic at an early stage of labour when the os is only one finger dilated, the vertex being born first there is no temptation as with the breech to rush the delivery in an attempt to save the life of the foetus, which incidentally tends to survive in an appreciably greater proportion of cases than it does in half breech deliveries

With the earlier recognition of placenta praevia and its treatment by such methods as Willett's scalp traction, Caesarean section, or pulling down a leg in breech cases, I feel sure that very few cases such as I reported will be met with in the future—I am, etc,

J W NANKIVELL

Medical Reference in Early Wills

SIR—The will (1585) of Thomas Lord FitzWalter, Earl of Sussex, is of medical interest in its evidence of recognized differentiation in Elizabethan days of the physician, surgeon and apothecary, for the testator bequeathed £50 to William Dunn his physician, £20 to William Clowes his surgeon, and £20 to Robert Perpoint his apothecary for their pains The will (1504) of Richard Heigham (barrister at-law) is also of interest in its proof that there were women at that time who nocturnally administered to the sick, for the testator left a small legacy to the 'woman that wacched with him on nyghts

Elizabeth Drury in her testament (1465) expressed her appreciation of the diligence that her physician, Master Wotton, had taken (John Somerset, both Physician to Henry VI and Chancellor of the Exchequer 1434–42, was addressed as Master) One finds in the early Tudor period that a physician in witnessing a will gave his qualification as that of Master of Arte. In such form the royal physician, Sir William Butt, signed It is in the later Tudor period that one first traces—in Thomas Fraunces, 1574—the Doctoure of Phisicke This doctor bequeathed to his colleague—Doctoure Gifford—his "best velvet cote"—I am, etc,

Birmingham, Sept 16 M E PROSSER

The Shopman's Finger Lick

SIR,—I entirely agree with your correspondent Dr Hubert C Bristowe (September 18, p 601) on the insanitary practice of some shop keepers in using a licked finger to assist the picking up of paper and bags, and would refer to the equally objectionable practice, often by the same "finger-licker," of blowing into paper bags in order to separate the flattened sides Such a habit is even more likely to infect the inside of the bag This latter practice is much rarer than formerly, because the modern paper bag is manufactured with one lip slightly longer than the other to facilitate opening, a slight flick in the air while the bag is held by the long lip being sufficient to open it

It is difficult to see how health authorities can take any action in the matter beyond drawing the attention of those engaged in the handling of food to the undesirability of the practice I am assured by the manager of a large local firm that he would immediately check any such practices if he observed them in his shop As in so many other matters of this sort, the general teaching of hygienic principles to the public must be relied upon to abolish such customs, which are aesthetically undesirable and potentially dangerous, even though the actual extent of the part they play in the spread of disease may be incapable of estimation—I am, etc

R CAUTLEY HOLDERNESS

Loughborough, Sept 22 Medical Officer of Health

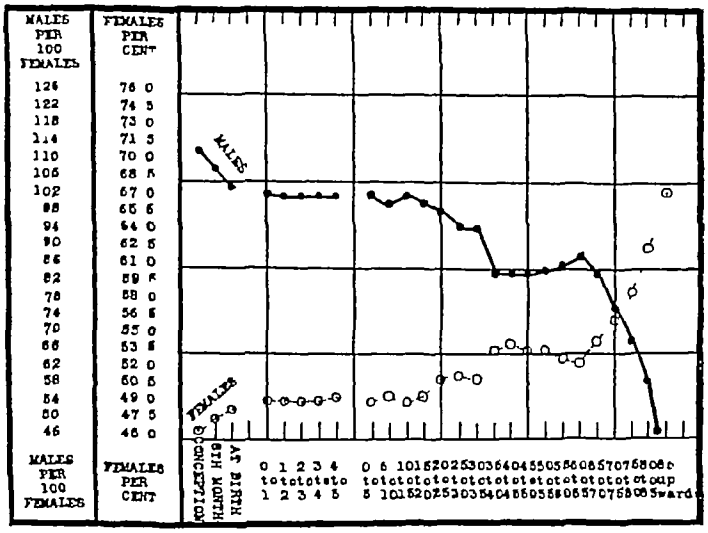
The Sex Ratio

Sir,—The tables showing the ratios of sex in the population of England and Wales for the years ending the middle of 1934 and the middle of 1935 as embodied in the Registrar General's Reports (years 1935 and 1936 the latter just published) present some interesting data which are the more arresting if the *absolute* numbers as printed in the reports are converted into *percentages*.

Except for the first two items which are based on estimates made by cytogeneticists the accompanying table and graph represent the mean figures for the two years in question. These show a very remarkable trend of the sex ratio from a preponderance of males at conception (113·67 *m* to 100 *f*) to equality of the sexes at or about the age of 20, after which there is a preponderance of females until at 85 years of age and onwards this amounts to 100 of that sex to 47·8 males.

Age	Females per cent. of Population	Males to every 100 Females	Age	Females per cent. of Population	Males to every 100 Females
Conception	46·8	113·67	20—25	51·0	96·37
8th Month	47·7	109·64	25—30	51·3	95·05
Birth	48·8	104·91	30—35	51·2	95·13
			35—40	53·8	85·95
0— 1	49·1	103·94	40—45	54·2	84·58
1— 2	49·3	103·09	45—50	54·0	85·21
2— 3	49·3	102·95	50—55	53·9	85·65
3— 4	49·4	102·63	55—60	53·3	87·80
4— 5	49·5	102·22	60—65	53·2	88·10
			65—70	54·3	84·40
0— 5	49·3	104·95	70—75	56·5	77·78
5—10	49·6	101·85	75—80	59·3	68·87
10—15	49·5	102·02	80—85	62·7	59·56
15—20	49·7	101·35	85 upwards	67·7	47·80

Table showing percentage of females, and number of males to every 100 females at various periods of life out of the mean total population of England and Wales for 1934 and 1935 (40,556,000)



Graph showing numerical decline of males to females. The abscissae represent ages, the ordinates (left figure column) the number of males to every 100 females, the right figure column the percentage of females. Mean total population of England and Wales for 1934 and 1935 equals 40,556,000.

In his masterly presidential address before the Zoological Section of the British Association, Professor F. A. E. Crew, after calling attention to this remarkable swing in the secondary sex ratio said: "Amongst the 20–24 year-olds the females actually begin to outnumber the males, and thereafter, as age group succeeds age group, this female numerical ascendancy progressively increases until among the 85's and over there are more than twice as many women as men." Professor Crew bases his statement on the Registrar General's Report for 1936 only. I think that had he taken more than one year's figures into account he would have found that the sex-equality age is higher than 15–19 years of age as he states, and also that the female numerical preponderance is not strictly speaking, progressive. After a sudden rise between the ages of 30 and 35 this ascendancy suffers, *from the age of 40 to 65, a slight but very definite* lowering after which it leaps upward until as Professor Crew says, the number of women is double that of the men. It is to this curious lowering of the female sex ratio that I wish to call attention. I presume it is not unconnected with the enhanced liability to disease in the years immediately succeeding the climacteric. Perhaps, however some of your readers can offer a better explanation.—I am, etc.

CHARLES M. BEADNELL
Surgeon Rear-Admiral R.N. (Ret.)

Egham, Surrey, Sept. 18.

International Postgraduate Congress

Sir,—I have read with deep interest but deeper misgiving the account you published (*Journal*, September 11, p. 542) from Colonel A. H. Proctor, Dean of the British Postgraduate Medical School, of the Third International Congress on Postgraduate Medical Education held recently in Berlin when a large majority approved the establishment of an international academy for postgraduate work and research which would serve a very useful object not only in promoting medical progress but in *furthering international fellowship and friendship*. Might one ask in all sincerity how this aim is compatible with the official German attitude towards medical teaching and research? This was stated clearly and unequivocally by the Reich medical leader Dr. Wagner in opening the congress.

"The doctor's chief duty was to combat those conditions which history shows have caused nations to perish—namely (1) the decline of births, (2) the swamping of the best and most capable parts of a nation by those elements which had no right to existence, (3) the mingling with the blood of a different race. The chief task of the *German* doctor lay in promoting all measures which would strengthen the health and vigour of *German* individuals." (The italics are mine.)

Are we in this country to subscribe to this creed or shall we rather stand with Osler and avow:

"By his commission the physician is sent to the sick and knowing in his calling neither Jew nor Gentile bond or free perhaps he alone rises superior to those differences which separate and make us dwell apart too often oblivious to the common hopes and frailties which should bind us together as a race. In his professional relations though divided by national lines, there remains the feeling that he belongs to a

guild which owes no local allegiance, which has neither king nor country, but whose work is in the world The Aesculapian temple has given place to the hospital, and the priestly character of the physician has vanished with the ages, still, there is left with us a strong feeling of brotherhood, a sense of unity, which the limitations of language, race, and country have not been able to efface

How was this congress called—by an international committee or a German committee only? Which bodies providing postgraduate education in this country were asked to send delegates? How many accepted the invitation? How far were these delegates committed to the establishing of an international academy for postgraduate work in Berlin? An international body might rightly welcome the co operation of all nations in its deliberations, however abhorrent their internal policies or politics might be to other peoples But when an international congress which has remained inactive for twenty-four years is abruptly revived with the "generous help and assistance" of a Government which has substituted in medicine the slogan '*Heil*—or Farewell" for the Hippocratic precept "Where the love of man is, there also is love of the Art," the above and several other questions arise and should be answered before we support a project which raises the suspicion of a deliberate endeavour to introduce racial and national antagonisms into medicine for political ends—I am, etc,

University of Liverpool, Sept 27 HENRY COHEN

"The Other Half" of Medicine

SIR—I do not propose to follow your correspondent s excursion into the question of what is or is not good taste (September 18, p 598) I should, however, like to say something about the matter of exact quotation Those of us who practise psychotherapy are frequently being told by patients that the doctor has told them that there is nothing wrong physically in any way, and that all the same he prescribed a physical remedy To them as to us such a procedure has appeared illogical When we quote these patients we are solemnly warned not to believe everything the patient says If we give a generalized résume of what the doctor did say we are told that we have suppressed some important point, and now if we quote verbatim we are apparently not behaving properly The 'half of the medical profession" which your correspondent has taken on himself to represent are often not slow to accept any story from a patient as to what a psychiatrist or psychoanalyst is supposed to have said to his patient Would not exact quotation be better?

And again, surely no physician who truly believes that mental conflicts are best resolved by bromide, luminal, and the administration of glucose need be ashamed to have his exact words quoted I will agree that had I given the least hint which might have identified the persons involved publication would have been outrageous, but as nobody can have any idea from my letter who they are I feel justified in saying what I did say—I am, etc,

London W 1 Sept 21 E B STRAUSS

Post-mortem Examinations in Inquest Cases

SIR—There can, I am sure, be no dispute as to the pertinence and propriety of Mr Brooke s remarks (September 25, p 639) concerning the importance of post-mortem examinations in inquest cases, and more particularly those of the type of which he quotes two illustrative and illuminating examples It occurs to me, however, that there is an effective way out of such difficulties which might be interpreted as a form of mild coercion upon recalcitrant coroners, and that is a simple refusal by doctors to give any definite opinion as to the cause of death without performing a post mortem examination in any case in which there is the slightest doubt

A doctor is only required to certify a cause of death to the best of his knowledge and belief, and in the circumstances there is not the slightest necessity for him to strain his conscience by a too liberal interpretation of his duty in this respect In my opinion he will have completely discharged his obligation by a simple, straightforward, and courageous refusal to state the cause of death in cases where the circumstances do not warrant his doing so There is just one reservation that I have to make, and that is that post-mortem examinations of this nature should not be entrusted to junior house officers, but should only be performed by pathologists trained for this type of work, of whom there are numbers available all over the country

Finally, Mr Brooke s *cri du coeur* is in danger of falling upon deaf ears, because coroners with medical training are in the minority I would suggest to him that a copy of his letter, perhaps a little modified, might with profit be sent to any of the journals which are published exclusively for the benefit of lawyers—I am, etc.,

London, E C, Sept 25 L F BECCLE.

"County Homes for Cancer"

SIR,—I notice a letter in your issue of September 25 from Dr Hamish Wallace with regard to this appeal I enclose a copy of the appeal which was issued in Yorkshire along with invitations to a meeting in York on September 25 So far as I can gather the invitations were issued to numbers of the wealthy laity, but to very few of the medical profession

We at the Leeds Infirmary felt so strongly that this appeal was likely to divert the contributions of the charitable, from existing and well organized hospitals in which the treatment of cancer is being actively carried on, to a nebulous and unpractical scheme, that I was asked to write a letter to the various papers of Yorkshire, a copy of which I enclose

I and others actively interested in hospital administration in the West Riding attended the meeting in York on September 25 It was poorly attended, no really practical suggestions were offered by the two speakers on behalf of the project, and no information was given as to the people who would administer any money subscribed No resolution was proposed and the majority of those present felt sympathy for the generous people who had promised contributions The Earl of Feversham, who occupied the chair and conducted the meeting with the courtesy and tact which is so characteristic of him, earned the gratitude of everyone present

The scheme appears to me to be so unpractical that it would perhaps be wise to ignore it after the comments which have already been made I hope that in Yorkshire, at any rate, it is dead I think it is—I am, etc.,

Leeds, Sept 28 H COLLINSON M S, F R C S

*** Mr Collinson s admirable letter to which he refers in his second paragraph appeared in the *Yorkshire Post* of Thursday, September 23—ED *B M J*

hand, are also closely analysed Apparently—a minor point—the experts did not group the bloods of the remains for comparison with the group characters of the blood found in Ruxton's house Correspondence would have provided, if not a link, at any rate a corroborative point Perhaps they already had so much that they felt they did not need any more Previous cases of dismemberment and mutilation are summarized in one appendix and a second collects a number of previous comparisons of skulls with portraits

DEED OF CONVEYANCE DOCTOR'S SUCCESSFUL CLAIM

The Judicial Committee of the Privy Council, known for short as "the Board," gave judgement on July 19 in a case which might—as Sir Lancelot Sanderson said in delivering the Board's judgement—almost be described as *sui generis* Mrs Johnson, a widow of 82, fell down and hurt herself at about the beginning of August, 1930 She was attended by a Dr J A Williams, who had also attended her in an illness in 1928 He was not her family doctor but an intimate friend, he made no charge for his professional services, and said he never regarded her as a paying patient. In about a month she was well again On February 4, 1931, she executed a deed conveying to Dr Williams a house and land in Freetown, Sierra Leone The price named was £1,500, but it was never meant to be paid, and the transaction was for legal purposes a gift

The law looks very jealously on gifts, and the court will always intervene to upset a gift if it considers that the recipient had some special influence over the donor The law presumes, for instance, that a parent has special influence over his child, a man over his wife, a solicitor over his client, and a doctor over his patient Where one of these, among other, relationships exists between the donor and the recipient at the time of the gift, the court will set the gift aside unless the donee can prove that the donor gave it spontaneously and in circumstances which enabled him to exercise an independent will In 1933 Mrs Johnson applied to the court to have the transaction set aside and the house and land conveyed back to her on the ground that she had executed the deed under the influence of Dr Williams without independent advice The court had therefore to decide two questions whether the relationship of doctor and patient existed and, if it did, whether the doctor had proved that he did not in this particular case exercise the special influence which a doctor is always presumed to exercise over his patients

The case was tried at first instance by Chief Justice Webber His Lordship, after hearing the evidence, held that the relationship between Mrs Johnson and Dr Williams was more like that of mother and son, and that it was difficult to understand how " a casual attendance on two occasions' could create a confidential and fiduciary relationship He was also satisfied that the gift was the result of the free exercise by Mrs Johnson of her independent will *Mrs Johnson then took the case to* the West African Court of Appeal, who decided against the learned judge on both points They thought that the parties were doctor and patient, and that the doctor had not rebutted the presumption of influence

Appeal to the Judicial Committee

The doctor thereupon appealed to the Judicial Committee of the Privy Council, who reversed the Court of Appeal on the second point and confirmed the judgement of Chief Justice Webber They agreed that the Court of Appeal were right in finding that the professional relationship existed, and that the learned Chief Justice was wrong in speaking of ' a casual attendance on two ocasions ' The doctor, said the Board, had attended the old lady through two illnesses but the illness of August, 1930 was clearly no light matter and afforded just such an opportunity for generating those feelings of confidence and gratitude calculated to produce the influence (no doubt unconsciously operative) which creates a desire to confer benefits on the medical adviser and against which the patient requires protection' It was therefore necessary the Board found, that the doctor should prove that the gift was not tainted by this influence, and the Board discussed the means by which such a presumption can be rebutted

"Influence" Disproved

The most obvious way is to show that the gift was made after the nature and effect of the transaction had been fully explained to the donor by some independent and qualified person In many cases (as the House of Lords have said[1]) this may be the only means of proof, and if evidence is given of circumstances sufficient to establish freedom of will they are not to be disregarded simply because they do not include advice from a lawyer Chief Justice Webber found that Mrs Johnson was aware of the true nature of the transaction, deliberately chose a conveyance in preference to a deed of gift, signed it well knowing its contents, and had the contents read out to her and understood them all, he was therefore satisfied that she had freely exercised her independent will The Board had to satisfy themselves that there was evidence which justified his Lordship in this finding Mrs Johnson had a solicitor whom she chose herself to prepare the deed This was not in itself sufficient because it was not proved that he knew all the relevant circumstances, and especially the total of Mrs Johnson's property and its relation to the size of the gift The really important evidence before Chief Justice Webber was, however, that of Mrs Johnson herself He concluded that she was well educated, betrayed no sign of mental weakness and had competently administered her son's estate She was, in fact an intelligent, astute and strong-willed woman The Board therefore found that the doctor had displaced the presumption of influence and was entitled to keep the gift

The exceptional feature of this case and perhaps the decisive one, was the fact that Mrs Johnson was alive and able to give evidence so that her visible personality belied her assertion that she had not exercised an independent will Usually, as the Board pointed out the donor is dead, and the donee has to prove his case by less direct and more difficult means

The Services

ARMY MEDICAL SERVICES

The War Office announces that Colonel R C Priest M D, F R C P, K H P Professor of Tropical Medicine Royal Army Medical College, and Consulting Physician to the Army will be promoted to the rank of Major General (supernumerary) as from October 13, and will continue in his present appointment

The King has awarded the Military Cross to Captain J W Orr R A M C for gallant and distinguished service in action in connexion with the operations on the North West Frontier of India, 1937

The King has conferred the Territorial Decoration upon Lieut.-Colonel J O Thomas *M C* Major and Brevet Lieut Colonel J Marshall *M C* and Major W R Martine M B E., R A M C (T.A)

ARMY DENTAL CORPS

The War Office announces that applications are invited from dental surgeons for appointment to a limited number of commissions in the Army Dental Corps Candidates will be selected for these commissions without competitive examination, and will be required to present themselves in London for interview and physical examination towards the end of October They must be registered under the Dentists Acts or Medical Acts and be not over the age of 28 Successful candidates will in

[1] *Inche Noriah v Shaik Allie* 1929 A C 127

the first instance be given short service commissions for six years, at the end of which period they will retire with a gratuity of £1,000 unless they have been granted permanent commissions Permanent commissions will be given to officers selected from among those who wish to make the Army their permanent career Full particulars of the conditions of service and emoluments also form of application may be obtained from the director, Army Dental Service, the War Office S W 1

DEATHS IN THE SERVICES

Lieut-Colonel Osborne Henry Channer, Bombay Medical Service (retired) died at Fordingbridge Hants on September 16 aged 84 He was born at Allahabad on August 21 1853 the fourth son of the late Colonel George Girdwood Channer and was educated at Edinburgh where he graduated as M B and C M in 1876 Entering the I M S as surgeon on September 30 1876 he became lieutenant colonel after twenty years service and retired with an extra compensation pension on April 15 1907 He served in the Afghan War of 1879-80 when he was mentioned in dispatches in G G O No 375 of 1880 and received the medal

Universities and Colleges

UNIVERSITY OF WALES

Welsh National School of Medicine

The opening address for the new session of the Welsh National School of Medicine will be given in the lecture theatre of the Institute of Physiology Newport Road Cardiff by Sir Joseph Barcroft F R S emeritus professor of physiology in the University of Cambridge on Friday October 8 at 5 p m The subject of his address is "Physical Unfitness" The Bishop of Monmouth President of the School will take the chair

UNIVERSITY OF DURHAM

Lord Eustace Percy Rector of King's College will give the inaugural address of the winter session 1937-8 in the Examination Hall of the Medical School King's College Northumberland Road Newcastle upon Tyne on Friday October 8 at 4 15 p m His subject is Medicine and Government

UNIVERSITY OF LONDON

University College

Dr Phyllis Tookey Kerridge will give a course of four lectures on The Physiology of Hearing and Speech at University College Gower Street W C, on Mondays October 11 18 and 25 and November 1 at 5 p m The lectures are open to the public without fee or ticket

UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated

M D—J H Crawford R S Illingworth I Macpherson N W Roberts P Science

Final M B Ch B—*Part I* J R Acfield A B Dick C A Everatt A F A. Fairweather D G Huntly J Jackson H Levine Marjorie Marquis Jean Middlemiss C T Roberts C R Robson Dorothy E Rowling, J L Sharp J P Watson H D Whiteley *Part II* N Baster Eileen M Bateson Joan M Bateson R Cargill H Cohen S P H Fergus K M Fox S Levy L Roberts I Smith F W Wigglesworth *Part III* K B Aske N Baster Eileen M Bateson Joan M Bateson R Cargill H Cohen S P H Fergus K M Fox, V P Geoghegan S Levy L Roberts H Silverman I Smith Mary Townend F W Wigglesworth

Diploma in Psychological Medicine—Margaret C Campbell Gwendoline D Knight, H Shaffer

D P H—F C Hyland

The West Riding Panel Practitioners Prize and the William Hey Gold Medal have been awarded to James Albert Rhind

In presenting the report for 1936 of the Winsley Sanatorium the chairman of the executive committee welcomed the presence of Dr Lionel A Weatherly who was the first chairman of the executive committee constituted in 1899 for the building and maintenance of the sanatorium A tribute was paid to Dr Weatherly for his outstanding services in promoting the establishment of the sanatorium

Medical News

Sir Humphry Rolleston will give the inaugural address at the opening of the ninety sixth session of the School of the Pharmaceutical Society of Great Britain on Wednesday, October 6, at 3 p m, at 17, Bloomsbury Square, W C

The Dean and School Committee of University College Hospital Medical School are giving a reception in the library of the Medical School on Tuesday next, October 5, at 4 p m Tea will be served in the library

The annual prize distribution and conversazione will take place at the Royal Dental Hospital of London School of Dental Surgery Leicester Square W C, on Tuesday, October 5, at 8 p m when Sir Cuthbert S Wallace, Bt., P R C S, will preside

Dr Charles E Wheeler will give an address entitled A Hundred Years of a Heresy in the Hastings Hall, B M A House Tavistock Square W C., on Friday, October 8 at 5 p m Medical men and women are invited to attend this lecture, which is introductory to a course arranged by the London Homoeopathic Hospital, Great Ormond Street

A special course on the psychology of crime is to be provided for magistrates by the Tavistock Clinic Malet Place W C 1 Matters to be studied during the course, which begins on October 5 include the delinquent effects of poverty, unemployment wrong discipline and other social ills, and of such physical conditions as epilepsy encephalitis lethargica toxic conditions and gland disturbance

The eighteenth French congress of orthopaedics and traumatology will be held in Paris under the presidency of Dr E Sorrel on October 8 and 9, when a report by Drs Leveuf of Paris and Perrot of Geneva on tendon transplantations in infantile paralysis will be presented

On September 23 Professor W W Jameson M D dean of the London School of Hygiene and Tropical Medicine, formally opened the extensions of the Ham Green Hospital, recently provided by the Bristol City Council The scheme now completed comprises two small pox blocks and mortuary a block for general infectious cases and an extension to the nurses home the amount of the contract for the whole scheme was £39 541 The Lord Mayor of Bristol presided over the opening ceremony and the Bishop of Bristol offered a dedicatory prayer Professor Jameson expressed the opinion that there was no city in the land where modern progressive local government might be studied with greater profit than Bristol

Pamphlet No 112 issued by the Board of Education is entitled *The Education of Backward Children* and has special reference to children who are backward because they are innately dull It is published by H M Stationery Office at 1s The authors are a group of H M Inspectors who have made a special study of the subject, and their purpose to suggest to teachers generally some educational principles upon which to base their practice

Dr Harvey Cushing has resigned his chair of Sterling Professor of Neurology at Yale University School of Medicine but will continue his association with the University as director of studies in medical history and will retain the rank of professor

Dr L Haden Guest *M C* is the Labour candidate in the forthcoming Parliamentary by election at North Islington

The cholera epidemic in Hong Kong still persists and according to the Hong Kong correspondent of *The Times* there have been 1,622 cases between July 20 and September 21.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to The EDITOR British Medical Journal B M A House Tavistock Square W C 1

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QUERIES AND ANSWERS

Irritation Around Urethral Meatus

"W E S writes I would greatly appreciate the comments of readers upon the following case A man aged 43 suffers from irritation and redness in the periurethral region of the glans penis The foreskin is lax and completely covers the glans The condition is made worse by a bus journey or prolonged sitting in a chair All local sources of irritation have been eliminated and the genito urinary system fully investigated

Lymphatic Oedema

Dr W J Burns Selkirk (Birmingham) writes in reply to G P (*Journal* September 18 p 604) I have a note 'Blue legs with subcutaneous thickening push vitamin D As the patient in G P s case has menorrhagia she will be losing much calcium. The use of vitamin B in soft oedema is described in the *British Medical Journal* of February 27, 1932 (p 374)

Medical Treatment for Dupuytren's Contracture

Dr Cresswell Davis (Burnham Road Highbridge Somerset) in reply to Nadaud (*Journal* September 25 1937 p 642) writes I have treated in adults several severe cases one bilateral for which amputation had been advised by surgeons of repute The patient is instructed to get a series of small rubber balls of graduated size—the smallest just big enough to press firmly between the flexed fingers and the palm This ball is kneaded with the affected fingers for definite periods each day, and kept in place at night by means of a webbing strap round the dorsum of the hand and the ball As the desired extension is obtained larger and larger balls are used Gradual extension and movements aided by the opposite hand are also insisted upon In one very severe case (bilateral) in a mechanic in six weeks the fingers previously firmly held in contact with the palms of the hands had 75 per cent full extension and the patient could shave himself for the first time for twelve years I hope to collect a few more cases with 'before and after photographs for publication eventually In the meantime I shall be pleased to give Nadaud any further information if he would care to write to me I suggest an over size glove or mitten to keep the ball in place at night in the case of a child

Income Tax

Public Appointment Motor Car Allowance

"Claim is one of a number of assistant medical officers who have not been given a car allowance by the appointing authority but only third-class rail or bus fares except in special circumstances All the facts have been annually placed before the income tax authorities and a deduction for the incurred cost in running cars has been claimed and granted Recently claims have been refused and a demand is being made for tax on past allowances

*** It is unlikely that the claim to the allowance would be upheld on appeal The Act requires the expenses to be incurred necessarily in carrying out the duties and the local authority s allowance would probably be regarded as all that was necessary ' As regards past years the revision can be made if the inspector has discovered an under assessment. Seeing that he had all the facts before him the question of discovery is open to argument but recent judicial dicta might be construed to support the proposed demands In the circumstances we suggest that our correspondent might write to the Board of Inland Revenue, Somerset House W C 2, pointing out the hardship resulting from altering the assessments for past years and asking—without prejudice to the legal point—that as an act of grace the assessments for those years be left undisturbed

Occupation Rent Free by Assistant

"House is an assistant and lives rent free in premises owned by his principal Who should pay the tax assessed on the property under Schedule A?

*** The principal is entitled to deduct as an expense of carrying on the practice the amount of the Schedule A assessment and if as we assume he has been allowed that deduction the liability to pay the amount of the tax thereon would seem to be his

LETTERS, NOTES, ETC

"The Role of Chemiotaxis in Bone Growth"

Mr A P Bertwistle F R C S Ed writes Your reviewer of the book with the above title complains that I have added another word to an overburdened nomenclature How else can one express a new process but by coining a new word? Incidentally by this process one is enabled to vindicate John Hunter s dictum that the blood vessels bring bone to its destination Chemiotaxis is a long word to express the search for food The lowly amoeba possesses no eyes, ears or a nose, and yet it is capable of moving towards and ingesting bacteria in the soil as its cousin the leucocyte does in animal tissues This search for food is one of the basic principles of life and is nowhere seen to better advantage than in plant life hence the subject of Chapter I To seek new insight into the nature of the process *whereby developing structures follow particular* pathways' is almost as difficult a task as finding the origin of life, which will probably be for ever veiled in mystery

Disclaimer

Dr John C Hodgson writes The clinical memorandum written by me on 'Parkinsonism following Peripheral Trauma which appeared in the *Journal* of September 18 has resulted in a column in the Manchester edition of the *Daily Express* with my name and address in large type I wish to disclaim all responsibility for this unauthorized publicity

Buccal and Lingual Ulcers

Mr Herbert Tilley wishes to correct a statement he made in the *Journal* of September 18 (p 564) in response to the request of Puzzled for suggestions as to the treatment of a patient suffering from buccal and lingual ulcers In my reply he writes I advised a trial of Bayer and Co s preparation known as campolon because it had given rapid and successful results in three of my own patients who failed to respond to full doses of iron arsenic and other haematinics I was well aware that the remedy suggested was one of the 'liver extracts and that this type of therapy had long since proved efficacious in the treatment of certain of the grave anaemias But in conversation with a well known pharmacist previous to forwarding my advice to your correspondent I gathered the impression that campolon was an extract of cod and halibut liver oils Herein laid my mistake which I hasten to acknowledge

Corrigendum

We regret that in a paragraph on bacterial flora at high altitudes published on September 18 (p 572) there were several typing errors which should have been corrected The words mycobacteria and bacteria were misspelt and the last five words of the paragraph should have read *bacillus subtilis* and *bacillus mesentericus*

EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

252 Functional Capacity of Limb Arteries

M RATSCHOW (*Munch med Wschr* July 16 1937, p 1128) describes a very simple and cheap ergometer suitable for the determination of the degree of narrowing of peripheral arteries His investigations have proved that the functional capacity of the vessels and therefore of the limb decreases with age The functional capacity is also decreased when the limb is elevated and increased when it is lowered In functional arterial disturbances the amount of work which the limb can perform painlessly is considerably decreased, and whereas in the normal limb there is a wide gap between muscular exhaustion and the onset of pain this is reduced to a minimum in the presence of vascular disturbances In arteriosclerosis both limbs behave abnormally when tested with the ergometer though clinically only one limb may be affected In 54 per cent of diabetics over the age of 40 the tests proved that the functional capacity of the arteries had decreased The method can be used for the differential diagnosis between pain due to ischaemia and that of different origin It is also useful for determining the degree of improvement following a course of treatment

253 Tests of Cardiac Function

G NYLIN (*Zbl inn Med* June 26 1937 p 529) describes recent clinical investigations at Stockholm into cardiac function He attaches considerable value to the measurement to the heart volume and to the oxygen debt of Hill The former is readily and accurately estimated by Kahlstorf's formula based on frontal and sagittal radio orthodiagrams and is best considered with reference to the body superficial area Nylin also works out a correlation coefficient by dividing heart volume by output as reckoned from minute volume and finds that this index is fairly constant in healthy persons at rest As cardiac decompensation increases the volume increases and the output diminishes so that an index of 40 or over, as compared with that of about 10 and 9 in healthy adults and children respectively is not uncommon The author's work confirms that of Lewis and Grant in showing that valvular errors *per se* carry a better prognosis than was formerly thought The reckoning of the oxygen debt after graduated exercise on a staircase shows that both in mitral and aortic disease a normal or only slightly increased heart volume and oxygen debt may coincide and justify a fair prognosis A normal debt was found in a youth who played strenuous games without cyanosis or distress and who had been excluded from military service The case is also recorded of a pregnant woman with mitral stenosis and lung stasis who went to term without trouble her heart was not enlarged and the oxygen debt was only 27 per cent Usually, however, clinical signs of decompensation go with a high oxygen debt of from 40 to 100 per cent In hypertonic subjects functional tests are significant, and may show cardiac enlargement or a high oxygen debt without clinical signs of insufficiency

254 Causes of Bronchiectasis

P M ANDOUS (*Amer Rev Tuberc* July, 1937, p 46) has analysed the causes of bronchiectasis He is of the opinion that the theory that bronchiectasis is due to destruction without mechanical dilatation is untenable The possibility of its resulting from the normal elastic pull of the lung in the presence of an unusually severe infection should be admitted Most cases however result from a superimposed dilating stress of abnormal intensity A detailed examination of the various physical forces currently held to cause bronchiectasis was attempted The author found that the agents producing ectasia from within the bronchi—namely a gas pressure effect due to negative pressure of the pleural space cough partial bronchial obstruction and to the presence of secretion—did not usually exert any dilating stress upon them This also applied to the case of ectasia from outside the bronchi by retraction of fibrous tissue or the normal inspiratory dilatation of the bronchi He points out that pulmonary atelectasis is by far the most important and usual antecedent of bronchiectasis It occurs in the development and healing of all types of pneumonic diseases At the same time bronchiectasis is generally admitted to have its clinical origin in the same class of disease Further patchy airlessness seen radiographically is the most constant and conspicuous feature The common association of fibrosis with bronchiectasis has led to the general assumption of a causative relationship The author concludes that pulmonary atelectasis furnishes the most logical and probable explanation of most cases of bronchiectasis

255 Malignant Hypertension with Suprarenal Tumour

F THIEBAUT I GUILLAUMAT and A PLACA (*Presse med* July 3 1937 p 990) describe a case of malignant arterial hypertension in which a tumour of the suprarenal cortex was found at necropsy The patient was an unmarried woman aged 29 whose symptoms included severe headache vomiting diminution of vision and diplopia and epistaxis and cutaneous ecchymoses On examination the skin was dry and pigmented there was hypertrichosis and the breasts were poorly developed The fundi showed marked papillary oedema and numerous retinal haemorrhages Blood pressure was 240/150 mm Hg The pressure of the cerebrospinal fluid was below 24 (Strauss's manometer) but was otherwise normal An exploratory operation failed to reveal any cerebral tumour Decompression was performed and temporary improvement followed but a month after operation the general condition grew worse and the patient died six weeks later—one year after the beginning of the illness At necropsy a large tumour of the left suprarenal body weighing more than 220 grammes a pulmonary metastasis cerebral oedema sclerotic kidneys, and senile ovaries with neither Graafian follicles nor corpora lutea were found the figure tended towards the masculine type No cerebral tumour was present, but there was a pressure cone The suprarenal tumour was an epithelioma of the cortex Signs of renal insufficiency were not marked until a few days before death The authors are inclined to believe that the malignant hypertension cerebral oedema, etc, were secondary to the suprarenal tumour

256 Infantile Miliary Exanthem

A STROL H STROI and D HORTOPAN (*Ann de Méd*, May 1937 p 379) give an account of an epidemic of an eruptive and infectious disease which occurred in children in Bucarest The course of the disease consisted in a stage of invasion characterized by fever an exanthem affecting the mucous membrane of the nose, mouth and pharynx, followed by a scarlatiniform or morbilliform eruption accompanied by vesicles and profuse perspiration and the next stage was a furfuraceous desquamation The incubation period was from six to fifteen days and the period of eruption from two to eight days There was a slight leucocytosis, the mononuclear cells forming from 60 to 80 per cent of the leucocytes Mild average and neurotropic types are described The nervous type was characterized by convulsions, tetanic contractures, insomnia

and restlessness, exaggerated reflexes, general hyperaesthesia, vasomotor disturbances with cyanosis of the extremities, intracranial hypertension relieved by lumbar puncture, and paresis, paralysis, and psychic troubles Encephalitis followed by athetoid movements of the hands and retarded mentality was occasionally seen The prognosis was usually good except in infants, and the mortality rate was about 5 per cent, death being commonly due to bronchopneumonia, cancrum oris, or convulsions In this series all the deaths occurred in infants under 1 year of age The disease is probably due to a filterable virus and the inoculation of rabbits with liquid from the vesicles by corneal scarification resulted in encephalitis The authors consider this condition an entity which can be separated from the other exanthemata

Surgery

257 Perforated Ulcer of Transverse Colon

M Helman (*Lyon Chir* May–June, 1937, p 318) reports a case in which a perforated ulcer of the transverse colon was discovered during an exploratory laparotomy The patient was a woman, aged 34, who had suffered for several years from habitual diarrhoea and from pain in the left flank The pain suddenly became very severe, the diarrhoea increased, the temperature rose, and there was meteorism A tentative diagnosis of obstruction or of peritonitis of unknown origin was made Laparotomy was carried out and revealed a gross dilatation of the transverse colon and inflammation of the omentum The great omentum was adherent to the transverse colon and when this had been freed a perforation of the colon similar to a perforated gastric ulcer with indurated edges was found on the left side As the suture of the perforation only tended to increase its size, exteriorization was carried out, and the patient made a good recovery, an artificial anus being left Attention is drawn to the rarity of this type of perforation A similar case is described in which an ulcer of the transverse colon actually perforated during laparotomy

258 Arthroplasty in the Lower Extremity

S Kleinberg (*Arch Surg*, Chicago, June, 1937, p 1072) describes arthroplasty as an operation designed to re-establish a useful range of movement in an ankylosed joint or to increase the mobility of a joint with restricted function The patient should be between the ages of 20 and 45, his general condition must be good, with no active focus of infection in any part of the body he should follow a sedentary occupation, and he should be able to spend sufficient time and money for arthroplasty to be carried out successfully In performing this operation enough bone should be removed to allow easy gliding of the articular ends, the articular surfaces should be smooth and fit fairly accurately The capsule of the joint should only be stripped enough to give satisfactory exposure of the bones Arthroplasty should not be performed on a greatly deformed limb, and it is essential that the patient's circulation be good If, therefore, there is a marked deformity, extensive scarring, or loss of bone or muscle tissue, appropriate corrective treatment should be tried before arthroplasty is undertaken Pre-operative massage and voluntary contraction of the peri articular muscles are useful for building up the muscle tone necessary for good post-operative function The most favourable cases are those in which complete ankylosis has followed trauma, such as fracture, or either gonorrhoeal or pyogenic suppurative infection The most unfavourable cases are those with rheumatoid arthritis, while eburnation of bone, extensive loss of bone or scarring and fibrosis of the muscles are contraindications In cases of ankylosed healed tuberculous joints arthroplasty may be successful, but there is a danger of lighting up a latent infection For patients with hypertrophic osteoarthritis of the hip an arthroplasty or a reconstruction with arthroplasty gives unusually good results The operative technique is fully described and three cases are reported

259 Posterior Subacromial Dislocation of the Humerus

M A Thomas (*Amer J Roentgen* June, 1937, p 767) reports seven cases of posterior subacromial dislocation of the humerus, a condition that is comparatively rare and often complicated by fracture of the neck or head of the humerus Both dislocation and fracture may occur during epileptic or other convulsive seizures and are due to muscular strain A large proportion of the cases are not recognized until months after the injury In cases in which the dislocation is not reduced a new glenoid fossa may form on the posterior aspect of the scapula, and absorption of the head and neck of the humerus opposite the posterior edge of the glenoid may take place In such cases the author has noted a surprisingly good functional recovery The possibility of posterior subacromial dislocation should always be kept in mind when examining a shoulder-joint for evidence of injury, as the diagnosis may be missed at a perfunctory stereoscopic x-ray examination

260 Surgery of the Pericardium

M Behrend and R S Boles (*J Amer med Ass* June 5, 1937 p 1941) draw attention to the subject of pericarditis and to the fact that operative treatment is usually carried out too late to afford any relief Necropsy has shown that the condition remains undiagnosed more often than does any other disease Pericarditis is seldom a primary process but it often develops as the result of rheumatic heart disease, chorea or cardiac infarction, and it may be a complication of an infectious disease such as pneumonia, scarlet fever, tuberculosis, or septicaemia It may also develop in cases of empyema, chronic nephritis, and uraemia, and it may be associated with chronic inflammation of the pleura and peritoneum Inflammation of the pericardium results in a fibrinous serofibrinous, or purulent exudate within the pericardial sac Owing to the lack of symptoms acute pericarditis is often overlooked particularly in the early stages when the symptoms of the primary disease are predominant Precordial pain may be absent, but in the fibrinous stage a certain diagnosis can be made if the characteristic to and fro friction is audible, particularly to the left of the sternum in the fourth and fifth interspaces The rub appears to be near to the surface and corresponds closely to the systole and diastole of the heart Once a friction rub has been heard an x-ray examination for effusion should be carried out If pus is present immediate pericardiotomy is advisable In chronic adherent pericarditis evidence of venous congestion is shown by increased venous pressure, engorgement of the cervical veins, and enlargement of the liver and spleen and ascites Five cases are described which illustrate the necessity for prompt radical drainage in suppurative pericarditis for non surgical intervention in tuberculous pericarditis, and for earlier operation in chronic mediastinopericarditis

Therapeutics

261 Urotropine and Camphor Injections

G Cabanie (*J Urol med-chir* May, 1937, p 393) has found that intravenous injections of large doses of urotropine and camphor are of considerable value in treating severe cases of infections of the urinary tract The solution used consisted of 7·44 grammes of hexamethylene tetramine, and 0·96 gramme of camphor One ampoule of 20 c cm contained approximately 8 grammes of hexamethylene tetramine The initial dose injected for inten

sive treatment was 20 c.cm. occasionally followed by 40 c.cm. on the second day and if necessary 60 c.cm. on the third day, and one or two further doses of 20 c.cm. were injected every second to every fifth day if improvement had not taken place. It was generally found that a total of 80 c.cm. of the solution was sufficient in most cases. Usually the injections were well tolerated, although the patient often felt a slight burning sensation, and there was one case of frequency of micturition after each injection. Improvement was seen even when renal calculi were present, and in one instance the increase of ureteral peristalsis produced by the urotropine was sufficient to cause the expulsion of several small stones. Urotropine and camphor was found to be of value both before and after operation in cases of vesico-vaginal fistulæ, and as a sterilizing agent in non-specific urinary infections. This method of treatment, however, is considered to be of too drastic a nature to be advisable for any but severe cases.

262 Autogenous Vaccine Therapy

H. Reiss (*Derm. Wschr.*, July 2, 1937, p. 981) describes his experience with vaccines prepared directly from the pus in cases of pyodermia and of complications of pyodermia. The pyodermia cases included furunculosis, purulent infection of the axillary sweat glands, sycosis, acne follicularis, cellulitis, acne vulgaris, and impetigo. The gonorrhœal complications consisted of epididymitis, prostatitis, and arthritis. The author also treated a case of soft chancre by the same method. The vaccine was prepared directly from the pus. The live micro-organisms were destroyed through the addition of oxyquinoline sulphonic acid in the form of proside (vatren 105). The author describes in detail the preparation of the vaccine and the doses given. Altogether he treated 250 cases and claims to have obtained good results.

263 Purpura Hæmorrhagica

C. G. Verbooy (*Nederl. Tijdschr. Geneesk.*, August 1, 1937, p. 3900) records four illustrative cases in patients aged from 52 to 74 years that intravenous injection of vitamin C in cases of thrombocytopenic purpura had no immediate success, whereas injections of liver extract or oral administration of liver caused a very rapid cessation of the hæmorrhage. In one case fresh bone marrow in doses of 2 to 2½ ounces daily for a month had a well-marked therapeutic effect. In the other two cases intravenous injection and even oral administration of calcium salts were sufficient to check the hæmorrhage.

264 Measles Prophylaxis

M. Stuart (*Arch. Inst. Pasteur Tunis*, June 1937, p. 266) attempted to control an epidemic of measles in a boarding school by the method of instilling convalescent serum into the eyes of contacts. In five days fifteen pupils were attacked by measles, and an attempt was made to immunize the remaining twenty-four whose ages ranged from 7 to 14 years, and who apparently had not previously had the disease. The serum used was taken from a child who had been convalescent for two days. Phenol in a solution of 5 parts per 1000 was added, and the serum kept at 0° C. Instillations were made three times a day, one drop in each eye, and they were continued for ten days. Eleven of the twenty-four children developed measles within eight days of starting the instillations. Probably they were all in the incubation period when the treatment was begun. The disease in the eleven partially immunized children was mild. The pre-eruptive period did not exceed one day, and the eruption was normal, although the temperature was not raised for more than two days. There was no photophobia or irritating cough, and no complications. The value of the experiment is weakened by the fact that there was no control group.

Laryngology

265 Intrinsic Laryngeal Cancer

I. Holt Diccii (*J. Laryng.*, July 1937, p. 463) contrasts the results obtained by laryngofissure and surgical excision with those obtained by radiation by the Finzi-Harmer technique. This review is restricted to the type of case suitable for either procedure. Between the years 1931 and 1935 inclusive twenty-six patients were treated by the radiation method, and for purposes of comparison the author adopts a three-year symptom-free rate. Among the twenty-six patients eighteen cases came under this heading, but in four of the eighteen there was recurrence or continuance of the malignancy. In the group treated by laryngofissure and excision of the tumour there were twenty-eight cases. From the figures it appears that treatment by the Finzi-Harmer method of radiation gives a lower operative mortality with a greater rate of recurrence or persistence of the disease as compared with treatment by laryngofissure. The convalescence following laryngofissure is quicker than that following Finzi-Harmer radiation. This is due to the more controllable dilatation of the radiation at times involving the opposite unaffected side of the larynx.

266 Anosmia of the Nose

Pierre Fidel Bertrand (*Arch. Otol.*, xxvi, May 1937, p. 733) discusses a case of anosmia from disease of the left nasal cavity. The main symptoms were nasal obstruction and repeated attacks of severe epistaxis. Operation was performed by using the external ethmoidal route. The nasal cavity was opened at the point of junction of the nasal process of the maxilla with the nasal bone, and the frontal process of the maxilla was also affected. The fragments removed resembled ordinary mucous polypi except for a small area where there was a thick dark-coloured mass. On section this was found to show the structure of an angioma. The question arose as to whether the condition should be considered as an angiomatous transformation of ordinary mucous polypi or whether the tumour was a true angioma from the start with secondary polypoid changes. The authors conclude that cavernous angiomata and so-called angiomatous polypi are neoplasms of the same nature.

Obstetrics and Gynæcology

267 Unilateral and Bilateral Oophorectomy

H. Kahn (*Mschr. Geburtsh. Gynäk.*, July 2, 1937, p. 1083) points out that it is not always easy to decide whether one or both ovaries should be removed in the case of ovarian tumours. This is especially so when operating on young women or when tumours are encountered the exact nature of which is doubtful. The decision largely depends on the pathological anatomy of the tumour and on whether it occurs singly or bilaterally. Bilateral benign and malignant tumours can only be accounted for by an increased tendency of both ovaries to tumour formation. Metastases in the second ovary from a primary malignant growth in the first are rare, but they may occur (1) by direct implantation, (2) by way of the tubes, and (3) by retrograde lymphatic channels. In every oophorectomy after incision the author advocates the examination of the other ovary. Benign ovarian tumours usually tend to be unilateral, and they rarely undergo malignant degeneration. A second operation, if required, carries no worse prognosis than did the first. The uterus should only be removed when technical difficulties demand it. Conservatism accounts for 20 per cent. of all ovarian tumours, and on account of the tendency to bilateral occurrence it requires the radical removal of ovaries, tubes, and uterus. Teratomata of the ovary are benign, and can be shelled

out, leaving enough ovarian tissue for physiological purposes Teratoblastomata, on the other hand, are very malignant and require radical operation

268 Interstitial Tubal Pregnancies

TH PUTZ (*Zbl Gynäk*, July 24, 1937, p 1747) describes eight cases of interstitial tubal pregnancies in five of which perforation occurred during the first or second month of pregnancy In two cases of three-months old pregnancies the author was able to operate just before the perforation took place, and in one case of a four-months-old pregnancy there occurred a uterine abortion Implantation in the lateral third of the tube particularly predisposes to early perforation The pregnancy may continue longer in cases of implantation in the lateral wall of the uterus or in the fundus The aetiology of the interstitial pregnancy varies Occasionally perimetric and perisalpingitic adhesions were found at operation Most patients were multiparae or had one or more abortions The clinical diagnosis is not easy but, once made, immediate laparotomy is indicated In two cases the author had to perform a supravaginal amputation of the uterus In six cases it was sufficient to carry out a wedge shaped excision of the affected uterine segment and to remove the corresponding tube

269 Creation of an Artificial Vagina

G CRISTEA (*Gynec si Obstet* April–June, 1937 p 13) describes his modification of Schubert's method of forming an artificial vagina The operation is performed in two stages, the first of which consists in the formation of a communication between the rectum and the vaginal vestibule by pushing forward the recto vaginal septum and incising it transversely The edge of the musculo-mucous wall of the rectum is then sutured to the edge of the mucous membrane of the vaginal entrance A drainage tube is inserted into the fistula thus formed and left for from three to four days Three or four weeks later the second stage is carried out under spinal anaesthesia The sacrum and coccyx are resected and the distal end of the rectum is sutured to the anal sphincter Both the immediate and end results of the operation have been excellent

270 Surgical Complications of Pregnancy

W J DIECKMANN (*Surgery* July, 1937, p 71) points out the alterations which take place in the female anatomy and physiology during pregnancy and which render the diagnosis of any surgical complication difficult There is a physiologic hypertrophy of the thyroid gland during pregnancy which may make the gland palpable, and the basal metabolic rate may reach plus 15 to 20 per cent Changes in the blood include a rapid rate of sedimentation of the erythrocytes slight leucocytosis, and changes in the serum electrolyte concentration Vomiting, which often occurs during the first trimester of pregnancy, may be due to some surgical condition such as appendicitis, gastric or duodenal ulcer, intestinal obstruction, and cholecystitis As the pregnant uterus displaces and finally covers the appendix and caecum the diagnosis of appendicitis may be difficult In the early months of pregnancy there may be pain in the adnexal regions radiating down the leg, and a false diagnosis of chronic pelvic infection may be made and laparotomy carried out Between the third and sixth months pain may be felt in the lower quadrants of the abdomen, and may suggest pyelitis, ureteral stone, ovarian tumour with a twisted pedicle or appendicitis The pain usually disappears after a few days Details are given of a series of sixty-two patients thirty of whom required major operative treatment during pregnancy ten during the puerperium, and twenty-two in addition to Caesarean section The largest number of operations were for the removal of fibromyomata when their size and location indicated that pressure symptoms would arise or acute degeneration or torsion of the pedicle take place Myomectomy caused abortion in 33 per cent of cases owing to manipulation of the uterus In eight instances an ovarian cyst was removed and nine of the patients went to term In this connexion, owing to the danger of infection or twisting of the pedicle, early removal is necessary Thyroidectomy is advised when the patient is seen before the twenty-fourth week and has a marked hyperthyroidism, this was carried out before delivery in six cases and after delivery in a further three who had been given medical treatment during pregnancy Other surgical procedures included the removal of dermoid and parovarian cysts, appendicectomy, radical cure of a ventral hernia, jejunostomy, and the treatment of carcinoma of the cervix and cholelithiasis There were only three deaths in the series

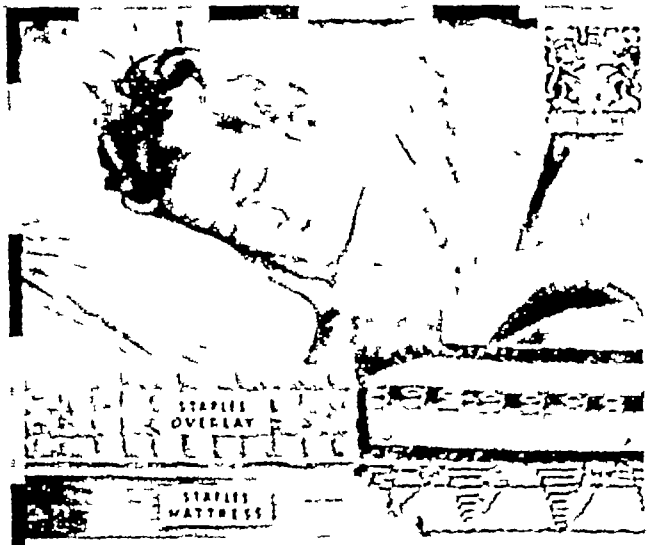
Pathology

271 Identification of B dysenteriae by Bacteriophage

A A MILLER (*Ann Inst Pasteur* June 10, 1937, p 709) has shown that a sufficiently active bacteriophage, specific for the essential types of the dysenteric group, can be used for the rapid identification of Shiga, Flexner, Hiss, and Strong types, and to define atypical strains Inoculation of doubtful primary cultures of suspected faeces on Endo's medium are made in two tubes containing from 3 to 4 c cm of peptone broth, to one of which 0 5 c cm of bacteriophage has been added Absence of growth in the latter tube with cloudiness in the control tube after five to twelve hours' incubation is in favour of a dysenteric strain Partial lysis is indicated by a cloudiness which is less intense in the presence of the bacteriophage than in the control Lysis was found in 91 5 per cent of 294 typical dysenteric cultures and in 0 08 per cent of non-dysenteric cultures About half of the phage-resistant strains were isolated together with non-resistant strains so that the margin of error was reduced Lysis was found in 15 5 per cent of non-agglutinating dysenteric strains in 66 7 per cent of biochemically atypical strains, in 52 per cent of Schmitz-Stutzer and metadysenteric strains and in 8 5 per cent of Morgan-Dahlem strains There was no difference in the results obtained by using fresh and laboratory cultures

272 Calcium Absorption

J C AUB, D M. TIBBETTS and R MCLEAN (*J Nutrit* June, 1937, p 635) have studied the calcium balance in normal humans with and without injections of parathyroid extract and in cases of parathyroid and thyroid disorders They have also investigated the effects on the calcium balance of urea, fat, salt and agar ingestion, and of constipation and catharsis In cases in which the calcium intake was low neither parathyroid extract injections nor the presence of a parathyroid adenoma caused an increase in faecal calcium In two cases of parathyroid adenoma there was better absorption of calcium during the hyperparathyroid state than after operation, while in a third case the opposite was found These results suggest that parathyroid activity has little effect on calcium absorption In normal cases and in those of hyperparathyroidism and hyperthyroidism the ingestion of urea had practically no effect on calcium absorption, but it increased urinary calcium excretion, and except in normal cases caused a slight increase in serum calcium In two normal subjects given a controlled diet, a high sodium chloride intake, a high fat intake, and the faecal volume, whether varied by constipation cartharsis or agar ingestion, had only negligible effects on faecal calcium and phosphorus Calcium absorption and excretion in the faeces appeared to be stable and independent of the factors tested, although there was evidence of some unknown factor which greatly increased calcium absorption

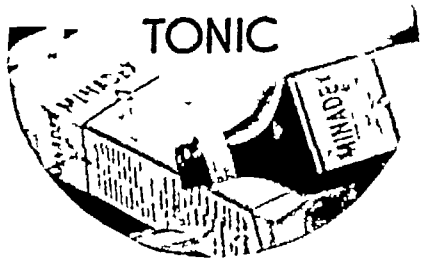


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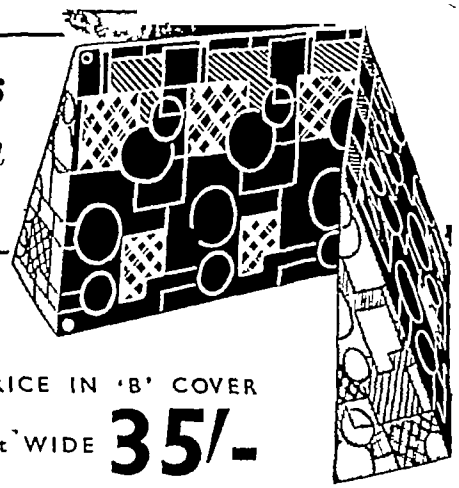
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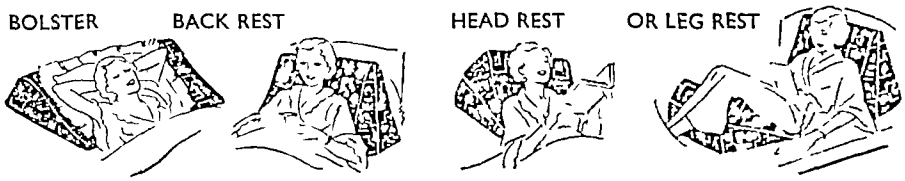
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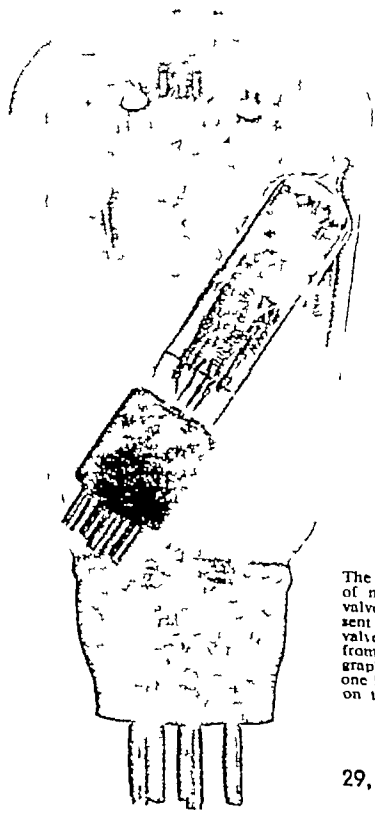


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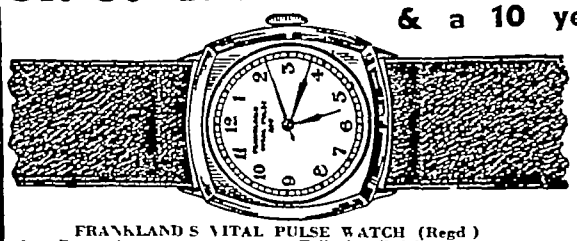
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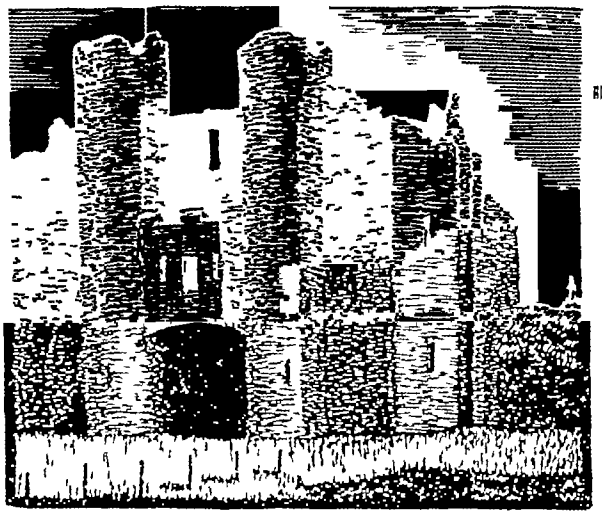
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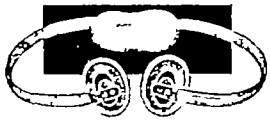
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These Hospitals are built on the Villa System and there are also Cottages on the demesne (120 acres) which is 170 ft above the sea level and commands an extensive view of the Dublin Mountains and Bay

Voluntary Patients admitted without Medical Certificates

For terms etc apply Medical Superintendent Dr WILLIAM NEILSON EUSTACE or at the Consultation Rooms 7 Dawson Street Dublin Mondays Wednesdays and Fridays at 2 30 p m.

SHAFTESBURY HOUSE, FORMBY BY THE-SEA
Nr Liverpool

Specially built and licensed for the care and treatment of a limited number of Ladies and Gentlemen suffering from Nervous and Mental breakdown Voluntary and certified patients received Ladies also admitted as Temporary Patients without Certification Terms moderate.
Apply RESIDENT PHYSICIAN who may be seen at 31 Rodney Street, Liverpool by appointment
Tel No 8 Formby

SWISS ALPS FOR DELICATE CHILDREN

(Non-contagious) Sun school 1 600 ft

Family life Sports Heliotherapy
Monthly fees £20—no extra charges Ask for prospectus and references

Mr & Mrs E ZITTING Home des Esserts, near Leysin (Switzerland)

"ECCLESFIELD," Staplehurst, Kent
(Removed from Ashford Middlesex)

PRIVATE HOME for the CARE and CURE of ALCOHOLIC PATIENTS (Ladies) Large mansion beautifully situated in 100 acres of park land Extensive views Home farm R C Chapel Under the management of the Sisters of the Good Shepherd Apply Rev Mother Tel Staplehurst 61

WYE HOUSE, BUXTON

For the treatment of Ladies and Gentlemen mentally afflicted Voluntary Boarders received Situated 1 200 ft. above sea level facing S 14 acres of grounds —For terms apply to the Resident Medical Sup W W HORTON M D Nat. Tel 130

CITY OF LONDON MENTAL HOSPITAL, DARTFORD KENT

Ladies and Gentlemen received for treatment under certificates and without certification as either VOLUNTARY or TEMPORARY PATIENTS at a weekly fee of TWO GUINEAS and upwards

LONDON CORA HOTEL,

Upper Woburn Place near B M A Headquarters Accommodates 235 Visitors Modern Comforts Excellent table A.A and R A C recommended Room Bath and Breakfast from 8/6

TYKEFORD ABBEY,
NEWPORT PAGNELL, BUCKS
FUNCTIONAL NERVOUS DISORDERS
MEDICAL AND CONVALESCENT CASES

The Home is a Mansion of Historical interest, standing in 15 acres of garden and grounds and is situated 14 miles from Northampton and 12 miles from Bedford on the main London to Northampton Road fifty miles from London Both sexes are accommodated Psycho-therapeutic Treatment is used extensively in suitable cases Radiant Heat, X Ray and Ultra Violet Light Diathermy and Foam Baths, Billiards Tennis etc

Apply Dr D E. M DOUGLAS-MORRIS
Telephone Newport Pagnell 121

BAILBROOK HOUSE, BATH

For sufferers from Nervous and Mental Disorders with or without certificates

The house is gloriously situated in wooded grounds of 20 acres with magnificent views of the City and the Avon Valley (See *Medical Directory* page 2322)

For terms apply A GUIRDHAM M.A D M B Ch D P M Resident Physician
Telephone Batheaston 8189

THE GROVE HOUSE,
CHURCH STRETTON SHROPSHIRE.

A private Home for the care of and treatment of a limited number of Ladies mentally afflicted
Voluntary and Temporary Patients received under the new Mental Treatment Act 1930
Medical Superintendent Dr McCLINTOCK.

Tel and Telegrams Haynes Brentwood 45"

LITTLETON HALL, BRENTWOOD ESSEX

Large grounds 400 ft. above sea HOME for ladies Mentally afflicted Voluntary Boarders received Station Brentwood and Shenfield 1

NEW LODGE CLINIC, WINDSOR FOREST

This Clinic was founded in 1921 in order to provide for the scientific investigation and treatment of disease by a team of physicians and specialists

All forms of non-infectious medical cases are admitted special attention being paid to disorders of digestion and metabolism arthritis anaemias asthma heart and kidney disease and functional and organic nervous disorders

Particulars can be obtained on application to the Secretary, New Lodge Clinic, Windsor Forest Berks
Telephone 181 and 182 Winkfield Row

BOWDEN HOUSE, Harrow-on-the-Hill

For residential treatment of

FUNCTIONAL NERVOUS DISORDERS

No case under certificate Thorough clinical and pathological examinations Psychotherapeutic treatment occupation and recreation as suited to the individual case

STAFF—H CRICHTON MILLER M.A M D M R C P (*Senior Physician*) GRACE H NICOLLE M.A., M B (*Resident Physician*)
S ROODHOUSE GLOYNE M D, D P H (*Consulting Pathologist*) MILDRED CARPENTER M B B S (*Pathologist*)
T S RIPPON M R C S L.R.C P (*Medical Superintendent*) Telephone and Telegrams BYRON 1011

PECKHAM HOUSE, 112, Peckham Road, London, S E 15.

Telegrams "Alleviated, London" Telephone Rodney 2641 2642

The above House which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders. Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch Kearsney Court, near Dover to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances, and indoor amusements held throughout the year Terms from £3 3s per week Illustrated prospectus and further particulars can be obtained from the Medical Superintendent

CALDECOTE HALL

NUNEATON
WARWICKSHIRE
(Phone Nuneaton 241)

Residential treatment of

FUNCTIONAL NERVOUS DISORDERS

Including Alcoholism and other Addictions

(Certifiable cases are not received)

This beautiful mansion situated in the heart of the country (less than two hours from London by L M S R) and surrounded by charming pleasure grounds in which games and outdoor occupational therapy are available is devoted to the treatment of Functional Nervous Disorders by psychotherapeutic and ancillary methods

Illustrated Brochure and particulars obtainable from A E CARTER M.D., D.P.M., Resident Medical Superintendent

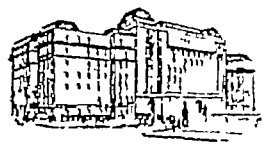
THE CLINIC

20 Devonshire Place
London, W.1

Tel Welbeck 4444 (20 lines)

A NURSING HOME FOR SURGICAL, MEDICAL AND MATERNITY CASES

Fees 10 gns to 18 gns per week (Average—14 gns)
8 Operating Theatres
150 State Registered Nurses
2 Resident Medical Officers (for emergencies)
Patients only received under the supervision of their own Medical Practitioner
Drugs and Dressings free (other than Proprietary Articles).
Illustrated Brochure on application to Secretary



THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive grounds Detached Villas. Chapel Garden and dairy produce from own farm Terms very moderate.

CONVALESCENT HOME at BOURNEMOUTH

Detached Villas standing in 12 acres of ornamental grounds with tennis courts etc which Voluntary Temporary or Certified Patients may visit by arrangement for long or short periods

Illustrated Brochure on application to the Medical Superintendent, The Old Manor Salisbury Telephone 51

CHEADLE ROYAL HOSPITAL

CHEADLE, CHESHIRE

This REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N Wales is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES

The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary

In addition to the Main Building there are separate villas Extensive grounds Hard and grass tennis courts cricket and croquet grounds and a court for bandminton There are also wireless installations Golf may be had within easy distance Occupational therapy

VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received

The Hospital is nine miles from Manchester 50 minutes by rail from Liverpool and 3½ hours from London

For terms and further particulars apply to the Medical Superintendent who may be seen in MANCHESTER by APPOINTMENT

Telephone GATLEY 31 (3 lines)

CAMBERWELL HOUSE, 33, Peckham Road, London, S E. 5.

Telegrams "PSYCHOSIS, LONDON"

FOR THE TREATMENT OF MENTAL DISORDERS

Telephone RODNEY 4-4 (5 lines)

Also completely detached villas for mild cases with private suite if desired Voluntary patients received Twenty acres of grounds Hard and Grass Tennis Courts Putting Greens Bowls Croquet Squash Rackets Recreation Hall with Badminton Court and all indoor amusements including Wireless and other Concerts Occupational Therapy Callisthenics and Dancing Classes X ray and Actino therapy Prolonged Immersion Baths Operating Theatre Pathological Laboratory Dental Surgery and Ophthalmic Dept Chapel Senior Physician Dr HUBERT JAMES NORMAN assisted by three Medical Officers also resident and visiting Consultants

An illustrated prospectus giving fees which are strictly moderate may be obtained upon application to the Secretary

The Convalescent Branch is HOVE VILLA, BRIGHTON and is 200 feet above sea level

ST. ANDREW'S HOSPITAL

FOR MENTAL DISORDERS

NORTHAMPTON.

FOR THE UPPER AND MIDDLE CLASSES ONLY

President THE MOST HON THE MARQUESS OF EXETER C M G A D C

Medical Superintendent DANIEL F RAMBAUT M A M D

This registered Hospital is situated in 120 acres of park and pleasure grounds Voluntary patients who are suffering from incipient mental disorders or who wish to prevent recurrent attacks of mental trouble temporary patients and certified patients of both sexes are received for treatment Careful clinical biochemical bacteriological and pathological examinations Private rooms with special nurses, male or female in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided

WANTAGE HOUSE.

This is a Reception Hospital in detached grounds with a separate entrance to which patients can be admitted It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorders It contains special departments for hydrotherapy by various methods including Turkish and Russian baths the prolonged immersion bath Vichy Douche Scotch Douche Electrical bath Plombières treatment etc There is an Operating Theatre a Dental Surgery and X ray room an Ultra Violet Apparatus and a Department for Diathermy and High Frequency treatment It also contains Laboratories for biochemical bacteriological and pathological research

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk meat fruit and vegetables are supplied to the Hospital from the farm gardens and orchards of Moulton Park Occupation Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming gardening and fruit growing

BRYN-Y-NEUADD HALL.

The seaside house of St Andrew's Hospital is beautifully situated in a park of 330 acres Llanfairfechan *amidst the finest scenery in North Wales On the North West side of the Estate a mile of sea coast* forms the boundary Patients may visit this Branch for a short seaside change or for longer periods The Hospital has its own private bathing house on the seashore There is trout fishing in the park

At all the branches of the Hospital there are cricket grounds football and hockey grounds lawn tennis courts (grass and hard courts) croquet grounds golf courses and bowling greens Ladies and gentlemen have their own gardens and facilities are provided for handicrafts such as carpentry etc

For terms and further particulars apply to the Medical Superintendent (Telephone No 2356 and 2357 Northampton) who can be seen in London by appointment

THE COPPICE, NOTTINGHAM.

HOSPITAL FOR MENTAL DISEASES

This Institution is exclusively for the reception of a limited number of Private Patients of both sexes of the Upper and Middle Classes at moderate rates of payment It is beautifully situated in its own grounds on an eminence a short distance from Nottingham and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted Occupational Therapy Voluntary and Temporary Patients received

Tel 64117 *For terms etc apply to the Medical Superintendent*

HAYDOCK LODGE

NEWTON LE-WILLOWS LANCASHIRE

Teleg Street Ashton in Makerfield *Phone* Ashton-in Makerfield 7311

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from mental and nervous diseases either voluntarily temporarily or under Certificate. Patients are classified in separate buildings according to their mental condition

Situated in park and grounds of 400 acres Self supported by its own farm and gardens in which patients are encouraged to occupy themselves Every facility for indoor and outdoor recreation For terms prospectus etc apply MEDICAL SUPERINTENDENT

COURT HALL, KENTON, near EXETER,

for the treatment of eight Ladies, voluntary temporary or certified patients
Large gardens and own dairy

CLIFFDEN TEIGNMOUTH for early and convalescent cases A well appointed house with spacious balconies and extensive views of the South Devon coast Sub tropical gardens own dairy in 25 acres Private road to beach

		Telephones
Resident Physicians	BERTHA M MULES M D B.S	Starcross 59
	ANNE S MULES M R C S L R C P	Teignmouth 289

NORTHUMBERLAND HOUSE,

GREEN LANES FINSBURY PARK, N 4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses Conveniently situated and easy of access from all parts Six acres of ground highly situated facing Finsbury Park Voluntary and Temporary Patients received without certification Occupational Therapy Psychotherapy and other modern forms of treatment

Telephone STAMFORD HILL 2688 Telegrams SUBSIDIARY LONDON

Convalescent Home KEARSNEY COURT DOVER For further particulars apply to the Medical Sup



HOME FOR EPILEPTICS

MAGHULL (near LIVERPOOL)

FARMING and OPEN AIR OCCUPATION for PATIENTS

A few vacancies in 1st and 2nd Class Houses. FEES 1st Class (men only) from £3 p w upwards 2nd Class (men and women) 32/ p w

For further particulars apply

C. EDGAR CRISEWOOD A C.A., Secretary 20 Exchange Street East Liverpool

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CHISLEHURST, KENT

For the treatment of Alcoholism, other Drug Habits Insomnia Neurasthenia, Functional Nervous Disorders Fees 6 to 8 guineas. Special terms for paying guests or long term patients Billiards and various amusements Charmingly situated Under new management with added accommodation Ladies and gentlemen admitted for treatment For Prospectus apply to the Medical Superintendent or Matron

Phone Chislehurst 451

CHISWICK HOUSE, PINNER, MIDDLESEX

Telephone PINNER 234

A Private Hospital for the Treatment and care of Mental and Nervous Illnesses in both Sexes

A modern country house 12 miles from Marble Arch in beautiful secluded grounds. Fees from 10 guineas per week inclusive Cases under Certificate, Voluntary, and Temporary patients received for treatment

Douglas Macaulay M D D P.M.

HILL END HOSPITAL AND CLINIC

FOR THE PREVENTION AND TREATMENT OF MENTAL AND NERVOUS DISORDERS

(20 miles from London)

Ladies suffering from all forms of MENTAL ILLNESS are received for treatment on modern lines as Voluntary Temporary or Certified Private Patients at the Hill End Hospital Convalescent or mild cases can be treated in a delightful country mansion with extensive grounds known as

HIGHFIELD HALL,

situate about a mile away from the Hospital FEES TWO TO THREE GUINEAS PER WEEK.

For further particulars apply to the Medical Supt W J T KIMBER, L R C P D P M.,

ST ALBANS, HERTS

STRETTON HOUSE,

Church Stretton, Shropshire

A PRIVATE HOME for the treatment of Gentlemen suffering from Mental and Nervous Illness including the allied disorders of Alcoholism and the Drug Habit All types of early Mental and Nervous cases are received without certificates as Voluntary Patients under the provisions of the Mental Treatment Act 1930 Bracing Hill country See *Medical Directory* p 2328 —Apply to the Medical Superintendent Phone 10 P O Church Stretton

TOR-NA-DEE SANATORIUM
MURTLE DEESIDE ABERDEENSHIRE
FOR THE DIAGNOSIS AND TREATMENT OF ALL FORMS OF TUBERCULOSIS

Managing Director DAVID LAWSON, M D , F R S E.

Southern aspect Low rainfall Pure bracing air Sheltered grounds Beautiful surroundings All modern equipment for diagnosis and treatment including operating theatre No extra charge for X Rays Artificial Pneumothorax Ultra-Violet Light or other special treatment

Day and Night Nursing Staff All bedrooms have central heating, electric light hot and cold running water, and wireless (headphones) Comfortable and airy public rooms

Medical Superintendent J M JOHNSTON M B M R C S D P H For terms and prospectus apply to the Secretary Telephone CULTS 107

THE COTSWOLD SANATORIUM

First opened in 1898 and rebuilt in 1925 On the Cotswold Hills seven miles from Cheltenham for the treatment of Pulmonary and all other forms of Tuberculosis Aspect S S W sheltered from North and East, elevation 800 feet Pure bracing air Special Treatment by Artificial Pneumothorax (X ray controlled) Tuberculins and Ultra-Violet Rays are available when necessary without extra charge X-ray plant Fully equipped Dental Department Electric light Radiators hot and cold basins and Wireless in all rooms Full day and night Nursing Staff Up-to-date main drainage

Med Supt GEOFFREY A HOFFMAN B A M B T C Dub *Assist Phys* MARGARET A HARRISON M B B S Lond *Pathologist* EDGAR N DAVEY M B B Ch *Consult Laryngologist* CASSIDY DE W GIBB F R C S Edin *Consulting Dental Surg* GEORGE V SAUNDERS L D S R C S Lond Apply Secretary The Cotswold Sanatorium Cranham Gloucester *Tel* 81 and 82 Witcombe *Grams* Hoffman Birdlip

Term 5 gns to 7½ gns a week Inclusive

PENDYFFRYN HALL SANATORIUM
PENMAENMAWR, NORTH WALES
All Modern Methods of Treatment Available

Ideally situated for the treatment of Tuberculosis. Sheltered from E and N E winds Climate mild and bracing Low rainfall high average of sun shine The Sanatorium is situated in its own park There are miles of graduated walks through pine gorse and heather rising to 1,000 ft and commanding extensive sea and mountain views Central heating electric light X ray installation Wireless in all rooms Full day and night nursing staff Special milk supply from a tuberculin tested herd Easily accessible from LONDON (4½ hours) MANCHESTER LIVERPOOL BIRMINGHAM and the North

For particulars apply to the Secretary Pendyffryn Hall Penmaenmawr North Wales Resident Physicians **Dennison Pickering M D J N P Moore M D**

A SPA UNDER ONE ROOF

In Rockside are combined all the amenities of a modern spa including treatment rest and entertainment

SHELTERED SITUATION SPACIOUS GROUNDS HIGHLY QUALIFIED STAFF

The Baths and Treatment Rooms occupy a special wing and are accessible by lift from all floors and are fully equipped for every form of physical treatment including the most modern hydrological and electrical methods massage and remedial and electrical exercises dietetic and occup tional therapy

Terms £4 4s 0d to £6 6s 0d

In house terms for consultation fees treatment board residence and attendance from £6 6s

Write for Tariff to the Secretary

Consulting Physician C R LESTRANGE ORME M B B Ch (Camb) M R C I (Lond)

ROCKSIDE PHYSIOTHERAPEUTIC ESTABLISHMENT MATLOCK

TORQUAY THE MARINE SPA

(under the direction of the Corporation)

Phone 20

Newly fitted Balneological Electro-medical and Russian Bath sections for recognised forms of Spa etc treatment under mild winter climatic conditions

Large Cooling Lounge and Vita Glass Sun Lounge

Warm sea water Swimming Bath with modern filtration plant.

Assistants with C S M M G and Biophysical qualifications

H BERKELEY HOLLYER *Gen Manager* (Late Manager Brine Baths, Droitwich Spa)

MONTANA HALL, Montana, Switzerland

OPEN ALL THE YEAR

THE ONLY SANATORIUM IN SWITZERLAND UNDER BRITISH OWNERSHIP AND CONTROL AND WITH A DAY AND NIGHT STAFF OF BRITISH TRAINED NURSING SISTERS

INCLUSIVE TERMS from gns per week

Med Supt HILARY ROCHE M D Melb M R C P Lond Tube A V D Dr(Wash)

VICTORIA UNIVERSITY OF MANCHESTER

SIR HENRY ROYCE RESEARCH FELLOWSHIP

Applications are invited for the SIR HENRY ROYCE RESEARCH FELLOWSHIP founded by the Will of the late Sir FREDERICK HENRY ROYCE Bart The Fellowship is tenable for three years and is of the value of £400 per annum

Applicants must be graduates of a British University and must be engaged on research in the subjects of chemistry physics engineering or other subjects approved by the Committee of Management of the Fellowship

Further particulars may be obtained from the Registrar to whom applications should be sent not later than

ADVICE ON THE CHOICE OF SUITABLE SCHOOLS AND TUTORS

for BOYS and GIRLS with full particulars of recommended establishments will be given free of charge Parents stating age of pupil desired preferred parents terms are invited

J & J LATON

141 Cannon Street London E C 4

Patron H R H The Duke of York K G

Publishers of Schools Directory free 6s

NORTH EAST LONDON POST GRADUATE COLLEGE

PRINCE OF WALES'S GENERAL HOSPITAL N 15

The Prince of Wales's General Hospital is recognised by the Royal College of Physicians of London and the Royal College of Surgeons of England as a Medical Post Graduate Teaching Centre

Full particulars may be obtained from the Secretary Brown Gate Avenue N 15

EPSOM COLLEGE

COUNCIL EXHIBITIONS

An EXAMINATION will take place in December for the award of THREE BOYS' COUNCIL EXHIBITIONERS The fee payable for a year in each of the usual fee of £165

Candidates must be the sons of Members of the Council at the time they shall in the case of the death during their term of office have been Members of the Council

They must be over 12 and under 14 years of age on January 1st 1938 and must reach the standard required by the Oxford and Cambridge Schools Examination Board

Applications must be sent on forms to be obtained from the Secretary of the College 42 Bedford Square London W C 1 not later than December 15th

W L GIFFARD (Major) Secretary

42 Bedford Square W C 1

October 1937

UNIVERSITY EXAMINATION POSTAL INSTITUTION

17, RED LION SQ., LONDON, W C 1

FOUNDED IN 1882
by the late E S WEYMOUTH M A (Lond)
POSTAL OR ORAL PREPARATIONS FOR ALL MEDICAL EXAMINATIONS

SOME SUCCESSES

M D (Lond),	1901 36 (9 Gold Medallists during 1913 36)	412
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1919-36	*Final*	183
M R C P (Lond)	1919-36	270
D.P.H.	(Various) 1906-36 (Completed Exam)	342
F R.C S (Edin.)	1918-36	63
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M.D	Various By Thesis	Many successes

Preparation for the above also for Medical Preliminary and all examinations leading up to M R C S L R C P or M B of various Universities also for M R C P (Edin) D P M D O M S D T M & H D L O D C H D A D M R E M M.S A L M S.S A D C O G and some exams of Dominions Universities

ORAL CLASSES

M R C P M D Primary and Final F R C S F R C.S (Edin) also Final M B B.S and M R C.S L R C P *Museum and Microscope Work* Also Private Tuition

MEDICAL PROSPECTUS (48 pp)

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Medical Prospectus gratis along with list of Tutors etc on application to the Principal 17 Red Lion Sq London W C 1 (Telephone Holborn 6313)

THE ROYAL SOCIETY

Foulerton Research Fellowships

Applications are invited by the Council of the Royal Society for two FOULERTON RESEARCH FELLOWSHIPS IN MEDICINE tenable in any Hospital or Medical School in the British Isles Candidates who must be of British nationality and British parentage should supply the usual personal details and give the names of two referees Testimonials will *not* be considered Applicants and referees at a distance may write direct to the address given below without first obtaining forms The subject of the proposed research and the place at which it would be carried out together with the name of the Head of the Department should be given

The appointment will be for two years in the first instance from January 1st 1938 and may be renewed annually up to a total of five years It will be subject to the conditions governing Royal Society Research Appointments The stipends will be £600-£800 per annum with superannuation benefits

Applications should be made on forms to be obtained from the Assistant Secretary The Royal Society Burlington House London W 1 and should be received as early as possible in any case not later than Saturday October 16th 1937

M R C P. COURSE

A COURSE in preparation for the January 1938 EXAMINATION for MEMBERSHIP of the ROYAL COLLEGE OF PHYSICIANS of London will be held commencing on MONDAY OCTOBER 25th 1937

The course will extend over ten weeks and will comprise daily instruction including special lectures and demonstrations

FEE TWENTY GUINEAS

Further particulars may be obtained from the Dean Charing Cross Hospital Medical School London W C 2 to whom applications should be submitted

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(Incorporated by Royal Charter)
Great Ormond Street and Queen Square W C 1

EDUCATION FACILITIES FOR GRADUATES AND SENIOR STUDENTS OF MEDICINE

WINTER SESSION, 1937 38

The Inaugural Lecture to the Education Course will be delivered in the GREAT HALL BRITISH MEDICAL ASSOCIATION HOUSE Tavistock Square W C 1 by kind permission of The British Medical Association on Friday October 8th 1937 at 5 p m by CHARLES E WHEELER M D B S B Sc Lond entitled *A Hundred Years of a Heresy* The Chair will be taken by SIR JOHN WEIR K C V O M B

Medical Practitioners and Senior Students of Medicine are invited to attend this Lecture

THE LONDON HOMOEOPATHIC HOSPITAL

(Incorporated by Royal Charter)
GREAT ORMOND ST, & QUEEN SQUARE, W C 1

Education Facilities for Graduates and Senior Students of Medicine

WINTER SESSION, 1937-38

HONYMAN-GILLESPIE LECTURESHIP

29th Year

A Course of Lectures on **HOMOEOPATHIC MATERIA MEDICA AND THERAPEUTICS** accompanied with **CLINICAL DEMONSTRATIONS** will be given by CHARLES E WHEELER, M D B S. B Sc Lond Consulting Physician to The London Homoeopathic Hospital at the Hospital on

Mondays and Thursdays, October 1937 to March 1938 commencing Monday October 18th at 5 o clock On the First Thursday of the month the hour is 3.30 p.m.

The COMPTON-BURNETT LECTURES

A Course of Ten Lectures on **HOMOEOPATHIC PHILOSOPHY AND PRESCRIBING** as illustrated from the writings of the Organon and Modern Developments therefrom are given by Sir JOHN WEIR K.C.V.O, M B Ch B Glasg (Physician to His Majesty the King Physician in-Ordinary to H M Queen Mary Senior Physician to The London Homoeopathic Hospital) at the Winter Session only on

Fridays at 5 p.m October to December commencing Friday October 15th

TUTORIAL CLASS

A class for individual study of the Materia Medica by the Repertory and References to Patients will be conducted by DOUGLAS M BORLAND M B Ch B Glasg Physician to The London Homoeopathic Hospital on

Fridays at 6 15 p.m October to March commencing October 15th

CLINICAL TUTORIALS

On Monday and Friday afternoons at 2 o clock throughout both the Winter and Summer Sessions the Medical Tutor to the Hospital WILLIAM WILSON BORKE M B Ch B Glasg conducts an Out patient Clinic for the purpose of instruction in the application of Homoeopathic principles

THE SIR HENRY TYLER SCHOLARSHIP COMMITTEE

also offer [illegible] to Medical Men in the Provinces Post-Graduate Course at Hospital during the [illegible]

Prospectus and further information regarding scholarships may be obtained on application to the Dean of the Education Course London Homoeopathic Hospital W C 1

CORRESPONDENCE COURSE

For the benefit of Doctors unable to attend the Post-Graduate Lectures a Post-Graduate Correspondence Course has been initiated under the auspices of the British Homoeopathic Association For particulars apply to the Medical Secretary British Homoeopathic Association 43 Russell Square London W C 1

F R C S (Edin)

POSTAL and ORAL COURSES

Full details of above and Private Tuition — H. C ORRIN F R C S Surgeon's Hall Edinburgh

LONDON HOSPITAL, E.1

DEPARTMENT AND SCHOOL OF PHYSICAL MEDICINE.

COURSE OF LECTURE DEMONSTRATIONS ON PHYSICAL MEDICINE

TUESDAY OCTOBER 5th
Mr EARDLEY HOLLAND in the Chair
4 p.m in the School of Physical Medicine
MISS MARGARET MORRIS Maternity and Post Operative Exercises

TUESDAY OCTOBER 12th
Dr MAITLAND JONES in the Chair
4 p.m in the Bearsted Theatre
Major A H A GEM Demonstrations with Films PHYSICAL EDUCATION OF CHILDREN by the L C C.

FRIDAY OCTOBER 22nd
The Viscount DAWSON OF PENN P C., G C V O K C B M D., in the Chair
4.30 p.m in the School of Physical Medicine
Colonel J T WAND TETLEY Commandant of the Army School of Physical Training Aldershot
DEMONSTRATION— RECRUIT TRAINING.

TUESDAY NOVEMBER 2nd
Sir ROBERT WOODS in the Chair
4 p.m in the School of Physical Medicine.
Miss MARGARET MORRIS Basic Physical Training

Members of the Medical Profession admitted on presentation of Card

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(Institute of Medical Psychology)
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will be given on Thursdays at 8 30 p m beginning October 7th, 1937

October 7th & 14th
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October 21st & 28th
I UN[illegible] [illegible]STION
Sir [illegible] D.Sc., F R [illegible] in the Univ[illegible] Physician

November 4th
GYNAECOLOGICAL NEUROSES ALECK W BOURNE F R C S Obstetric Surgeon to St Mary's Hospital

November 11th
RESPIRATORY NEUROSES J L. LIVINGSTONE M D., F R C P Physician King College Hospital Assistant Physician Brompton Hospital

November 18th & 25th
CARDIAC NEUROSES Sir MAURICE CASSIDY K C V O C B F R C P Senior Physician St. Thomas's Hospital

December 2nd & 9th
PSYCHOLOGICAL MANIFESTATIONS OF NEUROLOGICAL DISORDERS W RUSSELL BRAIN D M F R C P Physician to the London Hospital

These Lectures are open to MEDICAL GRADUATES only FEE for the course £1 15s Cheques payable to THE TAVISTOCK CLINIC Tickets for single lectures (where available) 5s Tickets for the course to be obtained IN ADVANCE from the EDUCATIONAL SECRETARY at the Clinic

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1937 WINTER SESSION

October 22nd — Inaugural lecture The History of Physical Medicine Sir HUMPHRY ROLLESTON Bt C C V O., K C B (Chairman Professor Sir LEONARD HILL, F R S.)

October 29th. — The Physical Basis for Physical Medicine Dr H J TAYLOR.

November 5th. — The Physiological Basis for Physical Medicine Sir LEONARD HILL F R S

November 12th — Physical Medicine in the Rheumatic Diseases. (General Survey) Sir WILLIAM WILLCOX K C I E., C B C M G

November 19th — Physical Medicine in the Rheumatic Diseases. (Assessment of physical and other methods.) Dr PHILIP ELLMAN

November 26th. — Physical Medicine in the Rheumatic Diseases (At the menopause) Dr FRANCIS BACH

December 3rd — Physical Medicine in the Rheumatic Diseases. (Manipulative and Orthopaedic.) Mr A C TIMBRELL FISHER

December 10th — Physical Medicine in Diseases of the Skin (General Survey) Dr W J O DONOVA

1938 SPRING SESSION

January 7th. — Physical Medicine in Diseases of the Skin. Dr ALBERT EIDINOV

January 14th — Physical Medicine in Diseases of the Skin Dr ALBERT EIDINOV

January 21st. — Physical Medicine in Diseases of the Nervous System. Dr C WORSTER DROUGHT

January 28th. — Physical Medicine in Diseases of the Nervous System. Dr A J CAWADIAS

February 4th — Physical Medicine in Diseases of the Respiratory System (Upper Air Passages) Mr PHILIP JOBY

February 11th — Physical Medicine in Diseases of the Respiratory System (Asthma) Dr J I LIVINGSTONE

February 18th — Physical Medicine in Diseases of the Respiratory System (Emphysema chronic bronchitis and bronchiectasis.) Dr PHILIP ELLMAN

February 25th. — Physical Medicine in Diseases of the Cardio-Vascular System Dr B J TAPSON SMITH

March 4th — Physical Medicine in Diseases of the Cardio-Vascular System Dr FRANCIS BACH

March 11th — Physical Medicine and Orthopaedic Surgery (1) Mr A C TIMBRELL FISHER

March 18th. — Physical Medicine and Orthopaedic Surgery (2) Mr A C TIMBRELL FISHER.

March 25th — Physical Medicine in Metabolic and Gastro-Intestinal Diseases (1) Dr A P CAWADIAS

April 1st. — Physical Medicine in Metabolic and Gastro-Intestinal Diseases (2) Dr A P CAWADIAS

April 8th — Physical Medicine in Pelvic Disorders. Dr C A ROBINSON

April 22nd — Physical Medicine in Pelvic Disorders. Dr C A ROBINSO

April 29th — Radiology in Physical Medicine Dr G T CALTHROP

May 6th — Physical Medicine and Surgery Mr W E TANNER

May 13th — Physical Medicine in Diseases of the Eye Mr T J PHILLIPS (Surgeon in Charge, Physio-therapeutic Department Moorfield

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The above Lecture will be delivered by Professor ARTHUR ELLIS O.B.E M D F R C P Director of the Medical Unit London Hospital on THURSDAY OCTOBER 21st at 4 15 p m in the ANATOMY THEATRE

Members of the profession are cordially invited to attend

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A Course of three Lectures on THE SOCIAL AND GEOGRAPHICAL PATHOLOGY OF CANCER AND TUBERCULOSIS will be given (in English) by DR GEORG WOLFF (formerly Director of the Section of Medical Statistics in the Public Health Department of the City of Berlin and Privat Dozent in the University) at THE LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE (Keppel Street Gower Street W C 1) on October 4th 5th and 7th at 5 30 p m At the First Lecture the Chair will be taken by Sir ERNEST GRAHAM LITTLE M D F R C P M R C S M P Lantern illustrations

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The next Examination begins on June 20th 1938 The two months Course of Instruction starts on April 25th 1938 For further information apply to —The Dean of the Medical School University Museum Oxford

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DIPLOMA IN ANAESTHETICS

A COURSE OF INSTRUCTION in preparation for the November Examination for the DIPLOMA IN ANAESTHETICS of the Conjoint Examining Board in England will commence on October 18th The Course will cover a period of three weeks and will include lectures in Physiology Anatomy Pharmacology Clinical Investigations and Anaesthetics

The Course will be open to men and women graduates The fee for the Course will be £15 15s

Further information may be obtained from the Dean Guy s Hospital Medical School London Bridge S E 1

RESEARCH INTO RHEUMATIC DISEASE.

Applications are invited by the EMPIRE RHEUMATISM COUNCIL for two RESEARCH FELLOWSHIPS relative to the causation and pathology of Rheumatic Disease particularly the chronic forms The Fellowships are tenable for seven years and holders will be expected to give their full time to the work salary £750 a year (inclusive of retiring allowance) Laboratory facilities in London will be provided by the Council

Applicants may suggest some particular task of research which they wish to undertake and should state their qualifications —Address Secretary Empire Rheumatism Council 1 Mitre Court Bldgs Temple E C 4 Applications close November 15th

RADIUM BEAM THERAPY RESEARCH at the Radium Institute 1 Riding House Street London W 1

ASSISTANT MEDICAL OFFICER *resident* salary £150 non-resident salary £250 per annum Six months appointment from November 1st 1937 Applications stating age, qualifications and experience with copies of three recent testimonials to be sent to the Secretary Radium Beam Therapy Research not later than October 5th The selected candidate will assist with the working of two five gramme Radium units and will have the opportunity of combining post graduate studies with this appointment

HARTLEPOOLS HOSPITAL Hartlepool (96 Beds)

Applications are invited for the post of HOUSE SURGEON (male) salary £150 p a with board residence and laundry

The appointment is for six months (subject to renewal) Duties to commence in October

Applications stating nationality age qualifications and experience should be addressed to the undersigned

NORMAN O DEANS
Secretary

THE ARMY DENTAL CORPS

Applications are invited from DENTAL SURGEONS for appointment to a limited number of COMMISSIONS in THE ARMY DENTAL CORPS

Candidates who should not be over 28 years of age will for the present be selected for commissions without competitive examination and will be required to present themselves in London for interview and physical examination towards the end of October 1937 They *must hold* the degree or diploma of a British University or College of Surgeons and be registered under the Dentists Acts or Medical Acts

Successful candidates will in the first instance be given short service commissions for six years at the end of which period they will retire with a gratuity of £1 000 unless they have been granted permanent commissions Permanent commissions will be given to officers selected from among those who wish to make the Army their permanent career

Particulars including Regulations for Admission pay and allowances and forms of application may be obtained on request either in writing or in person to the Director Army Dental Service The War Office London S W 1

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Faculty of Medicine

LECTURER IN BACTERIOLOGY

Applications are invited for the post of Lecturer in Bacteriology and Assistant Bacteriologist in the Public Health Laboratory at a stipend of £400 per annum Duties to begin as soon as possible Previous teaching experience *not* essential

The appointment is open to men and women who are Graduates in Medicine or Science of a British University

Three copies of applications with three copies of not more than three testimonials should be sent to the undersigned from whom further particulars may be obtained

The last day for receiving applications is October 9th

The University C G BURTON
Edmund Street Secretary
Birmingham 3
September 1937

CITY OF MANCHESTER

PUBLIC HEALTH DEPARTMENT

Crumpsall Hospital (1 568 Beds)

APPOINTMENT OF A CONSULTANT AURIST (Part-time)

The Public Health Committee invite applications for the appointment of Consultant Aurist (part time) at the Crumpsall Hospital Manchester 8 to commence duty on December 1st 1937

Salary £250 per annum

Forms of application and copies of a memorandum on the terms and conditions of appointment may be obtained from the Medical Officer of Health Sunlight House Quay Street, Manchester 3 by whom applications must be received not later than October 23rd 1937

F E WARBRECK HOWELL
Town Clerk

Town Hall Manchester
September 29th 1937

CORPORATION OF BARKING

RESIDENT MEDICAL OFFICER

Applications are invited before October 22nd 1937 from qualified medical practitioners for the designated appointment of Resident Medical Officer at the Council s Upney (Maternity) Hospital comprising 24 beds

Previous medical appointments in a maternity hospital and experience in ante-natal work is essential and preference will be given to candidates holding or reading for membership of the College of Obstetrics and Gynaecology

Salary £350-£25 £450 plus emoluments valued at £150 per annum

Particulars of duties and applications forms may be obtained from the undersigned

S A JEWERS
Town Clerk

Town Hall Barking Essex

CORPORATION OF BARKING

PUBLIC HEALTH DEPARTMENT

Applications are invited from Registered Dental Surgeons for the designated appointment of ASSISTANT DENTAL SURGEON

Salary scale £450-£20-£550

Particulars of duties and application form can be obtained from the undersigned to whom such form must be returned not later than October 29th 1937

S A JEWERS
Town Clerk

Town Hall Barking Essex

of senior assistant for maternity and child welfare at an earlier date Her share in the development of maternity and child welfare work was due as much to personal qualities which enabled her to elicit the enthusiasm of her helpers both professional and lay, as to organizing ability in the ordinary sense, but on several occasions she was called upon to address conferences in London on her special subjects As deputy M O.H she was also in charge of mental deficiency throughout the county, and was normally entrusted with the confidential inquiries into cases of maternal mortality which sometimes call for so much tact She had been a member of the British Medical Association since 1906 Her death is mourned by a very wide circle of friends in all ranks of life her relations with many of whom, while arising in the first instance out of professional contact, had become of a much more personal character

Medico-Legal

CLAIM AGAINST A MEDICAL MAN

In medical practice unusual cases often come in batches Mr Justice Tucker s first case on his appointment was the action against Mr Winsbury-White His second was a semi medical case about an oyster alleged to have been infected with typhoid, and a few days after that he heard another action against a medical man A father unsuccessfully claimed damages against Dr J E Readman of Penge, alleging negligence in the treatment of his ten year old son who died of peritonitis The claim was for funeral expenses only, and was apparently made to have the question of liability settled

The parties agreed that the doctor attended the boy on October 16 1936 for minor injuries received in a motor car accident, but found him well enough to go to school next day On the evening of Saturday October 17 the boy complained of pain round the umbilicus and suffered from vomiting and constipation The father went round to the surgery on the Sunday morning and saw the doctor Thereafter the evidence of the two parties conflicted on nearly every material point. The father said that the doctor diagnosed ptomaine poisoning from his description of the symptoms and gave him some medicine to take to the boy A neighbour who went to the doctor s home with a message early on the Monday morning, said in evidence that she had asked that the doctor should call round as the little boy was much worse and that the maid had said she would tell the doctor The father said he went round to the surgery in the evening and the woman there said that the doctor still had some visits to make He denied having said that it would do if the doctor called on the Tuesday Dr Readman s version on the other hand was that when the father came to see him on the Sunday morning and told him of the boy s illness he said that he was not on duty himself but that his assistant Dr Davidson could visit the boy during the day The father said emphatically that that was not necessary He then told him to keep the boy warm, directed a suitable diet and gave him a magnesia mixture for the boy telling the father to send for him if the boy became worse so that Dr Davidson could call in He added that in any case the boy would be visited on the Monday There would have been no difficulty in Dr Davidson s calling on the Sunday if the father had wanted him to He never used the words "ptomaine poisoning but said it was possible that a meal of brawn had set up inflammation of the stomach He made a note that the boy was to be visited on Monday He was at his consulting room early on Monday morning but received no message about the boy He put down the boy s name to be visited by Dr Davidson on that day

Miss Ralph Dr Readman s dispenser said in evidence that she told the father on the Monday evening that Dr Davidson had not completed his round but would visit the boy that evening The father then said that Dr Davidson need not visit the boy that night provided that he went early on the Tuesday morning Dr Readman then she said cancelled the order for the Monday visit and entered a visit for the Tuesday *in his book informing Dr Davidson of the change* Dr Davidson saw the boy on Tuesday and Dr Readman saw him shortly afterwards and sent him to hospital The surgeon who operated on him there said that peritonitis had probably supervened about 3 a m on the Monday if Dr Readman had seen the boy on the Sunday he might have suspected appendicitis and if the operation had been performed on the Sunday the boy would have had a better chance of living. The boy died on the following Friday

The learned judge in giving judgement said that as there was a complete conflict of evidence on nearly every vital point he had to see if any light were thrown on the conflict by the contemporary documents None of these mentioned the Monday visit and the only mention of a specific request was that of Mrs Newton the neighbour The father wrote a letter of complaint to the General Medical Council on November 3 but made no reference in it to his visit to the surgery on the Monday evening When his solicitors wrote to the doctor on November 13 they did not mention the Monday evening visit The letter written by the doctor s solicitors on the other hand set out his case explicitly and stated that the father himself had prevented an earlier visit His lordship was satisfied on the whole of the evidence that the father had made nothing in the shape of an urgent request for a visit, and that Mrs. Newton had done no more than request that a call should be made on the boy during the Monday she had not given an urgent message It was clear that Mr Wright had wanted attention for his son but had had no idea of the urgency of the case He therefore dismissed the action

PARTNERS' SIGNATURE ON CERTIFICATE

An interesting point came before the Court of Appeal in a recent workmen s compensation case A workman was drawing compensation for an injury to the head and the employers, considering that he had recovered desired to stop payment. In accordance with the law they required him to submit to examination by a medical practitioner provided by them They appointed for this purpose a firm of medical partners practising under the name of Legge and Legge The firm duly returned a certificate beginning We hereby certify that we have examined (the workman on a certain date) and in our opinion he has wholly recovered" The form of certificate required by the Workmen s Compensation Act 1925 s 12 (3) begins, I hereby certify and we and our were substituted in writing. There was no suggestion that both the partners had not examined the patient The question arose whether the certificate satisfied the Act, which provides that if a medical practitioner has examined the workman and has certified that he has recovered, and a copy of the certificate together with notice has been served on the workman the employer can stop the weekly payment The county court judge took the view that this certificate was insufficient because it purported to contain the opinion of more than one doctor and was signed by a combination of persons who might be anybody but doctors In his opinion *therefore it nullified all subsequent proceedings* Sir Wilfrid Greene Master of the Rolls disagreed He saw nothing in the Act to suggest that a combined examination by two medical men would not satisfy its requirements and said that if the two partners had each signed his own signature no question could have arisen provided that both had examined the man The firm s name he considered to be merely shorthand for the two signatures The certificate would not however have been satisfactory if only one of the partners had examined the man and signed in the name of the firm for then the certificate would not say on its face which of the two or more partners had made the examination Where two or more doctors in a firm made an examination he considered it might be desirable for each one to sign individually he could not however regard this as a strict and necessary requirement. The other two Lords Justices agreed

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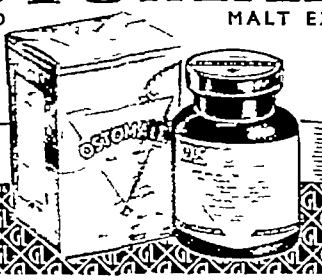
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UNIVERSITY OF OXFORD

At a congregation held on November 20 the following medical degrees were conferred

D M—A W D Leishman, R B Scott, E P Edmonds
M Ch—M W C Oldfield
B M—W W Coppinger, W F Dunham, G F C Hawkins, A L Jacobs

UNIVERSITY OF LONDON

At a meeting of the Senate held on November 17 the title of Professor of Bacteriology was conferred on Dr L P Garrod, F R C P, in respect of the post held by him at St Bartholomew's Hospital

The title of Emeritus Professor of Anatomy in the University was conferred on Dr Thomas Yeates on his retirement from the Courtauld Chair of Anatomy at the Middlesex Hospital Medical School

UNIVERSITY OF LEEDS

The following appointments were made at a meeting of the Council held on November 17

Clinical Lecturer in Medicine and Honorary Demonstrator in Medical Pathology H G Garland, M D *Honorary Demonstrator in Medicine* J A Price M D *Honorary Demonstrator in Pathology* N Lissimore, M B Ch B *Honorary Demonstrators in Anatomy* F R W Hemsley, M B, Ch B and I J Keidan M B Ch B *Reader in Experimental Pathology* J W Orr, M D, D P H

Dr F C Happold was appointed to represent the University at the eleventh International Congress on the History of Medicine, to be held in Jugoslavia in September, 1938

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Annual Meeting of Fellows and Members

The annual meeting of Fellows and Members of the Royal College of Surgeons was called for November 18, but after waiting the prescribed fifteen minutes the President, Sir Cuthbert Wallace, Bt, announced that the required quorum (30) had not been obtained, and therefore a meeting could not be constituted, nor could any resolution be moved He spoke to those present, however, on a few matters in the general annual report

Sir Cuthbert Wallace said that primary examinations for the Fellowship would be held during the coming year in Australasia, India, and (for the first time) Egypt. The plan for oversea examinations was the most ambitious which had so far been undertaken He mentioned the alterations to the College museum, which was now again open, and the rearrangement and better equipment of the library, which had been made more comfortable for readers The outstanding event of the year had been the rebuilding of the Bernhard Baron Laboratories work on which began in January It had proved a larger undertaking than was anticipated, owing to the discovery that the old foundations of one of the main walls were defective Other matters to which he referred included the work of the research staff, the various awards, lectures, and occasions of hospitality, and the number of meetings of Council and committees (nearly a hundred during the year), which had doubled during the last decade He also drew attention to the famous picture of Henry VIII granting the Act of union to the barbers and surgeons, which had been cleaned and specially lighted and now hangs over the fireplace in the inner hall He invited remarks from members

Dr Redmond Rochf noted that the Council had approved, with the Royal College of Physicians, the appointment of examiners in medical subjects of the Incorporated Society of Chiropodists Why should the College assist the ambitions of the chiropodists to have medical knowledge? He also noted that the President and Mr Seymour Barling had been appointed to give evidence on behalf of the College to the Interdepartmental Committee on Rehabilitation after Industrial Accidents Some surgeon in general practice might, by his knowledge of the environment of the people concerned have given helpful evidence Dr Howard Stratford took exception to the too general phrase 'medical subjects as describing the examination of the chiropodists

The President said that the alternatives were to fight the chiropodists or to exercise some measure of control over them and the latter was what the two Colleges were trying to do With regard to the Interdepartmental Committee, he agreed that the general practitioner was one of the most important persons in the treatment of fractures and both the witnesses on behalf of the College would bear in mind the function of the general practitioner

Sir Bruce Bruce-Porter was precluded from moving the usual resolution calling for some representation of Members of the College on the Council, but he was allowed to make some observations He said that such a resolution had been brought forward forty six times and never once lost Why did Members go on after forty six rebuffs? Partly because they had the British characteristic of not knowing when they were beaten In 1931 the Society of Members took a poll, which showed 6,956 in favour and only 156 against It was sometimes objected that with a wider franchise a Fellow who was not of the best standard might be a very astute electioneerer, and so find his way on to the Council, but Members would not wish to elect Fellows the Fellows on the Council should be elected by those in their own category and if any Member was elected and subsequently became a Fellow he should be required to retire as a representative of Members on the Council It was also stated that the paucity of attendance at the annual meeting indicated that Members were not interested, but this was merely due to the feeling that the College was to a large extent a Fellows preserve. Finally he reminded the meeting that the day might come when the State took a far more active part in the control of medicine, and then it might not tolerate so many portals of entry to the profession If such a state of affairs arose it would surely be of great advantage to the College to have a body of Members with a real interest in its status and activities

Dr W L Gillbard secretary of the Society of Members, said that sufficient consideration had not been given to the public interest in this matter As soon as he entered general practice a Member realized the unsuitability of a great deal of his training in surgery Too much time had been spent in learning things which could only be of use to him on the assumption that he was going to be a consultant The number of Members who started general practice totally unable to use an ophthalmoscope was depressing. Such defects would never be remedied until the College ceased to deprive itself of the experience of its Members.

Dr P B Spurgin supported what had been said by the last two speakers The Members were not making any unfair request, they were merely asking for a small representation on the Council.

The President declared the proceedings closed

SOCIETY OF APOTHECARIES OF LONDON

Gillson Scholarship in Pathology

The Gillson Scholarship is awarded for the encouragement of original research in any branch of pathology, and is open to candidates under 35 years of age who (*a*) are either licentiates or freemen of the Society, or (*b*) obtain the licence or the freedom within six months of election to the Scholarship The Scholarship is of the annual value of not less than 100 guineas It is tenable for one year the holder being eligible for re-election under conditions laid down in the regulations, the maximum tenure is three years The Scholarship is awarded in January and applications must be in the hands of the adjudicators by December 1 Full regulations and conditions can be obtained from the Registrar's Office, Apothecaries Hall Water Lane E.C 4

The following candidates have been approved at the examination indicated

Mastery of Midwifery—Yeshwant Narayen Ajinkya, M B B S William Davies Cunningham M B, B.S Lalit Kumar Mitra, M B D C H Israel Rivlin M D, Gordon Scott, M.B., B Chir

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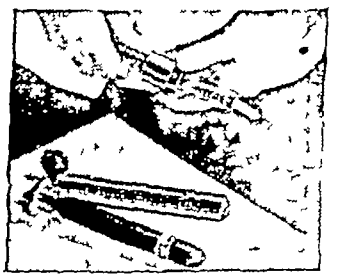
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Medical Notes in Parliament

In the House of Lords on November 23 the Expiring Laws Continuance Bill passed through Committee

The Health and Housing Committee of Conservative M P.s was addressed on November 17 by Dr W G Savage lately county medical officer of health for Somerset and by Mr Ben Davies of United Dairies Ltd Both agreed that efficient, controlled pasteurization was the only guarantee, in present circumstances for a safe milk supply They afterwards replied to many questions by members representing agricultural constituencies

The House of Commons read the Coal Bill a second time on November 23 A motion about malnutrition was down for discussion on November 24 and the Committee stage of the Air Raid Precautions Bill on the following day

The National Health Insurance (Juvenile Contributors and Young Persons) Bill was read a third time by the House of Commons without debate on November 23

The annual meeting of the general committee of the Parliamentary Science Committee was held on Tuesday November 23 at the House of Commons the Earl of Dudley (president) in the chair It was stated that the committee had submitted a memorandum to the Lord President of the Council urging a scheme for the development and financing of scientific research Correspondence is proceeding on this matter The officers for the ensuing year include president Earl of Dudley vice president Sir Arnold Wilson chairman, Professor J Graham Kerr

Inquiry into Typhoid Outbreak at Croydon

Sir KINGSLEY WOOD stated on November 18 that he had heard of the outbreak of typhoid in the Croydon district with great regret and had directed his officers to visit the town immediately with a view to co-operating with the officials of the council The result was that effective steps were at once taken to safeguard the position as regards the water supply He had informed the council that he proposed to direct a public inquiry into all the circumstances of the epidemic The inquiry would be held by a man of legal qualifications assisted by a medical man and an engineering expert

Mr DAY asked why a warning was not given to the inhabitants as soon as pollution was known to the medical officer Sir KINGSLEY said that matter would doubtless be brought before the inquiry

On November 22 Sir KINGSLEY WOOD announced the personnel and terms of reference of the inquiry It will be held by Mr H L. Murphy K C. who will have as assessors *Sir Humphry Rolleston Bt M D* and *Mr H J F Gourley* M Inst C E The purpose of this inquiry is to examine the causes leading up to the outbreak in Croydon and the steps taken to deal with it. The inquiry will begin at an early date

Insurance Practitioners' Postgraduate Courses

Sir KINGSLEY WOOD told Sir Robert Rankin on November 11 that payments in respect of fees and expenses incurred by insurance doctors in attending approved postgraduate courses would be made out of the unclaimed proceeds of sales of national health insurance stamps with the aid of the normal Exchequer grant He added that he had received no complaints from insurance committees as to the source from which the courses were to be financed Certain administrative questions were under discussion with the National Association of Insurance Committees

Gas Attack Preventive Measures

The House of Commons discussed the Air Raid Precautions Bill on November 15 and 16 Moving its second reading, Sir SAMUEL HOARE said the Government would in a short time have a supply of gas masks sufficient to distribute to the whole population. The Government intended also to supply local authorities and their decontamination organizations with bleaching powder The householder would be instructed how to act in the event of a gas raid and how to make one of his rooms gas proof The same precautions would be taken against mustard gas There would also be precautions against fires caused by incendiary bombs

Dr HADEN GUEST said that in many parts of London the houses could not be made gas proof He thought that every local authority would have to face in consequence of this Bill increases in the staffs of hospitals and other institutions Every local authority controlling hospitals had to prepare a plan showing which hospitals could be used as casualty clearance stations which as base hospitals and which institutions such as public assistance institutions fever hospitals mental hospitals etc could be cleared of their inhabitants and used as base hospitals People in the streets might be contaminated by mustard gas and unless they had their clothing removed within fifteen minutes and decontaminated and had the mustard gas removed from their skin within five minutes every one of them would require hospital treatment and it would put the hospitals to a terrible strain

The Bill was read a second time by 324 to 135

Medical Referees and Workmen s Compensation

Mr JOHN JONES in the House of Commons on November 19 moved the second reading of the Workmen s Compensation Bill, which he said among other purposes, proposed an alteration in the system whereby a workman meeting with an accident had at present if there was any dispute as to his disability to accept the verdict of one medical referee The Labour Party did not say that these gentlemen were unfair or prejudiced but asked that instead of one person having power over the victims of accidents a Board should be established as during the war when medical boards were set up to do similar work in connexion with the Army and Navy

Mr ARTHUR HENDERSON in seconding the motion said medical referees were men of standing in the medical profession and no one on the Opposition side of the House sought to cast any reflection upon the individual referee Nevertheless some of the questions which the referee had to decide such as suitability for employment were so important that the proposal was that they should be submitted to a medical board of three doctors

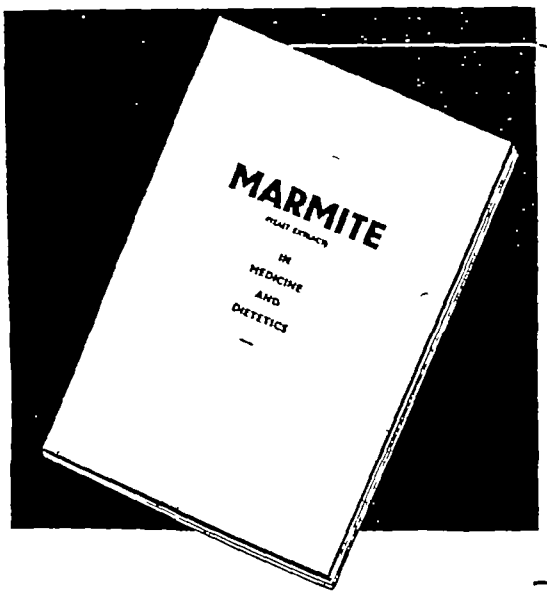
Mr LYONS moved the rejection of the Bill

Sir ARNOLD WILSON said a legal chairman with two medical assessors would be a better medical board than three doctors however skilled Mr BULL considered the existing provisions as to medical examination of workmen needed simplification and the removal of technicalities resulting from the decisions of the court and the regulations which had been made on this subject but it would be hopeless to deal with the question piecemeal The regulations for medical referees issued in 1932 contained forty six different rules some of many clauses and the whole question required to be gone into

Mr FLEMING said that it was extremely difficult for the workman to succeed as a malingerer against the medical evidence On the other hand he had time and again seen cases in which medical evidence compelled the judge to say a man was fit for light duty when to laymen he appeared palpably unfit for any duty at all When a medical assessor sat with the judge the judge undoubtedly had the final word in court. There was a tendency to have cases of compensation dealt with in that manner

Mr CASSELLS said he knew of many instances of medical referees who when they were not acting in that capacity were actually called upon by insurance companies to examine workmen on behalf of the employers If a medical man had been in the habit of examining workmen on behalf of the employers he acquired quite honestly the employer s complex.

Mr GEOFFREY LLOYD said the power of a single man under the present system was great, and possibly some alternative course ought to be worked out but he asked ought that



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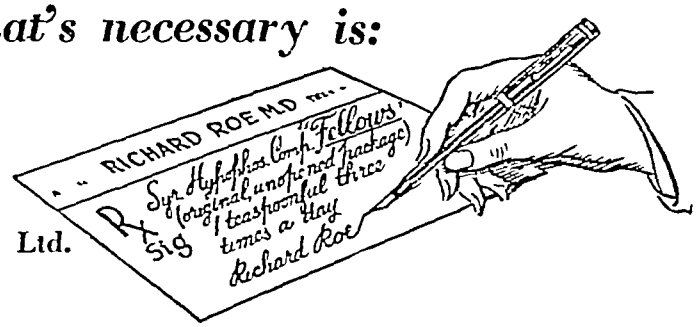
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alternative to be a medical board? A good deal could be said for keeping the medical referees but having an appeal tribunal The majority of cases were simple, and a medical referee was competent to deal with them The best thing might be an improved system of referees with a larger number of specialists in the service and with appeals allowed to a tribunal It was better to keep these matters in the hands of the medical profession so far as the purely medical issue was concerned Referring to the treatment of fractures, he said Sir Robert Jones during the war had developed the idea that there should be minimum immobilization of the injured limb That idea had been allowed rather to lapse in the treatment of industrial cases but was coming back and the results were striking Just as important was the treatment of the men when they left hospital Much could be done by more careful provision of suitable light work In future there might be reconditioning clinics for the men when they left the hospital These ideas were being investigated by two of the strongest committees ever set up by the Home Office When the reports of these committees were received the Government would consider as early as possible any recommendations for amendment of the Acts and if they accepted those recommendations would take steps to introduce legislation to implement them

The Bill was defeated by 205 to 141

Lanarkshire Practitioners and Scottish Maternity Services

Dr ELLIOT told Mr Chapman on November 22 that he had received a resolution passed by the Lanarkshire Division of the British Medical Association wherein the medical practitioners of Lanarkshire regretted that they could not accept service under the Maternity Services (Scotland) Act, 1937 Local associations of practitioners in Lanarkshire and certain other districts of Scotland had expressed their dissatisfaction with the terms of remuneration which the Department of Health for Scotland, after consultation and in agreement with the Scottish Committee of the British Medical Association, suggested to local authorities as a suitable basis of arrangements with practitioners for medical services rendered by them under this Act The Scottish Committee of the British Medical Association had summoned a representative meeting of their constituents, to be held on December 16, to consider the matter further

Periodical Nutrition Surveys of School Children—Asked by Mr Leonard on November 11 to have an inquiry made into the Oslo breakfast, which had beneficial results on the well-being of school children in Oslo, Mr KENNETH LINDSAY said the claims made for this meal had been considered by the Advisory Committee on Nutrition appointed by the Minister of Health While the value of the experiment was recognized, its adoption in this country would be open to practical objections There were other equally good and convenient methods of supplementing the home diets of children found to be in need of additional nourishment The Board of Education suggested that local education authorities would do well to consider the advisability of holding periodical nutrition surveys at which all children not receiving meals would be passed under review A number of authorities had acted in accordance with this suggestion The Board proposes to review the position in other areas to secure a general improvement in the discovery of under nourished children

Leper Accommodation in Great Britain—Sir THOMAS MOORE asked, on November 11, whether out of the sixty known lepers in Great Britain only twelve received treatment in homes suited for that purpose and if Sir Kingsley Wood proposed any action to remedy this Sir KINGSLEY WOOD answered that in the conditions existing in this country the disease was unlikely to be conveyed from one person to another, and no action would appear to be called for in the interest of the public health

Medical Certificates in Unemployment Assistance—Mr ERNEST BROWN stated on November 11 on the authority of the Unemployment Assistance Board, that there was no invariable practice of requiring a medical certificate as a condition of increasing an allowance for the purpose of providing extra nourishment. Where a doctor certified that his patient was in need of extra or special food as distinct from medicine or drugs the Board's allowance was usually adjusted to meet any extra outlay by the applicant in obtaining such food The furnishing of the certificate was regarded as part of the medical service rendered by the doctor, any payment for which fell outside the Board s powers

Old Buildings used for Nursing Homes—Dr LEECH on November 18, asked Sir Kingsley Wood to invite the local authorities concerned, either by scheduling a slum-demolition scheme or by stricter and closer supervision, to prevent more worn out lodging houses and old residences being converted into private nursing homes in the area between Harley Street and Baker Street, Marylebone Dr Leech asserted that modernization of such buildings did not render them completely sanitary or provide for a sufficient circulation of fresh air, or make them structurally suitable in surgical cases where quiet for patients and comfortable accommodation for the nursing staff and a proper distance from kitchen annoyances were essential, nor provide means for the easy removal of patients in case of fire other than by the dangerous use of outside ladders and iron staircases Sir KINGSLEY WOOD in reply, pointed out that the London County Council had power to refuse an application for registration in respect of a nursing home if satisfied that the situation, construction, accommodation, staffing or equipment of the premises rendered them unfit to be used as a nursing home He had no information that this power was not adequately exercised, but he had asked the County Council for their observations.

Water Supply in Denbighshire—Sir HENRY MORRIS JONES, on November 18, asked whether the attention of the Minister of Health had been drawn to the insanitary state of the water supply at Kinmel Bay, in the county of Denbigh Sir KINGSLEY WOOD said in reply that the urban district council of Abergele informed him that their medical officer of health was not prepared to advise them that the condition of the water was such as to be injurious to health Rhyl Urban District Council would be prepared to give a direct supply

The Services

HONORARY SURGEON TO THE KING

The King has approved the appointment of Major General G G Tabuteau, D S O late R A M C as Honorary Surgeon to the King, in succession to Major General D S Skelton C B, D S O, late R A M C, who has retired

EFFICIENCY DECORATION

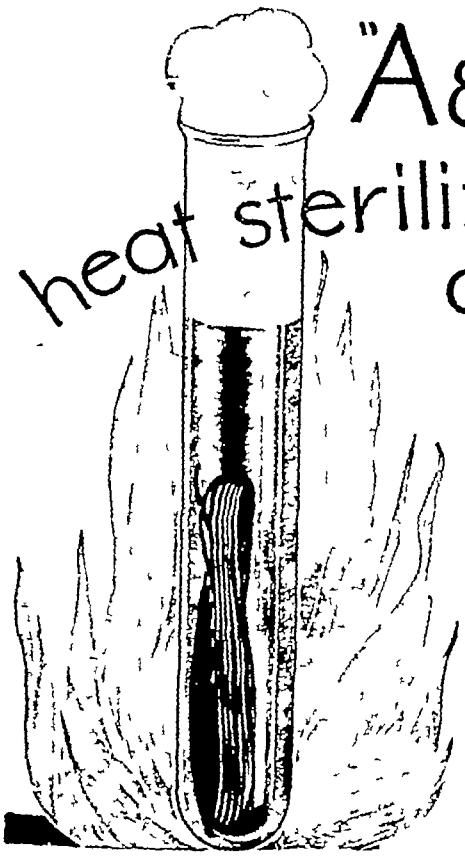
The King has conferred the Efficiency Decoration of the Territorial Army upon Colonel E M Cowell, D S O., and Lieutenant Colonel E Scott D S O, under the terms of the Royal Warrant, September 23, 1930

No 14 STATIONARY HOSPITAL DINNER

The eighteenth annual dinner of the medical officers of No 14 Stationary Hospital will be held on Thursday, December 9 at the Trocadero Restaurant Piccadilly, W, at 7 15 for 7 45 p m, with Colonel C R. Evans, D S O, in the chair The price of the dinner is 12s 6d, exclusive of wines. The honorary secretaries are Major General H M Perry and Dr H. L. Tidy 39, Devonshire Place, W 1

No 29 GENERAL HOSPITAL DINNER

The eighteenth annual reunion dinner of the 29th General Hospital will take place at the Langham Hotel, Portland Place W on Saturday, December 4, at 7 15 p.m., when Lieut -Colonel S H Withers, C.M G, will preside Officers who wish to be present should communicate with Captain A. Percy Groves, Heronfield, Meadow Court Road, Leicester



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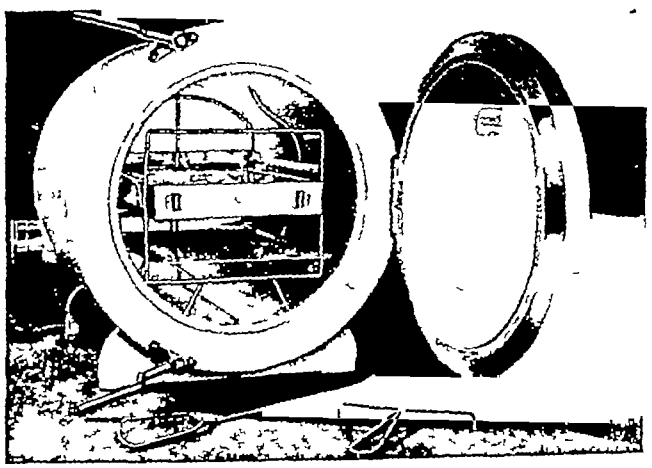
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Medical News

The Cantor Lectures for 1937–8 will be delivered by Professor J C Drummond, D Sc., at the Royal Society of Arts, John Street, Adelphi, W C., on Mondays, November 29 and December 6 and 13, at 8 p m His subject is Historical Studies of English Diet and Nutrition ' Applications for tickets should be made to the secretary of the Society

A course of five lectures on A Comparative Study of Filter passing Bacteria and Viruses will be given by Professor F W Twort, F R S., on December 6 8, 10, 13, and 15, at 5 p.m The first four lectures will be delivered at the London School of Hygiene and Tropical Medicine, Keppel Street Gower Street, W C., and the last one at the Brown Animal Sanatory Institution, 149 Wandsworth Road, Vauxhall S W Admission is free without ticket

A meeting of the Hunterian Society will be held at Simpson s Restaurant, Cheapside E C., on Monday December 6 at 8.30 p.m., when Mr E T D Fletcher and Dr K McFadyean will open a discussion on "The Chronic Cough The meeting will be preceded by a dinner at 7 15 p m

Three lectures on ' The Foundations of Terrestrial Life The Soil and the Green Plant will be given by Sir Frederick Keeble, F R S at the Royal Institution, 21 Albemarle Street, W 1, on November 30 and December 7, and 14, at 5 15 p.m Fee to non members for this course 7s 6d.

A meeting of the Kensington Medical Society will be held at St. Mary Abbots Hospital Marloes Road, W on Wednesday, December 1 at 8.30 p m., when Dr W Bentley Purchase H M Coroner for North London, will open a discussion on The Medico legal Aspects of Abor tion Professor James Young Dr Letitia Fairfield, and Mr V B Green Armytage will take part in the discussion

The sixteenth annual dinner and dance of the British Serbian Units Branch of the British Legion will take place at the Lysbeth Hall, Soho Square London W on Saturday December 4 at 6 30 for 7 p m All friends of Jugoslavia are welcome Tickets (6s) from the honorary secretary Miss C M Marx, 24, Melcombe Court Dorset Square N W 1

The sixth Italian Congress against Tuberculosis will be held at Tripoli from December 17 to 20 Further infor mation can be obtained from the Federazine Ital Naz Fascista per la lotta contro le tuberculosi Via Nazionale, 200 Roma

On November 18 Sir Farquhar Buzzard Regius Professor of Medicine, opened extensions to the Acland nursing home at Oxford which have been made possible through Lord Nuffield s generosity and unveiled a tablet commemorating Lord Nuffield s gifts

The Duchess of Norfolk opened the newly completed miners welfare block at the Sheffield Royal Hospital on October 30 The block has been financed wholly from the South Yorkshire District Miners Welfare Committee Fund Mr Harry Platt of Manchester said the new block would make it possible for an orthopaedic surgeon at the hospital to carry out treatment to every injured man or woman from the moment of injury right to the end when the patient was ready to resume work without any break in continuity It meant that the hospital would be in the forefront in the treatment of injuries, and would have a chance to establish a reputation second only to Vienna

A reception was held at the new offices of the *Practitioner* at 5 Bentinck Street W on November 18 Sir Humphry Rolleston and Dr Alan Moncrieff the editors and Mr J W Hills M.P., Mr Michael Fletcher and Viscount Moore, directors received the guests who were much interested in the architecture and modern equipment of

As recorded in our Parliamentary Notes this week at p 1099, the Minister of Health announced in the House of Commons on November 18 that he has directed a public inquiry into all the circumstances of the epidemic of typhoid fever at Croydon Up to the time of going to press the number of known or suspected cases was 180, with 7 deaths

On November 17 in Manchester Dr F W Eurich of Bradford was presented with the medal of the Textile Institute for his researches into anthrax Mr George Garnett, past-president of the institute, said that Dr Eurich had given the wool trade the enormous advantage of his own private investigations In 1905 the Home Office set up a committee at Bradford in conjunction with the Chamber of Commerce, and Dr Eurich was invited to help them The story of his investigations revealed the enormous qualities of mind and purpose he had brought to bear on the subject, and the saving of life that resulted from his discoveries was on record No testimonial could be too high a recognition of his work in the elimination of the disease

An illustrated article on the physical welfare of the Dionne quintuplets in the November issue of the *Canadian Medical Association Journal* shows that the general health and development of these children who are now in their fourth year, is normal and that there is no evidence of any physical or mental abnormality resulting from their prematurity

A revised edition of *Physical Exercises for Asthma* approved by its honorary medical advisory committee, has been published in aid of the Asthma Research Council s funds The pamphlet on its first appearance was noticed in these columns on January 5 1935 On hearing that many asthma sufferers have benefited by doing the exercises the Council decided to issue this revised edition with further instructions and a special section on exercises for children at the low price of 1s to put it within the reach of all pockets The pictures have been improved and there are instructions for an abbreviated form of abdominal breathing for use when an attack is starting A copy of the pamphlet may be ob tained by sending a postal order for 1s to the Asthma Research Council King s College Strand London W C 2

On the occasion of the eightieth birthday of Professor Bernhard Nocht founder of the Institute of Tropical Medicine in Hamburg medals were awarded to the follow ing in recognition of their services to tropical medicine Drs Rodhain (Belgium) Brumpt and Fourneau (France) E Martini and E Reichenow (Germany) P Manson-Bahr and G H F Nuttall (Great Britain) Snijders and Swellengrebel (Holland) Bastianelli and Castellani (Italy)

The Agricultural Research Council has bought the Compton Manor estate of about 1,500 acres on the Berk shire downs for a field station for experimental work on problems of animal health. Dr G W Dunkin, at present superintendent of the Farm Laboratories of the Medical Research Council at Mill Hill has been appointed director of the field station at Compton, where a laboratory and houses for the breeding and maintenance of stocks of small laboratory animals will be built.

Dr D H de Souza and Dr P H Deeny (Middle Temple) and Dr L W Bain (Gray s Inn) were called to the Bar on November 17

At the instigation of the health office, the sale of special ties for slimming " is forbidden in the State of Louisiana under severe penalties

A bronze bust of Sertürner the discoverer of morphine in 1803 was recently unveiled in his birthplace at Neuhaus Westphalia

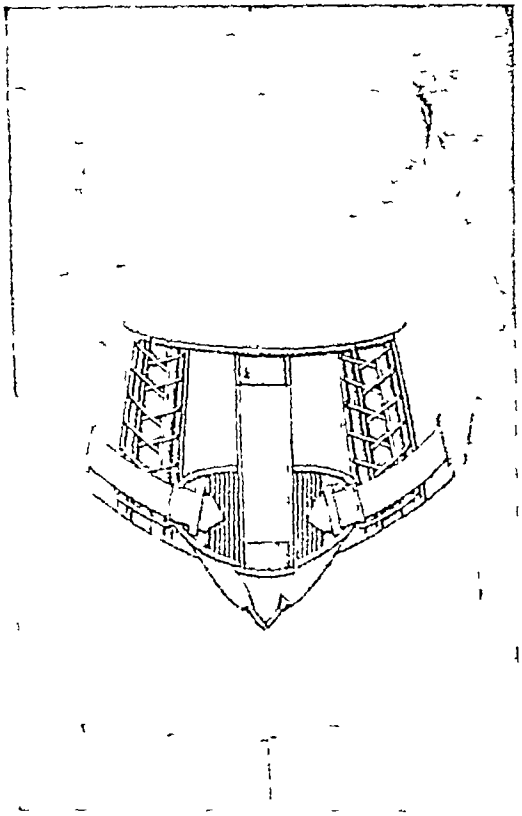
The King has granted Dr Harold Armstrong Crouch O B E., M C., authority to wear the Order of the Nile *Insignia of the Third Class* conferred upon him by the King of Egypt in recognition of valuable services ren-

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QUERIES AND ANSWERS

Buccal and Lingual Ulcers

Dr HECTOR MACLEAN (Troon) writes in reply to 'Puzzled' (*Journal* September 11 p 564) I have recently had three patients all women in the prime of life complaining of very painful ulcers on the tongue gums, and insides of lips and cheeks The ulcers varied in size from that of a pinhead to that of a sixpence Each comprised an angry dull red ring enclosing a grey necrotic centre each case was swabbed and yielded a growth of *Staphylococcus viridans* in pure culture or as the predominant organism. All responded to ten 7½-grain tablets of prontosil album one being taken every two hours. The pain disappeared at once while the ulcers healed slowly

Nocturnal Twitching of Lower Limbs

'ANAEMIA writes May I suggest to Wilts" that the symptoms his patient suffers from *may* be the beginning of subacute combined degeneration of the spinal cord? I suffered from this train of symptoms for a long time before it was discovered I was suffering from pernicious anaemia This was before liver treatment was discovered I keep my blood count fairly normal by liver treatment, but at times I slip backwards the main manifestation being the return of the spasmodic movements and twitching in my legs and to some extent in my arms I also suffer from cramp in the muscles more than usual A blood examination is indicated with special reference to the size of the red cells If the size is above normal the patient will probably get up of a morning rather tired etc A hot bath *every* morning will help this condition and to some extent help the diagnosis. May I add I have seen these symptoms in some of my patients with pernicious anaemia

Incontinence of Faeces

Dr E. C DAWSON (Derby) writes in reply to A. M," who asked for suggestions for the treatment of a case of nocturnal incontinence of faeces in a girl of 18 (*Journal* November 13 p 1003) I was faced with a very similar problem some time ago in a boy aged 10 In my case however I was provided with a clue that may not be present in A. M s case—namely the consistent appearance of one or two spots of bright red blood in the mess in the bed I succeeded in ridding my patient of his complaint and benefiting from the experience of this case I would make the following suggestions The nocturnal incontinence may be due to the reflex stimulation of defaecation produced by the patient inserting a finger into the anus during her sleep Such an action may be the result of a wakeful bedtime habit that has become so regular as to be continued unconsciously in sleep, when control over defaecation is lost in the event of an unusual external stimulus The habit of inserting a finger into the anus may have been begun for one or both of two reasons (i) to relieve irritation caused perhaps by a thrombosed pile (ii) to produce erotic sensations. I suggest that a close examination be made for (*a*) a slight blood stain produced by mild trauma (*b*) suggestive creases or stains in the patient's nightwear, and (*c*) traces of faecal matter in one of the finger nails I cured my patient by making him wear thick gloves well padded with cotton wool at the finger tips when going to bed

LETTERS, NOTES, ETC.

Canti's Cancer Film

Dr RICHARD KERRY writes from Montreal What is perhaps our most valuable work on cancer Canti's film does not seem to have been exploited to the full If this could be retaken and measures (as used by the cinema photographer) applied to slow the boiling motion to about one inch a minute what a revelation we should have! A film taken with a moderately high power and re-enlarged several times should show little loss of definition and if a series could be run and contact with various chemicals and coagulants established we should have information on the local disorganization of growth which might prove in valuable as a basis of treatment

Strangulated Ovary in a Hernia in an Infant

Dr J P ZUM BUSCH (Liestal, Switzerland) writes Having read the interesting note on a case of strangulated ovary in a hernia in a child aged 3 months, published by Dr M H. Fridjohn and Mr M Lee in the *Journal* of August 7 (p 266) I beg to add a similar case in a still younger child Many years ago when surgeon to the German Hospital London I operated on a female child 10 days old admitted for strangulated inguinal hernia. The operation showed as contents of the hernial sac an ovary of bluish colour and much swollen with a twisted Fallopian tube. The child made an uninterrupted recovery Shortly afterwards I removed a huge ovarian cyst with twisted pedicle from a little girl, aged 10 years who had just arrived from South Africa The twisting of the pedicle had probably begun during the sea voyage but the condition had been mistaken for violent seasickness Both cases were published in one of the German medical weeklies (probably the *Dtsch med Wschr*) but as I cannot at present consult a medical library I am unable to give the title and the number of the periodical.

Developmental Cysts in Upper Incisor Region

Mr H T ROPER-HALL (Birmingham) writes I am grateful to the readers who have been so kind as to send me details of their cases of the above type for the paper which I am preparing As these conditions are not common I shall be glad if readers will be so kind as to help me further (1) with details of cases (2) interesting models diagrams, slides, or radiographs (3) references to the subject in the literature The cysts can be classified as (*a*) anterior retention cysts at the angle of the nose between the lip and the alveolus (*b*) fissural cysts between the teeth—median or lateral or globulo-maxillary cysts (*c*) incisive canal cysts—that is behind the incisors, (*d*) dermoid or inclusion cysts

Lister's Mother

Dr J W CRERAR writes Permit me to thank you for the admirable note in the *Journal* of November 13 (p 993) on the "Isabella Harris—Ismay" ceremonial at Maryport. In the interest of historical accuracy you may perchance like to make two small corrections Lister's mother Isabella Harris, was born on January 29 *1792* not 1782 I hold a certified copy of the registration of her birth taken from the Friends Register at Wigton Maryport does not owe its name to Mary Queen of Scots The name was given to an almost vacant piece of ground known at least from the time of Queen Elizabeth as Elnesfoot or Ellenfoot, by Humphrey Senhouse the Lord of the Manor in compliment to his wife Mary Fleming. The name Mary Port conferred by him in 1749 received statutory confirmation in the (2nd) Local Act of *1756*

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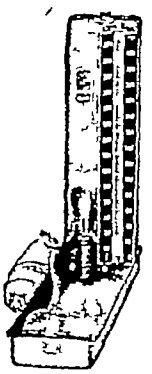
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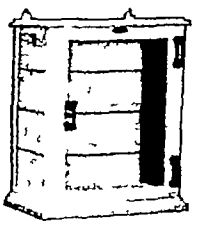
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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

422 Prognosis of Pleurisy with Effusion

S K KALLNER (*Acta med scand* 1937, **92** 6, 549) has attempted a follow up study of the 690 cases of pleurisy with effusion treated at the Serafimer Hospital in Stockholm between 1915 and 1934 Only typical cases of so-called idiopathic exudative pleurisy in previously healthy persons were included in this study The subsequent fate of these patients was investigated between October 1935, and March, 1936 In 110 cases the ex patients could not be traced many having left the country as seamen About 25 per cent of the total were unable to present themselves for a personal examination, and information concerning them had to be obtained by correspondence. It was found that 39 per cent of the ex-patients traced had developed tuberculosis and 22 per cent. had died of it Prognosis was relatively worse for those patients in whose families tuberculosis existed, and for those who were under weight when first admitted to hospital Withdrawal of the pleural effusion did not seem to have had any great effect in preventing the subsequent development of tuberculosis but such drainage proved of much value in checking any tendency to collapse of the thorax The replacement of withdrawn fluid with air did not, in the cases examined prevent the subsequent adhesion of the pleural surfaces The prognosis was better for small than for medium sized or large effusions

423 Rheumatism and Sickness Insurance

W KREBS (*Dtsch med Wschr.*, September 24 1937, p 1485) draws attention to the confusion which exists in the nomenclature of the rheumatic diseases and to the consequent difficulties encountered in statistical analyses. Even when the same diagnostic terms are employed there are remarkable fluctuations from year to year in different parts of Germany in the numbers of persons receiving sickness benefit for rheumatic diseases Thus in Hanover there were 565 sickness insurance cases of acute articular rheumatism in 1932, and 1,531 in 1934 In Breslau in 1929 the insured cases of sciatica and other forms of neuralgia numbered 2 022, whereas in 1935 in the same town their number was down to 800 In Hamburg the duration of invalidism due to acute articular rheumatism has recently ranged from eighty-four to ninety days whereas in Hanover it has ranged from only twenty five to thirty three days After drawing attention to various other anomalies in his statistical survey of the rheumatic diseases in Germany the author compares their effects with those of tuberculosis and shows that from the sickness insurance point of view the former are almost as serious as the latter although the number of patients suffering from tuberculosis is somewhat higher than that of rheumatic patients In such a comparison the time factor is all important and it has been calculated that the duration of invalidism in Germany on account of tuberculosis was in 1935 only 5 7 years per case whereas the corresponding figure for the rheumatic diseases was 13.3 years per case

424 Swineherds Disease

S FROLM (*These Paris* 1937 No 536) who reports an illustrative case in a man aged 29 states that swineherds disease was first described by H Bouchet in 1914 in Upper Savoy and subsequently by G Penso of Rome who carried out his first investigations in France in 1933 as well as by Muller and Urech in the same year in Switzerland More recently the disease has been studied in Italy The clinical picture is characterized by three stages—namely an intestinal phase, an apyrexial period, and a meningeal stage In some cases the clinical picture is not complete There are no complications, and the prognosis is favourable Swineherds disease, belongs to the group of acute infections It is sporadic non-contagious and confers immunity from subsequent attacks in the great majority of cases It is an occupational disease affecting swineherds or those working in pig-sties The pig which suffers from an indefinite disease of the same nature is the probable source of the virus Experimentally the disease has been transmitted to man and different animals including the pig, rat, ferret, and cat. The organism has not been identified The pathogenic agent is probably a filterable virus which circulates in the blood and meninges and is excreted in the urine and faeces Direct contact with the faeces appears sufficient to explain the transmission of the disease

425 Food Poisoning by Staphylococci

W A TIMMERMAN (*Nederl Tijdschr Geneesk* September 18 1937 p 4443) states that in recent years staphylococci have been shown to be an occasional cause of food poisoning. The symptoms which are the same in all cases, appear two to four hours after the ingestion of infected food and consist in vomiting which may be very severe abdominal pain and diarrhoea There is sometimes severe prostration The gastro-enteritis subsides in about twenty-four hours, but the patients remain weak for a few days No fatal cases have occurred Timmerman reports a small outbreak which occurred at Utrecht as the result of eating liver sausage Staphylococci were grown from the sausage and produced in broth an enterotoxic substance which when taken by mouth produced typical symptoms of food poisoning in a human volunteer

Surgery

426 Renal Tuberculosis

J MINDER (*Z Urol.*, 1937, **31** 8 p 523) states that only two proved cases of so-called spontaneous cure of renal tuberculosis have been recorded in the literature. Proof of cure consists of clinical demonstration of cessation of subjective symptoms the disappearance of pus and of tubercle bacilli from the urine and anatomical proof of healed tuberculous foci In most recorded cases of spontaneous "cure" this has been only apparent, the tuberculous lesion having become inactive but not healed A pretuberculous stage must be assumed to account for those cases in which tuberculous foci in the kidney can be demonstrated but in which no clinical symptoms develop A tendency to spontaneous cure in some of the foci but not throughout the kidney has been abundantly proved Cases of extrarenal tuberculosis with healed renal tuberculosis cannot properly be taken into consideration for the lesion begins in the cortex and is bilateral whereas in true renal tuberculosis the lesion begins in the papillae and is unilateral Minder is of the opinion that in the presence of pyuria, tubercle bacilli in the urine and loss of function the possibility of spontaneous cure is so remote that in all cases the only effective treatment is by nephrectomy

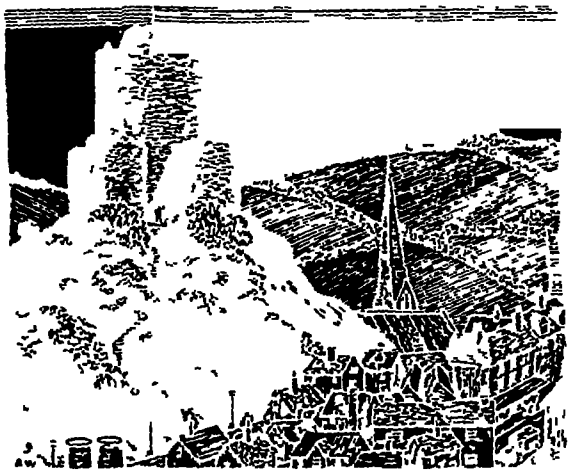
427 Subtrochanteric Osteotomy

P INGELRANS and A VANDEUVRE (*Scalpel* Liége August 7 1937 p 1132) give the results obtained in thirty nine cases in which various lesions were treated by subtrochanteric osteotomy Twenty operations were carried out for the sequelae of coxalgia in patients between the ages of 8 and 27 The osteotomy was transverse in all but one instance

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and in five cases it was preceded by an arthrodesis of the hip In all these cases the functional result was satisfactory In two cases osteotomy was performed for coxa vara, and the end-result was good, while in another instance a malunited subtrochanteric fracture was corrected by osteotomy through the fracture There were three cases of congenital dislocation of the hip, one of these with Little's disease and spastic paraplegia had been improved by laminectomy, and a double osteotomy was carried out with a good result A double dislocation of the hip was treated by Schanz osteotomy on one side and by osteotomy after arthrodesis on the other The patient was then able to walk Osteotomy was also successful in one case of bilateral coxalgia fixed in abduction with lordosis, and in another case of chronic osteo-arthritis of the hip In nearly every instance the operation followed the technique of Kirmisson, which is described Union usually took place in about 100 days, immobilization being obtained by a plaster cast moulded to the limb after operation and extending from the pelvis to the toes The position of the limb was controlled by x-ray examination at the time of operation and at intervals subsequently

428 **Complications of Arteriography**

M P REGO (*O Hospital* Rio de Janeiro, September 1937, p 465) who records in some detail an illustrative case, states that arteriography, which was first introduced in 1927 by Egas Moniz, gives information on the following points the anatomical arrangement of the arteries, variety number, site, and shape of aneurysms, relation between the aneurysmal sac and the vessel, permeability or otherwise of the sac, arterial circulation, and arterio-venous aneurysms Arteriography should not be done indiscriminately, but is indicated in aneurysmal swellings, bony tumours, arteriovenous aneurysms, senile arteritis, Volkmann's syndrome, thrombo angiitis obliterans, and juvenile arteritis (diabetic, sypnilitic, etc), it is contra-indicated in all vasomotor diseases, in old persons, and in haemophilia thrombocytopenia, intense anaemia, cachexia, uraemia and most of all in Raynaud's disease The complications of arteriography may be classified into those due to (1) the puncture, (2) the injection, and (3) the contrast fluid Apart from the possibility of haematomata and slight ecchymoses due to defective technique, the puncture can do no harm Occasionally the injection may be made into the tissue surrounding the artery and cause intense pain and sometimes abscess formation The contrast solution may give rise to general intoxication, or to local irritation or pain Rego's patient was a man, aged 26, in whom arteriography aggravated the existing Raynaud's disease and necessitated amputation of a toe

Therapeutics

429 **Short-wave Diathermy in Whooping-cough**

K R v ROQUES (*Med Welt* September 4, 1937, p 1240) reports forty-nine cases of whooping-cough cured by means of short-wave diathermy Both chest and neck were treated at each sitting, each for about ten minutes All the forty-nine cases were cured The average duration of the treatment was about a fortnight Recurrences were treated in the same way Medicinal treatment was carried out in addition to the diathermy treatment whenever necessary

430 **Acute Mercurial Poisoning**

L MICHAUD (*Schweiz med Wschr* August 28, 1937, p 878), in discussing acute mercurial poisoning following the ingestion of bichloride or oxycyanide of mercury, stresses the importance of general treatment He advises daily subcutaneous injections of solutions of sodium chloride and sodium carbonate, while frequent estimations are made of the alkaline reserve, the chlorine and urea content of the blood and sometimes also the concentration of cations (Na, K, Ca, Mg) He uses at the same time the Strzyzovski antidote—a stable solution of sulphuretted hydrogen This antidote, however, is efficacious only when given not later than two hours after the ingestion of the poison

431 **Endocrine Treatment of Endarteritis Obliterans**

H. TEITGE (*Med Klinik* August 27, 1937, p 1153) has treated a number of cases of endarteritis obliterans and of ulcus cruris by means of sexual hormones He believes that endarteritis obliterans, which is more common in men than in women, is partly caused by endocrine imbalance and that it is favourably influenced by the administration of folliculin Ulcus cruris, which is more common in women, is, in his opinion, caused in the same way and is equally amenable to folliculin therapy Acroparesthesia caused by defective circulation of the blood in the extremities also responds very rapidly to folliculin, progynon, or any other similar preparation Good results from the same therapy have also been observed in decubitus and gangrene of the limbs in diabetes, and in Raynaud's disease

Radiology

432 **Radium Treatment of Leukaemia**

C G PARSONS (*Brit J Radiol* August, 1937, p 573) reports the results of treating sixteen cases of leukaemia with radium at the General Hospital, Birmingham Two were cases of chronic lymphatic leukaemia, the remainder of chronic myeloid leukaemia The radium was applied in large doses to the splenic area, and the patients attended for a course of treatment once a year The author does not claim better results or longer expectation of life from radium treatment as compared with x-ray treatment, but he stresses the ease and convenience of one yearly treatment, which the patients prefer to a course of x ray treatment He also maintains that unpleasant and dangerous reactions are both less severe and less frequent than with *x* rays He discusses the effect of radium on the blood picture Like *x* rays, it influences the immature pathological leucocytes to a greater degree than the normal white cells, while it relieves the anaemia at the same time The presence of severe anaemia or of a large number of nucleated red cells is a bad prognostic sign No cases resistant to the treatment have been encountered

433 **Effect of X Rays on Gliomas**

C H FRAZIER B J ALPERS E P PENDERGRASS and G W CHAMBERLIN (*Amer J Roentgen* July, 1937, p 203) have investigated thirty gliomas before and after treatment with x rays in order to determine the histological effects of irradiation for future guidance The types of irradiation were arbitrarily grouped as follows inadequate—less than 1,000 *r* units applied to the tumour moderate—1,000 to 2,000 *r* units applied to the tumour and adequate—more than 2,000 *r* units applied to the tumour Of twelve medulloblastomas five showed either a moderate or marked histological response to irradiation five showed a mild response, and two none at all The histological effects were seen primarily in the cells, next in the connective tissue stroma, and last in the vessels The medulloblastomas are radiosensitive, and they should be treated with intervals of not more than six weeks between any two series Each series should be delivered through a maximum number of skin portals Approximately 2,000 *r* units (measured in air) can be safely delivered to each portal Of seven cases of glioblastoma multiforme only four showed a mild response to irradiation The changes observed were an increase in pseudomitosis and in the number of giant cells, and a slightly

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increased fibrosis The glioblastoma multiforme group must be regarded as only slightly sensitive to irradiation The cells show a greater resistance to irradiation than do medulloblastomas The value of irradiation treatment of this tumour is questionable However, the authors suggest treating these tumours with massive doses according to Coutard s method, using four or five ports of entry The interval between the series of treatments may be slightly longer than in the case of medulloblastomas Of six astrocytomas treated two showed a moderate and one a mild histological response This was seen in a more mature appearance of the cells after irradiation, in an increase of multinucleated forms, and of fibrous and glial stroma Some astrocytomas are slightly radiosensitive They should receive thorough irradiation treatment at six or eight weeks intervals Two ependymomas responded fairly well to treatment and showed a definite tendency to increased maturity of the cells after irradiation Three oligodendrogliomas showed no response to irradiation

434 Pituitary Irradiation in Insulin resistant Diabetes

F RATHERY and P FROMENT (*Ann de Méd*, July, 1937, p 169) state that while total resistance to insulin in diabetes is exceptional, partial resistance is very common They record the case of a diabetic, aged 32, who was almost totally insulin resistant during ten months' daily administration of 300 units in four doses To combat the persistence of marked hyperglycaemia with acidosis, the hypophysis was irradiated on twenty occasions during six weeks (1,200 *r* in all from each of four fields) Clear evidence of an increased sensibility to insulin was eventually forthcoming, with 225 units of insulin daily sugar and acetone bodies disappeared from the urine, and the blood sugar was reduced from 3 4 to 1.2 grammes per 100 c cm Later a certain degree of insulin intolerance developed so that the dosage had to be cut down to 145 units and in spite of the general improvement hyperglycaemia (2 1 grammes) and some glycosuria persisted Irradiation of the hypophysis even in absence of radiological or clinical signs of pituitary abnormality has been tried with success in similar cases by other workers because of the amelioration produced by ablation of the pituitary (or part of it) in clinical and experimental diabetes, it is a measure calling for much prudence, and in the present case was followed by a temporary phase of increased intolerance attributed to a wave of pituitary hypersecretion

435 Radiotherapy of Climacteric Haemorrhage

The Göttingen Universitäts Frauenklinik continues its extensive use of radium or x-ray treatment for menopausal bleeding and W v MASSENBACH (*Zbl Gynäk* October 9, 1937 p 2377) states that from 1933 to 1936 of 226 women aged 40 or over admitted for hypermenorrhoea in the absence of gross organic pelvic disease, 105 received radium treatment and sixty x ray therapy curettage being the sole therapeutic measure in the remaining sixty-one patients Both varieties of radiotherapy were preceded of course by curettage Radium treatment was rejected in favour of *x* rays when the configuration of the cavum uteri was abnormal or when the least suspicion remained of local inflammatory condition after investigation which included a leucocyte count and measurement of the erythrocyte sedimentation rate only one case of pyrexia followed the intra uterine application of radium, of which the total dose was 1,800 to 2,000 milligramme-hours In general if the fragments from curetting showed a moderate or severe degree of glandulocystic hyperplasia radiotherapy was employed in women aged 40 and over Nearly three-quarters of these cases showed some degree of endometrial hyperplasia The radium dosage specified or an ovarian irradiation of 290 *r* sufficed to induce amenorrhoea ensuing at once or after one more period in nine cases out of ten Radium therapy because of its immediate haemostatic effect is preferred in patients who are gravely exsanguinated In comparing the results of radium and x ray treatment it was found that the former induced less severe symptoms of the artificial menopause (as assessed by the capacity of resuming ordinary life), but that a vaginal discharge lasting some three months was induced in about two thirds of cases, as compared with one half after x rays Only in 2 per cent of cases had a second radium application to be made

436 Encephalography

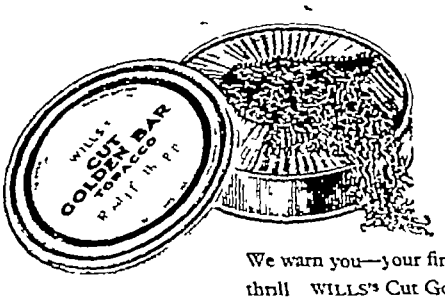
A M ABRIL and H F DE CASTRO (*Arch Med infant* April–June, 1937 p 159) discuss the applications of encephalography to the study of the chronic encephalopathies of childhood Encephalography may be of value in rendering more exact the diagnosis of such clinical entities as idiocy, imbecility epilepsy Little s disease, infantile cerebral hemiplegia, microcephaly, etc Thus idiocy may be due to chronic meningo-encephalitis or to tuberose sclerosis of the brain and infantile hemiplegia may be the result of a plastic arachnoiditis or of porencephaly—all conditions which were indistinguishable, except at necropsy before the advent of encephalography Encephalography is also of value in prognosis, and in occasional cases it has some therapeutic effect When carried out with the proper technique it would appear to be remarkably safe, unfavourable reactions being observed in less than 1 per cent of more than 800 cases Generally speaking, a reaction, including pyrexia, headache, and occasionally vomiting sets in about six hours after the operation, and lasts for twenty-four to forty-eight hours The pre-operative, operative, and radiological technique elaborated by the authors is described in detail and full reports are given of a series of cases in which diagnosis was facilitated by encephalography

437 Comparative Effects of Varying Voltages

R S STONE and P G ABERSOLD (*Radiology* September 1937 p 296) compare x radiation produced at 200 and 1,000 kilovolts The monochromatic equivalent kilovoltage of the beams used is 100 and 500 respectively Comparison based on ionization measurements and skin reactions shows that the 1 000 kilovolts radiation delivers larger depth doses the dose increasing with the depth and with the decrease in size of the irradiated field In cross fire technique the large doses on the surface of the exit of the x ray beam offset somewhat the practical value of the large depth doses Supervoltage radiation can be used to greater advantage if direct cross fire can be avoided or when the parts treated are thick, as when multiple small fields can be used without excessive overlapping on the opposite skin The scattering of radiation into the tissues adjacent to the beam is less with the supervoltage radiation The isodose curves of supervoltage radiation are flatter Using the protracted fractional method of treatment the total number of *r* units that can be given with 1 000 kilovolts radiation is larger than the total number of *r* units that can be given with the 200 kilovolts radiation in the proportion of five to four

438 Tomography of the Larynx

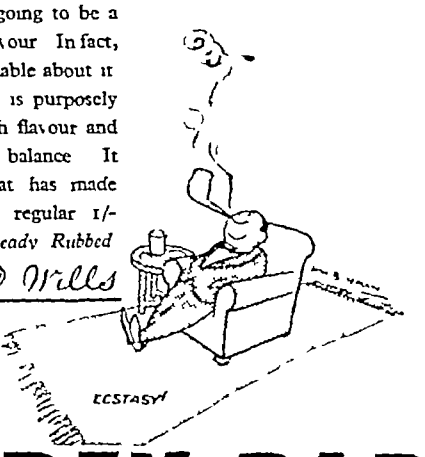
GUNSETT and SCHNEIDER (*Bull Soc Radiol méd* Paris July 1937 p 569) recommend tomography of the larynx for the radiographic localization of laryngeal tumours as the usual lateral view of the larynx is insufficient for such a localization. The tomographic image shows whether the tumour is situated on the right or left side In cases of intrinsic carcinoma, particularly in cases of carcinoma of a vocal cord the lateral radiograph is incapable of supplying the information required by the surgeon in view of the overlapping of the region of the tumour by the thyroid cartilage The tomographic image gives precise information about the condition of the vocal cord of the ventricular band and of the ventricle on either side, as well as of the subglottic region The authors recommend the method in all cases in which a radiographic examination of the larynx is required



To the man with a sense of balance

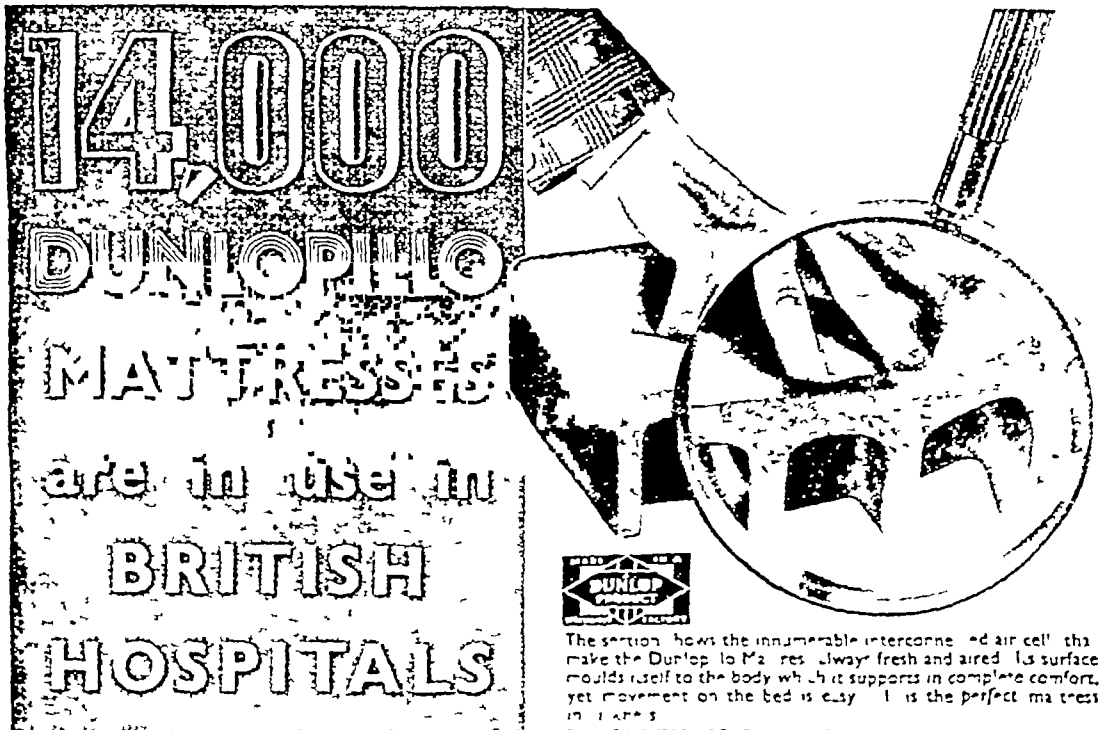
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Obstetrics and Gynaecology

439 Krukenberg's Ovarian Tumour

R NICOLÒ (*Pathologica* August 15, 1937, p 324) recalls that the tumour described by Krukenberg in 1896 (called by him ovarian mucous-cell fibrosarcoma carcinomatodes) is a solid, nearly always bilateral, highly malignant tumour of which the characteristic feature is the presence of signet-ring and other mucogenic cells in a sarcomatous stroma, usually of spindle cells It has since been found to be associated in the majority of cases with a carcinoma of the alimentary canal, commonly of the stomach, and many authors believe it to be in every case a metastatic tumour of which the primary source will be discovered —if necessary by taking serial sections—elsewhere Nicolò quotes those who dispute such a view, and, on the basis of two cases here described, agrees with them In the first, a clinical study of a woman, aged 37, showed no evidence of gastro-intestinal lesions, in the second, necropsy showed no sign of any other neoplasm in a woman, aged 62, who died of hepatic cirrhosis and had an extra-ovarian Krukenberg tumour in the retroperitoneal tissue near a sacro iliac joint The author concludes that some cases at any rate are due to the development of a mixed blastoma from indifferent cells of embryonic remnants, probably of the Wolffian body Such a view would explain the fact that the tumours are usually bilateral, their being confined to the female sex, their occasional occurrence behind the stomach, and their partial cellular differentiation into mucoid cells

440 A SIMECEK (*Amer J Cancer*, September, 1937, p 21) recalls that this ovarian tumour, which enlarges without distorting the organ and contains mucin-producing cells, although originally thought to be primary, is now accepted by most authors as a tumour secondary to a carcinoma elsewhere, usually in the gastro intestinal tract It is commonly bilateral, is accompanied by ascites, and is almost always fatal As an illustration of the ease with which the primary growth might be overlooked at necropsy Simecek describes the case of a woman, aged 33, who had had oedema of the labia majora for two years and crural oedema for twelve months, and died three months after the detection of abdomino-pelvic ovarian tumours Extensive metastases were present in the lungs, bone marrow, and suprarenals, all containing mucin-secreting cells of signet-ring form The primary growth, situated in the pyloric end of the stomach, was sessile, had a diameter of 2 cm only, and had not extended into the muscularis propria or serosa In this case the long-standing oedema of the external genitals and metastatic affection of the mesenteric lymph vessels and glands pointed to spread of the growth along the lymphatics, blood-stream metastasis was indicated, in addition, by embolic tumour cells in the pulmonary arteries and by the metastases in the bone marrow

441 Hystero-salpingography

C BÉCLÈRE and É FRANÇOIS (*Bull. Soc Obstét Gynéc* July, 1937, p 568) studied 110 cases of sterility by means of lipiodol injection and radiography In fifty cases (45 per cent) both Fallopian tubes were completely impervious *In twenty-one of these cases* the obstruction was due to a latent hydrosalpinx which could not be diagnosed clinically In ten cases the obstruction was at the fimbriated end of the tube and in fourteen cases at the uterine cornu In five cases the obstruction was at the cornu on one side and at the fimbriated end on the other In none of these fifty cases did pregnancy subsequently occur Thirty-two cases showed an incomplete obstruction of the tubes, in fifteen one tube was permeable and the other closed Two of these patients afterwards became pregnant. In seventeen women there was bilateral, though diminished, permeability, with one subsequent pregnancy Of twenty-eight women in whom permeability of the tubes seemed normal, seven became pregnant after the examination In twelve cases there was a uterine abnormality, in one a bifid uterus, in others the uterus was infantile or malformed In four cases spasm of the isthmus was noted Of all the cases subjected to hystero-salpingography 10 per cent became pregnant after the examination, of those whose tubes appeared normal 25 per cent became pregnant In no case was there any serious complication due to the salpingography

Pathology

442 Venous Pressure in Rarefied Atmospheres

P BERGERET LÉONARD and GIORDAN (*J Physiol Path gen* June, 1937, p 371) have studied the peripheral venous pressure in chloralosed dogs exposed to controlled low atmospheric pressures corresponding to various high altitudes, or breathing at a normal pressure air poor in oxygen Arterial pressures were measured simultaneously When air pressure was rapidly reduced to correspond to an altitude of 7,000 metres, there was a rise in arterial pressure, together with a rise of varying degree in venous pressure Rapid reduction of air pressure to correspond to an altitude of 11,000 metres (anoxaemic zone) caused a parallel and progressive rise in both arterial and venous pressures, followed by a sudden fall in arterial pressure to as low as 2 c cm of mercury, while the rise in venous pressure continued Then as air pressure was increased to correspond to a return to ground level, arterial and venous pressures were both restored to their initial levels Similar results were obtained after denervation of the carotid sinus, but occurred at pressures corresponding to altitudes of from 7,000 to 8,000 metres, and also when the air breathed had a normal pressure but an oxygen content reduced to correspond to an altitude of 14,000 metres These changes were like those seen in other forms of asphyxia at the point of cardiac and respiratory failure In general, as long as the myocardium retained its power of adjustment, falls in atmospheric pressure—increase in altitude—caused parallel changes in arterial and venous pressures, but under anoxaemic conditions, when cardiac failure with right heart stasis developed, the arterial pressure fell and the venous pressure rose

443 Anti tuberculous Immunization

L NÈGRE and J BRETEY (*Ann Inst Pasteur*, August, 1937, p 173) have investigated in baboons the immunizing action of smooth strains of tubercle bacilli isolated from human pathological material, with particular reference to the route employed for immunization Immunizing doses of smooth *Ag* and *Va* strains were given intravenously or subcutaneously, and then after an interval the immunized animals, along with unimmunized controls were injected with a test dose of virulent tubercle bacilli and killed for examination when the controls died Two baboons, given intravenously three immunizing injections of 0 01 mg, 0 1 mg, and 1 mg of smooth strain bacilli and then the test dose, showed no macroscopic lesions of the lungs, liver, spleen, or kidneys Of two baboons given a single immunizing dose of 1 mg intravenously and then the test dose, one showed no macroscopic lesions, while the second, which had also first of all been given subcutaneously an immunizing dose of 10 mg showed lesions of the lungs and spleen A fifth baboon, given ten subcutaneous injections of 0 01 mg of smooth bacilli, one being given every other day, and then the test dose, had four tubercles in the spleen and small circumscribed lesions elsewhere Two other baboons given a single subcutaneous dose of 10 mg of smooth-strain bacilli and then the test dose, showed extensive lesions In all cases the controls showed generalized tuberculosis The authors conclude that the intravenous route gives better results than does the subcutaneous, and divided doses better results than a single one

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ROYAL AIR FORCE MEDICAL SERVICE

Applications are invited from medical men for appointment to commissions in the Medical Branch of the Royal Air Force for entry in January, 1938

Candidates must be of pure European descent They must be British Subjects, the sons of British Subjects and registered under the Medical Acts

Candidates must be under *31 years of age* on the 3rd January, 1938, and will be selected after interview by a selection board without competitive examination

Hospital appointments held since qualifying will, under certain conditions, qualify candidates for antedate of commission up to a maximum of one year, the age of entry may, if necessary, be increased by a period equal to the "antedate"

Selected candidates will be appointed to short service commissions (for 3 years extendible to 5 years) followed by 4 years' service in the Reserve, and will be eligible to be considered for Permanent Commissions during their second or third year of service Officers not selected for permanent commissions receive gratuity as follows, on transferring to the Reserve —

On completion of 3 years—£400
On completion of 5 years—£1,000

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, also form of application, may be obtained on application from —

The Secretary,
Air Ministry (D M S),
Adastral House,
Kingsway, W C 2

Completed applications from intending candidates for the vacancies in January, 1938 must be received in the Air Ministry not later than the 15th of November, 1937

ROYAL NAVAL MEDICAL SERVICE.

Vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in January, 1938

Candidates below the age of 28 years are preferred, and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career Officers transferred to the permanent list will receive a gratuity of £1,000 (less Income Tax)

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post Graduate study

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director-General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than November 22nd, 1937

COUNTY COUNCIL OF DURHAM

EDUCATION DEPARTMENT

ASSISTANT SCHOOL MEDICAL OFFICERS

The County Education Committee invite applications for the posts of TWO ASSISTANT SCHOOL MEDICAL OFFICERS to act under the School Medical Officer in connexion with the inspection of school children and such other duties as may be required by the Education Committee Commencing salary £500 per annum (provided the candidates have had not less than three years post graduate experience) rising by annual increments of £25 to £700 per annum together with travelling expenses according to the County Scale The successful candidates will be required to devote their whole time to the duties of the office and reside in or near the districts to which they will be attached at places to be approved by the Education Committee The appointments will be subject to three calendar months notice on either side expiring on the last day of any calendar month Applicants must have had experience in the work of school medical inspection and preference will be given to candidates who

(a) Have had experience in the work of School Clinics

(b) Have been accustomed to make special reports on Mentally Defective Physically Defective Epileptic and other Defective children

The possession of a Diploma in Public Health is desirable though not essential

Canvassing directly or indirectly is prohibited and will disqualify

A deduction of 5 per cent will be made from the salary in accordance with the Local Government and Other Officers Superannuation Act 1922 which has been adopted by the Council and the appointment will be subject to passing the County Council's medical examination in connexion therewith

Forms of application to be returned not later than Saturday October 9th 1937 may be obtained from the Director of Education Shire Hall Durham on receipt of stamped addressed foolscap envelope THOS B TILLEY

Shire Hall Durham Director of Education
September 16th 1937

LANCASHIRE COUNTY COUNCIL

PARK HOSPITAL DAVYHULME NEAR MANCHESTER

APPOINTMENT OF SENIOR RESIDENT MEDICAL OFFICER

Applications are invited from registered male Medical Practitioners for the appointment of SENIOR RESIDENT MEDICAL OFFICER at the above Hospital Candidates must be unmarried

Salary £350 per annum together with the usual residential allowances

The appointment will in the first instance be for a period of six months the successful applicant being eligible for reappointment for a further period of six months at the end of that period

The Hospital comprises 500 beds for acute cases is fully equipped in every respect and is recognised as a complete Training School for Nurses

The appointment will be terminable by one month's notice on either side

Forms of application may be obtained from the County Medical Officer of Health Hospital and Medical Department, County Offices Preston to whom all applications accompanied by copies of not more than two recent testimonials must be forwarded so as to be received not later than Saturday October 9th 1937

County Offices, GEORGE ETHERTON
Preston Clerk of the County Council
September 20th 1937

LANCASHIRE COUNTY COUNCIL
PUBLIC ASSISTANCE COMMITTEE.

LAKE HOSPITAL AND DARNTON HOUSE, ASHTON UNDER LYNE NEAR MANCHESTER

APPOINTMENT OF SENIOR RESIDENT MEDICAL OFFICER

Applications are invited from Registered Medical Practitioners for the appointment of Senior Resident Medical Officer at the above Hospital and Institution comprising 300 and 525 beds respectively

The Hospital is recognised as a complete Training School for Nurses

Candidates must be unmarried

Salary at the rate of £250 per annum together with the usual residential emoluments

The appointment will in the first instance, be for a period of six months the successful applicant being eligible for reappointment for a further period of six months at the end of that period

Forms of application may be obtained from the County Medical Officer of Health Public Assistance (Hospital and Medical) Department, County Offices Preston to whom all applications accompanied by copies of not more than two recent testimonials must be forwarded not later than Saturday October 9th 1937

GEORGE ETHERTON
Clerk of the County Council

County Officer Preston
September 21st 1937

COUNTY COUNCIL OF DURHAM

EDUCATION DEPARTMENT

SCHOOL DENTIST

The County Education Committee invite applications for fully qualified and experienced dentists for appointments as a School Dentist to act under the School Medical Officer in connexion with the treatment of dental defects of children attending Schools and Junior Instruction Centres in the County Area and to undertake such other duties as may from time to time be required by the Education Committee

Commencing salary £500 per annum rising by annual increments of £25 to a maximum of £600 per annum together with travelling expenses in accordance with the County Scale The successful candidate will be required to devote his (her) whole time to the duties of the Office and to reside in or near the district to which he (she) may be attached at a place to be approved by the Education Committee The appointment will be subject to three calendar months notice on either side such notice to date from the last day of any calendar month Copies of not more than three recent testimonials are required

Canvassing directly or indirectly is prohibited and will disqualify A deduction of 5 per cent will be made from the salary in accordance with the Local Government and Other Officers Superannuation Act 1922 which has been adopted by the Council and the appointment will be subject to passing the County Council's medical examination in connexion therewith Forms of application to be returned not later than Saturday October 9th 1937 may be obtained from the Director of Education Shire Hall Durham on receipt of a stamped addressed foolscap envelope

Shire Hall Durham THOS B TILLEY
September 16th 1937 Director of Education

CITY OF BIRMINGHAM

SELLY OAK HOSPITAL (520 Beds)

RADIOLOGIST

Applications are invited for the above whole time appointment from fully qualified registered Medical Practitioners who have had good experience in diagnostic radiology and who possess a recognized diploma in Radiology

Salary will be £800 rising by annual increments of £50 to a maximum of £1 000 per annum

The successful candidate will be required to pass an approved medical examination and to contribute to the Superannuation Scheme established under the Local Government and Other Officers Superannuation Act 1922, as amended by Section 82 of the Birmingham Corporation Acts 1935 (Annuities for Widows) and if under 30 years of age to join the Birmingham Municipal Officers Widows and Orphans Pension Scheme The appointment will be terminable by three months notice on either side

Further particulars of the appointment may be obtained from the Medical Superintendent of the Hospital

Applications stating age experience and qualifications accompanied by copies of recent testimonials and endorsed Radiologist, should be sent to the Medical Superintendent Selly Oak Hospital Birmingham not later than Wednesday October 13th 1937

F H C WILTSHIRE
Town Clerk.

The Council House Birmingham
September 1937

BOROUGH OF ILFORD

APPOINTMENT OF DEPUTY MEDICAL OFFICER OF HEALTH

Applications are invited from legally qualified Medical Practitioners holding the Diploma of Public Health or similar qualifications for the above appointment at a commencing salary of £750 per annum rising by annual increments of £25 to a maximum of £900 per annum

Applicants must not exceed the age of 45 years but an applicant who is an ex-Service man may deduct from his age his period of service during the Great War for the purpose of bringing himself within the above age limit

The appointment will be subject to confirmation by the Minister of Health to the provisions of the Local Government and Other Officers Superannuation Act 1922 and to the Staff Regulations of the Council The selected applicant will be required to pass a medical examination by and to the satisfaction of the Medical Officer of Health and to enter into a service agreement The appointment will also be subject to three months notice on either side

The person appointed will be required to reside within the Borough of Ilford

Applications on the prescribed form which (together with list of duties) is obtainable from my office must be received by me at the Town Hall Ilford not later than October 8th 1937

Canvassing directly or indirectly will be a disqualification

Town Hall CHARLES N ROBERTS
Ilford Town Clerk.
September 20th 1937

METROPOLITAN BOROUGH OF SOUTH WARK.

LADY ASSISTANT MEDICAL OFFICER.

The Council invite applications from fully qualified medical women for the appointment of a whole time LADY ASSISTANT MEDICAL OFFICER

Applicants must be under 45 years of age and possess the Diploma of Public Health The following experience is essential full details of which must be given in the application form —

1 Special experience in the management and dietetics of infancy

2 A postgraduate appointment in a hospital devoted to the treatment of children's diseases

3 Special experience in ante natal care and management of pregnancy

Practical experience in artificial light therapy Schick testing and immunization against diphtheria will be regarded as valuable additional qualifications

The officer appointed will work under the direction and control of the Medical Officer of Health and her principal duties will be in connexion with Maternity and Child Welfare services but she must be prepared to undertake any other duties in connexion with the Public Health work of the Council when required to do so

The salary is £500 per annum rising by annual increments of £25 to a maximum of £700 The appointment may be determined by three months notice on either side and the successful candidate must pass the medical examination prescribed by the Council and be subject to the provisions of the Shoreditch and Other Metropolitan Borough Councils (Superannuation) Acts 1922 to 1937 The appointment is also subject to the Council's Standing Orders which provide that in the event of the marriage of any of the female staff, her appointment shall be terminated forthwith

Forms of application may be obtained from me on sending a foolscap stamped addressed envelope to this office

Applications on the official form accompanied by copies of three recent testimonials should be sent to me endorsed LADY ASSISTANT MEDICAL OFFICER" so as to reach this office not later than noon on Monday October 4th 1937

Canvassing either directly or indirectly will disqualify

D T GRIFFITHS
Town Clerk

Southwark Town Hall
Walworth Road S E.17
September 21st 1937

ESSEX COUNTY COUNCIL

JUNIOR ASSISTANT MEDICAL OFFICER

The County Council of the Administrative County of Essex invite applications for the appointment of Junior Assistant Medical Officer at the BLACK NOTLEY SANATORIUM near BRAINTREE.

This Sanatorium has 300 beds for the treatment of pulmonary and non-pulmonary tuberculosis in men women and children and has all modern facilities for diagnosis and treatment, together with a staff of visiting Specialists

The appointment is for a period of one year and the salary will be at the rate of £250 per annum together with board lodging and laundry The successful applicant will be required to pass a medical examination and will be subject to the Council's Sick Pay Rules and Regulations a copy of which will be forwarded on application

Applications in candidate's own handwriting stating age qualifications and experience accompanied by copies of not more than three recent testimonials which will not be returned should be addressed to me and delivered at the County Hall Chelmsford not later than 10 a m on Monday October 11th 1937

E S HOLCROFT
Clerk of the County Council

County Hall Chelmsford
September 21st 1937

THE KING EDWARD VII WELSH NATIONAL MEMORIAL ASSOCIATION

Applications are invited from duly registered [illegible] single) for the posts of [illegible] MEDICAL OFFICER [illegible]nt in each case) at the

Sully Glam (300 beds for the treatment of pulmonary tuberculosis) situate between Penarth and Barry

(ii) NORTH WALES SANATORIUM (247 beds for female pulmonary and male female, and children non-pulmonary cases) Denbigh North Wales

(iii) GLAN ELY HOSPITAL (196 beds for pulmonary and surgical tuberculosis in men women and children) Fairwater nr Cardiff

Salary £200 per annum plus maintenance.

Applications stating age qualifications experience etc together with copies of three recent testimonials should reach the undersigned not later than Wednesday October 6th 1937

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Westgate Street Principal Medical Officer
Cardiff
September 20th 1937

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District	Town or District
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	OAKDALE, MON *(Medical Officer for Medical Aid Association)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	**PUBLIC HEALTH**
LLWYNYPIA, CLYDACH VALE, PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*	URBAN DISTRICT COUNCIL OF BOLDON RURAL DISTRICT COUNCIL OF SUNDERLAND *(Medical Officer of Health)*
		FIFE AND KINROSS JOINT SANATORIUM BOARD *(Resident Medical Officer)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House Tavistock Square, W C 1

Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St. Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries.)*	The Honorary Secretary Victorian Branch British Medical Association. Medical Society Hall Albert St. East Melbourne Victoria.	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon. Sec. Western Australian Branch British Medical Association Shell House," 205 St. George's Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon. Sec. Queensland Branch British Medical Association, B.M.A. House, 225 Wickham Terrace Brisbane B 17				

November 24, 1937 By Order of the Council G C ANDERSON, *Secretary*

SUSSEX EYE HOSPITAL, Eastern Road Brighton (48 Beds.)

HOUSE SURGEON (male) required. Salary at the rate of £150 per annum with board residence and laundry. Good ophthalmic experience. The appointment is for a period of six months.

The Hospital is recognized by the Examining Board of the Royal College of Physicians of London and the Royal College of Surgeons of England for the D.O.M.S. Diploma.

Applications in writing accompanied by copies of recent testimonials should be sent to P. F. Spooner, Assistant Secretary, Sussex Eye Hospital, Eastern Road, Brighton.

November 1937

ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL. (280 Beds.)

Applications are invited for the following appointments:

One HOUSE PHYSICIAN.

One RESIDENT ANAESTHETIST and HOUSE SURGEON to the Ear, Nose and Throat Department.

One CASUALTY OFFICER.

for the six months commencing January 1st 1938 each at a salary of £150 per annum with board, lodging and laundry. Applications accompanied by not more than three testimonials should be sent to the undersigned not later than December 6th, 1937.

S. W. BARNES,
House Governor and Secretary.

VICTORIA HOSPITAL, WORKSOP (92 Beds.)

A JUNIOR RESIDENT (male) is required to take up duty on January 1st next. Salary at the rate of £125 per annum with board, residence and laundry.

Applications, with copies of three recent testimonials, and stating age, qualifications and nationality to be sent to the undersigned. The appointment is for six months renewable.

JAMES BOOTHROYD,
Secretary-Superintendent.

THE CHESTER ROYAL INFIRMARY (225 Beds.)

The Council of Management propose to establish an ORTHOPAEDIC DEPARTMENT at the Chester Royal Infirmary and to appoint a SURGEON to found and to take charge of the Department.

Applications are invited from Surgeons holding a higher qualification in Surgery and who have also had special Orthopaedic experience.

The Surgeon appointed will be required to limit his practice to Orthopaedic Surgery.

An Honorarium of £350 per annum will be paid for the first five years of the tenure of the office.

Applications stating age and qualifications and copies of not more than three recent testimonials with sixty copies thereof should be delivered addressed to the Chairman of the Council of Management Royal Infirmary Chester on or before Saturday December 11th 1937.

Canvassing is prohibited.

J. ROWSE MITCHELL,
November 9th 1937 Secretary.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL (85 Beds.)

Applications are invited from registered Medical Practitioners for the following appointments:

HOUSE SURGEON (male and unmarried) Salary £150 per annum. HOUSE PHYSICIAN (male and unmarried) Salary £125 per annum with board apartments and laundry.

Appointments to commence on January 1st 1938 for a term of six months renewable for a further term.

The House Surgeon must have had previous experience and the House Physician must have had practical experience in the administration of anaesthetics.

Applications stating age nationality and previous experience, together with copies of testimonials to be sent to me not later than December 8th.

FRANK H. TOONE,
Secretary.
9 Leicester Road Loughborough.

KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL Maidstone (109 Beds.)

The Board of Management invite applications for the post of HONORARY SURGEON to the Ear Nose and Throat Department which becomes vacant on January 1st 1938. Candidates must hold a degree in Surgery of a University of the United Kingdom or be a Fellow of one of the Royal Colleges of Surgeons of the United Kingdom and shall produce certificates of having regularly attended the practice of an Ear Nose and Throat Hospital or Department for a period of not less than twelve months. Full particulars of the appointment may be obtained from the undersigned. The closing date for applications will be Monday December 6th 1937.

JOHN W. STRICKLAND,
Secretary.

HARROGATE ROYAL BATH HOSPITAL. (A National Hospital for Rheumatic and Allied Diseases.) (150 Beds.)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) to commence duties beginning mid January. Exceptional facilities for research or preparation of thesis. Salary at the rate of £156 per annum with board residence and laundry.

Applications stating qualifications age nationality etc. with copies of recent testimonials should be forwarded to the undersigned.

E. P. L. DIXON, M.A.,
Secretary.

ROTHERHAM HOSPITAL.

WANTED—CASUALTY HOUSE SURGEON (male) Qualified. Salary £150 per annum with board residence and laundry. To have charge of Out-patients (130 Beds.)

Applications, with copies of recent testimonials to be sent to the Secretary G. W. Roberts, 8. Moorgate Street, Rotherham.

(Advertisements continued on p. 54)

ST. ANDREW'S HOSPITAL

FOR MENTAL DISORDERS

NORTHAMPTON

FOR THE UPPER AND MIDDLE CLASSES ONLY

President THE MOST HON THE MARQUESS OF EXETER, C.M.G A.D.C.

Medical Superintendent DANIEL F RAMBAUT M A M D

This registered Hospital is situated in 120 acres of park and pleasure grounds. Voluntary patients, who are suffering from incipient mental disorders or wish to prevent recurrent attacks of mental trouble tempo ary patients and certified patients of both sexes, are received for treatment. Careful clinical biochemical bacteriological and pathological examinations Private rooms with special nurses male or female, in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance to which patients can be admitted It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorders It contains special departments for hydrotherapy by various methods including Turkish and Russian baths the prolonged immersion bath Vichy Douche, Scotch Douche Electrical bath Plombières treatment etc. There is an Operating Theatre a Dental Surgery and X ray room an Ultra Violet Apparatus, and a Department for Diathermy and High Frequency treatment It also contains Laboratories for biochemical bacteriological and pathological research

MOULTON PARK

Two miles from the Main Hospital here are several branch establishments and villas situated in a park and farm of 650 acres Milk meat, fruit and vegetables are supplied to the Hospital from the farm gardens and orchards of Moulton Park Occupation Therapy I a feature of this branch and patients are given every facility for occupying themselves in farming, gardening and fruit growing

BRYN-Y-NEUADD HALL

The seaside house of St Andrew s Hospital is beautifully situated in a park of 330 acres Llantairtechan amidst the finest scenery in N rth Wales On the North-West side of the Estate a mile of sea coast forms the boundary Patients may visit this Branch for a short seaside change or for longer periods The Hospital has its own private bathing house on the seashore. There is trout fishing in the park.

At all the branches of the H spital there are cricket grounds football and hockey grounds lawn tennis courts (grass and hard courts) croquet grounds golf courses, and bowling greens Ladies and gentlemen have their own gardens and facilities are provided for handicrafts such as carpentry etc.

For terms and further particulars apply to the Medical Superintendent (Telephone No 2356 and 2357 Northampton) who can be seen in London by appointment

THE COPPICE, NOTTINGHAM.

HOSPITAL FOR MENTAL DISEASES

This Institution is exclusively for the reception of a limited number of Private Patients of both sexes of the Upper and Middle Classes at moderate rates of payment. It is beautifully situated in its own grounds on an eminence a short distance from Notting ham and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted Occupational Therapy Voluntary and Temporary Patients received

Tel 64117 Fo terms etc., apply to the Medical Superintendent

HAYDOCK LODGE

NEWTON-LE WILLOWS LANCASHIRE

Telegs Street, Ashton-in-Makerfield *Phone* Ashton-in-Makerfield 7311

For the reception and treatment of *PRIVATE PATIENTS* of both sexes of the *UPPER AND MIDDLE CLASSES* suffering from mental and nervous diseases either voluntarily temporarily or under Certificate. Patients are classified in separate buildings according to their mental condition.

Situated in park and grounds of 400 acres Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves Every facility for indoor and outdoor recreation For terms prospectus etc. apply MEDICAL SUPERINTENDENT

COURT HALL, KENTON, near EXETER,

for the treatment of eight Ladies, voluntary, temporary, or certified patients. Large gardens and own dairy

CLIFFDEN TEIGNMOUTH, for early and convalescent cases A well appointed house with spacious balconies and extensive views of the South Devon coast. Sub tropical gardens own dairy in 25 acres Private road to beach

		Telephones
Resident Physicians	BERTHA M MULES M.D B S	Starcross 59
	ANNE S MULES M R C.S L.R C.P	Teignmouth 289

NORTHUMBERLAND HOUSE,

GREEN LANES, FINSBURY PARK, N 4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses Conveniently situated and easy of access from all parts Six acres of ground highly situated facing Finsbury Park Voluntary and Temporary Patients received without certification Occupational Therapy Psychotherapy and other modern forms of treatment.

Telephone *STAMFORD HILL 2688* Telegrams "SUBSIDIARY LONDON"

Convalescent Home KEARSNEY COURT DOVER. For further particulars apply to the Medical Sup

BARNWOOD HOUSE

GLOUCESTER

A REGISTERED HOSPITAL for the CARE and TREATMENT OF LADIES and GENTLEMEN suffering from NERVOUS and MENTAL DISORDERS Within two miles of the G W Railway and L M & S Railway Stations at Gloucester the Hospital is easily accessible by rail from London and all parts of the United Kingdom It is beautifully situated at the foot of the Cotswold Hills and stands in its own grounds of over 300 acres Voluntary Patients of both sexes are also received for treatment Special accommodation for Lady Voluntary Patients is also provided at the MANOR HOUSE, which has its own private grounds and is entirely separate from the Main Hospital For particulars as to terms etc apply to—G W T H FLEMING M.R.C.S L.R.C.P., D P M Medical Supt

Telephone No 6207 Barnwood

TYKEFORD ABBEY,

NEWPORT PAGNELL, BUCKS

FUNCTIONAL NERVOUS DISORDERS MEDICAL AND CONVALESCENT CASES.

The Home is a Mansion of Historical interest, standing in 15 acres of garden and grounds, and is situated 14 miles from Northampton, and 12 miles from Bedford on the main London to Northampton Road fifty miles from London Both sexes are accommodated Psycho-therapeutic Treatment is used extensively in suitable cases Radiant Heat X Ray and Ultra Violet Light, Diathermy and Foam Baths Billiards, Tennis, etc

Apply Dr D E M DOUGLAS-MORRIS

Telephone Newport Pagnell 121

HILL END HOSPITAL AND CLINIC

FOR THE PREVENTION AND TREATMENT OF MENTAL AND NERVOUS DISORDERS

(20 miles from London)

Ladies suffering from all forms of MENTAL ILLNESS are received for treatment, on modern lines as Voluntary, Temporary or Certified Private Patients at the Hill End Hospital. Convalescent or mild cases can be treated in a delightful country mansion with extensive grounds known as

HIGHFIELD HALL,

situate about a mile away from the Hospital. FEES TWO TO THREE GUINEAS PER WEEK.

For further particulars apply to the Medical Supt W J T KIMBER L R C P., D.P M.,

ST ALBANS, HERTS

CHISWICK HOUSE, PINNER, MIDDLESEX

Telephone: PINNER 234

A Private Hospital for the Treatment and care of Mental and Nervous Illnesses in both Sexes

A modern country house 12 miles from Marble Arch in beautiful secluded grounds Fees from 10 guineas per week inclusive Cases under Certificate Voluntary and Temporary patients received for treatment.

Douglas Macaulay M D D P M

STRETTON HOUSE,

Church Stretton, Shropshire.

A PRIVATE HOME for the treatment of Gentlemen suffering from Mental and Nervous Illness including the allied disorders of Alcoholism and the Drug Habit All types of early Mental and Nervous cases are received without certificates as Voluntary Patients under the provisions of the Mental Treatment Act, 1930 Bracing Hill country See *Medical Directory* p 2328 —Apply to the Medical Superintendent Phone 10 P O *Church Stretton*

ECCLESFIELD,' Staplehurst, Kent

(Removed from Ashford Middlesex.)

PRIVATE HOME for the CARE and CURE of ALCOHOLIC PATIENTS (Ladies) Large mansion beautifully situated in 100 acres of park land Extensive views Home farm R C. Chapel Under the management of the Sisters of the Good Shepherd Apply Rev Mother Tel. Staplehurst 61

WYE HOUSE, BUXTON

For th treatment of Ladies and Gentlemen mentally afflicted *Voluntary Boarders* received Situated 1 200 ft above sea level facing S 14 acre of grounds —*For terms* apply to the Resident Medical Sup W W HORTON. M D NAt. Tel. 130

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WANTED ASSISTANTSHIP WHOLE TIME or part time in London from January 1st, 1938 by an energetic young experienced G P Any offer considered—Address No 2029 B M.A House Tavistock Square W C 1

WANTED ASSISTANTSHIP WITH VIEW TO PARTNERSHIP or SUCCESSION (non-dispensing) by Scots graduate Five years G P and hospital practice.—Address, No 1994 B M.A House, Tavistock Square W C.1

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WANTED IMMEDIATELY ASSISTANT unmarried Protestant for contract practice *in Glamorgan* Salary £350 p a with rooms and attendance Car provided—Address No 2018 B M.A House Tavistock Square W C 1

WANTED IMMEDIATELY INDOOR AND Outdoor ASSISTANTS for town and country practices with and without view to partnership Good salaries offered. State full particulars—British Medical Bureau 33 Cross Street Manchester 2

WANTED INDOOR ASSISTANT IN GOOD class Country Practice in West of England and who must drive his own car—Address No 2025 B M A House Tavistock Square W C.1

WANTED JANUARY YOUNG SINGLE MALE ASSISTANT *with a view to partner* ship in mixed practice in pleasant Midland City outdoor good prospects Abstainer preferred. Salary £400 per annum with car allowance—No 2028 B M.A. House Tavistock Sq W C 1

WANTED JANUARY 1ST ASSISTANT FOR Yorks W R industrial Practice Preferably married Salary £450 with free house and £50 car allowance. Definite view—Address No 1925 B M.A House Tavistock Square, W C 1

WANTED KEEN YOUNG INDOOR *ASSISTANT* single, Aryan to work with busy West End doctor Private and Panel practice. Post affords great scope to right man who should have hospital experience and some knowledge of general practice. Salary £350 per annum on progressive scale according to receipts, and allowance towards running own car. Ultimate partnership could be arranged with right man References required—Address No 2016 B M.A House, Tavistock Square London W C.1

WANTED MALE ASSISTANT FOR A Mixed Private and Panel Practice in West Wales Welsh-speaking preferred, not essential. Prospect of Partnership Small town with Surgical Hospital Newly qualified acceptable Salary £350 p.a all found—Address, No 1736 B M.A. House, Tavistock Square W C 1

WANTED MALE ASSISTANT (OUTDOOR) good class practice Liverpool Protestant, total abstainer University graduate preferred Salary £400 per annum plus £52 car allowance State age nationality and experience—Address No 2026 B M A. House Tavistock Square W C 1

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WANTED SOON A MALE ASSISTANT *age about 27 in country practice* in small market town with Cottage Hospital in Mid-Wales Permanency with prospects to suitable man Outdoor £400 p.a plus £50 car allowance or would provide car—Address No 1906 B M.A. House Tavistock Square W C 1

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WANTED YOUNG SINGLE MALE ASSISTANT in mixed private and panel Practice in West Riding of Yorks City salary £350 p.a all found—Apply REYNOLDS AND BRANSON LTD., Briggate, Leeds.

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This Clinic was founded in 1921 in order to provide for the scientific investigation and treatment of disease by a "team" of physicians and specialists

All forms of non infectious medical cases are admitted special attention being paid to disorders of digestion and metabolism arthritis anaemias asthma heart and kidney disease and functional and organic nervous disorders

Particulars can be obtained on application to the Secretary New Lodge Clinic Windsor Forest, Berks.
Telephone 181 and 182 Winkfield Row

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SALISBURY WILTS

PRIVATE MENTAL HOME FOR LADIES AND GENTLEMEN

Completely up to date Lovely house and grounds (18 acres) Certified and uncertified cases taken Facilities for going to the seaside

ESTABLISHED OVER 200 YEARS

Apply to Med Supt for illustrated brochure Tel SALISBURY 2612

CALDECOTE HALL

NUNEATON
WARWICKSHIRE
(Phone Nuneaton 741)

Residential treatment of
FUNCTIONAL NERVOUS DISORDERS
Including Alcoholism and other Addictions
(Certifiable Cases are not received)

This beautiful mansion situated in the heart of the country (less than two hours from London by L.M.S.R.) and surrounded by charming pleasure grounds in which games and outdoor occupational therapy are available is devoted to the treatment of Functional Nervous Disorders by psychotherapeutic and ancillary methods

Illustrated brochure and particulars obtainable from A. F. CARLIER, M.D., D.P.M., Resident Medical Superintendent

CAMBERWELL HOUSE, 33, Peckham Road, London, S.E. 5.

Telegrams "PSYCHOLITE, LONDON" FOR THE TREATMENT OF MENTAL DISORDERS *Telephone* RODNEY 4747 (2 lines)

Also completely detached villas for mild cases with private suites if desired Voluntary patients received Twenty acres of grounds Hard and Grass Tennis Courts Putting Greens Bowls Croquet Squash Rackets Recreation Hall with Badminton Court and all indoor amusements including Wireless and other Concerts Occupational Therapy Callisthenics and Dancing Classes X ray and Actino therapy Prolonged Immersion Baths Operating Theatre Pathological Laboratory Dental Surgery and Ophthalmic Dept Chapel Senior Physician Dr HUBERT JAMES NORMAN assisted by three Medical Officers also resident and visiting Consultants

An illustrated prospectus giving fees which are strictly moderate may be obtained upon application to the Secretary

The Convalescent Branch is HOVE VILLA BRIGHTON and is 200 feet above sea level

PECKHAM HOUSE, 112, Peckham Road, London, S.E. 15.

Telegrams "Alleviated London" Telephone Rodney 2641 2642

The above House which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch Kearsney Court near Dover to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances and indoor amusements held throughout the year Terms from £3 3s per week Illustrated prospectus and further particulars can be obtained from the Medical Superintendent

CHEADLE ROYAL HOSPITAL

CHEADLE, CHESHIRE

[illegible] REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N. Wales is for the treatment and care [illegible] of the Upper and Middle Classes [illegible] MENTAL and NERVOUS DISEASES

The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary

In the Main Building there are separate villas Extensive grounds Hard and grass tennis courts cricket and [illegible] For Patients [illegible] There are also wireless installations Golf may be had within easy distance Occupational therapy

VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received

The Hospital is reached from Manchester 40 minutes by rail from Liverpool and 3½ hours from London

For terms and further particulars apply to the Medical Superintendent who may be seen in MANCHESTER by APPOINTMENT

Telephone CADBY 2401 (3 lines)

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

[illegible] Detached Villas [illegible] Chapel Garden and dairy produce from own farm [illegible]

CONVALESCENT HOME at BOURNEMOUTH

Detached Villas standing in [illegible] acres of [illegible] Voluntary or Certified Patients may [illegible]

Illustrated Brochure on application to the Medical Superintendent The Old Manor Salisbury Phone Salisbury 2251

NORTHWOODS, Winterbourne, BRISTOL.

[illegible] Terms [illegible]
[illegible] JOSEPH CATLOW M.D.
Terms from 4 guineas a week.

For the
TREATMENT of MENTAL AILMENTS DRUG ADDICTION and ALCOHOLISM

[illegible]

HEIGHAM HALL, NORWICH

A PRIVATE [illegible] HOUSE [illegible] for Ladies and Gentlemen [illegible] Private Patients [illegible] Dr. J. A. SMALL [illegible]

ASSISTANTSHIP OF LOCUMS REQUIRED by reliable and experienced Englishman, aged 38 Own car Excellent testimonials Within 75 miles of Sheffield preferred —Address No 2023 B M A House Tavistock Square W C 1

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LOCUMS

WANTED LOCUM OR ASSISTANTSHIP BY experienced man. In or near London. Free now —Address No 2006 B M A House Tavistock Square W C.1

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WANTED EVENING SURGERIES OR other PART TIME WORK in London area by practitioner with five years hospital and G P experience —Address No 202_ B M A House Tavistock Square W C 1

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DISPENSER CHAUFFEUSE SEEKS POST with Doctor Chemist Hospital Institution preferably vicinity Slough or West London area Hall certificate varied private and N H I experience. Excellent Testimonials —Address No 010 B M.A House Tavistock Square W C 1

DOCTORS REQUIRING QUALIFIED Dispensers Nurse Dispensers, Secretary Dispensers or Chauffeuse Dispensers, are invited to write wire or phone Temple Bar 5858 THE DISPENSERS BUREAU 3 Lindsay House, 171 Shaftesbury Avenue London W C.2

MALE RADIOGRAPHER REQUIRED IN South Africa At least three years experience of diagnostic work is essential Salary £7 10s 0d to £10 per week depending on qualifications and experience. Full personal and professional particulars are requested from applicants, who must be under 35 years of age —Address No 2007 B M A House Tavistock Square W C 1

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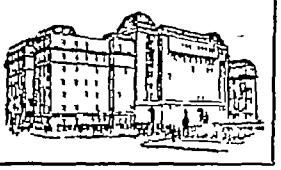
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The appointment will be made in accordance with the Standing Orders of the City Council and will be determinable by one calendar month's notice on either side

Canvassing either directly or indirectly will be deemed a disqualification

Applications upon forms to be obtained from the Medical Officer of Health Municipal Annexe Liverpool to be endorsed Resident Surgical *Officer* and returned to the undersigned so as to be received not later than Saturday December *11th* 1937

W. H. BAINES
Town Clerk.

Municipal Buildings
Dale Street, Liverpool 2
November 1937

NATIONAL HOSPITAL, QUEEN SQUARE, W.C.1

RESIDENT MEDICAL OFFICER

Applications are invited for the post of Resident *Medical Officer and should be sent* to the undersigned accompanied by three recent testimonials not later than December 4th 1937 The salary is *£150 per annum* with board and lodging. Applicants should state if they are prepared to accept a post of House Physician salary £100 per annum with board and lodging

GODFREY H. HAMILTON
Secretary

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Gordon Street W.C.1
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HOUSE PHYSICIAN (male) required for six months from January 1st 1938 Salary £120 per annum with board residence and laundry Applications with copies of three testimonials to be sent in on or before November 29th to the undersigned F. A. LYON
Seamen's Hospital Secretary
Greenwich, S.E.10
November 13th 1937

COUNTY BOROUGH OF WEST HAM.

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Forms of application can be obtained from the Medical Officer of Health Public Health Department 88 Romford Road London E.15 and will be forwarded upon receipt of a stamped addressed foolscap envelope and must be returned to the undersigned not later than December 15th 1937

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Public Assistance Offices
Union Road Leytonstone E.11
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Town Hall West Ham E.15
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W. H. BAINES
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M.R.C.S., L.R.C.P.	*Final* 1919-36 (Completed Exam.)	587
M.D.	Various By Thesis	Many successes

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UNIVERSITY OF LONDON

Applications are invited for the Geoffrey E. Duveen TRAVELLING STUDENTSHIP in OTO-RHINO-LARYNGOLOGY, value £450 a year. Candidates must be registered as medical practitioners by the General Medical Council or have had previous education and experience which in the opinion of the University qualifies them to undertake research in the subject of Oto-Rhino-Laryngology or in any part thereof. Applications should reach the University on or before December 31st, 1937, and must be made on the prescribed form which may be obtained together with further particulars from the Academic Registrar, University of London, W.C.1.

WEST LONDON HOSPITAL
Hammersmith Road W 6
(239 Beds.)

Applications are invited for the post of whole time non-resident MEDICAL REGISTRAR for a period of one year eligible for re-election annually *for a total period of not more than three years* Hours 10 a.m to 5 p m Salary at the rate of £250 a year with lunch and tea provided The appointment is terminable by one month's notice on either side. The duties include the supervision and indexing and filing of the medical notes of In Patients and the compilation of an Annual Medical Report. The candidate appointed must be available as substitute for the Assistant Physicians when required and he will be responsible for the electro-cardiographic apparatus He must undertake such teaching for the Postgraduate College as may be required

Candidates must be registered under the Medical Act and it is desirable that they shall be Members of the Royal College of Physicians of London

Applications with copies of testimonials must reach me not later than Thursday December 16th Candidates must attend a meeting of the Medical Council at 4.30 p m on Friday December 17th and prior to that date call upon and send copies of application and testimonials to each member thereof They must not canvass Members of the Board but nevertheless must send copies of application and testimonials to each Member thereof and if so notified be in attendance at the meeting of the Board at 5 p m on Tuesday December 21st when the election will be made

H. A MADGE, Secretary

WEST LONDON HOSPITAL
Hammersmith Road W 6.
(239 Beds.)

Required one HOUSE PHYSICIAN AND TWO HOUSE SURGEONS (males) These appointments are tenable for six months from January 1st next subject to one month's notice on either side. The duties of the House Physician include some work in the Neurological and Dermatological Departments. The duties of one House Surgeon include some work in the Gynaecological Department and of the other some work in the Deep X ray Therapy and Ear, Nose and Throat Departments *Salary at the rate of £100 a year with board* lodgings and laundry allowance

Candidates must be registered under the Medical Act.

Applications (which must be made on printed forms obtained from me) must reach me not later than Thursday December 16th 1*st post* Selected candidates will be required to call upon such members of the Medical Staff as directed to be in attendance at a Medical Council Meeting at 5 p m on Friday December 17th, and the House Committee Meeting at 5.30 p m the same day when the appointments will be made

H A MADGE,
Secretary

EAST HAM MEMORIAL HOSPITAL
Shrewsbury Road E.7
(100 Beds.)

Applications are invited for the post of HOUSE SURGEON to Special Departments and CASUALTY OFFICER (male) for six months commencing January 1st 1938

Salary at the rate of £170 per annum with board residence and laundry

Applications stating age, nationality experience and full particulars together with copies of three recent testimonials should reach the undersigned by December 11th.

REGINALD PERRY
Secretary

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL
Haverstock Hill N.W.3

APPOINTMENT OF A HOUSE SURGEON

Applications are invited from unmarried medical men for an appointment of House Surgeon vacant on January 1st next. The salary will be at the rate of £100 per annum together with board residence etc and the term will be for six months

Applications to be made on a form which will *be supplied by the Secretary* together with copies of not more than three testimonials should reach the Secretary not later than noon on December 4th

THE LONDON CHEST HOSPITAL,
Victoria Park E 2.
(Bus Tram and Rail Cambridge Heath L and N E Railway)

Applications (with copies of three testimonials) are invited to be sent to the Secretary on or before Friday December 3rd 1937 for the following posts subject to the rules and bylaws of the Hospital

RESIDENT MEDICAL OFFICER (male) for one year from January 1st 1938 Salary £350 p.a

HOUSE PHYSICIAN (male) for one year from

ST BARTHOLOMEW'S HOSPITAL.

OFFICE OF PHYSICIAN TO THE PSYCHOLOGICAL DEPARTMENT

Notice is hereby given that a Meeting of the Election Committee will be held on Tuesday December 21st 1937 at 4 o clock in the afternoon *to elect a Physician to the Psychological Department* of the Hospital

Candidates should have had practical experience in Psychiatry and of the management of Out Patients with Neurosis and Mental Disorder and should be free to attend the Hospital and see Patients on three half-days a week.

Candidates are required to lodge fifty copies of their applications and testimonials with the under signed on or before Saturday December 11th 1937

C C CARUS-WILSON
Acting Clerk to the Governors.
November 16th 1937

ROYAL MASONIC HOSPITAL,
Ravenscourt Park, W 6

A post of RESIDENT MEDICAL OFFICER (male) preferably with M R C P qualification will be vacant on January 1st 1938 Salary at the rate of £300 per annum with board residence and laundry The appointment is for twelve months Candidates must be registered and must have held resident appointments in General Hospitals.

The Institution (145 Beds at present but to be increased) is primarily for paying patients of both sexes of moderate means usually unable to afford ordinary Nursing Home treatment etc

Applications stating full particulars to be sent on or before Monday November 29th 1937 to the Honorary Secretaries from whom further information may be obtained The Medical Advisory Committee will meet on December 3rd 1937

ROYAL MASONIC HOSPITAL,
Ravenscourt Park, W 6

A post of RESIDENT SURGICAL OFFICER (male) one of three Residents will be vacant on January 1st 1938 Salary at the rate of £250 per annum with board residence and laundry The appointment is for six months Candidates must be registered and must have held resident appointments at a general hospital The Institution (145 Beds at present but to be increased) is primarily for paying patients of both sexes of moderate means usually unable to afford ordinary Nursing Home treatment etc

Applications stating full particulars to be sent on or before Monday November 29th 1937 to the Honorary Secretaries from whom further information may be obtained The Medical Advisory Committee will meet on December 3rd 1937

ROYAL NORTHERN HOSPITAL
Holloway N 7

Applications are invited for the following appointment —

HOUSE SURGEON vacant January 15th The appointment is for nine months (6 months as House Surgeon and 3 months as Casualty Officer) Salary at the rate of £70 per annum with board residence and laundry

Applications with copies of testimonials, should be sent by December 3rd to the undersigned from whom forms of application and rules can be obtained

GILBERT G PANTER
Secretary

CITY OF LONDON MATERNITY HOSPITAL
City Road E.C.1

Applications are invited for the post of MALE ASSISTANT RESIDENT MEDICAL OFFICER for three months from January 1st Salary at the rate of £80 p.a. At the end of the period the candidate will if satisfactory be appointed Senior *for three months at £100 p.a*

Forms of application returnable not later than December 7th may be obtained from the under signed. RALPH B CANNINGS
Secretary

BATTERSEA GENERAL HOSPITAL
London S W 11
(87 Beds)

Applications are invited for the resident appointments of (1) HOUSE SURGEON (female) Salary at the rate of £130 per annum (2) HOUSE PHYSICIAN AND CASUALTY OFFICER (female) Salary at the rate of £120 per annum

Tenable for six months from February 1st 1938

Applications with copies of testimonials should reach the undersigned by December 10th, 1937

G L. BENNETT
Secretary

THE SALVATION ARMY
THE MOTHERS HOSPITAL.
Lower Clapton Road Clapton E.5

Applications are invited from Medical Women for the post of JUNIOR RESIDENT MEDICAL OFFICER vacant January 1st, 1938 Salary £80 per annum with board residence and laundry The appointment is for six months Applications with

DREADNOUGHT HOSPITAL GREENWICH
S E.10
(Seamen's Hospital Society)

Half time non-resident male RECEIVING ROOM OFFICER required immediately for six months Morning or afternoon sessions with alternate Saturdays 9 a.m to 12 noon Previous experience in resident posts essential The post is suitable for those studying for higher examinations. Salary at the rate of £100 per annum with meals

Applications stating age nationality and experience of House Appointments, accompanied by copies of testimonials to be sent in to the under signed

F A LYON
Secretary

DREADNOUGHT HOSPITAL GREENWICH
S E.10
(Seamen's Hospital Society)

One HOUSE PHYSICIAN and one HOUSE SURGEON required for six months as from January 1st 1938 Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male and single. Applications, with copies of three testimonials to be sent in on or before November 29th to the undersigned F A LYON
November 13th 1937 Secretary

NATIONAL TEMPERANCE HOSPITAL
Hampstead Road N W 1

Applications are invited for the post of HONORARY OPHTHALMIC SURGEON Candidates should be Fellows of the Royal College of Surgeons of England or Masters in Surgery of the University of London 30 copies of application giving full particulars with copies of three recent testimonials should be sent to the Secretary by Friday December 17th 1937 Candidates will be required to attend the meeting of the Medical Committee held on Tuesday December 21st *at* 9 *p m*

NATIONAL TEMPERANCE HOSPITAL,
Hampstead Road N W 1

Applications are invited for the following post — HOUSE SURGEON (male) Salary £100 p.a board residence and laundry allowance being *provided The appointment is for a period of six* months as from January 1st 1938 Preference will be given to those who have held resident posts

Candidates must submit applications stating qualifications age etc with copies of not more than three testimonials by Friday December 17th addressed to the Secretary

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BY THE
ROYAL COLLEGE OF PHYSICIANS
OF LONDON
AND THE
ROYAL COLLEGE OF SURGEONS
OF ENGLAND

Notice is hereby given that the Examinations for the following Diplomas will commence on the dates stated below

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE
Friday December 31st.

DIPLOMA IN PUBLIC HEALTH
Friday January 7th

Candidates who have complied with the necessary requirements and who desire to present themselves for examination must apply in writing to the Secretary Examination Hall 8/11 Queen Square London W C 1 at least twenty-one days before the date of the Examination

Applications for Part II are due at the same time as for Part I

HORACE H REW Secretary

EXAMINING BOARD IN ENGLAND

BY THE
ROYAL COLLEGE OF PHYSICIANS
OF LONDON
AND THE
ROYAL COLLEGE OF SURGEONS
OF ENGLAND

Notice is hereby given that the following Examinations will commence on the dates stated below

PRE MEDICAL EXAMINATION
(Chemistry Physics and Biology)
Tuesday December 28th

FIRST EXAMINATION
(Anatomy Physiology and Pharmacology)
Thursday December 16th

FINAL EXAMINATION
(Pathology Medicine Surgery and Midwifery)
Monday January 3rd 1938

Candidates who have fulfilled the necessary conditions and who desire to present themselves for examination must give notice in writing to the Secretary Examination Hall 8/11 Queen Square, London W C.1 at least twenty-one days before the date of the Examination transmitting at the same time such Certificates as may be required by the Regulations of the Board

HORACE H REW Secretary

COUNTY BOROUGH OF BURNLEY

ASSISTANT MEDICAL OFFICER
(Bacteriology Pathology and Venereal Diseases)

Applications are invited from duly qualified and registered Medical Practitioners (male) for the appointment of Assistant Medical Officer at a salary of £850 per annum The duties will be mainly in connection with Bacteriology and Pathology and treatment of Venereal Diseases

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922

Further particulars of duties conditions of appointment and forms of application may be obtained from the Medical Officer of Health 27 St. James Street Burnley to whom applications together with three recent testimonials should be sent not later than December 15th 1937

Canvassing either directly or indirectly will be a disqualification

HARRY PLOWMAN
Town Hall Burnley Town Clerk
November 20th 1937

CITY OF SHEFFIELD EDUCATION COMMITTEE

APPOINTMENT OF TEMPORARY ASSISTANT SCHOOL MEDICAL OFFICER

Applications are invited from duly qualified medical practitioners (men and women) for appointment as Temporary Assistant School Medical Officer to the Education Committee during the absence owing to illness of a member of the staff Experience with children essential

Salary £500 to £700 per annum according to experience

Forms of application and particulars of the appointment may be obtained from this office, and must be returned not later than December 11th 1937

H. S NEWTON
Chief Education Officer
Leopold Street, Sheffield.
November 1937

UNIVERSITY OF LONDON

A Course of five Lectures on A COMPARATIVE STUDY OF FILTER PASSING BACTERIA AND VIRUSES will be given by PROF F W TWORT M R C.S L R C P F R S (Professor of Bacteriology and Superintendent of the Brown Institution) The first four Lectures will be given at the LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE (Keppel Street Gower Street W C 1) on DECEMBER 6th 8th 10th and 13th at 5 p.m and the fifth Lecture, with Demonstration will be given at the BROWN ANIMAL SANATORY INSTITUTION (149 Wandsworth Road Vauxhall S W 8) on DECEMBER 15th at 5 p m

ADMISSION FREE, WITHOUT TICKET

S J WORSLEY
Academic Registrar

UNIVERSITY OF BIRMINGHAM.

APPOINTMENT OF LECTURER IN DEPARTMENT OF ANATOMY

Applications are invited for the post of Lecturer in Anatomy (Grade I)

Stipend at the rate of £600 per annum

Duties to begin January 1st 1938 or as soon after that date as possible

Three copies of application with the names of referees must be sent on or before December 11th to the undersigned from whom further particulars may be obtained

The University C G BURTON
Edmund Street Birmingham, 3 Secretary
November 1937

LANCASHIRE COUNTY COUNCIL.

SCHOOL MEDICAL AND CHILD WELFARE DEPARTMENT

APPOINTMENT OF AN ASSISTANT COUNTY MEDICAL OFFICER

The Lancashire County Council invite applications from registered Medical Practitioners for the post ot an Assistant County Medical Officer

Applicants must not be over 40 years of age and must possess the Diploma in Public Health

The duties of the post include the Medical Inspection of school children work under the Maternity and Child Welfare Acts general Public Health work and such other duties as may from time to time be imposed by the County Council

The candidate appointed will be required to devote his whole time to the service of the County Council to pass a medical examination and to contribute to the Council's Superannuation Fund The salary will be £800 a year rising subject to satisfactory service, by annual increments of £50 to a maximum of £1 000 a year together with travelling expenses

Applications must be made upon a form which can be obtained together with further particulars from the County Medical Officer of Health School Medical and Child Welfare Department County Offices Preston to whom the completed forms should be returned not later than December 11th 1937 All communications must be endorsed "Assistant County Medical Officer

Any form of canvassing is strictly forbidden and will disqualify

GEORGE ETHERTON
Clerk of the County Council
County Offices Preston
November 1937

THE TAVISTOCK CLINIC

(for the treatment of functional nervous disorders)

Applications are invited for the post of DIAGNOSTIC PHYSICIAN (male) Candidates should be Fellows or Members of the Royal College of Physicians of London and should have some special interest in the psychoneuroses The Physician appointed will investigate the physical condition of patients but will not be expected to carry out treatment. The time required to be given to the work is two evenings a week. An honorarium of £50 per annum is offered

Applications should be delivered before Saturday December 4th 1937 to the undersigned from whom further particulars of the appointment may be obtained

Malet Place, W C 1 V J HOWARD
General Secretary

GOVERNMENT OF INDIA

Applications are invited for six appointments (five permanent and one temporary) in the MEDICAL RESEARCH DEPARTMENT of the Government of India. Three permanent posts are open to candidates possessing the requisite qualifications whether officers of the Indian Medical Service or not, the remaining posts are reserved for officers of the Indian Medical Service.

Qualifications FOR FIVE APPOINTMENTS Experience in Bacteriology Special knowledge of the Bio-Chemistry and Physiology of Micro-Organisms will be an additional qualification.

FOR THE SIXTH POST Experience of Malarial Research. Applicants must be competent research workers capable of undertaking independent enquiries on malaria in the field and in the laboratory

In addition all candidates other than officers of the Indian Medical Service will be required to hold a registrable medical qualification.

Commencing pay in scale Rs 625 rising to Rupees 1 350 a calendar month in accordance with age, qualifications etc Indian Medical Service officers will draw pay of rank plus bacteriological special pay of Rs 250 per mensem (Rupee = 1s 6d. approx)

Provident Fund or for those already in Government pensionable service, pensionary status.

Further particulars and forms of application may be obtained on application by postcard from the High Commissioner for India General Department, India House, Aldwych, London W C.2. Last date for receipt of completed applications 10th January 1938

BRITISH POSTGRADUATE MEDICAL SCHOOL.

There are three vacancies for HOUSE SURGEONS in the Surgical Unit British Post graduate Medical School Hammersmith Hospital Ducane Road W 12

The appointments are for six months in the first instance and the holder may apply for a further period of six months Salary at the rate of £105 per annum with board lodging, and laundry Duties to commence on January 1st 1938

Duties are mainly in General Surgery but one appointment is to the Department of Traumatic and Orthopaedic Surgery It is desirable that applicants should have held a previous House appointment

Applications, with copies of testimonials should be sent to the Dean of the School not later than December 13th 1937

BRITISH POSTGRADUATE MEDICAL SCHOOL

There will be a vacancy for an OBSTETRIC HOUSE SURGEON on the staff of the British Postgraduate Medical School from January 1st 1938

The appointment will be for six months and salary will be at the rate of £105 per annum with board lodging and laundry

Applications, with copies of testimonials should be sent to the Dean of the School Ducane Road, W 12, not later than December 13th 1937

LONDON COUNTY COUNCIL.

Applications invited from Medical Practitioners of at least one year's standing for undermentioned positions Candidates must have had resident appointment in a general hospital for at least six months Married quarters not available

ASSISTANT MEDICAL OFFICERS (Grade I) Salary £350-£25-£425 with board lodging and washing

(a) BETHNAL GREEN HOSPITAL, Cambridge Road E.2.—Duties mainly surgical

(b) ST JAMES' HOSPITAL, Ouseley Road Balham S W 12.—Surgical duties

(c) ST LUKE's HOSPITAL, Sydney Street, S W 3.—Duties mainly medical experience in anaesthetics essential

ASSISTANT MEDICAL OFFICER (Grade II) Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions)

(d) LAMBETH HOSPITAL, Brook Drive Kennington Road S E 11.—Medical duties

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A County Hall S E.1 returnable by December 6th. Canvassing disqualifies.

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1 WEST COUNTRY—Old-established Industrial PRACTICE Receipts av £1,506 p a Panel of 1 000 over Good accommodation

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3 NORTH MIDLANDS—Old-established Industrial and middle-class PRACTICE. Receipts av for last three years £1 090 p.a. and Panel of 962 with good scope to increase and excellent house.

4 SOUTH MIDLANDS—Country PRACTICE Receipts av £870 p a and Panel of 220 with *scope to increase and good accommodation*

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W J HICKS *Secretary*

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3 12 MILES FROM PADDINGTON—DEVELOPING PART Old-established PRACTICE Receipts average £1 800 p.a panel 1 700 Nice house and garden, rent £100 p a Premium open to discussion

4 A *number of small PRACTICES at low premiums* Excellent opportunities for practitioners wishing to get a Practice with scope

5 OXFORDSHIRE—Charming town Well established PRACTICE Receipts average nearly £800 p a fair panel Nice house on rental Reasonable offer considered

6 BRIXTON S W—Old-established PRACTICE. Receipts approximately £500 p a panel 620 Nice semi-detached house rent 30/ per week

7 N WALES—DELIGHTFUL COAST TOWN *Well-established PRACTICE Receipts last year* £450 panel over 200 Nice house garden etc on rental Premium £650 or offer

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NEAR CARDIFF—RESIDENTIAL AREA with ample scope Over £400 p a Visiting fees 5/ to 10/- Premium one year's purchase. Comfortable house—5

OPHTHALMIC PRACTICE—£600 P A., with scope. Within easy access of London near sea Nominal premium Ill health cause of sale.—6

MIDDX. SUBURB—HALF SHARE OF £1 600 p a increasing with ample scope Panel 2,200 Premium 2 years purchase House (4 bed) to rent.—7

YORKS—COAST RESORT TWO FIFTH SHARE of £2 400 p.a after prelim Assy with early option to half Panel 1 700 Detached house or flat.—8

LINCS—SMALL TOWN NEAR SEA £1 400 p.a incl panel worth £230 Good class. Fees 5/6 to 21/ 2 years purchase. House (6 bed etc.) for sale £1,550—9

YORKSHIRE DALES—UNOPPOSED £1 000 p.a Panel £340 p.a Commodious house with large garden Price for house and goodwill £3 000 or would let.—10

SUSSEX RESORT—ABOUT £650 P A Panel 200 Visits 4/ to 10/6 Premium £1 200 Freehold house 6 bed etc. £2,300—11

MIDLAND CATHEDRAL CITY—Half share of £2 470 Panel 1 200 Premium 2 years purchase Corner house (4 bed) to rent at £68—12

NUCLEUS SURREY—£160 P A Panel 54 Small house to rent Any offer Another *Middlesex £300 p.a Panel 165 Premium £300* House to rent—13

DERBYSHIRE—COUNTRY UN *OPPOSED Nearly £1 100 p.a Panel 960* Appts. £200 p.a Premium only 1½ years purchase. Good house 6 bed etc. £1,500 freehold—14

SUSSEX.—COUNTRY PRACTICE. About £700 p.a Panel over 500 Increasing Appts. £20 p a Visits 5/ up Small house nice garden garage etc to rent—15

WITHIN 30 MILES OF LONDON WEST SIDE ¼ SHARE of about £3,200 p.a Panel about 2,500 Very good prospects Excellent house can be purchased or rented—16

LONDON N W 1—LOCK-UP AVERAGE £450 p a Panel 700 Visits 3/6 Surgery 2/6 Net Rent £95 p.a. Premium £700 including drugs and fittings—17

LONDON S W—£400 P.A SMALL PANEL Vendor lives away Good scope if resident Price of practice and house £1 600 Part of house let at 30/—18

WEST COUNTRY—OLD EST., *UN* OPPOSED country PRACTICE £850 p.a. Panel 500 and appts Nice house garden and garage, *rent £80 p a Premium 2 years purchase*—19

LANCS TOWN—OLD EST £1 100 p.a Panel 325 not encouraged good scope. Nice house large garden and garage for sale or let Premium 1¼ years purchase.—20

LONDON N—ABOUT £1 000 P A *Panel 1 050* Fees 3/ to 5/ Lock-up Premises. House available if required—21

MANCHESTER—PLEASANT DISTRICT About £1 200 p.a. Panel 750 Ample scope. Well-built detached house, 5 bed. garden and tennis lawn etc—22

NO CHARGE TO PURCHASERS
FINANCIAL ASSISTANCE ARRANGED

ASSISTANTS—VACANCIES IN TOWN and Country Indoor and Outdoor List on application.

COUNTY COUNCIL OF MIDDLESEX

RESIDENT ASSISTANT MEDICAL OFFICER WEST MIDDLESEX COUNTY HOSPITAL, ISLEWORTH

Applications are invited for the appointment of RESIDENT ASSISTANT MEDICAL OFFICER Candidates must be registered medical practitioners who have held resident appointments in a general hospital and experience in eye diseases will be an additional qualification

The officer appointed will be engaged in general hospital work chiefly medical and including the care of patients suffering from chronic diseases He will work under the direction of the Medical Superintendent and will devote his whole time to official duties

Salary £400 per annum rising by annual increments of £25 to £475 per annum with board lodging and laundry

The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by one month's notice on either side

The appointment which does not at present carry any superannuation rights will not exceed four years, at the end of which period the officer will leave the Council's service In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications stating age qualifications and experience, together with copies of not more than three recent testimonials, must be received by the undersigned not later than December 4th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Assistant Medical Officer West Middlesex County Hospital

Canvassing directly or indirectly will be a disqualification.

C. W RADCLIFFE, Z,
Clerk of the County Council.

Middlesex Guildhall Westminster S W 1
November 13th 1937

COUNTY COUNCIL OF MIDDLESEX.

RESIDENT ASSISTANT MEDICAL OFFICER HILLINGDON COUNTY HOSPITAL, UXBRIDGE.

Applications are invited for the appointment of RESIDENT ASSISTANT MEDICAL OFFICER Candidates must be registered medical practitioners who have held resident appointments in a general hospital

The officer appointed will work under the direction of the Medical Superintendent and will devote his whole time to official duties which will be mainly in surgical wards

Salary £400 p.a rising by annual increments of £25 to £475 p.a, with board lodging and laundry The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by one month's notice on either side.

The appointment which does not at present carry any superannuation rights will not exceed four years at the end of which period the officer will leave the Council's service. In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications, stating age, qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than December 4th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Assistant Medical Officer Hillingdon County Hospital

Canvassing directly or indirectly will be a disqualification.

C W RADCLIFFE, Z,
Clerk of the County Council

Middlesex Guildhall Westminster S W 1
November 15th 1937

THE WARWICKSHIRE AND COVENTRY JOINT COMMITTEE FOR TUBERCULOSIS

KING EDWARD VII MEMORIAL SANATORIUM HERTFORD HILL Near WARWICK.

Applications are invited for the post of FIRST ASSISTANT MEDICAL OFFICER at the Memorial Sanatorium near Warwick, of 225 Beds Some previous experience in the diagnosis and treatment of tuberculosis is desirable.

The salary will be at the rate of £350 per annum rising by annual increments of £25 to a maximum of £4 0 per annum with board lodging and laundry in addition

There are three other Medical Officers at the Sanatorium.

Applications, with copies of testimonials should be forwarded *direct to the Medical Superintendent at the Sanatorium* to reach him by not later than Saturday December 4th 1937

L EDGAR STEPHENS
Shire Hall *Clerk of the Joint Committee*
Warwick
November 11th 1937

COUNTY COUNCIL OF MIDDLESEX

RESIDENT ASSISTANT MEDICAL OFFICER REDHILL COUNTY HOSPITAL EDGWARE.

Applications are invited for the appointment of RESIDENT ASSISTANT MEDICAL OFFICER Candidates must be registered medical practitioners who have held resident appointments in a general hospital

The officer appointed will work under the direction of the Medical Superintendent and will devote his whole time to official duties which will be mainly in medical wards

Salary £400 per annum rising by annual increments of £ 5 to £475 per annum with board lodging and laundry

The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by one month's notice on either side

The appointment which does not carry any *superannuation rights is for a period of four years* at the end of which period the officer will leave the Council's service In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than December 4th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed "Assistant Medical Officer Redhill County Hospital

Canvassing directly or indirectly will be a disqualification C W RADCLIFFE, Z
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
November 8th 1937

COUNTY BOROUGH OF ROCHDALE.

PUBLIC HEALTH DEPARTMENT

The Health Committee invite applications from fully qualified registered Medical Practitioners (unmarried) for the appointment of JUNIOR RESIDENT MEDICAL OFFICER (male) at the Birch Hill Hospital, (475 bed —Medical Surgical Children and Maternity)

The appointment includes certain services at the adjoining Public Assistance Institution and will be for a period of six months in the first instance and for a further period of six months at the option of the Town Council but will not be renewable thereafter

Salary at the rate of £—5 per annum together with board residence and laundry

Applications must be made on the prescribed form which may be obtained on application to *the Medical Officer of Health* and returned addressed to him at the Public Health Offices Baillie Street Rochdale not later than Monday December 6th 1937

Town Hall HARRY BANN
Rochdale Town Clerk.
November 16th 1937

HULL CORPORATION HEALTH DEPARTMENT

Hull Municipal Maternity Home and Infants Hospital (104 Beds)

JUNIOR RESIDENT MEDICAL OFFICER (Woman)

Applications are invited from unmarried or widowed Women Medical Practitioners for the appointment of JUNIOR RESIDENT MEDICAL OFFICER at the above Institution

Salary £100 per annum together with board washing and residence at the Maternity Home

The appointment will be for six months with a possible extension for a further period of six months.

Applications on forms to be obtained from the undersigned are returnable not later than noon on Thursday December 2nd 1937

NICOLAS GEBBIE, M D
Medical Officer of Health

Health Department Guildhall Hull.
November 1937

CHESHIRE COUNTY COUNCIL.

DISTRICT TUBERCULOSIS OFFICER (male)

Applications are invited for the above whole-time appointment Salary £750 per annum subject to a deduction of 5 per cent under the Superannuation Act 1922, and rising by biennial increments of £50 to a maximum of £937 10s per annum Applicants must not be less than twenty eight or more than forty-five years of age The successful applicant will be required to reside at Crewe *X-ray* and Artificial Pneumo-thorax experience essential

Latest date for applications December 4th 1937

Conditions of appointments duties, form of application etc. can be obtained from the under *signed*

24 Nicholas Street IAN MACKAY
Chester County Medical Officer of Health

COUNTY COUNCIL OF NORTHUMBERLAND

SENIOR ASSISTANT SCHOOL MEDICAL OFFICER (Male)

ASSISTANT TO THE COUNTY MEDICAL OFFICER (Male)

The County Council invite applications for the above-mentioned appointments

Senior Assistant School Medical Officer (male) — Candidates must hold the D P H or some other registrable qualification in State medicine and must possess both practical and administrative experience of the medical inspection of school children the organization of school clinics and treatment centres and the preparation and submission of reports and the work incidental thereto

The commencing salary will be in accordance with the scale of the British Medical Association for such appointments and will depend on the *experience and qualifications of the candidate* but will not be less than £750 rising by biennial increments of £50 to a maximum of £937 10s a year

Assistant to the County Medical Officer (male) — Candidates must hold the D P H or some other registrable qualification in State medicine and should possess a good all-round experience of modern public health methods particularly of the diagnosis and treatment of infectious disease

The salary will be £750 rising by biennial increments of £50 to a maximum of £937 10s a year

The candidates appointed will be required to pass a medical examination and contribute to the fund established under the Local Government and Other Officers Superannuation Act 192.

The appointments will be determinable by three months notice on either side The persons appointed will be required to devote the whole of their time to the duties of their office and will be required to reside in such part of the County as may be approved by the Council

Forms of application may be obtained from the County Medical Officer County Hall Newcastle upon Tyne 1 and applications accompanied by *copies* of not more than three recent testimonials, *must be received by him not later than December* 8th 1937 C HAROLD CARTER
Clerk of the County Council

County Hall Newcastle-upon-Tyne.
November 12th 1937

URBAN DISTRICT COUNCIL OF DAGENHAM

ASSISTANT MEDICAL OFFICER OF HEALTH (Male)

Applications are invited from duly qualified medical men for the post of ASSISTANT MEDICAL OFFICER OF HEALTH Preference will be given to candidates possessing the Diploma *in Public Health or an equivalent qualification* Salary scale as follows Minimum £500 per annum rising by annual increments of £25 to Maximum £700 per annum subject to Superannuation deductions The commencing salary will be determined in relation to the experience of the successful candidate.

The person appointed will be required to devote the whole of his time to the duties of the office which consists mainly of work in the Maternity and Child Welfare Department, but may also include duty in any section of the health services of the district.

Experience in ante-natal and maternity and child welfare work is essential

Opportunities will be available for acquiring experience in Public Health administration

Applications on forms obtainable from the Medical Officer of Health at the undermentioned address should be returned to the undersigned on or before December 6th 1937

Canvassing disqualifies

Civic Centre F W ALLEN
Dagenham Clerk of the Council.
November 15th 1937

HAMPSHIRE COUNTY COUNCIL.

ASSISTANT COUNTY MEDICAL OFFICER

Applications are invited for the post of Assistant County Medical Officer Possession of a Diploma or Degree in Public Health is essential and previous experience in the various branches of public health and school medical service work is desirable

Salary £600 a year rising on approved service by increments to £750 (subject to deductions under the Local Government and Other Officers Superannuation Act 1922) in addition to travelling expenses

Other duties may be offered which will have the effect of increasing the amount of the total remuneration

Applications with copies of not more than three recent testimonials upon a form which with the conditions of appointment may be obtained from the County Medical Officer The Castle Winchester should be sent to him as soon as possible and not later than December 4th 1937 Canvassing is prohibited F V BARBER

The Castle Clerk of the County Council
Winchester
November 9th 1937

BRITISH MEDICAL BUREAU

(The Scholastic, Clerical and Medical Association Ltd.)

(*FOUNDED* 1880)

NORTHERN BRANCH

33, CROSS ST., MANCHESTER, 2.

Telephones { Manchester Blackfriars 3925 / Manchester Rusholme 2549 *(Night Calls)* — *Telegrams* 'Locum Manchester'

Branch Offices at Leeds and Belfast

Recommended with every confidence to the profession by the BRITISH MEDICAL ASSOCIATION as a thoroughly trustworthy medium for the transaction of all Medical Agency business

TRANSFER OF PRACTICES AND PARTNERSHIPS INTRODUCTION OF RELIABLE ASSISTANTS AND LOCUM TENENS at Short Notice VALUATION and INVESTIGATION OF PRACTICES, Etc.

FOR DISPOSAL
Full particulars free on request.

Practices and Partnerships wanted Large list of bona fide purchasers with ample capital available. Enquiries invited from *prospective vendors.* All information treated in strict confidence.

SOUTH COAST —Well-established PRACTICE in suburb of large town Cash receipts last year £694 Panel 740 Scope for great increase Excellent detached house 2 reception 4 bedrooms, separate professional rooms garage and good garden Price £1 200 Premium—Practice—£1 000 —1044

YORKSHIRE (W R.) —PARTNERSHIP (after preliminary Assistantship) in good-class Practice in Cathedral City Cash receipts £3 000 p.a Panel 1 400 Good house available for incoming partner, who should be English or Scottish and married or about to be Local hospital Premium 1/3 share—2 years purchase —No 1043

MANCHESTER.—Well-established mixed Panel and private PRACTICE, offering scope for increase Cash receipts last year £1,222. Panel 800 Good house, 2 reception, 5 bedrooms, 2 Professional rooms. Premium—1½ years purchase —No 1009

LANCS TOWN —PARTNERSHIP in middle and working-class Practice in clean town, close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception, 4 bedrooms, garage and garden. Premium—one half share—2 years purchase or near offer —No 1015

DERBYSHIRE/CHESHIRE BORDER —Old-established PRACTICE capable of great increase Cash receipts last year £700 (increasing) Panel 862. Excellent house 2 reception 4 bedrooms, 3 Professional rooms (separate entrance), garage and good garden. Premium—Practice and house—best offer —No 989

NORTH WEST COAST —Old-established and practically unopposed Seaside and Country PRACTICE in delightful district. Cash receipts last year £868 Panel 225 and transferable appointments £255 p.a. Excellent house 3 reception 8 bedrooms, electric light and gas, garage and garden For sale freehold Premium —Practice—1½ years purchase —No 998

MANCHESTER.—PARTNERSHIP in mixed Panel and Private Practice Average cash receipts £2,875 p.a. Panel over 2,500 Scope. Excellent house 3 reception 4 bedrooms, small garden Rent £52 p.a Premium—one-half share—2 years purchase —No 1038

NORTH WALES —Old-established PRACTICE near Sea and Country capable of great increase Cash receipts last year, £1 026. Panel 800 Nice surgery premises. Premium, best offer —No 905

WESTMORLAND —Old-established PRACTICE in beautiful Country town. Cash receipts last year £1 169 Panel 293 Excellent house 2 reception, 6 bedrooms, nice garden, and two garages. Separate professional quarters, electric light gas, main water etc. For sale. Premium—2 years purchase Vendor retiring.—No 1040

LANCS TOWN —Old-established mixed Panel and Private PRACTICE in good town. Cash receipts last year £940 Panel 1,225 Scope for increase. Corner house 6 bedrooms, separate entrance to Surgery Rent £75 p.a. Premium—£1,500 —No 1033

SCOTTISH BORDER.—Well-established unopposed PRACTICE in pleasant country and seaside town. Cash receipts £700 p.a Panel 640 Good house nine rooms, nice garden, etc. Premium—1½ years purchase —No 1041

LEEDS.—Well-established mixed Panel and Private PRACTICE. Cash receipts £900 p.a. Panel 1 000 Good house with ample accommodation and garage for sale or rent on lease Premium—1½ years purchase —No 1039

NORTH EAST COAST.—Easily worked mixed-class PRACTICE in present hands 33 years. Cash receipts £1 159 p.a. No Panel Great scope as *district developing. Rent of Surgery premises £26 p.a. Premium—£1 000* (to include Surgery fittings, etc., and small X-ray plant) —No 1028

CHESHIRE TOWN —PARTNERSHIP (after preliminary Assistantship) in mixed-class Practice Cash receipts last year £3,293 Panel 3 000 Scope. Incoming partner may choose own residence. Local hospital and scope for surgery Premium—one-third share—2 years purchase —No 992.

NORTH WEST COAST —Old-established middle-class PRACTICE in Seaside town Cash receipts £1 100 Panel 350 Nice house garage and garden. Premium—1½ years purchase —No 961

LEICESTERSHIRE.—PARTNERSHIP (after preliminary Assistantship) in good mixed-class Practice. Applicants should hold F.R.C.S Cash receipts £5 000 p.a Panel 4 000 and good appointments. Local hospital House available with garden. Premium—1/5th share—2 years purchase Further share later —No 1042.

YORKSHIRE (W R.) —Old-established mixed PRACTICE, averaging £860 p.a Panel 701 Scope for increase Good house with excellent garden, to rent at £30 p.a. Premium—£1 350 (to include drugs and fittings).—No 1037

LANCS TOWN —Old-established mixed-class PRACTICE in large town, about 6 miles from Manchester Cash receipts £1 800 Panel 1,500 Scope. Good house 3 reception, 6 bedrooms, 3 Professional rooms, garage. Rent £72 p.a Premium—£3 000 (to include book debts) —No 996

LIVERPOOL.—Steadily increasing mixed Panel and Private PRACTICE in suburbs. Cash receipts last year £740 Panel 625 Excellent detached house, 2 reception, 6 bedrooms, garage and good garden. Premium—Practice—£1,250 —No 1036.

LANCS TOWN —Very old-established mixed Panel and Private PRACTICE in present hands 35 years. Cash receipts last year £916 Panel 1 223 Scope Excellent detached house 2 reception, 5 bedrooms, garage and small garden. For sale or would rent on lease Premium—1½ years' purchase. Vendor retiring.—No 1004

NORTH WALES COAST —Middle-class PRACTICE. Receipt £1 417 p.a. Panel 415 Excellent house with ample accommodation garage and garden. Premium—£1 800 —No 929

DERBYSHIRE.—Old-established PRACTICE in pleasant district near large town offering great scope for increase owing to building developments Suitable for two men in partnership Cash receipts last year £3 436 Panel 3,394 Two good houses, with ample accommodation and modern conveniences, each with garage, garden and tennis court. Premium—2 years purchase.—No 955

LANCS TOWN —Old-established mixed-class PRACTICE. Cash receipt last year £1 136 Panel 975 Good house and surgery premises to rent. Premium—£1,500 Vendor retiring.—No 1007

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town. Average cash receipts £2,450 p.a. Panel 1,200 Appointments £190 p.a. Scope Nice house in good condition 2 reception, 5 bedrooms, garden. Rent £68 p.a. Premium—half share—2 years purchase.—No 1013

LIVERPOOL.—Well-established PRACTICE in pleasant district. Receipts £800 p.a. Panel 650 Good house 5 bedrooms, garden and garage. Premium —1 year's purchase —No 928

DERBYSHIRE.—Old-established mixed-class PRACTICE, near beautiful country and within easy reach of large town Average cash receipts £1 100 p.a. Panel 970 and transferable appointments £200 p.a Scope. Nice detached house 2 reception, 6/7 bedrooms, garage and large garden Freehold. Premium—1½ years purchase —No 991

MIDLANDS —Old-established mixed Panel and Private (non-dispensing) PRACTICE Cash receipts approximately £1 900 p.a. Panel 1 950 Scope Excellent house with nice garden garage, etc. Premium—Practice—2 years purchase —No 983

LANCS TOWN —Old-established mixed-class PRACTICE in large town. Cash receipts approximately £1,300 p.a Panel 800 Scope Good house 2 reception, 5 bedrooms 3 Professional rooms, garage and garden. Premium—£1 350 —No 1010

NORTH WEST COAST —Well-established PRACTICE in Seaside own Cash receipts £500-£550 p.a. Panel 450 Modern flat to rent at £80 p.a. inclusive of rates. Premium—1 year's purchase —No 1005

LANCS TOWN —Mixed-class PRACTICE. Cash receipts £1 010 Panel *1 050 Good house Premium—1½ years purchase.—No 951*

LEEDS.—Small PRACTICE in present hands 54 years. Cash receipts over £500 p.a. Panel 400 Scope for energetic man. Suitable house for sale or rent Premium—1 year's purchase —No. 1014

NEAR LEEDS.—PARTNERSHIP in mixed panel and private PRACTICE in present hands 40 years. Average cash receipts £4,250 p.a. Panel over 3 000. Scope for increase Excellent house with separate surgery garage for 2 cars and nice garden. Premium—⅗th share (approximately £2,520 p.a.) —2 years purchase.—No 1031

ASSISTANTS WANTED —OUTDOOR.—MIDLANDS, LANCS AND YORKS TOWNS.—£400 500 p.a., with House and Car allowance INDOOR —LANCS, YORKS MIDLANDS AND N E. COAST —£300/350 p.a., all found. Many vacancies. Details on request. LOCUMS ALSO REQUIRED

— WANTED —

ASSISTANTS - INDOOR & OUTDOOR

For Immediate Engagements

Apply, with full particulars, to above address

All communications to be addressed to the Branch Manager BRITISH MEDICAL BUREAU 33 CROSS STREET MANCHESTER, 2

CITY OF BIRMINGHAM MENTAL HOSPITAL

JUNIOR FEMALE ASSISTANT MEDICAL OFFICER

The Committee of Visitors invite applications for the above whole-time appointment from single ladies under thirty-six years of age who are duly qualified and registered Medical Practitioners A person who has held for at least six months a medical or surgical residential post in a general hospital will be regarded as having an additional qualification

The successful candidate should be a good anaesthetist She will be required to reside in the hospital The commencing salary will be £350 per annum plus the usual residential emoluments of board lodging laundry and attendance Subject to twelve months satisfactory service to the Committee, an increase of £50 will be granted and thereafter increases of £25 per annum up to a maximum salary of £450 per annum An additional £50 per annum will be paid to the holder of the D P M qualification or to a person obtaining the D.P M after appointment. The salary is inclusive of all fees received and any such fees must be accounted for and paid into the hospital account.

The successful candidate will be placed on the permanent staff after one year s satisfactory service and medical examination and will then be required to contribute under the Asylums Officers Superannuation Act 1909 She will be required to serve in such institution belonging to the Mental Hospitals Committee as they may from time to time direct The appointment is subject to one month s notice on either side.

Applications stating full particulars of qualifications experience and appointments held accompanied by copies of three recent testimonials must be addressed to the undersigned so as to be received not later than December 18th 1937

F H C WILTSHIRE
Clerk to the Committee of Visitors
Town Clerk s Office
Council House Birmingham 1

EAST SUFFOLK AND IPSWICH HOSPITAL
350 Beds 8 Residents

Wanted January 6th HOUSE SURGEON (male—British) to a General Surgeon and Genito-Urinary Surgeon The Hospital is recognised by the Royal College of Surgeons in respect of this post.

Salary at the rate of £144 per annum with board apartments and laundry

Applications stating age qualifications and experience to be sent to the undersigned together with copies of three recent testimonials on or before December 9th

ARTHUR GRIFFITHS
Secretary

The Hospital Ipswich.
November 27th 1937

KENT AND CANTERBURY HOSPITAL, Canterbury

The Board of Management will shortly proceed to the election of an HONORARY DERMATOLOGIST

Candidates must be engaged solely in the practice of Dermatology and if not resident in the district will be required to hold an out patient clinic at least once a fortnight

Applications with copies of three testimonials should be addressed to the undersigned from whom particulars of the appointment can be obtained The closing date for the receipt of applications is December 6th 1937

J F KENT
Superintendent and Secretary

LIVERPOOL HAHNEMANN HOSPITAL
Hope Street

Applications are invited for the post of RESIDENT MEDICAL OFFICER to the above institution which falls vacant on January 1st next. Only one R M O kept

Duties include occasional anaesthetics and assisting at operations general aural and ophthalmic

Appointment is for six months renewable Salary at the rate of £120 per annum

Knowledge of Homoeopathy desirable, but not essential

Apply stating age sex nationality and previous experience and enclosing copies of recent testimonials to THE REGISTRAR on or before December 8th nex

DERBYSHIRE HOSPITAL FOR SICK CHILDREN (80 Beds)

WANTED—for the end of December 1937—a RESIDENT HOUSE SURGEON (LADY) Salary £130 p.a The appointment is for six months but may be extended by mutual arrangement Applicants must be fully qualified Applications with three testimonials to be sent to the undersigned on or before December 6th

ARTHUR N WHISTON
25 St Mary s Gate Derby Secretary

EXETER CITY MENTAL HOSPITAL.

The Visiting Committee invite applications for the appointment of ASSISTANT MEDICAL OFFICER (Male) at a salary of £400 per annum rising by annual increments of £25 to £500 per annum with furnished apartments board attendance and laundry valued at £150 per annum £50 per annum will be paid in addition if the successful candidate has a Diploma in Psychological Medicine or when he obtains the same. The appointment is subject to deductions under the Asylum Officers Superannuation Act. Post-graduate experience in a General Hospital desirable. Opportunity for research and study

Forms of application and further particulars may be obtained from my office, 10 Southernhay West, Exeter

Application endorsed Assistant Medical Officer together with copies of not more than three recent testimonials must reach me not later than the first post on Monday December 13th 1937 C J NEWMAN
Town Clerk and Clerk to the Visiting Committee.

ANCOATS HOSPITAL MANCHESTER

ASSISTANT PATHOLOGIST Lady or Gentleman whole-time appointment—no private work allowed Salary £350 to £400 per annum according to experience live out Luncheon and tea provided The appointment is for twelve months and is renewable During the first six months a certain amount of research work will be conducted

RADIOLOGICAL OFFICER Lady or Gentleman whole-time appointment non-resident no private work allowed Salary £300 per annum with luncheon and tea The appointment is for twelve months and is renewable. Candidates must hold the D M R E. diploma.

Applications for the above posts stating age and particulars of qualifications and experience to be forwarded to the undersigned on or before December 8th 1937 together with copies of three recent testimonials

By Order of the Board
HERBERT J DAFFORNE
General Supt. and Secretary

MANCHESTER ROYAL INFIRMARY

RESIDENT MEDICAL OFFICER

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointment which will become vacant on February 1st, 1938

Applicants must not be less than twenty-five years of age. They must be registered and hold a *Medical and Surgical qualification*

The appointment is for twelve months renewable for a period of one year

Salary £200 per annum with board residence and laundry allowance

Full information is obtainable from the undersigned to whom applicants must send twelve copies of their application and testimonials on or before 9 a m on Thursday December 9th 1937

By Order
W R TINDALE,
General Supt and Secretary

November 17th

CONSUMPTION SANATORIUM BRIDGE OF WEIR
(15 miles S W. of Glasgow)
and
COLONY FOR EPILEPTICS
(nearby)

Male RESIDENT MEDICAL OFFICER wanted to commence duty on January 10th 1938

Apply Medical Superintendent stating age and previous experience and enclosing testimonials Appointment for six months in the first instance at rate of £200 per annum renewable at £250 per annum with rooms board laundry etc.

DARLINGTON MEMORIAL HOSPITAL
(200 Beds.)

Applications are invited for the post of HOUSE SURGEON (vacant February 1st, 1938) male British fully qualified for the Children s Surgical Eye, Ear Nose and Throat Depts Salary £150 per annum with board residence and laundry Applications stating age qualifications together with copies of recent testimonials to be addressed to the undersigned

ARTHUR RIDDLE
Secretary Superintendent.

COSSHAM MEMORIAL HOSPITAL,
Kingswood Bristol.

A vacancy will occur at the end of the year for a JUNIOR RESIDENT MEDICAL OFFICER.

Salary £100 per annum with board and laundry to remain for six months in the first instance. Applicants (male) should be British nationality fully qualified and registered

Applications with copies of recent testimonials, to be sent to the Secretary

ROMFORD ISOLATION HOSPITAL.
(235 Beds)

APPOINTMENT OF JUNIOR ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified and registered Practitioners for the above post. Candidates must be male and unmarried The appointment is for twelve months and is not renewable Salary at the rate of £250 per annum plus the usual emoluments Applicants should have held a resident hospital post not necessarily in a fever hospital

Considerable additions have recently been made to the Hospital which contains a large proportion of cubicles

Applications stating age, nationality experience, etc together with copies of two recent testimonials to be sent to the *undersigned not later than* Tuesday December 7th 1937

T W A GREENHALGH
Isolation Hospital Clerk to the Board
Rush Green Romford Essex

CITY MENTAL HOSPITAL
Humberstone Leicester

THIRD ASSISTANT RESIDENT MEDICAL OFFICER (male under 30) Residential General Hospital experience is desirable Salary £350 rising by £50 per annum to £450 per annum together with board lodging washing and attendance valued for purposes of superannuation at £150 per annum An additional £50 per annum will be paid for possession of a D P M.

The appointment is subject to the provision of the Asylums Officers Superannuation Act, 1909

There is a good laboratory and two active Psychiatric Clinics. one attached to the Leicester Royal Infirmary

Applications giving particulars of experience etc together with names of three references—one of which should be non-professional—and marked A M O to be sent to the MEDICAL SUPERINTENDENT

ROYAL MANCHESTER CHILDREN'S HOSPITAL Pendlebury near Manchester
(232 Beds)

RESIDENT HOUSE SURGEON

Applications are invited for the post of Resident House Surgeon for a period of six months, commencing February 1st, 1938 Salary £100 per annum Candidates having previous experience in the administration of anaesthetics will be given *preference*

Applications stating qualifications and past experience together with testimonials to be sent to the undersigned not later than Thursday December 23rd 1937 Canvassing directly or *indirectly may disqualify*

By Order
H HEARDMAN
Secretary

THE JESSOP HOSPITAL FOR WOMEN
Sheffield

The Board of Management invite applications for the post of CLINICAL ASSISTANT (Honorary) to the Ante-Natal Department

Candidates must be fully qualified general *practitioners*

The officer appointed will be required to assist in the Ante Natal Clinic during one or two sessions weekly

Applications with not more than three testimonials to be sent to the undersigned immediately

DAVID OSWALD
Superintendent and Secretary

VICTORIA CENTRAL HOSPITAL WALLASEY

APPOINTMENT OF TWO HONORARY ASSISTANT PHYSICIANS

Applications stating age, qualifications, experience and present Hospital Appointments are invited for the above position

All applications must be accompanied by copies of three recent testimonials and be addressed to the *Chairman not later than* December 4th 1937

YORK COUNTY HOSPITAL
(204 Beds)

Applications are invited for the post of RESIDENT ANAESTHETIST AND SECOND HOUSE SURGEON Salary £150 per annum with board residence and laundry

Applications stating age and previous experience, together with copies of not more than three recent *testimonials* to be sent to the undersigned not later than 9 a.m on Tuesday December 7th, 1937

J R MACKRILL
Secretary

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)

(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Tele. Address
Triform, Westcent—London.

Telephone: Euston {1644 / 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful agency for the transaction of every description of Medical Scholastic and Accountancy business and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent.
Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill book debts furniture drugs fittings and other effects (excluding sales of any freehold or leasehold property, or of practices effects etc. outside Great Britain) is limited to a maximum fee of Fifty Pounds
FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal — **Full particulars sent free.**

1 DEATH VACANCY, S W of ENGLAND —Old-established PRACTICE in first rate Country Town with Hospital Receipts past year £1,650 Appointments and Panel over 2 000 Excellent large house in three acres of beautiful grounds, for sale freehold

2 DEATH VACANCY, SURREY —Old established non-dispensing PRACTICE averaging £1 000 p.a in growing town about 15 miles from London Nice detached residence (5/6 bedrooms), with good garden for sale £3,000 freehold or might let

3 SURREY,—PARTNERSHIP, in sound, old-established, and steadily increasing Practice averaging £4 445 p.a in outlying residential suburban district Panel 2 000 Visits 3/6 to 21/- Suitable house obtainable Premium for share of 11/39ths £2 900

4 S COAST —PARTNERSHIP in rapidly-increasing middle-class Practice in growing residential town Receipts past year £1,600, including Club worth £130 and a Panel of over 700 Ample scope Premium for one half share £1,500

5 HOME COUNTY —PARTNERSHIP (after preliminary Assistantship) in Practice averaging £5 000 p.a in growing seaside town within an hour of London Panel over 2 000 Visits 5/ to 21/- Flat containing 4 rooms to rent Share worth £1 000 p.a at first at two years purchase

6 ESSEX.—PARTNERSHIP in Practice averaging £2 600 p.a in rapidly developing outlying district Good Appointments and Panel of 1 900 House (4 bed and dressing rooms) with nice garden and garage to rent Premium 5/12th share two years purchase

7 LONDON, E —Middle-class PRACTICE over £2 400 p a in outlying district Panel 2,870 House (4 bedrooms), in excellent repair with small garage and garden for sale Premium two and a quarter years purchase

8 DEATH VACANCY, LONDON, N W 1 — NUCLEUS OF PRACTICE with Panel of 450 Rent of house £200 p.a inclusive

9 S COAST —PARTNERSHIP in Ophthalmic Practice about £1,700 p.a One-half share would be sold to suitable man (who must possess the D O M S) at two years purchase Good scope

10 N OF ENGLAND, Cathedral City —PARTNERSHIP in good-class Practice, averaging £3,000 p.a Panel about 1,350 Visits 3/6 to £1 1s medicine extra House (5 bedrooms), with garage and garden One third share at first at two years purchase Preliminary Assistantship Applicant must have necessary capital

11 S MIDLANDS —Country PRACTICE averaging about £1 100 p.a Panel 780 Visits 4/- to 10/6, medicine extra House (4 bedrooms) with main water, gas and electricity garage and small garden to rent Scope Premium two years purchase

12 HOME COUNTY —PARTNERSHIP (after preliminary Assistantship) in steadily increasing town practice, about £5 000 a year Panel over 4 000 One-fourth share at first to suitable man at two years purchase

13 S COAST HEALTH RESORT —Non dispensing PRACTICE in first rate residential town Cash receipts 1936 £1,748 Small select panel Visits 5/ and up to £1 1s Very good well built residence (7 bedrooms etc) for sale freehold Excellent social and educational facilities Premium £3,200

14 SURREY —Old-established PRACTICE, about £900 p.a, in progressive town under 12 miles from London Panel about 1 100 Detached corner house (4 bedrooms) Rent £70 p a Premium two years purchase

15 DEATH VACANCY — STREATHAM — Old-established PRACTICE about £800 p.a Panel 360 House (5 bedrooms) for sale

16 N.E COAST —Old-established and easily worked middle-class PRACTICE over £1,150 p.a in seaport town No panel Residence facing sea for sale Premium (to include furnishings and fittings of consulting rooms small X ray plant etc), £1 000

17 ITALIAN RIVIERA —Small good-class non dispensing season PRACTICE Further details on application

18 S COAST —Old-established PRACTICE, averaging nearly £1 500 p.a, in popular watering place Panel 825 House in excellent position (5 bedrooms, etc.), garage and garden for sale Good scope Premium two years purchase

19 BRISTOL —PARTNERSHIP in increasing Practice in growing suburb Cash receipts past twelve months £2 125 Panel 2,200 House with 4 bedrooms and surgery accommodation, to rent at £60 p.a also branch surgery Scope Premium one half share £2 000 to include share of drugs etc

20 LONDON, S E —Middle-class PRACTICE in pleasant open suburb Receipts 1936 £848 Panel 450 House contains 5 bedrooms etc. Price freehold £1 400 Scope Premium £1,280

21 WILTS/HANTS BORDER — PARTNERSHIP (after preliminary Assistantship) in increasng mixed Practice in country district Receipts 1936 nearly £2 350 Panel between 1 400/1,500 One-third share to suitable man at one and a half years purchase

22 S MIDLANDS —PARTNERSHIP in Practice between £2,300/£2 400 p a in county town Panel about 2 000 House (6 bedrooms) large garage and garden for sale or rent One third share (after preliminary Assistantship) at one and three-quarter years purchase or near offer

23 S WALES —Steadily growing middle-class PRACTICE doing about £500 a year in residential village, easy distance of large town Modern semi-detached house (5 bedrooms) garage and garden Price £1,350 leasehold Scope Premium one year s purchase

24 DEATH VACANCY —W OF ENGLAND — Old-established good middle-class non panel PRACTICE, doing about £1,800/£2 000 p.a, in country town with hospital Suitable house available Further details on application

25 SEASIDE TOWN, under an hour from London —PARTNERSHIP (one half share) in chiefly middle-class Practice over £4 000 p.a Panel 650 Corner house (5 bed and dressing rooms), on main road for sale Scope for increase. Premium two years purchase

26 LONDON, E 15 —PRACTICE averaging £1 670 p.a, in populous suburban district Panel nearly 2 000 Small house to rent. Good scope Premium two and a quarter years purchase.

ROYAL LONDON OPHTHALMIC HOSPITAL (MOORFIELDS EYE HOSPITAL), City Road E.C.1

REFRACTION ASSISTANT L.C.C. SCHOOL DEPARTMENT

Applications are invited for the post of REFRACTION ASSISTANT TO THE L.C.C. SCHOOL DEPARTMENT to attend on Mondays and Thursdays at 1.30 p.m.

Candidates *must* be registered Medical Practitioners.

Salary will be at the rate of £160 per annum. The Refraction Assistant will be appointed for a period for one year and will be eligible for reappointment.

Copy of regulations governing the appointment can be obtained on application.

Applications with testimonials, stating age and qualifications must be received not later than December 6th 1937.

A. J. M. TARRANT
Secretary

ROYAL LONDON OPHTHALMIC HOSPITAL (MOORFIELDS EYE HOSPITAL), City Road E.C.1

Applications are invited for the post of OUT PATIENT OFFICER to attend on Mondays and Thursdays (mornings) each week. Candidates must be registered Medical Practitioners. Salary at the rate of £100 per annum. The Out Patient Officer will be appointed for a period of one year and will be eligible for re-appointment.

Copies of regulations can be obtained on application.

Applications with testimonials stating age and qualifications together with photograph must be received by the undersigned not later than December 6th 1937.

A. J. M. TARRANT
Secretary

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL, Shooters Hill, London, S.E.18 (General Hospital—11. Beds.)

RESIDENT SURGICAL OFFICER

The Board of Management invites applications from suitably qualified male candidates for the post of RESIDENT SURGICAL OFFICER. Applicants must have special knowledge of surgery. This appointment will be for twelve months with effect from December 13th 1937 and it is desirable that candidates shall possess the Fellowship of one of the Royal Colleges of Surgeons.

The salary will be £175 per annum, plus board residence and laundry and the appointment will be subject to extension for a further twelve months at £200 per annum if approved by the Board of Management. The closing date for the receipt of applications (which should be made on the prescribed form to be obtained from the undersigned) is Monday December 6th.

R. S. G. HUTCHINGS
Secretary

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL, Shooters Hill, London, S.E.18

HONORARY LARYNGOLOGIST

The Board of Management invites applications for the post of HONORARY LARYNGOLOGIST.

Applications accompanied by copies of three testimonials should be addressed to the undersigned to reach him on or before December 6th 1937.

R. S. G. HUTCHINGS
Secretary

THE HOSPITAL FOR WOMEN, Soho Square, London, W.1

Applications are invited for the posts of HONORARY CLINICAL ASSISTANTS to the SURGEONS in charge of out-patients. The appointments are for attendance at one or two out-patient sessions per week for a period of six months commencing January 1st 1938. Sessions are held at 1.45 p.m. every week-day except Saturday.

Applications must reach the undersigned by Monday December 13th 1937.

J. P. HEMING
Secretary

THE HOSPITAL FOR WOMEN, Soho Square, London, W.1

Applications are invited for the post of RESIDENT MEDICAL OFFICER for a period of six months commencing January 1st 1938. The salary is at the rate of £100 per annum with board residence and laundry.

Applications and testimonials must reach the undersigned by Monday December 6th.

J. P. HEMING
Secretary

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, London, E.1 (Formerly East London Hospital for Children.) (135 Beds.)

An OUT PATIENT MEDICAL OFFICER is required on January 1st, 1938 by the above Hospital. The appointment is for six months and renewable for another six months. The holder of this post will be the official deputy for the Resident Medical Officer. Salary at the rate of £175 per annum with board residence and laundry.

Candidates who must be properly registered in this country are invited to send in their applications addressed to the Secretary by noon on Wednesday December 1st with copies of not more than three recent testimonials and evidence of having held a responsible Hospital appointment. Forms of application and copies of the rules can be obtained from the Secretary Superintendent.

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, London, E.1 (Formerly East London Hospital for Children.) (135 Beds and 30 Convalescent Beds at Bognor.)

A RESIDENT MEDICAL OFFICER is required on January 1st 1938. Gentlemen are invited to send in their applications addressed to the Secretary by noon on Wednesday December 1st, with copies of not more than three testimonials and evidence of having held a responsible Hospital appointment. The appointment is for one year. Salary at the rate of £100 per annum with board residence and laundry.

Candidates must be properly registered in this country. Forms of application and copies of the rules may be obtained from the Secretary Superintendent.

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, London, E.1 (Formerly East London Hospital for Children.) (135 Beds.)

A HOUSE SURGEON is required on January 1st 1938 by the above hospital. Candidates are invited to send in their applications addressed to the Secretary by noon on Wednesday December 1st, accompanied by copies of not more than three recent testimonials, and evidence of *having held a responsible hospital appointment*. The appointment is for six months. Salary at the rate of £125 per annum with board residence and laundry.

Candidates must be properly registered in this country.

Forms of application and copies of the rules can be obtained from the Secretary Superintendent.

THE PRINCE OF WALES'S GENERAL HOSPITAL, London, N.15 (238 Beds.)

The Governors of the Prince of Wales's General Hospital will shortly proceed to the election of an HONORARY ASSISTANT SURGEON to the Ear Nose and Throat Department for which post applications are invited.

Candidates must be Fellows of one of the Royal Colleges of Surgeons and engaged in the practice of this special department of Surgery.

Applications together with copies of three recent testimonials, should be lodged with the undersigned on or before Tuesday December 7th 1937.

J. C. BURDETT
Director and House Governor

November 11th 1937

THE PRINCE OF WALES'S GENERAL HOSPITAL, London, N.15 (238 Beds.)

Applications are invited for the posts of HONORARY CLINICAL ASSISTANTS in the various Departments of the Hospital (Surgical, Medical, Children, Skin, Ear, Nose and Throat, Eye, Gynaecological, *X* ray and Electrical) for the year 1938.

Applications for appointment to any of these posts should be sent to the undersigned on or before Monday November 29th 1937.

J. C. BURDETT
Director and House Governor

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1

Applications are invited for the HALF TIME POST OF GYNAECOLOGICAL REGISTRAR from duly qualified and registered medical women. This post is reserved for former students of the London (Royal Free Hospital) School of Medicine for Women. Salary £100 p.a.

Applications, stating age and accompanied by copies of three recent testimonials must be sent to the undersigned (from whom all information may be obtained) on or before 4th prox. Duties to commence January 1st 1938.

RICHARD T. BARTLEY
Secretary

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1

Applications are invited for the whole time post of MEDICAL REGISTRAR. Salary £ 00 p.a. Intending candidates who must be fully qualified and registered should submit applications stating age and accompanied by copies of three recent testimonials to the undersigned (from whom all information may be obtained) on or before 4th prox.

Duties to commence January 1st 1938. Present holder being eligible is a candidate for reappointment.

RICHARD T. BARTLEY
Secretary

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1

Applications are invited for the post of DISTRICT OBSTETRIC ASSISTANT tenable for six months in the first place at a salary of £100 p.a. at the discretion of the Professor of the Unit for a further six months at a salary of £200 p.a. Duties to commence February 1st 1938. Candidates must be duly qualified registered medical women.

Application forms may be obtained from the undersigned and should be duly filled in and returned on or before 4th prox.

RICHARD T. BARTLEY
Secretary

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1

Applications are invited for the whole-time post of SURGICAL REGISTRAR. Candidates must be Fellows of the Royal College of Surgeons (England). Salary £200 p.a.

Applications stating age and accompanied by copies of three recent testimonials must be sent to the undersigned (from whom all information may be obtained) on or before 4th prox. Duties to commence January 1st, 1938.

RICHARD T. BARTLEY
Secretary

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1

Applications are invited from duly qualified and registered medical men for the following post:

RESIDENT CASUALTY OFFICER

Duties to commence January 1st 1938 for six months. Salary £150 p.a.

Application forms may be obtained from the undersigned and should be duly filled in and returned on or before December 4th 1937.

RICHARD T. BARTLEY
Secretary

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1

Applications are invited from medical women of six months' or more experience for the post of IN PATIENT OBSTETRIC ASSISTANT (Anaesthetic duties included). The appointment is for six months from February 1st, 1938.

Application forms may be obtained from the undersigned and should be duly filled in and returned on or before December 4th 1937.

RICHARD T. BARTLEY
Secretary

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1

Applications are invited from duly qualified and registered medical men for the following post:

SECOND HOUSE SURGEON

Duties to commence February 1st, 1938 for six months.

Application forms may be obtained from the undersigned and should be duly filled in and returned on or before December 4th 1937.

RICHARD T. BARTLEY
Secretary

KING GEORGE HOSPITAL, ILFORD (Near London.) (207 Beds.)

CASUALTY OFFICER AND SURGICAL REGISTRAR (Male)

required for 12 months from December 20th. Salary £150 p.a. Forms of application may be obtained from the undersigned to whom they should be returned duly completed not later than December 8th.

G. AUSTIN HEPWORTH
Secretary and Superintendent.

LONDON HOSPITAL, E.1

There is a vacancy for the post of an ASSISTANT RADIOLOGIST. Honorarium £.00 per annum. Applications, with testimonials, should arrive not later than Saturday December 11th and should be sent to the House Governor from whom further particulars may be obtained.

ARTHUR G. ELLIOTT
House Governor

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Tele Address
Triform, Westcent—London

Telephone Euston {1644 / 1645

Practices and Partnerships for Disposal (continued)

27 E MIDLANDS—Country PRACTICE, averaging nearly £650 p.a., in pleasant village Panel 500 Charming *stone built house (6 bedrooms) central heating electric light*, power and main water garage and garden about one and a half acres for sale Scope Premium two years purchase

28 LONDON, S W—Medical Woman s PRACTICE averaging £489 p a in suburban district—run as a Lock Up Surgery premises to rent Good scope for increase Premium £750

29 LONDON, S W — Well-established Medical Woman s PRACTICE in outlying suburban district Receipts average *£960 p.a* No panel Purchaser could have use of surgery premises living accommodation and services by arrangement Premium one and three-quarter years purchase

30 S W OF ENGLAND—PARTNERSHIP in old-established Practice £6 600 p.a in beautiful country district. Valuable appointments and panel of 4 500 Centrally situated house (5 bedrooms) for sale Premium one fifth share £2 750

31 EASTERN COUNTIES—PARTNERSHIP in good middle-class Practice, £2 450 p.a in county town Panel 1,200 Good house (5 bedrooms) in perfect condition to rent Premium one half share two years purchase

32 N E COAST—PARTNERSHIP in Practice, between £2 000/£2,200 p.a in fashionable watering place Panel 1 700 Applicant should be English or Scottish aged about 30, and experienced in general practice and surgery Two fifths share at two years purchase after about ten months Assistantship

33 MIDLANDS—Old-established PRACTICE in beautiful country district Cash receipts last year £1,280 including appointments worth about £60 and a panel between 650 and 700 Visits 2/6 to £1 1s without medicine Nicely situated house (4 bedrooms, dressing room, etc) with nice garden and two garages Rent about £80 p.a Premium two years purchase

34 N WALES BORDER—PARTNERSHIP (with early succession) in old-established County Practice about £2,500 p.a in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one half would be sold at first with early succession Premium two years purchase

35 ESSEX—PRACTICE in growing town Receipts past year £1 869 Panel about 1 900 Visits 3/6 to 6/6 Small house for sale at £850 Premium £3,300

36 MIDLANDS—PARTNERSHIP in Practice about £2,400 in manufacturing town Appointments worth *about £250 p.a., and panel 1,250* Suitable accommodation available One third share at first at two years purchase Good scope for medicine Vendor on hospital staff

37 S W OF ENGLAND—PARTNERSHIP in steadily increasing Practice averaging over £1 800 in beautiful country district near coast. Panel 1 050 - Nice house (7/8 bedrooms) garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

38 BUCKS—PARTNERSHIP in old-established country Practice about £3,200 Small panel Visits 3/6 to £1 1s Very nice well-built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent One fourth share at two years purchase

39 LONDON, W.2, and W 6—Non-dispensing and non panel PRACTICE run by two men in partnership Receipts about £1 300 and £700 respectively Premium two years and one and a half years purchase respectively Or either would be sold separately

40 WEST INDIES TOURIST RESORT—PARTNERSHIP in steadily increasing Practice doing £2 500 a year Partner must be experienced in surgery and possess M C O G Share of £1 000 at first at two years purchase

41 ISLE OF WIGHT—Well established PRACTICE about £1,200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating garage and small garden for sale or rent *Good scope* Premium £2 000

42 LANCASHIRE COAST — NUCLEUS OF PRACTICE averaging £245 p.a offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms) for sale Suit either medical man or woman Premium £500 to include instruments drugs and surgery furniture etc

43 S COAST—Middle and upper-class non dispensing PRACTICE about £3 300 in residential town and *watering place No panel Visits 3/6 to £1 1s House to* rent or purchase Premium two years purchase

44 MIDDLESEX.—PRACTICE in residential district Receipts last year over £2 000 Panel about 1 600 Visits 3/6 to 10/6 Nice residence (4 bedrooms, dressing room etc) good garage and garden for sale or rent Premium £4 250

45 S.E. COAST—Easily worked middle-class PRACTICE averaging £650 p.a in summer resort House (6 bedrooms, etc) in best part with large garden and garage for sale Branch surgery rented at 10s weekly Panel 200 Scope Premium £1,200

46 LONDON W C DISTRICT—Increasing PRACTICE doing £1 460 (including a branch surgery in N 7 area) Panel over 1 560 Private residence to rent at £210 p.a on lease also branch surgery rented on lease Good scope. Premium two years purchase

47 W OF ENGLAND—Old-established non panel PRACTICE at well known inland spa Cash receipts £830 p.a Suitable houses or flats obtainable Extensive building taking place in neighbourhood with excellent opportunity for panel if desired Premium one and a half years purchase

48 S W OF ENGLAND COUNTY TOWN—Middle-class non-dispensing PRACTICE averaging £1 147 p a Panel 500 Good house (4 bedrooms and dressing room), *garden and large garage Price £2,200 Freehold Very good* scope for energetic well-qualified man Premium one and a half years purchase

Purchasers can raise additional capital for the purchase of approved practices or shares
Particulars will be forwarded on application

All communications to be addressed to The Manager

SCOTTISH BRANCH, 21, Alva Street, Edinburgh, 2

Manager W M SCOBIE. **FOR DISPOSAL** *Telephone Edinburgh 23969*

A EDINBURGH—Receipts £800 Panel 1,020 House for sale Premium for Practice and house £2,300

B SOUTH AFRICA—NATAL—PARTNERSHIP, one third share at first worth over £700 p.a One half share later Applicants put into direct communication with the vendor

C LEICESTERSHIRE—PARTNERSHIP in old-established Practice Receipts £2,500 Panel 1,500 Suitable house to rent, £75 p.a Premium for a one half share two years purchase Short preliminary Assistantship

D NORTHUMBERLAND — County Town — Middle working-class non-dispensing PRACTICE averaging £700 per annum Panel 640 Suitable house garden and garage Any reasonable offer for practice and house will receive consideration

For further details apply The Manager 21 Alva Street, Edinburgh

ASSISTANTS ARE URGENTLY REQUIRED

Terms on which the business of the Branch is transacted will be submitted on application to the Branch Manager to whom all communications should be addressed.

SURREY COUNTY COUNCIL

PUBLIC HEALTH DEPARTMENT

SURREY COUNTY HOSPITAL
Wolverton Avenue Kingston-upon Thames

RESIDENT PHYSICIAN

Applications are invited for the above whole time appointment from Registered Medical Practitioners who have devoted their time chiefly to the study of clinical medicine candidates must possess a higher medical qualification and preference will be given to candidates who possess the membership of the Royal College of Physicians of London

The gross salary will be at the rate of £725 per annum rising by £25 annually to £825 less a deduction of £125 per annum in respect of full residential emoluments

Applications might be considered from candidates prepared to provide their own accommodation in the immediate vicinity of the Hospital in the case of a non-resident appointment the deduction for emoluments would be correspondingly reduced

The post is designated under the Local Government and Other Officers Superannuation Act 1922

Further particulars of the appointment may be obtained by letter or personal interview from the Medical Superintendent of the Hospital to whom applications enclosing not more than three recent testimonials should be sent not later than December 1st 1937 DUDLEY AUKLAND

County Hall Clerk of the Council
Kingston-upon-Thames
November 16th 1937

SURREY COUNTY COUNCIL

Public Health Department.

Surrey County Hospital Kingston (530 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from Registered Medical Practitioners for the appointment of Resident Assistant Medical Officer at the Surrey County Hospital Kingston-upon-Thames which will be vacant on January 1st, 1938 The Medical Officer appointed must have had Postgraduate Hospital experience in the administration of anaesthetics as his duties will be largely those of Anaesthetist.

The appointment is for a period of six months renewable for a further period of six months, and the gross salary is at the rate of £375 per annum less a deduction of £125 in respect of full residential emoluments

Applications stating age qualifications and experience and enclosing copies of not more than three recent testimonials should be addressed to the Medical Superintendent, Surrey County Hospital Wolverton Avenue Kingston-upon Thames so as to be received not later than December 8th 1937

County Hall DUDLEY AUKLAND
Kingston-upon-Thames Clerk of the Council
November 23rd 1937

SURREY COUNTY COUNCIL

Public Health Department

Surrey County Hospital Dorking (200 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from Registered Medical Practitioners for the post of Resident Assistant Medical Officer at the Surrey County Hospital Dorking

The Medical Officer appointed should preferably have had previous experience as House Surgeon or House Physician

The appointment is for a period of six months renewable for a further period of six months and the gross salary is at the rate of £375 per annum less a deduction of £125 in respect of full residential allowances

Applications stating age, qualifications and experience and enclosing copies of not more than three recent testimonials should be endorsed Resident Assistant Medical Officer and sent to the County Medical Officer County Hall Kingston-upon-Thames so as to be received not later than December 8th 1937

County Hall DUDLEY AUKLAND
Kingston-upon-Thames Clerk to the Council
November 23rd 1937

DERBYSHIRE ROYAL INFIRMARY

Derby
(General Hospital 362 Beds)

Applications are invited for the post of HOUSE SURGEON for General Surgery (male, single)

Candidates must be qualified and registered under the Medical Acts

Salary will be £150 per annum with apartments board etc

Applications, with copies of testimonials to be sent to the undersigned

ARTHUR TAYLOR
Superintendent and Secretary
November 23rd 1937

BURTON LATIMER URBAN DISTRICT COUNCIL
DESBOROUGH URBAN DISTRICT COUNCIL
KETTERING RURAL DISTRICT COUNCIL
ROTHWELL URBAN DISTRICT COUNCIL
NORTHAMPTONSHIRE COUNTY COUNCIL

MEDICAL OFFICER OF HEALTH

The above-named Authorities jointly invite applications from registered medical practitioners holding a Diploma in Public Health or a similar qualification for the appointment of Medical Officer of Health to the District Councils referred to above The Officer appointed will also act under the Northamptonshire County Council as Assistant School Medical Officer and Assistant Medical Officer for Maternity and Child Welfare and perform such other duties as the County Council may direct

The inclusive salary will be at the rate of £800 per annum with travelling allowance according to the scale of the County Council Office accommodation and clerical assistance will be provided

The appointment will be subject to the Sanitary Officers (Outside London) Regulations 1935 and the Local Government Act 1933 and the Officer appointed will be required to perform all the duties imposed on a Medical Officer of Health by relevant Acts Orders and Regulations The duties relating to the County Council's services will be discharged under the direction of the County Medical Officer of Health The Officer will be required to devote his whole time to the duties of the office and to reside in a place approved by the Authorities

The whole of the offices comprised in the joint appointment will be designated posts for purposes of the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination

The appointment will be determinable (subject to the relevant provisions of the Local Government Act 1933) upon three months notice on either side

Applications stating age qualifications and experience together with copies of not more than three recent testimonials should reach the undersigned not later than December 7th 1937 in an envelope endorsed Medical Officer

S H GILLARD
Clerk of the Kettering Rural District Council

Council Offices
London Road Kettering

COUNTY COUNCIL OF MIDDLESEX

VISITING DENTAL SURGEONS

Applications are invited from fully qualified and registered dental surgeons for the appointments of Visiting Dental Surgeon at the County Sanatoria at Harefield and at Clare Hall South Mimms

The dentist appointed to each sanatorium will be required to attend one session of approximately 2½ hours per week at a fee of £2 2s per session The appointments which do not carry any superannuation rights will be held during the pleasure of the Council and are terminable by one month's notice on either side

Applications for either or both appointments stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than December 10th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Dental Surgeon County Sanatoria

Canvassing directly or indirectly will be a *disqualification*

C W RADCLIFFE Z
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
November 20th 1937

ROYAL EAST SUSSEX HOSPITAL

Hastings

Applications are invited for the post of SENIOR HOUSE SURGEON (female) vacant January 1st 1938. The appointment is for a period of *six months*

Salary at the rate of £200 per annum with board and residence

Candidates must be duly registered Medical Practitioners

Applications with copies of recent testimonials, to be addressed to the Secretary

WILFRID G KEMSLEY
Secretary

PONTEFRACT GENERAL INFIRMARY

(Yorks)

SECOND RESIDENT MEDICAL OFFICER (male, unmarried) duly qualified registered Medical Practitioner Commencing salary £150 per annum with residence board and laundry

The appointment to date for six months from January 1st, 1938

Applications stating age, with testimonials and nationality to be sent to the undersigned at once

DAVID J RICHARDS
Secretary-Superintendent

LUTON EDUCATION COMMITTEE

CONSULTING AURAL SURGEON

Applications are invited for the position of Consulting Aural Surgeon The person appointed will be required to visit the School Clinic one half-day session each quarter on dates to be arranged for the purpose of investigating and advising upon children suffering from ear nose and throat defects

The fee payable will be £2 12s 6d per session

Further particulars and conditions of appointment may be obtained from the undersigned to whom applications should be forwarded not later than Wednesday December 8th 1937

H R B WOOD
Director of Education

Education Office
Town Hall Luton
November 18th 1937

HILL END HOSPITAL AND CLINIC

for the Prevention and Treatment of Mental and Nervous Disorders
St Albans Herts.

ASSISTANT MEDICAL OFFICER Fourth (male) required to commence duty January Salary £350 rising by annual increments of £25 to £450 per annum with £50 additional for D P M Furnished quarters board washing and attendance provided valued at £100 per annum, subject to 3 per cent deduction under Asylums' Officers Superannuation Act 1909

The hospital has over 1 200 beds and is the County Mental Hospital for Hertfordshire. Laboratory Out patients Clinic etc

Applicants should be single and under 30 years of age Application forms from the Medical Superintendent to be returned as soon as possible

SALFORD ROYAL HOSPITAL

(256 Beds)

Applications are invited from duly registered candidates (Male) for a HOUSE SURGEON for six months from January 1st Salary £125 per annum

Forms of application obtainable from the undersigned must be delivered on or before December 7th.

By order of the Board
H B SHELSWELL
General Superintendent and Secretary
November 22nd 1937

TAUNTON AND SOMERSET HOSPITAL, TAUNTON

HOUSE SURGEON (male) required end of December Senior H M O and a House Physician also in residence Three or six months appointment Salary rate of £100 p a board residence and laundry and retention of certain fees

Applications with copies of not more than three recent testimonials to be sent by December 11th to F J J STACEY Secretary

THE BABIES HOSPITAL

Newcastle-on-Tyne.

Non-resident MEDICAL OFFICER REQUIRED February 1st The duties are those of a House Physician with time and opportunities for research work The appointment is for six months, subject to reappointment. Salary £150 per annum Applications with two testimonials and particulars of previous appointments held must be lodged by December 31st with the Secretary Babies Hospital 33 West Parade Newcastle-on-Tyne

CAERNARVONSHIRE AND ANGLESEY INFIRMARY

Bangor (a General Hospital)

Wanted a SENIOR HOUSE SURGEON (male) Salary £170 p a with residence board and laundry Duties to commence January 1st

Applications stating age, nationality and experience with copies of three recent testimonials to reach the Secretary not later than December 15th.

MONTROSE MATERNITY HOSPITAL

Govan Glasgow

RESIDENT (FEMALE) MEDICAL OFFICER wanted for above Forty beds Practical experience in obstetrics essential Salary £250 and board etc Age limit 45 Apply stating qualifications and experience with five copies of testimonials to Jan M Grant, Secretary 113 St Vincent Street Glasgow

BRADFORD CHILDREN'S HOSPITAL

HOUSE SURGEON (lady) required December 14th Fully qualified salary £150 with board residence and laundry

Applications with recent testimonials and stating age, not later than December 8th to J W LONGLEY Secretary Superintendent

BOVRIL MEDICAL AGENCY, LTD.

ALDINE HOUSE,
10-13, BEDFORD STREET, STRAND, LONDON, W C 2.

Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)

Chairman and Managing Director, Dr J FIELD HALL.

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application.

Accountancy and legal services furnished by the Agency where desired at moderate inclusive charges.
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 DEATH VACANCY—SOUTH CORNISH COAST—PARTNERSHIP—A one-fifth share is for disposal (with increase later) in a very good and increasing mixed-class Practice producing about £5 000 a year with a panel of over 1,500 Fees 5/ to 21/ Moderate expenses. Small but very convenient house with 2 reception, 4 to 5 bedrooms, and separate Professional rooms Price £1,200 Premium for share 1¼ years purchase There is a hospital and prospect of vacancy on the staff Ingoing partner should be experienced and between 30 and 40 years of age The D.P.H qualification would be an asset, but is not essential

2. KENT—PARTNERSHIP with preliminary assistant.hip A one-fourth share with increase to one third later is offered after six months assistantship in a very well-established Practice having considerable scope for increase Gross cash receipts are approximately £5 000 and there is a large Panel Suitable accommodation available

3 LONDON N W—DEATH VACANCY—Well-established PRACTICE, stated to be producing about £500 p.a with prospects of increase Panel of 450 Fees from 5/ Suitable house can be rented

4 HANTS—Recently-established PRACTICE in pleasant locality Earnings for the first year about £230 with Panel of 80 and increasing. Stated to offer considerable scope for development Very nice small house can be rented Moderate premium for quick sale as vendor wishes to take up another appointment.

5 WITHIN 25 MILES OF LONDON—PARTNERSHIP with surgical scope A one fourth share with increase later is for disposal in an old established Practice producing about £4,800 p.a Fees 3/6 to 21/ A suitable house can be secured. Ingoing partner must have a Fellowship be experienced and not over 35 years of age A preliminary assistantship is offered.

6 LONDON NORTH WEST—PARTNERSHIP—A SHARE worth about £1 400 p.a. is for disposal owing to the retirement of the senior partner through ill health in a very sound old-established Practice averaging about £4 700 p.a. Large Panel Low expenses. Well situated house with ample accommodation and good garden Price £1,500 Premium 2 years purchase Ingoing partner must be experienced not over 35

7 LONDON SOUTH EAST—STEADILY INCREASING OUTLYING DISTRICT—Recently established PRACTICE rapidly growing and producing for last 12 months £1 387 Selected Panel of 350 Suitable house with 2. reception, 3 bedrooms, etc. garden, garage. Can be rented on lease Premium £2,000

8 RESIDENTIAL TOWN WITHIN 20 MILES OF LONDON—Good-class non-dispensing PRACTICE averaging £3 000 p.a Selected panel of 560 Visits from 10/6. Good house in own grounds with 2 reception, 5 bedrooms, etc., Professional accommodation Freehold for sale or might be rented. Premium 2 years purchase Good hospital and scope for surgical work if wished

9 COAST TOWN—Old-established PRACTICE held by vendor for 3½ years, who now wishes to specialise Gross receipts for last year approximately £2,183, including panel of 770 and appointments producing about £100 p.a. Visits from 5/ Good house available containing 2 reception 7 bedrooms, Professional accommodation, etc. Freehold £1 100 Premium 2 years' purchase or near offer

10 MONMOUTHSHIRE—Middle-class PRACTICE, established over 20 years, producing for last 12 months £1 430 including panel of 300 Fees 3/6 to 21/ Good house with 2 reception, 6 bedrooms, etc. Separate Professional rooms, garden and garage. Rent £125 p.a. Premium 1½ years purchase

11 WEST COAST—Well-established PRACTICE, producing about £1,900 p.a including panel of 1 450 Suitable house on rental at £50 p.a. Premium 1½ years' purchase.

12. LADY DOCTOR S PRACTICE.—Chiefly middle-class PRACTICE, situated in residential South-western district. Established 10 years ago and steadily increasing. Receipts for last year £984 Small panel Good house with 6 bedrooms etc., garden, garage Premium 1½ years purchase

13 NORTH LONDON—Good middle and better working-class PRACTICE, producing about £2,800 p a., with large panel House can be rented, containing 2 reception, 4 bedrooms, etc. small garden

14 EASTERN COUNTIES—Mixed-class PRACTICE in pleasant agricultural district producing for last twelve months over £1 300 p.a Fees 3/6 to 21/ Nice house in good position with 2 reception, 4 bedrooms, dressing room, etc. Separate professional accommodation. Modern conveniences. Garden, garage Price for freehold £1 300 Sport of all kinds and schools within reach. Premium £1 685

15 CROYDON AREA.—Recently established PRACTICE. Receipts for last 12 months over £650 including panel of 350 House with 3 bedrooms, etc., garden and garage Can be rented at £85 p.a. Reasonable premium for quick sale, *owing to ill-health.*

16. EASTERN COUNTY MARKET TOWN—HALF-SHARE PARTNERSHIP in Practice established some 100 years, owing to retiral of junior partner Gross cash receipts average over £2,400 p.a., including over £700 p.a from Panel and P.A.C. Suitable house available on rental. Ingoing partner should be young and have had hospital experience. Premium 2 years' purchase.

17 LONDON EAST—Established 30 years and producing £1 400 p.a. approximately Panel of about 1,800 and appointments worth about £236 p.a., included in total gross cash receipts. Small house on rental at £60 p.a. Accommodation apart from surgery etc., consists of 1 sitting room and 2 bedrooms. Premium 2 years' purchase

18 SURGICAL PARTNERSHIP in delightful district within easy reach of London A fifth partner is required in an old-established Practice There is little visiting done under 10/6 although the patients come from all classes. Ingoing partner who must hold the English Fellowship would do all the surgery for the firm, but must be prepared to do general practice as well. Choice of houses.

19 CROYDON AREA—Rapidly increasing PRACTICE producing about £1 800 p.a Panel of about 1 100 Fees 1/6 to 3/ with visits from 2/6 to 5/ Practically all cash. Vendor specialising in midwifery Suitable house available on rental. Premium £3,200

20 LONDON S E.—Old-established mixed-class PRACTICE producing about £800 p.a. Receipts have declined owing to illness. Panel of 750 patients. Large house with very good garden can be rented.

21 SUSSEX COUNTRY—Good NUCLEUS with scope for further increase. Receipts 1935 £467 1936, £628 1937 for 7 months, £452. Panel produces about £267 included in above. Good house on rental.

22. NORTH LONDON—Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant. Gross cash receipts for last 12 months £1 681 Panel of 320 appointments worth about £70 p.a. Visits 5/ to 7/6 Good house with reception, 5 bedrooms, etc. Professional rooms, small garden, garage Freehold for sale or might be rented Premium 2 years purchase or near offer

23 PARTNERSHIP—LONDON EAST—A HALF-SHARE of middle and working-class Practice producing for immediate past 12 months £4 567 p.a. Panel of over 5 000 Suitable house can be obtained.

24 NORTHERN SUBURB WITHIN 10 MILES OF HYDE PARK—Middle-class PRACTICE offering very good scope for increase, producing for immediate past 12 months £829 Panel of about 560 and *appointments worth* £50 p.a. plus private fees. Good house containing 1 reception, 4 bedrooms, Professional rooms, good garden and garage Price freehold £1,300 or can be rented at £90 p.a. Premium £1,200

25 NORTH EAST COAST—Old-established PRACTICE, producing about £900 p.a., but stated to be capable of considerable increase Choice of suitable houses. Partnership introduction will be given. Vendor retiring.

26 SOUTH WEST LONDON—PRACTICE has been established over 40 years and has been held by vendor (who wishes to return abroad) about ten years. Gross cash receipts for last 12 months over £900 including Panel of about 350, which could be increased. Suitable house with 5 bedrooms on rental. Moderate premium for quick sale

27 WEST MIDLANDS—PLEASANT RESIDENTIAL TOWN—PRACTICE producing about £1 600 p.a. including a selected Panel of about 560 patients. Mostly better-class and non-dispensing Consultations 3/6 to 10/6 Visits 5/ to 1 guinea Freehold house for disposal contains 3 reception 3 large and 3 smaller bedrooms with separate servant s quarters. Excellent consulting rooms, garage for 2 cars.

28 HAMPSHIRE NUCLEUS—stated to be producing now at the rate of £5 per week and to offer considerable scope for an energetic worker

29 LANCS—High-class Seaside and Residential Town.—Easily worked old-established PRACTICE for sale Gross cash receipts about £1,100 p.a., including a panel of about 325 patients. Fees 3/6 to 10/6 Visits 5/ to 21/ Midwifery about 12 cases p.a. Minimum 5 guineas rising to 15 guineas. Mostly non-dispensing. Low expenses. Suitable house available with consulting and waiting rooms, 2 reception, 3 bedrooms and a maid s room and box room. Large garden and garage. Leasehold for sale or would be rented *Premium 1¼ years purchase There is stated to be good scope for* increase for an energetic man.

30 DEVON SOUTH COAST—A well-established good-class entirely private PRACTICE producing for the past 12 months about £1 000 Panel could be had if desired. Fees 2/6, 3/6, 5/ and 7/6 with a few visits up to 21/ Non dispensing. Suitable house containing consulting room 2 reception rooms, 6 bedrooms, for sale. Freehold £1 400 Partnership Introduction. Would be suitable for ex I M.S or similar

31 LONDON E.2.—Lock up PRACTICE established 80 years for disposal. Income about £800-£900 p.a., with Panel of about 1 150 patients. Fees 2/6 and 3/6. Visits from 3/6. Suitable accommodation available consisting of consulting room, dispensary waiting room, the remainder being sub-let for £280 p.a. Rent and rates £230 p.a. Premium 2 years purchase to include about £150 fittings, fixtures, drugs, etc.

32. CITY PRACTICE.—Lock up hours 10-1 and 5.30-6 30, producing about £1 000 p.a., including £200 from Panel and appointments. Suitable accommodation available

33 LONDON S W—Old-established PRACTICE producing £1,500 p.a., with panel of 1,266 patients for disposal Appointments and small club bring in about £85 p.a. House available contains Professional accommodation, reception room and 3 bedrooms and maids room, bathroom. For sale or might be rented. Premium £3 000

WANTED TO PURCHASE

1 PRACTICE.—Good country town, within easy reach of London. Income £1 500, with substantial Panel. Nice house and garden Capital available

2. LONDON—Paddington, Bayswater Edgware Road or Notting Hill *district.* Lock up PRACTICE, producing about £1 000 p.a. with fair-sized Panel

3 COUNTRY TOWN within 50 miles—PARTNERSHIP share worth £1 200

4 RIVERSIDE TOWN or SOUTH COAST.—PRACTICE producing about £1,200 to £1 500 p.a with Panel of over 1 000 House must have good garden

5 HOME COUNTIES or SOUTH OF ENGLAND.—Good class non dispensing PRACTICE, bringing in about £1 500 p a. Panel not necessary

6 LONDON or SUBURBS—Good Private and Panel PRACTICE, producing over £1,250

ASSISTANTS REQUIRED—1 YORKS—Indoor £350 p.a. plus car allowance View to partnership 2. MONMOUTHSHIRE.—Indoor for four months. £25 per month. Light work. Suit newly qualified 3 SOUTH WALES—Outdoor £500 p.a. Provide own car Young experienced preferably Welsh speaking. 4 EAST YORKS—Outdoor £350 plus £50 car allowance View to partnership 5 HUNTS—Outdoor £400 p.a with unfurnished cottage View to partnership Scope for surgery

The Agency has made arrangements for special facilities, on very favourable terms to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

Published by the Proprietors the British Medical Association Tavistock Square London W C 1 and printed by Eyre and Spottiswoode Limited. East Harding St Fleet St. London E.C 4 Printed in Great Britain Entered as Second Class at New York, U.S.A Post Office.

HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE.

The Secretary of State for the Colonies proposes to select within the next few months not less than 12 Medical Officers to fill vacancies the majority of which will occur in Tropical Africa or in Malaya

QUALIFICATIONS—Candidates must be British subjects of European parentage under 35 years of age, and must possess a medical qualification registrable in the United Kingdom Preference will be given to candidates who have held Hospital or Public Health appointments or who have special knowledge of anaesthetics radiology surgery medicine ophthalmology, gynaecology and midwifery, diseases of the ear nose and throat venereal diseases etc

SALARY—Initial salaries vary from £600 to £700 and rise by increments to a maximum of between £1 000 and £1 200

PRIVATE PRACTICE—Private practice is not allowed as of right, but in the case of some appointments it is permitted on certain conditions

QUARTERS—In Tropical Africa free quarters or an allowance in lieu are provided In Malaya quarters are provided at an annual rental not exceeding 6% of the officer s salary

PASSAGES—Free first-class passages are provided on first appointment and when proceeding on and returning from leave Assistance is also given towards family passages

TERMS OF APPOINTMENT—The appointments are pensionable subject to a probationary period which varies from two to three years

COURSES OF INSTRUCTION IN TROPICAL MEDICINE AND HYGIENE—Selected candidates will normally be required to attend a course of instruction leading to the Diploma in Tropical Medicine and Hygiene before proceeding overseas

DUTIES—Although Medical Officers are appointed in the first instance for general service, there are opportunities for work in special branches of medicine and surgery, in public health and in medical research

Further particulars and forms of application may be obtained from the **Director of Recruitment (Colonial Service), 2, Richmond Terrace, Whitehall, London, S W 1**

COUNTY COUNCIL OF MIDDLESEX

NORTH MIDDLESEX COUNTY HOSPITAL EDMONTON

JUNIOR RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for the above appointment. Candidates must be registered Medical Practitioners who have held resident appointments in a General Hospital The duties of the appointment will be mainly obstetrical and gynaecological Salary £250 per annum with board lodging and laundry valued at £100 per annum

The officer appointed will work under the direction of the Medical Superintendent and will devote his or her whole time to official duties

The appointment (which does not carry any superannuation rights will be subject to medical examination and is terminable by one month s notice on either side) is for a period of six months in the first instance, and may be extended for an additional six months.

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than October 9th Relationship to any member or officer of the Council must be disclosed in the application

Application forms are not provided Envelopes must be endorsed Junior Assistant Medical Officer North Middlesex County Hospital Canvassing directly or indirectly will be a disqualification.

C. W RADCLIFFE, Z,
Clerk of the County Council
Middlesex Guildhall Westminster S W 1
September 17th 1937

COUNTY BOROUGH OF SOUTHAMPTON EDUCATION COMMITTEE

Applications are invited for the post of part time PSYCHIATRIST It is proposed that at the outset there shall be three sessions a week at an annual remuneration of £300 Should the work be extended there will be a proportionate increase in remuneration Travelling and out of pocket expenses will be m t if the applicant is living at a distance Candidates must have had suitable training and experience which should if possible include experience in actual child guidance clinic work

Applications with references should be forwarded to the undersigned not later than October 13th 1937

Education Office F L FREEMAN
Civic Centre Southampton Secretary

COUNTY OF ABERDEEN

PUBLIC HEALTH DEPARTMENT

ASSISTANT MEDICAL OFFICER

Applications are invited from qualified Medical Practitioners for the post of ASSISTANT MEDICAL OFFICER OF HEALTH for the COUNTY OF ABERDEEN

Applicants must possess a registrable qualification in Public Health and have had specialized experience in the diagnosis prevention and treatment of tuberculosis

The salary will be at the rate of £600 per annum with increments of £50 per annum to £750 Travelling and other expenses will b allowed according to the Council s scale

Applications (forms for which may be obtained from the Undersigned) must be lodged with him together with Thirty copies of Three recent testimonials not later than October 15th

County Buildings H L F FRASER
Aberdeen September 21st 1937 County Clerk

BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL
TUNSTALL STOKE-ON TRENT
(66 Beds Two Residents.)

Applications are invited for the post of JUNIOR RESIDENT HOUSE PHYSICIAN Salary £150 per annum with board residence and laundry The appointment is for six months in the first instance reappointment may be applied for

Applications stating age and experience, with copies of three testimonials to be sent to the undersigned immediately

C E LOWNDES
Secretary

LINCOLN COUNTY HOSPITAL

Wanted, JUNIOR HOUSE SURGEON male, unmarried Salary at the rate of £150 per annum rising to £.00 per annum at th conclusion of six months approved service Board residence and washing will also be provided

Every andidate for the appointment must be registered under the Medical Acts

Applications stating age and other particulars with copies of not more than three testimonials are to be sent to the undersigned from whom further particulars may be obtained

ARTHUR MOORE,
Secretary Superintendent.
Lincoln September 22nd 1937

NORTHAMPTONSHIRE COUNTY COUNCIL

Towcester Rural District Council

SENIOR ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH
DISTRICT MEDICAL OFFICER OF HEALTH

The above Authorities invite applications from registered medical pra titioners holding a Diploma in Public Health or similar qualification for the appointment of Senior Assistant County Medical Officer of Health and District Medical Officer for the Towcester Rural District

The inclusive salary will be at the rate of £800 per annum with a travelling allowan e on the scale from time to time approved by the County Council Office accommodation and clerical assistance will be provided £110 per annum of the above inclusive salary is attributable to the appointment of District Medical Officer

The appointment of Senior Assistant County Medical Officer of Health is a designated post for purposes of the Local Government and Other Officers Superannuation Act, 192_ and the salary attaching to that appointment will be subject to a deduction of 5 per cent per annum for superannuation in accordance with the provisions of that Act

The officer appointed will act under the County Medical Officer of Health as Assistant School Medical Officer and Assistant Medical Officer for Maternity and Child Welfare and perform such other duties as may be assigned to him by the County Council and County Medical Officer of Health

The appointment will be subject to the Sanitary Officers (Outside London) Regulations 1935 and the Local Government Act 1933 and the officer appointed will be required to perform in the Towcester Rural District all the duties imposed on a District Medical Officer of Health by the relevant Acts Orders and Regulations

The officer will be required to devote his whole time to the duties of the office and to reside in a place approved by the Authorities

The candidate appointed will be required to pass a medical examination

The appointment will be determinable (subject to the relevant provisions of the Local Government Act 1933) upon three months notice on either side

Applications stating age qualifications and experience together with copies of not more than three recent testimonials should reach the undersigned not later than October 18th 193"

Canvassing will disqualify

County Hall H S MARTIN
Northampton Clerk of the County Council
September _8th 1937

AMENDED ADVERTISEMENT

CITY OF NOTTINGHAM

APPOINTMENT OF RESIDENT MEDICAL SUPERINTENDENT OF THE CITY HOSPITAL and MEDICAL OFFICER OF THE CITY INSTITUTION

The Nottingham City Council invite applications from duly qualified persons for the appointment of RESIDENT MEDICAL SUPERINTENDENT of the CITY HOSPITAL and MEDICAL OFFICER of the CITY INSTITUTION

Candidates must present evidence of wide clinical experience gained in medical and surgical posts and the person appointed must be an experienced and skilled administrator He should be of strong character capable of directing a large staff and of assisting the Council in developments of the hospital services

The salary will be fixed between £1 100 and £1 400 per annum according to the qualifications and experience of the selected candidate In addition an unfurnished house free of rates will be provided this emolument being valued at £100

The person appointed will not be allowed to engage in any other form of practice and all fees received by him will be required to be paid to the Council

The duties will be carried out under the general supervision and control of the Medical Officer of Health The appointment will be subject to the Superannuation Scheme in force and the successful candidate will be required to pass a medical examination

Forms of application and further particulars as to the terms and duties of the office may be obtained from me the undersigned and the successful candidate will be deemed to have had notice of such duties and to have accepted such terms

Applications endorsed Resident Medical Superintendent are to be delivered at my office not later than October 11th

Canvassing either directly or indirectly is prohibited and will be deemed a disqualification

Dated this 17th day of September 1937

Guildhall J E RICHARDS
Nottingham Town Clerk

GLAMORGAN COUNTY COUNCIL

APPOINTMENT OF VENEREAL DISEASES MEDICAL OFFICER (MALE)

Applications are invited from registered medical practitioners (male) under thirty five years of age whose experience complies with Section 5 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930 for the appointment of Medical Officer under the Public Health (Venereal Diseases) Regulations 1916

The Person appointed will be required to work under the general direction of the County Medical Officer of Health to pass an examination as to physical fitness to devote his whole time to the duties of the office to reside where directed by the County Council and to commence his duties as soon as possible The appointment will be terminable by three months notice on either side

The salary to be paid in respect of these and any other duties assigned to the successful candidate in the Department will be £750 per annum rising by biennial increments of £50 to a maximum of £937 10s per annum Travelling and subsistence allowances will be paid according to scale

The appointment is superannuable

Forms of application and further particulars of the appointment can be obtained from the County Medical Officer Dr E Colston Williams Glamorgan County Hall Cardiff by whom applications on the appropriate form should be received not later than the first post on November 17th 1937

HENRY ROWLAND
Clerk of the Glamorgan County Council
Glamorgan County Hall Cardiff
September 24th 1937

CITY OF LEICESTER

RESIDENT MEDICAL OFFICERS

The Health Committee of the City of Leicester invite applications for the position of two Resident Medical Officers (male) at their City General Hospital for a period of six months renewable if satisfactory for a further six months

One post will become vacant immediately and the other on January 1st next

The Hospital is a modern building with 550 beds and four Resident Medical Officers The work apart from the Orthopaedic Department is chiefly medical but there is however some general surgical work

Salary £300 per annum together with full residential emoluments

Further particulars of the appointment may be obtained from the undersigned and applications (on forms to be supplied) accompanied by copies of three recent testimonials must be received not later than October 11th endorsed R M O addressed to the undersigned

Health Department E K MACDONALD
Grey Friars Medical Officer of Health
Leicester October 2nd 1937

RHONDDA URBAN DISTRICT COUNCIL

WOMAN ASSISTANT MEDICAL OFFICER

Applications are invited from unmarried or widowed women medical practitioners not exceeding 45 years of age for appointment as ASSISTANT MEDICAL OFFICER under the direction and supervision of the Council's Medical Officer of Health and School Medical Officer at a salary of £500 rising by annual increments of £25 to £700 a year the first annual increment being payable on April 1st following the completion of six calendar months service under the Council travelling expenses necessarily incurred in the performance of the duties will also be allowed Candidates must have had not less than three years professional experience subsequent to registration and must be experienced in the diseases of children the possession of a Diploma in Public Health is also considered desirable The appointment which is designated under the Local Government and Other Officers Superannuation Act 1922 will be subject to the passing of a medical examination and will be terminable by two calendar months notice on either side The Officer appointed will be required to reside within the Rhondda Urban District and will not be allowed to engage in private practice

Applications are to be made on forms obtainable from the Medical Officer of Health Tydfil House Llewellyn Street Pentre Rhondda by whom they must be received endorsed Assistant Medical Officer and accompanied by copies of three recent testimonials not later than the first post on Tuesday October 19th 1937

The Council Offices D J JONES
Pentre Rhondda Clerk of the Council
September 25th 1937

DEVON COUNTY COUNCIL (MEDICAL DEPARTMENT)

Hawkmoor Sanatorium near Bovey Tracey

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners (male or female) for the above appointment Candidates must be unmarried and have held resident hospital appointments Salary will be at the rate of £250 per annum with board residence and laundry

The appointment will be made in the first instance for a period of six months and renewable for a further six months

Forms of application may be obtained from the undersigned and must be returned accompanied with copies of not more than three recent testimonials not later than the first post on Friday October 22nd 1937

L MEREDITH DAVIES
County Medical Officer
4 Barnfield Crescent Exeter

COUNTY BOROUGH OF DERBY

Derby City Hospital

ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited for the post of Assistant Resident Medical Officer (male) at the above Hospital of 300 beds This Hospital provides treatment for acute medical and surgical cases tuberculosis obstetrics and children's diseases etc

Candidates must be registered in medicine and surgery

The appointment is for a period of six months two months notice of termination of duties may be given on either side

Salary at the rate of £200 per annum with board and residence

Applications stating age experience and accompanied by three recent testimonials should be sent to the undersigned as soon as possible

Public Health Department GORDON LILICO
1 Derwent Street Medical Officer of Health
Derby

CITY OF LIVERPOOL

ASSISTANT RESIDENT MEDICAL OFFICER
City Infectious Diseases Hospitals

Applications are invited for the above appointment for a period of one year at a salary of £250 per annum together with the usual residential allowances The person appointed will not be allowed to engage in private practice and will be required to devote whole-time service to the duties of the office

Candidates will be required to possess a registered Medical and Surgical qualification and should have a knowledge of Bacteriological methods

Applications to be made upon forms obtainable from the Medical Officer of Health Municipal Annexe Dale Street Liverpool to be endorsed Assistant Resident Medical Officer and returned to the undersigned so as to be received not later than Wednesday October 13th 1937

Municipal Buildings W H BAINES
Dale Street Liverpool Town Clerk
September 1937

LONDON COUNTY COUNCIL

Applications invited from MEDICAL PRACTITIONERS of at least one year's standing to undermentioned positions Experience in a resident appointment in a General Hospital for at least six months desirable. Married quarters not available

(a) QUEEN MARY'S HOSPITAL FOR CHILDREN Carshalton Surrey (1 284 beds) There are special departments for rheumatic and orthopaedic conditions for congenital malformations and for nutritional diseases.

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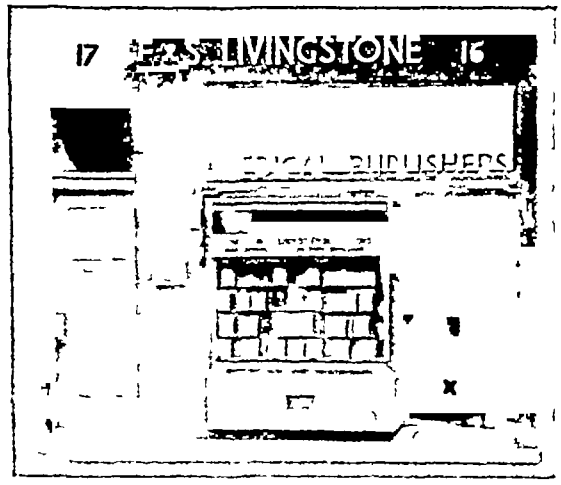
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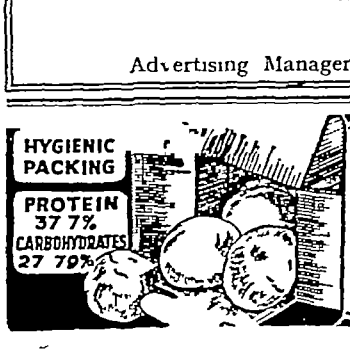
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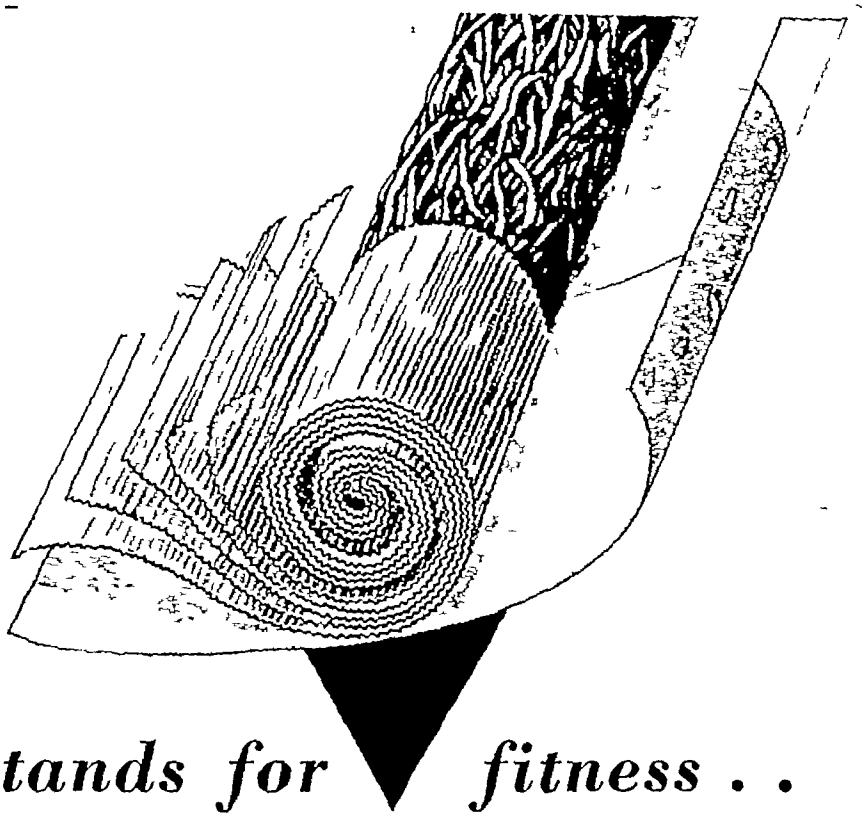
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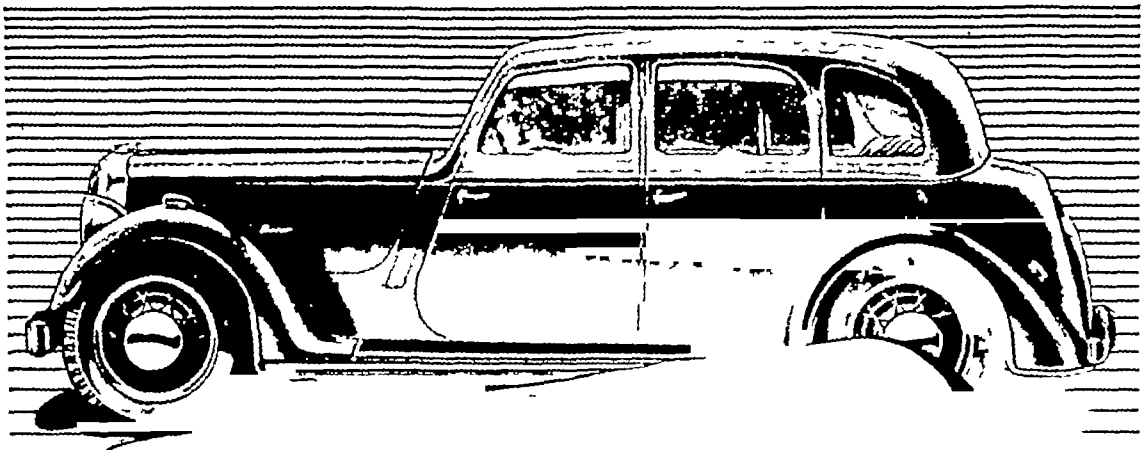
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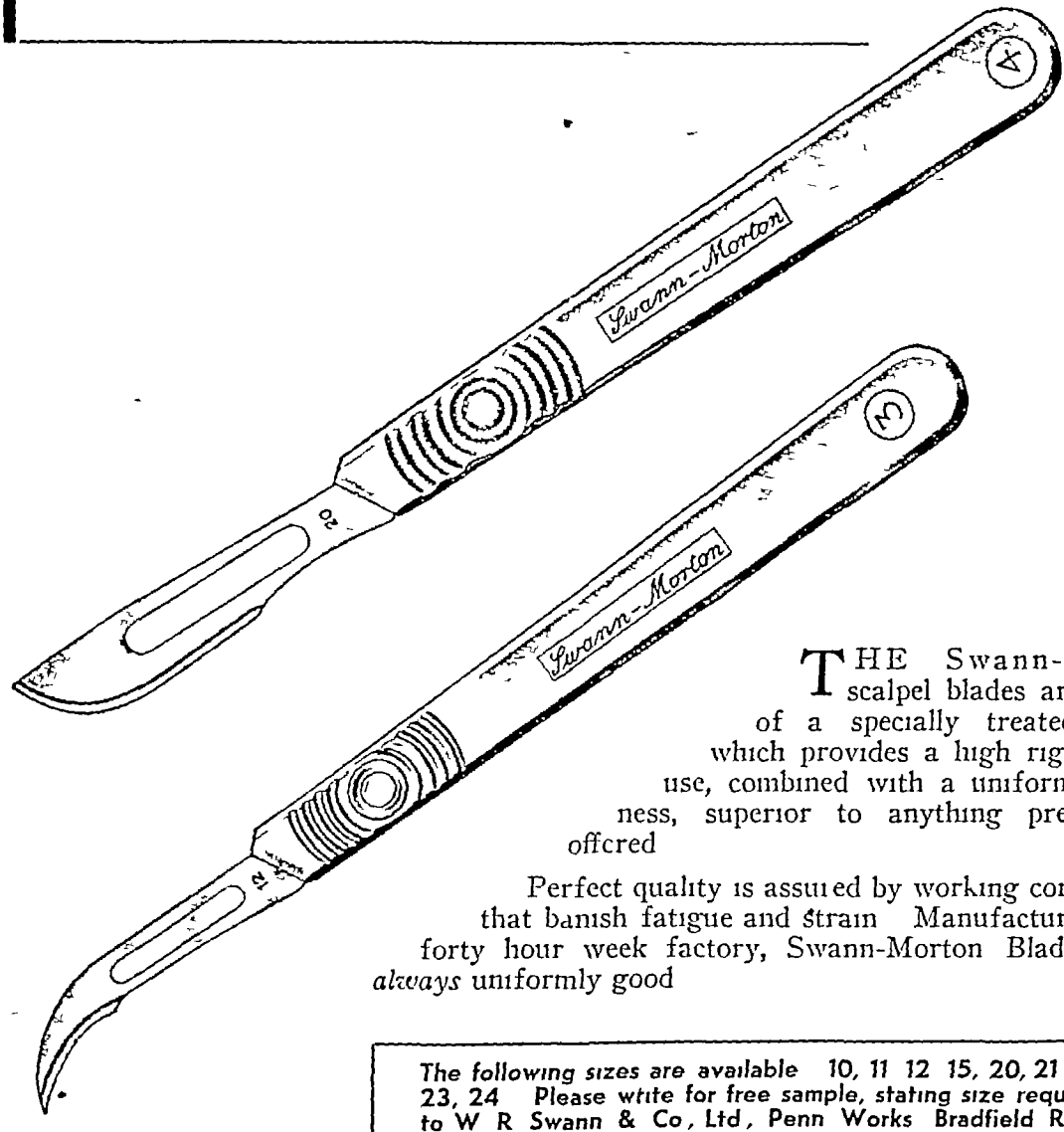
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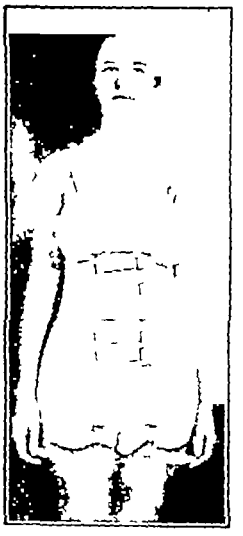
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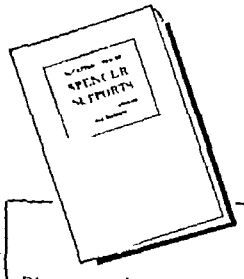
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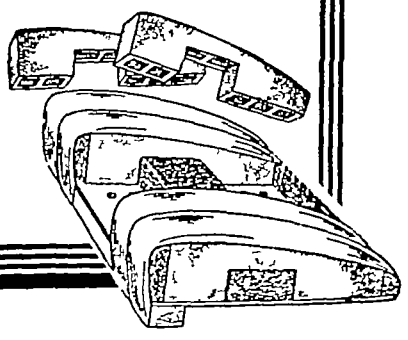
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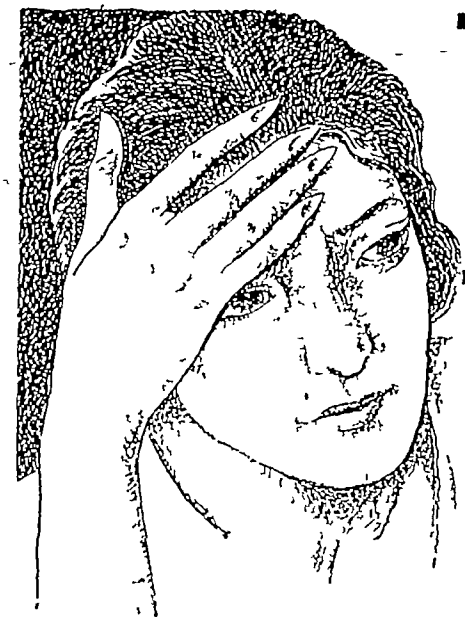
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Applications with copies of testimonials should reach me not later than first post on Saturday October 16th 1937 Candidates must attend a Meeting of the Medical Council on Friday October *22nd 1937 at 4.30 p m and prior to that date* call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but if so notified must attend a Meeting of the Board of Management at 5 p m on Tuesday October 26th 1937 when the appointment will be made.

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The Committee of Management invite applications for the following posts

RESIDENT SURGICAL OFFICER Candidates must have held a Resident Hospital appointment for not less than six months Salary £150 per annum with board and residence and an additional £25 per annum for services in connexion with paying patients. The appointment is for twelve months commencing November 1st

ASSISTANT RESIDENT MEDICAL OFFICER Candidates must have held a Resident Hospital appointment for not less than six months Experience in Artificial Pneumothorax essential and in Ear Nose and Throat work desirable Salary £150 per annum with board and residence The appointment is for six months commencing November 1st

HOUSE PHYSICIANS There are three vacancies The duties include work in the Out patient Department and in the Wards One of *the selected candidates will be appointed* Assistant to the Tuberculosis Officer for the Local Tuberculosis Dispensary at the Hospital The appointment is for six months commencing November 1st with an honorarium of £50

Applications with copies of testimonials must reach the undersigned not later than Saturday October 9th

F G ROUVRAY
Brompton September 1937 Secretary

ROYAL NORTHERN HOSPITAL,
Holloway N 7

Applications are invited for the post of RESIDENT MEDICAL OFFICER (Male) Candidates must be registered medical practitioners of at least two years standing and have held at least two previous house appointments Preference will be given to candidates experienced in practical operative surgery

The appointment is for one year from November 9th *1937* Particulars concerning remuneration and emolument (amounting to approximately £370 with board and residence) together with forms of application and rules can be obtained from the undersigned

Applications with copies of testimonials should be sent on or before October 8th to

GILBERT G PANTER
Secretary

ROYAL NORTHERN HOSPITAL
Holloway N 7

Applications are invited for the following appointment

HOUSE PHYSICIAN vacant December 1st The appointment is for nine months (3 months as Out Patient Medical Officer and Anaesthetist and 6 months as House Physician) Salary at the rate of £70 per annum with board residence and laundry

Applications with copies of testimonials should be sent by October 8th to the undersigned from whom forms of application and rules can be obtained

GILBERT G PANTER
Secretary

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL.

SURGICAL REGISTRARS

The Committee invite applications for the appointments of THREE REGISTRARS (Male) as from November 1st Candidates who have obtained the F R C S (Eng) will be preferred Honorarium £105 per annum The appointments are for twelve months renewable for a further twelve months on the recommendation of the Medical Board Applications with copies of three recent testimonials should reach the Secretary 234 Great Portland Street London W 1 not later than October 12th

---

THE MARIE CURIE HOSPITAL
(Centre for treatment of cancer in women by radium and X-rays)

Applications are invited from qualified medical women for the post of RESIDENT MEDICAL OFFICER Previous hospital experience desirable Salary £100 per annum

Applications to be sent with copies of not more than three recent testimonials to the Secretary 2, Fitzjohn's Avenue N W.3

THE INFANTS HOSPITAL
Vincent Square Westminster

Applications are invited for the post of PATHOLOGIST The appointment will be a full time one Salary at the rate of £700 per annum

An Assistant will subsequently be appointed

Applications with copies of not more than three testimonials, should reach the undersigned not later than October 8th

ALFRED J SMALL
Secretary

HOSPITAL OF ST CROSS RUGBY
(120 Beds)

Applications are invited for the post of SENIOR RESIDENT MEDICAL OFFICER Previous experience preferred

One years appointment Salary at the rate of £150 per annum Full board washing etc provided

The applicant will be expected to take charge of a 40-bed ward for Orthopaedic Surgical Tuberculosis and Fracture cases and to assist in the Fracture Clinics in the Out Patient Department

The Orthopaedic and Surgical Tuberculosis Department is approved by the Ministry of Health and the Board of Education

Candidates must be prepared to commence duty on Saturday October 16th 1937

Applications stating age nationality and full details with copies of three recent testimonials to be sent to the undersigned

(Signed) W COCKBURN
Superintendent and Secretary

ROYAL EASTERN COUNTIES INSTITUTION FOR THE MENTALLY DEFECTIVE

MEDICAL SUPERINTENDENT required by about December 15th for a Branch of the Royal Institution situated at Bridge Home Witham Essex 340 male beds

The Superintendent appointed will be in administrative and medical charge of the Home at Witham subject to the authority of the Medical Superintendent of the whole group of Institutions and Branches which form the Royal Institution

The appointment is a whole time one Previous residential experience in a Mental Deficiency Institution or in a Mental Hospital is essential Age not over 40 Applications to be received not later than October 20th Salary £700 a year rising by annual increments of £25 to a present maximum of £900 with unfurnished house (free of rates) gas electricity laundry and garden produce

Apply giving age nationality experience and copies of references to Medical Superintendent Royal Institution Colchester

STAFFORDSHIRE MENTAL HOSPITAL
Stafford

RESIDENT ASSISTANT MEDICAL OFFICER (male unmarried) required Salary £530 per annum rising by two annual increments of £25 to £580 per annum (£50 per annum additional if or when in possession of diploma in psychological medicine) subject to deduction of £130 per annum from salary for board lodging washing and attendance Appointment subject to provisions of Asylum Officers Superannuation Act 1909

Every opportunity provided for study and research in well-equipped laboratory Preference given to candidate who has held post of house surgeon or house physician in general hospital

Applications stating age qualifications etc and enclosing copies of testimonials to be addressed to the Medical Superintendent

THE STOCKPORT INFIRMARY
(100 Beds)

Applications are invited for the post of HOUSE SURGEON

Applicants must be male and unmarried

Salary £150 per annum with board residence and laundry Duties to commence November 1st 1937

The Resident Staff consists of a Resident Surgical Officer two House Surgeons and a House Physician

Applications together with copies of three recent testimonials stating age nationality and qualifications to be sent to the undersigned not later than October 4th 193

H G PRICE
Secretary Superintendent

THE COVENTRY AND WARWICKSHIRE HOSPITAL Coventry

Applications are invited for the post of non resident HOUSE GOVERNOR and SECRETARY to the above Hospital commencing salary not less than £700 *rising by biennial increases of £50 to* £1 000 per annum Federated Superannuation Scheme is in force Previous Hospital administrative and organizing experience essential Medical examination may be required Applications *stating age qualifications and experience* and accompanied by copies of three recent testimonials should be sent to the Chairman on or before October 16th Canvassing will be deemed a disqualification

BEDFORD COUNTY HOSPITAL

WANTED HOUSE SURGEON to take over his duties on October 11th for a period of not less than six months

Salary at the rate of £155 per annum

He must be fully qualified male unmarried Board lodging and laundry

Applications stating age nationality qualifications together with three recent testimonials to be sent to the Hon Secretary Hon Medical Staff Committee.

CEFN COED HOSPITAL SWANSEA
(Swansea County Borough Mental Hospital)

Applications are invited for the post of ASSISTANT MEDICAL OFFICER

Candidates must be under thirty years of age Commencing salary £400 rising by annual increments of £5 to £500 with emoluments consisting of board lodging laundry and attendance, valued at £100 per annum

The successful candidate will be expected to obtain the diploma in Psychological Medicine upon obtaining which he will receive an addition of £50 per annum Preference will be given to those candidates who have experience as House Surgeon or House Physician in a General Hospital

The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909 and to certain conditions a copy of which may be obtained from The Medical Superintendent to whom applications giving full particulars with copies of testimonials should be sent as soon as possible

H L LANG-COATH
Clerk to the Visiting Committee.

CHORLEY AND DISTRICT HOSPITAL
Chorley Lancashire
(Voluntary General Hospital with 70 Beds)

HOUSE SURGEON

Applications are invited for the post of House Surgeon to commence duties on October 23rd next or as soon thereafte as possible

The appointment will be for six months but the appointed candidate will be eligible for re appointment

The salary is £150 per annum with board residence and laundry

Applications with copies of three recent testimonials to be sent to the undersigned not later than Saturday October 9th 1937

C H SPENCE
Secretary Superintendent

KNOWLE MENTAL HOSPITAL
Fareham Hants

Applications are invited for the post of JUNIOR ASSISTANT MEDICAL OFFICER

Applicants should be male and single and under 35 The salary is £350 rising by yearly increments of £25 to £450 with board lodging washing and attendance valued at £150

The possession of a Diploma in Psychological Medicine entitles the holder to an extra £50 per annum

The salary is subject to deduction under the Asylums Officers Superannuation Act 1909

Applications stating age and all particulars accompanied by copies of three recent testimonials should be sent to the Medical Superintendent not later than October 16th 1937

September 24th 1937

THE BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL Tunstall Stoke-on Trent

(66 Beds Two Residents)

Applications are invited for the post of SENIOR RESIDENT HOUSE SURGEON Salary £175 per annum with board residence and laundry Surgical experience necessary good opportunity for Surgical and Orthopaedic work The appointment is for six months in the first instance re appointment may be applied for

Applications stating age and experience with copies of three testimonials to be sent to the undersigned immediately

C E LOWNDES
Secretary

HARLOW WOOD ORTHOPAEDIC HOSPITAL
near Mansfield Notts (155 Beds)

Applications are invited for the post of HOUSE SURGEON (male) The salary is at the rate of £200 per annum with board residence and laundry The duties may include attendance at the Associated Hospitals and Out patient clinics and commence on November 1st 1937 The appointment will be for six months and may be renewed for a further six months

Applications stating age and experience with copies of testimonials should be received by the Secretary not later than October 11th 1937

THE HOSPITAL FOR SICK CHILDREN
Newcastle-upon Tyne

Applications are invited for the posts of HOUSE PHYSICIAN and HOUSE SURGEON

(Male or female) to commence duties as soon as possible until January 31st 1938 Salary at the rate of £100 per annum together with board residence and laundry

Applications stating age and qualifications together with copies of testimonials to be sent to the Secretary Mr Neil Brodie 18 City Road Newcastle-upon-Tyne 1

MANCHESTER ROYAL INFIRMARY

The Board of Management of the Manchester Royal Infirmary invite applications for the post of RESIDENT MEDICAL OFFICER of the PRIVATE PATIENTS' HOME of 100 beds to be opened shortly

Applicants must be registered and hold a Medical and Surgical qualification and must have had at least one years resident experience in a general hospital

The appointment is for twelve months renewable for a further period

Salary £250 per annum with board residence and laundry allowance

Full information is obtainable from the undersigned to whom applicants must send twelve copies of their application and testimonials on or before 9 a.m on Thursday October 14th 1937

By Order
W R TINDALE
General Superintendent and Secretary

HULL ROYAL INFIRMARY

Applications are invited from registered Medical Practitioners for the post of SECOND HOUSE PHYSICIAN *(male) vacant October 22nd* Salary at the rate of £150 per annum plus residence, board and laundry

The post is recognized by the University of London for the M D Branch I (Medicine) *Examination*

The appointment will be for a period of six months but will be determinable at any time by one months notice on either side

Applications giving particulars of age experience and nationality together with copies of recent testimonials, should be addressed to the undersigned

R J CARLESS
House Governor

September 27th 1937

THE ROYAL PORTSMOUTH HOSPITAL
Portsmouth
(Six Resident Medical Officers)

Applications are invited for the post of HOUSE SURGEON (male) qualified Salary at the rate of £130 per annum with board etc To commence duty on November 1st 1937 Six months appointment Eligible on completion of term for extension or other resident posts

Applications stating age nationality etc with copies of three recent testimonials, to be sent to the undersigned not later than Friday October 15th 1937 from whom all particulars can be obtained

B WAGSTAFF
Secretary

CHELMSFORD AND ESSEX HOSPITAL
(155 Beds)

ONE HOUSE SURGEON (female) required for a period of six months. Salary £150 per annum with board apartments and laundry Resident staff consists of two Resident Medical Officers

Applications stating age qualifications together with copies of three recent testimonials should be sent to the undersigned not later than October 5th

R G MORRISH
Secretary

CLAYTON HOSPITAL WAKEFIELD

Applications are invited for the post of HOUSE SURGEON for six months (renewable) from October 22nd 1937 Candidates should be of British Nationality male and single. Salary at the rate of £200 per annum together with board residence and laundry

Applications stating age qualifications and experience together with copies of three recent testimonials should be sent to the undersigned immediately

T F W MACKEOWN
Superintendent and Secretary

CAERNARVONSHIRE AND ANGLESEY INFIRMARY
Bangor (General Hospital)

WANTED—*JUNIOR HOUSE SURGEON* (male) Salary £120 per annum with residence board and laundry Duties to commence November 1st

Applications stating age nationality and experience with copies of two or three recent testimonials to reach the Secretary by not later than October 16th 1937

DISTRICT INFIRMARY
Ashton under Lyne
(General Hospital 200 Beds)

CASUALTY HOUSE SURGEON required about October 19th *Applicants must have had previous* experience Salary at the rate of £180 with the usual residential emoluments

Applications to be sent to

FRANK OLIVER
General Superintendent and Secretary

September 24th 1937

LIQUOR PEPTICUS (Benger)

"A digestive agent of extraordinary power"
Sir William Roberts, M D , F R.S

Liquor Pepticus Benger is a concentrated and highly active fluid pepsin in acid solution which acts particularly upon meat, eggs and other proteid foods

The best results from the use of Liquor Pepticus are obtained when it is prescribed alone Should the prescriber wish to combine medicaments of a tonic nature, it will be recollected that those which are free from astringency and alkalinity should be selected In 4, 8 and 16-oz bottles Prices 3/6, 6/6 and 12/6



BENGERS FOOD, LTD, Otter Works, MANCHESTER
NEW YORK (U S A.) 41 Maiden Lane SYDNEY (N.S W.) 350 George Street. CAPE TOWN (S A) P.O. Box 737
M.3776

NEW PHARMACEUTICAL PREPARATIONS
for the treatment of
ANAEMIA and CALCIUM DEFICIENCIES

FERRIPAN

A blood-regenerating preparation of exceptionally high value containing IRON-LIVER-COPPER with valuable albuminoids in combination with Vitamins A and D Exceptionally palatable, having no trace of the objectionable taste of Liver Extracts

CALCIPOT

Easily assimilable Calcium Citrate (with a high "available" Ca Content) in combination with Calcium Glycerophosphate. Packed in tablet form.

CALCIPOT FOR INJECTION

Ampoules containing 10% and 20% Calcium Gluconate Solution, sterilized and stabilized by a special process

For special Brochure

"Deficiency Diseases The most recent advances in Therapeutic Agents employed in their treatment and clinical samples apply to —

British Agents —C R. HARKER STAGG & MORGAN LTD, EMMOTT STREET, LONDON, E 1

TROPONWERKE TROPON COLOGNE-MULHEIM

Magnesium Trisilicate

Owing to improved method of manufacture and increasing popularity of

MAGSORBENT

REG TRADE MARK

THE ORIGINAL BRAND OF SYNTHETIC HYDRATED MAGNESIUM TRISILICATE

POWDER

KAYLENE LTD.

announce a substantial

PRICE REDUCTION

REDUCED PRICES

ON AND AFTER DECEMBER 1st 1937

2/6d	2 oz.	Carton NOW	**1/6d**
5/-	5 oz	Carton NOW	**3/-**
40/-	3 lb	Carton NOW	**23/-**

A NEW SIZE

16 oz Carton — price **8/9d**

These prices apply in the U.K. and I.F.S.

To ensure that your patients receive the original magnesium trisilicate of correct formula and constitution (*B M J*, 1937, 2, 735) it is important to specify clearly on your prescription forms *℞ MAGSORBENT*

Samples and Literature on request to the Sole Manufacturers —

KAYLENE LIMITED, Waterloo Road, London, N W 1

Telephone Gladstone 1071-2-3 *Telegrams Kayloidol Gold Londo*



For Rheumatism and allied conditions

FORAPIN

British Patent No 425,543

Standardized toxin of living bees

Ointment

advantages easy and painless application, low price, high therapeutical effect

Tubes No I (normal)—No II (strong)

Ampoules for intracutaneous injection

Assorted packing of 7 ampoules (2 ampoules of each strength A, B, C & 1 trial ampoule)

Packing strength "D" of 6 ampoules (high concentration) for very obstinate cases

Samples and literature available on application to Coates & Cooper Ltd, 94 Clerkenwell Road, London, E C 1

Immunization against Typhoid by Oral Administration

This method of establishing immunity against Typhoid is very valuable, since it eliminates the reactions usually associated with vaccine treatment by subcutaneous injections

ORAL TYPHOID VACCINE (Genatosan) is issued in 5 c c bottles, each containing a total of 100,000 million dead organisms (50,000 millions *B typhosus* and 25,000 millions each of *B paratyphosus* A and B)

Additional information regarding this Vaccine will gladly be supplied on request.

GENATOSAN LTD.

VACCINE DEPARTMENT

LOUGHBOROUGH, LEICESTERSHIRE

In Rheumatic Conditions

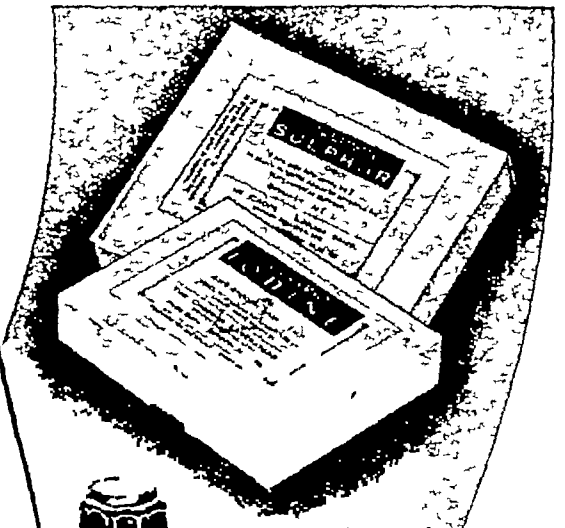
℞

COLLOSOL SULPHUR ℥ viii
Sig ℥ i thrice daily, after meals,
in a wineglassful of water

Alternate weekly with
COLLOSOL IODINE ℥ x
Sig ℥ i or ℥ ii thrice daily, after meals,
in a wineglassful of water

As auxiliary measures
COLLOSOL SULPHUR BATHS
℥ iv mitte xii
Sig one bath every fourth day

COLLOSOL IODINE OIL ℥ i
Well rubbed in every night





The success of Collosol Iodine and Collosol Sulphur used separately indicated that as both drugs fill an important place in the treatment of infective and other conditions such as Early Rheumatoid Arthritis, Muscular Rheumatism, Fibrositis, Sciatica, etc., by alternating the treatment a valuable addition to the armamentarium of the practitioner would be afforded Actual clinical results prove that the combination does produce the results expected from theoretical considerations

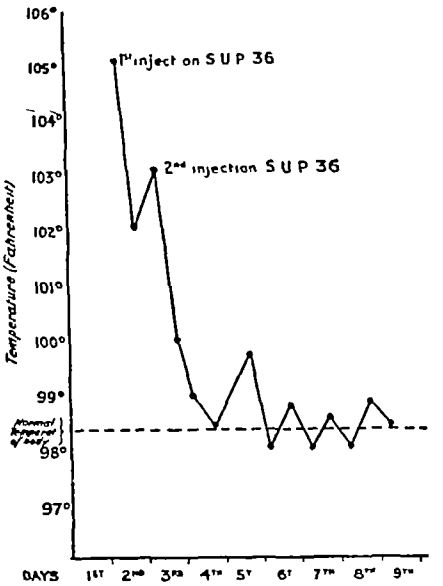
COLLOSOL IODINE is unaccompanied by the disadvantages usually associated with Iodine treatment It remains stable in the gastric juices and is absorbed in the tissues

COLLOSOL SULPHUR, unlike the ordinary pharmaceutical preparations of sulphur readily combines with proteins in the intestinal tract and is entirely absorbed

Special monograph upon application

THE CROOKES LABORATORIES (British Colloids Ltd) **Park Royal, London, N.W.10**

T G.S



S.U.P. 36

In the treatment of inflammatory conditions of the respiratory system

Clinical experience covering more than a decade has provided an abundance of evidence confirming the value of S U P 36 in the treatment of inflammatory conditions of the respiratory system

The accompanying graph illustrates the dramatic recovery which followed two injections of S U P 36 in a case of broncho-pneumonia

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SUP/S/47

'PANOPEPTON'

LEAN BEEF—the entire group of nitrogenous substances those natively soluble and those rendered soluble by physiological hydrolysis amino acids and polypeptids with the natural savoury extractives and minerals

ENTIRE WHEAT GRAIN—the peculiar complex of nitrogenous substances, those naturally soluble and those rendered soluble by physiological hydrolysis, amino acids and polypeptids the farinaceous substance converted into dextrin and maltose and with the associated savoury constituents and minerals

Of the beef nothing is excluded but the indigestible connective tissue and lipoid Of the wheat nothing is excluded but the insoluble inert cellulose and silica of the shell of the grain

'Panopepton' is of a uniform standardized composition, it is highly agreeable, requires no preparation It is a potent restorative and emergency food in serious straits, a fortunate recourse for the invalid

Supplied in 12 oz bottles

A Free Sample will be sent to Members of the Medical Profession on request

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Control of Type I and Type II Pneumonias with

ANTIPNEUMOCOCCIC SERA

Lederle

SUCCESS IN THE SERUM TREATMENT of lobar pneumonias is measured by—

- *a 60% reduction in the death rate of Type I cases*
- *a 40% reduction in the death rate of Type II cases*
  (if treatment is commenced within 96 hours of onset)

Specific antipneumococcic sera offer the only certain means of reducing the death rate in Types I and II pneumococcus pneumonias—the cause of nearly 50% of all adult lobar pneumonias between the ages of five and fifty

The "higher types' claim special interest at the moment because of the opportunity they offer for more extensive control of pneumococcic infections by means of specific serum therapy

Specific antisera are now available for Types V, VII, and VIII, and the results obtained with these have been extremely encouraging Bullowa and Finland have both observed approximately a 70% reduction in the mortality rate of serum treated Type V and VII cases

Success is largely dependent upon prompt bacteriological diagnosis facilitated by the Neufeld Rapid Typing, early and adequate treatment, and of equal importance—the use of serum of the highest quality

Refined and Concentrated Antipneumococcic Serum *Lederle* represents the accrued knowledge gained by years of experience in its manufacture.



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Telegrams and Cables Aseptic Leeds *Telephone* 20085 (3 lines)
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RADIO-MALT

Its regular administration ensures a sufficiency of Vitamins A B_1 B_2 and D to counteract the harmful effects which inevitably result from the low vitamin content in the daily diet at this time of the year

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Liver Therapy

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(Parenteral)

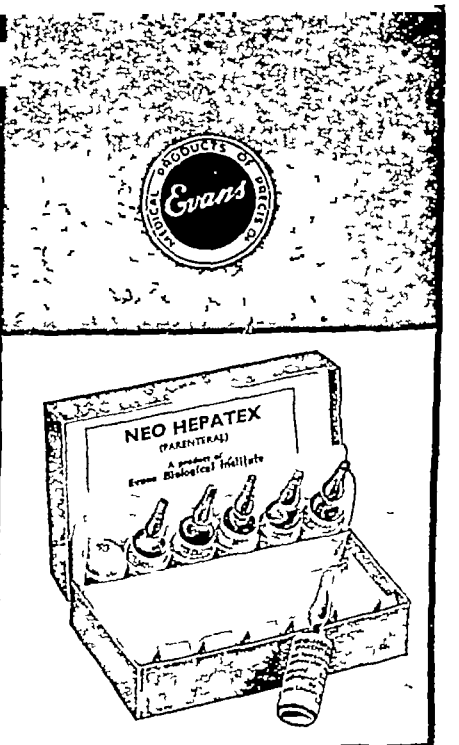
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Clinically tested

The remarkable efficiency of Neo-Hepatex provides fully adequate dosage in small volume

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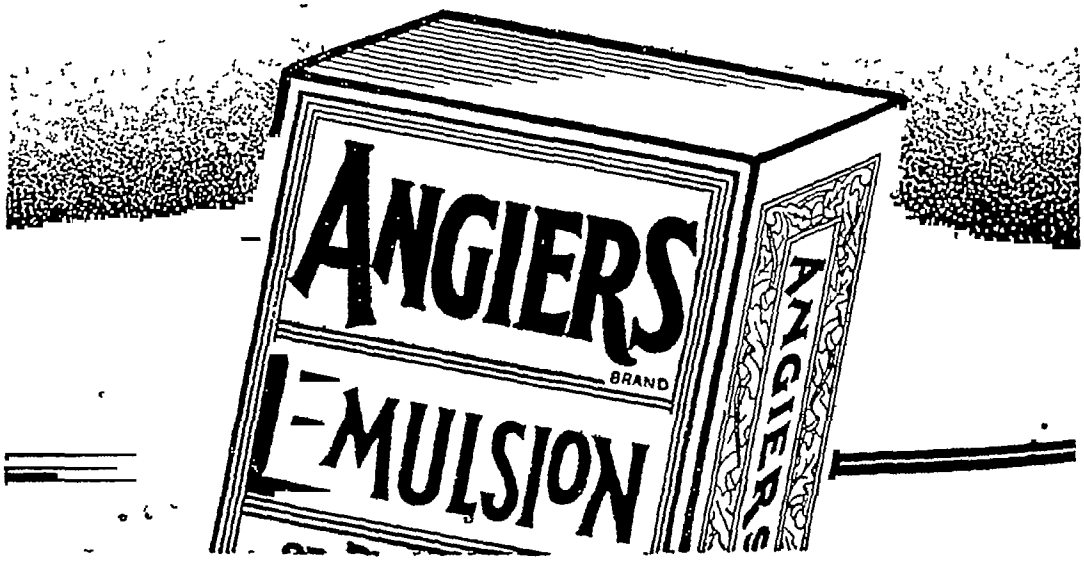
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There is a vast amount of evidence of the most positive character proving the efficacy of 'Angiers' in sub-acute and chronic bronchitis It not only relieves the cough, facilitates expectoration, and allays inflammation, but it likewise improves nutrition and effectually overcomes the constitutional debility so frequently associated with these cases Bronchial patients are nearly always pleased with 'Angiers' and often comment upon its soothing, "comforting" effects

The unique soothing properties of 'Angiers,' its favourable influence upon assimilation and nutrition, and its general tonic effects, make it eminently useful both during and after influenza It has a well-established reputation for efficiency in relieving the troublesome laryngeal or tracheal cough, correcting the gastro-intestinal symptoms and combating the nervous depression and debility

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THE ORIGINAL PREPARATION

A useful remedy in Dyspepsia, especially when Pyrosis is a conspicuous symptom and Diseases of the Stomach
(Not under the Dangerous Drugs Act)

'Undoubtedly a valuable and convenient preparation."—
LANCET

Obviously likely to be of much advantage in the frequent cases of irritative dyspepsia, with atony of gastric or intestinal muscular layers'—
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Dose
Half to one drachm diluted

In 5 10 22 40 and 90-oz. bottles only

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STREPTOCIDE

(p aminobenzenesulphonamide Evans)

For oral administration

The Value of Streptocide in
Puerperal Fever

is fully described in a report to the Therapeutic Trials Committee
(Vide 'Lancet,' Nov 27th, 1937)

Other indications include

Erysipelas
Tonsillitis
Streptococcal Sore Throat
B coli and Gonorrhœal infections of Genito-urinary Tract

Streptocide is issued in tablets as follows –

	0·5 gm (7½ grains)	0·25 gm (3¾ grains)
In bottles of 25 tablets	2/3	1/9
" " " 100 "	7/9	5/6
" " " 250 "	18/-	12/6

Streptocide is available also for topical application as

STREPTOCIDE OINTMENT (Evans)
(contains 5% of *p* aminobenzenesulphonamide)

Issued in 2-ounce collapsible tubes – 2/- each

MADE AT EVANS BIOLOGICAL INSTITUTE
BY
Evans Sons Lescher & Webb Ltd.
LIVERPOOL and LONDON

Purity-Activity-Stability

INSULIN 'A.B.'

Insulin 'A B' was the first British insulin offered commercially to the medical profession. Its manufacture on an industrial scale was the direct result of research carried out by the joint manufacturers in their physiological and chemical laboratories. Its supremacy has been fully maintained by the persistent work of the research staff engaged in its production.

Insulin A B has a world wide reputation for its strictly safeguarded sterility, its carefully standardised strength, its freedom from toxic reactions and its stability in hot climates.



Supplied in three strengths

20 units per c c
Packed in bottles containing
5 c c (100 units) 1/6 each
10 c c (200 ,,) 2/10 ,,
25 c c (500 ,,) 6/10 ,,

40 units per c c
Packed in bottles containing
5 c c (200 units) 2/10 each

80 units per c c
Packed in bottles containing
5 c c (400 units) 5/6 each

Full particulars and the latest literature will be sent free to members of the Medical Profession

Joint Licencees and Manufacturers

The British Drug Houses Ltd. Allen & Hanburys Ltd.

SPECIAL ADVANTAGES OF 'ENDRINE'

IN THE TREATMENT OF NASAL CONGESTION AND CATARRH

The benefits of the oily base –

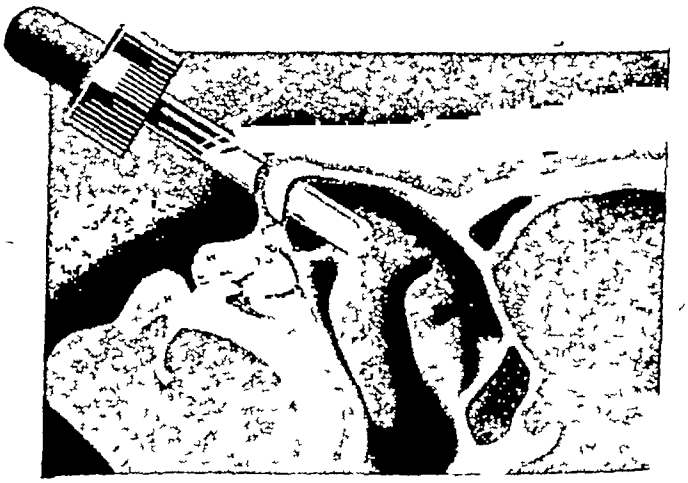
(1) Ephedrine dissolved in oil produces a deeper and more lasting effect due to the adhesive properties of the oil maintaining contact for a long period with the mucous membrane of the nares

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Endrine contains ephedrine, to contract soft tissues thus aiding nasal ventilation and assisting sinus drainage menthol, eucalyptol and camphor which have stimulating and mildly antiseptic qualities and oil, which has a soothing effect on inflamed mucosa



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Injection of Bismuth B P

A sterile 20% suspension of very finely divided bismuth metal in isotonic glucose solution *Bismostab is gradually and continuously absorbed over a long period*

5 c c and 10 c c rubber-capped vials
1 fl oz bottles



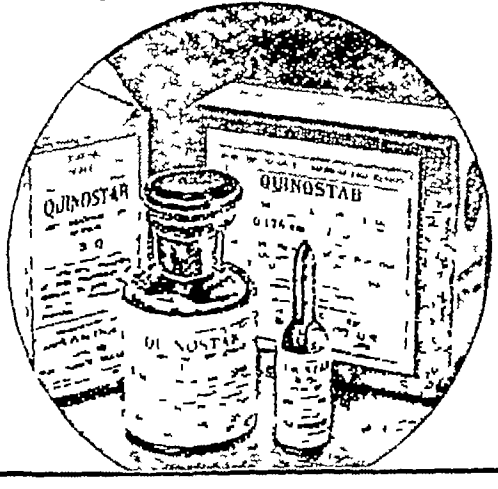
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Bismuth Oxychloride Suspension in Isotonic Glucose

In Chlorostab, bismuth oxychloride is presented in a pure and suitably finely divided state ensuring unifo m absorption at an optimum rate

0 16 gm bismuth metal per c c.—
5 c.c. and 1fl oz. vials
0 20 gm bismuth metal per c.c —30 c c. vials



QUINOSTAB

TRADE MARK BRAND

Iodo Bismuthate of Quinine

The therapeutic power of *Quinostab* is not exerted so rapidly as that of most bismuth preparations *Quinostab* is particularly useful in the treatment of debilitated patients, in late and cardiovascular syphilis and in *neurosyphilis*

3 5 c.c. and 1 75 c c ampoules
1 fl oz. bottles

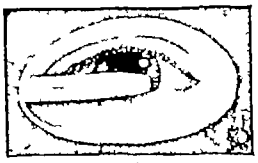
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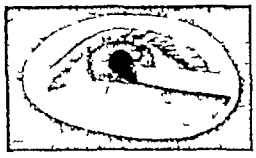
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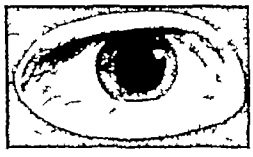
Telephone Nottingham 45501 *Telegrams* Drug Nottingham



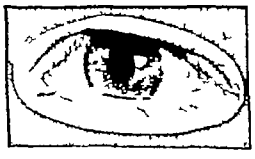
COCAINE—With 1% cocaine solution an average of 173 seconds elapse before the touch of a wooden applicator on the eye-ball is no longer felt



BUTYN—With a 1% solution of Butyn (Abbott) an average of only 68 seconds elapse before the touch of a wooden applicator is no longer felt



COCAINE—With 1% cocaine solution the duration of anæsthesia is no longer than that obtained with 1% Butyn solution. Note the dilatation



BUTYN—With 1% Butyn solution anæsthesia persists for approximately as long as when 1% cocaine is used Note absence of dilatation

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Among local anæsthetics—including cocaine—which are effective on intact mucous surfaces, Butyn is *unique in its ability to produce rapid*, profound and prolonged anæsthesia Butyn is widely used and is recommended for topical application in operative procedures on the eye, nose and throat, as well as for use in genito-urinary work • Butyn 2% Solution the most widely used preparation of the drug has proved to be as effective clinically as a 5% solution of cocaine Used in the eye Butyn does not affect the accommodation nor ocular tension Neither does it cause drying of the conjunctiva as does cocaine Two or three drops of the 2% Solution in the eye are sufficient for the removal of impacted foreign bodies or for the relief of pain due to abrasion of the cornea

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For Intestinal Stasis

VISCOSITY AND LUBRICATION THERAPY



One of the most important tests in connection with the preparation of mineral oil for therapy is that for viscosity

The viscosity of Nujol is physiologically correct at body temperature

When Nujol is prescribed the practitioner is protecting the patient by using the standardised intestinal lubricant

Lubrication therapy is preventive therapy Correct lubrication therapy implies Nujol therapy

Nujol

costs the patient only

1/6 or 2/6

(8oz or 16oz bottles respectively)

CREAM OF NUJOL

Indicated in cases where a plain oil, however bland and tasteless - is not tolerated A delightful emulsion of Nujol free from sugar or medicaments Cream of Nujol contains only Nujol, emulsifying agents and flavouring 16 oz —3/6

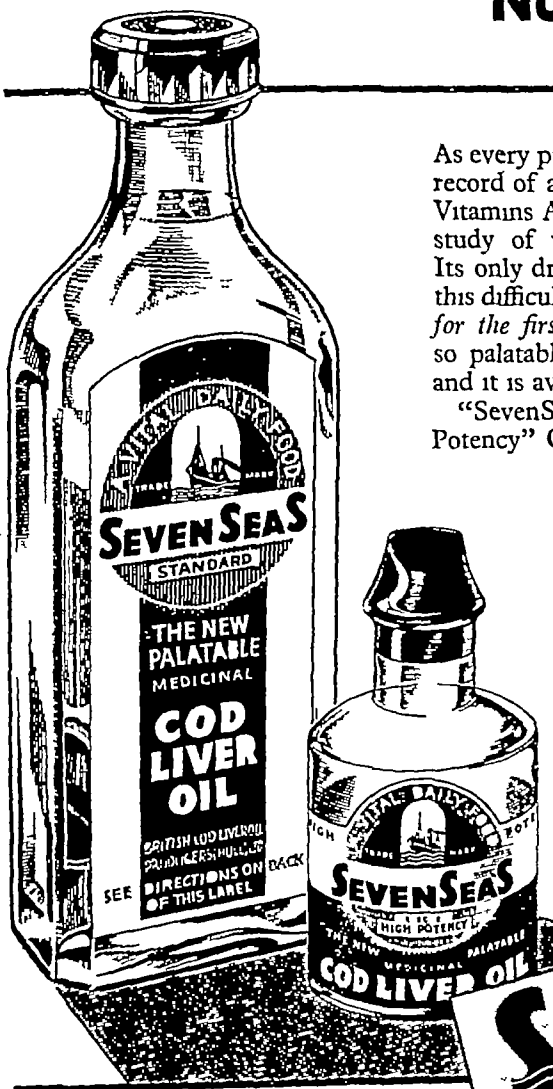
Samples of Nujol and Cream of Nujol for clinical test obtainable from

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is the Liver Oil with the

OFFICIAL BACKING OF THE MINISTRY OF HEALTH AND LEAGUE OF NATIONS NUTRITION COMMITTEE



As every practitioner knows, no other liver oil has such a record of achievement as Cod Liver Oil For it contains Vitamins A and D in the right proportion In fact, the study of vitamins originated through Cod Liver Oil Its only drawback in the past has been its taste Now this difficulty has been overcome "SevenSeaS" provides, *for the first time*, Cod Liver Oil in a palatable form—so palatable that it can be taken with ordinary foods, and it is available in "High Potency" form, too

"SevenSeaS" is obtainable in three forms (1) "High Potency" Oil—four times "B P" standard, (2) "High Potency" Capsules containing 5 min dose of "High Potency" Oil, (3) Standard "B P" Oil We would like all practitioners to prove "SevenSeaS" "High Potency" Cod Liver Oil to their own satisfaction Please send to the address below for a free sample

HIGH POTENCY OIL - - - - 1/3 bottle
(you only need 5 drops)
HIGH POTENCY CAPSULES
(25 capsules) - 1/6 bottle
(50 capsules) - 2/9 bottle
(100 capsules) - 5/- bottle
"B P" STANDARD OIL 10d & 1/3 bottle

From all chemists, including Boots, Timothy Whites & Taylors etc., etc.

SEVEN SEAS
COD LIVER OIL

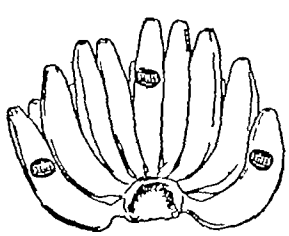
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THE PHYSIOLOGICAL VALUE OF THE BANANA

II. Protein: The proteins in plants are biologically inferior to the proteins from animal sources, because they do not yield *all* the varieties of nitrogenous bodies (amino-acids) demanded by the human organism for full development.

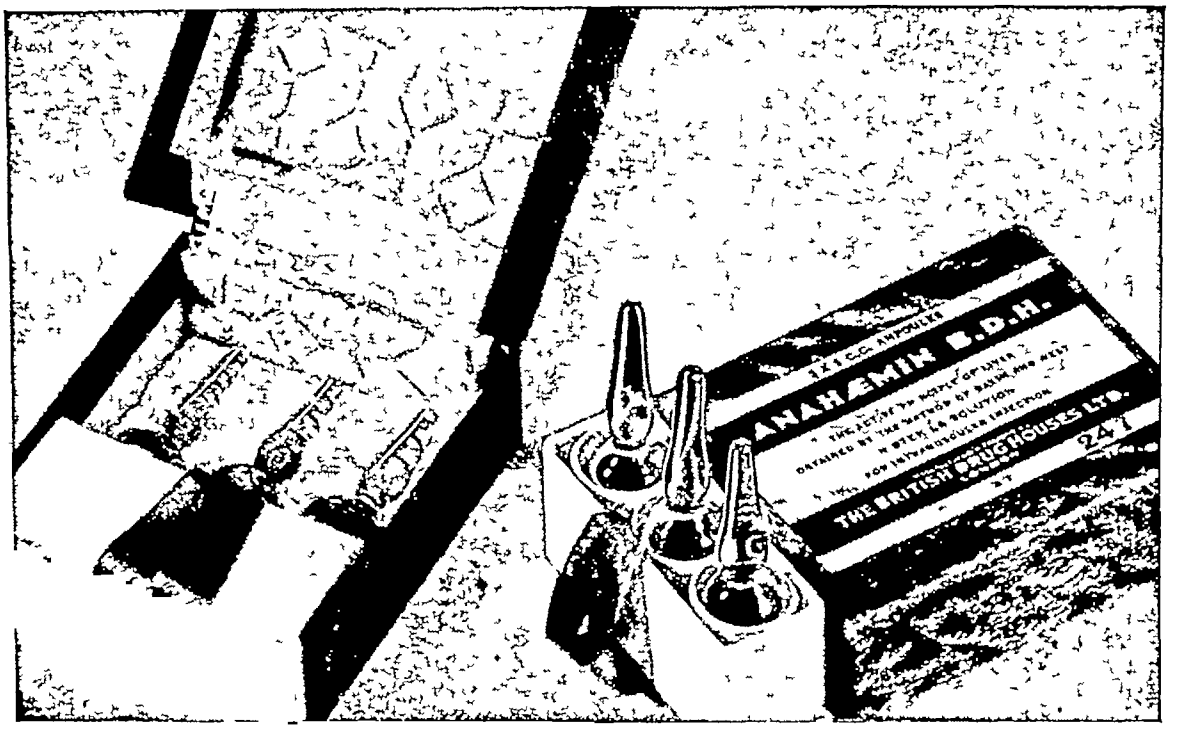
But, while incomplete, they have a full caloric value, and are useful in diluting the complete proteins of animal origin. A leading authority states that about half animal and half plant protein gives the best biological value in a diet.

The amount of protein—average 1·3 per cent.—is higher in the banana than in the majority of raw fruits.



NB In the fully ripe banana the starch content is reduced to about 3 per cent., having been converted into soluble sugars. A banana is ripe when all green has disappeared from the skin and brown spots have formed upon the yellow surface.

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ANAHÆMIN B.D.H.

In the treatment of pernicious anæmia

In the majority of cases of pernicious anæmia treated with Anahæmin the response is so certain that, in the words of one well-known physician, 'it is possible almost to guarantee a rise of half a million in red blood count weekly from a weekly 2 c c injection indeed, this dose seems usually to be too large ' On the other hand, some physicians arrange their own scheme of dosage, one such physician states 'I give 4 c c in a week leaving off all treatment for about six weeks I have had excellent results Anahæmin has never let me down it is easily the best liver preparation'

In either event, whether the orthodox or a special dosage be adopted, the blood count in average cases is restored to normal within a few weeks, after which period it can be maintained by monthly injections of 2 c c

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On the treatment of Vaginal Discharge nothing more significant has been written than the following extract from the paper on Venereal Diseases in **THE PRACTITIONER,** *October, 1937* —

"Fissan—In the treatment of gonococcal infection of the female, the most practical advance recently is the use of fissan powders Fissan is a highly absorbent powder of lactalbumin combined with such drugs as silver proteinate or ichthyol It is in fine division and is highly absorbent The technique advocated is to cleanse the vulva and vagina by swabbing and then to introduce a fairly large deposit of fissan medicated powder at the external os by means of a powder insufflator Then the vagina and vulva are covered by a fine film of the same powder The treatment is repeated daily The urethra is treated by instillation of silver compounds such as argyrol, 10 per cent, or neoprotosil, 10 per cent This method is clean, and easily and rapidly carried out The powder is free from staining or odour, and is cheap There is the minimum risk of producing upward spread of the infection by the introduction of instruments into the cervical canal and urethra The fissan powders are likely to prove very valuable in the treatment of vulvo-vaginitis of children"

THE FISSAN POWDER SPRAY has been specially designed for the convenient and proper application of Fissan Powders

This improved powder applicator for cavities, supplies at will either a simple dusting or projects a sufficient amount of powder for forming a deposit

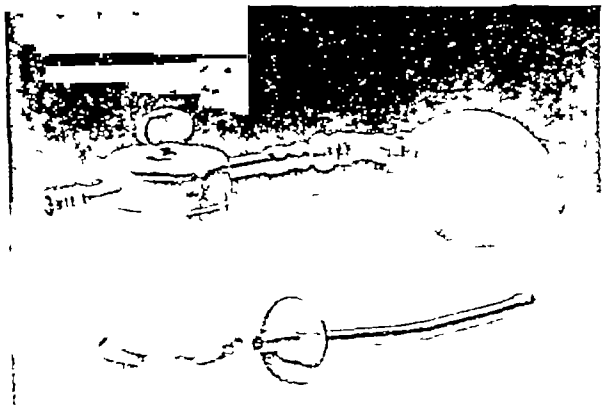
A very simple cartridge method of charging combines economy and hygiene

This apparatus is made completely of metal and chromium plated inside and outside, so that after removal of the rubber bulb every part can be sterilised

The powder content is adequately protected against contamination from the vaginal discharge

A simple turn of the regulator tap cuts off the powder supply and allows the removal of every trace of residue from the attachment Fissan Brand Absorbent Powder, Ichthyol Powder and Silver Powder are made up in special cartridges for use in the Powder Spray

Fissan POWDER-SPRAY



21/- *(No breakable or perishable parts)*

Special Cartridges of Fissan Powder, 1 6 per box of three (Each Cartridge sufficient for several applications)

Further particulars on application to
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Modern Iron Therapy

Iron 'Jelloids' are an elegant and reliable means of administering the proto-carbonate of iron. The preparation has none of the disadvantages of Pil Blaud The iron content remains fresh and unoxidized indefinitely, and injury to the teeth is avoided

The Jelloids' are highly effective in the treatment of achlorhydric anaemia and indeed in all the simple anaemias in which massive iron therapy is indicated

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"In cases where there is bronchitis, with morning cough and difficulty in bringing up sputum, a teaspoonful of EUPNINE on waking will often be helpful, and it should be continued throughout the winter"
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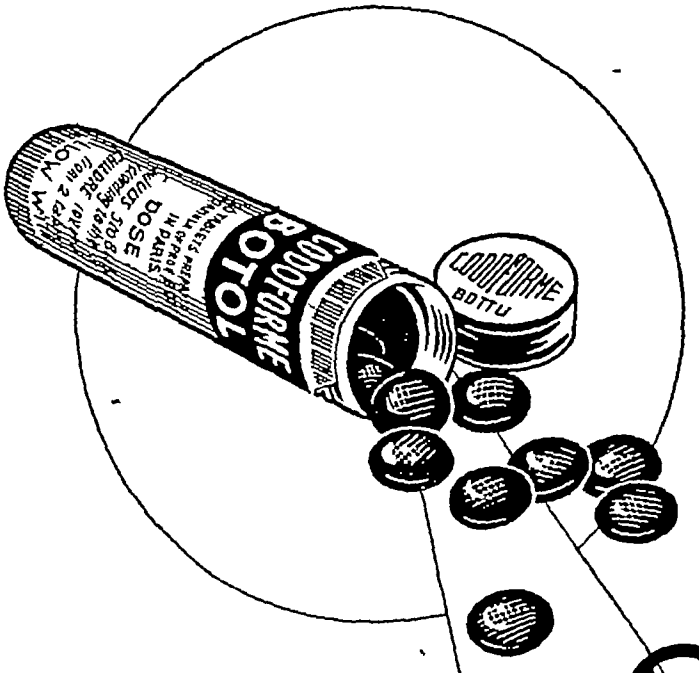
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The original stable solution of Caffeine Iodide

RELIEVES lung congestion
PROMOTES diuresis
STRENGTHENS the heart

Reduced Prices 100 *c c* 4/- 50 *c c* 2/4

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CODOFORME (BOTOL)

A SAFE AND INSTANTANEOUS SEDATIVE FOR

COUGH



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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District	Town or District.
CONTRACT PRACTICE	CONTRACT PRACTICE.—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer.)*	LLWYNYPIA CLYDACH VALE, PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*
BLACKPOOL AND FYLDE FRIENDLY SOCIETIES COUNCIL *(Medical Officer.)*	MID RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1

Town or District.	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria.	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec Western Australian Branch British Medical Association Shell House, 705 St George's Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B.M.A. House 225 Wickham Terrace, Brisbane B 17				

September 29, 1937 By Order of the Council G C ANDERSON, *Secretary*

BURY INFIRMARY (LANCS)
(127 Beds)

RESIDENT SURGICAL OFFICER (MALE).

Applications are invited for the above post from those holding the Fellowship of one of the Royal Colleges of Surgeons

The appointment is for a term of one year with provision for an extension of a further twelve months and the successful candidate will be expected to commence duties immediately

Salary will be paid at the rate of £400 per annum together with board residence and laundry

Applications stating age qualifications and nationality together with copies of three recent testimonials are to be addressed to the undersigned and should be forwarded as soon as possible, endorsed R.S.O.

H. WILKINSON
Superintendent.

STROUD GENERAL HOSPITAL,
Stroud Glos

RESIDENT MEDICAL OFFICER required Candidates must be fully qualified and registered Six months appointment from October 20th Salary £160 per annum with board and laundry Applications stating nationality together with copies of three recent testimonials to be sent to the undersigned from whom further particulars may be obtained

C FORD SPENCER
Secretary

THE LADY CHICHESTER HOSPITAL HOVE, FOR FUNCTIONAL NERVOUS DISEASES
(60 Beds.)

SENIOR HOUSE PHYSICIAN required Six months appointment at £100 per annum all found Also JUNIOR at £50 per annum Valuable experience for Diploma in Psychological Medicine.

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August 21st 1937

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THIRD ASSISTANT RESIDENT MEDICAL OFFICER (male single) under 30 Residential General Hospital experience is desirable. Salary £350 rising by £50 per annum to £450 per annum together with board lodging washing and attendance valued for purposes of superannuation at £150 per annum An additional £50 per annum will be paid for possession of a D P M

The appointment is subject to the provision of the Asylums Officers Superannuation Act 1909

There is a good laboratory and two active Psychiatric Clinics one attached to the Leicester Royal Infirmary

Applications giving particulars of experience etc together with names of three references one of which should be non-professional and marked A M O " to be sent to the Medical Superintendent.

SMEDLEY'S HYDROPATHIC ESTABLISHMENT MATLOCK

HOUSE PHYSICIAN male unmarried and fully qualified required Salary at the rate of £200 per annum with residence board and laundry Appointment for 12 months renewable if suitable with view to permanency with good prospects Previous experience in resident Hospital appointment preferred Duties include attendance at local hydropathic Hospital Applications stating qualifications experience age and nationality together with copies of three recent testimonials to be sent to Dr Harbinson Smedley's Hydro Matlock before October 31st 1937

STIRLING DISTRICT MENTAL HOSPITAL LARBERT

JUNIOR ASSISTANT MEDICAL OFFICER required (male) Salary commencing at £300 per annum with board lodging and laundry Appointment subject to provisions of Asylums Officers Superannuation Act Apply stating age and experience with testimonials to the Medical Superintendent.

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Applications are invited for the post of PHYSICIAN SUPERINTENDENT to the Royal Asylum of Montrose Salary £1,200 per annum rising by annual increments of £50 to £1,400 with free house and garden local rates electricity and the services of a chauffeur gardener for whom a house will be provided

Superannuation allowance under the Lunacy Scotland Act 1866

Applications stating age qualifications and previous experience along with 35 copies of testimonials to be submitted on or before October 11th 1937 to C K Alexander Clerk and Treasurer Royal Asylum, Montrose Scotland.

MANCHESTER AND SALFORD HOSPITAL FOR SKIN DISEASES
(54 Beds 16,500 Out patients per annum)

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Applications are invited for the post of House Surgeon Must be registered The appointment is for six months Salary at the rate of £150 per annum with board and residence

Applications with copies of three testimonials, to be sent to the undersigned Quay Street, Manchester not later than October 7th

JOHN NALL,
Secretary

DERBYSHIRE HOSPITAL FOR SICK CHILDREN
(80 Beds)

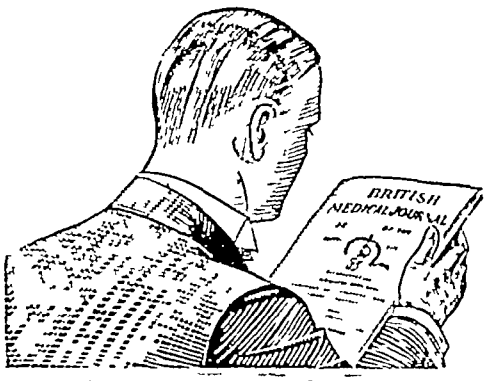
Wanted—forthwith—RESIDENT HOUSE PHYSICIAN (LADY) Salary £130 p.a The appointment is for six months Applicants must be fully qualified Applications with three testimonials to be sent to the undersigned

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Secretary

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(Advertisements continued on p 57)

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AS A PROPHYLACTIC MEASURE IN EPIDEMICS, AND FOR USE IN THE TREATMENT OF SEPTIC CONDITIONS OF THE MOUTH AND THROAT, THE VALUE OF A SUITABLE LOCAL APPLICATION IS FIRMLY ESTABLISHED

EXHAUSTIVE BACTERIOLOGICAL TESTS AND CLINICAL TRIALS CARRIED OUT OVER A NUMBER OF YEARS DEMONSTRATE THAT "FORMITROL" PASTILLES MEET THE DESIRED NEED IN A SATISFACTORY MANNER.

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Formalin Pastilles.

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it below the opening in the dura mater, all round, and then filling the bone defect with celluloid, one-sixteenth of an inch thick laid upon a shelf made by chiselling completely round the bone margin The layer of thin celluloid was used with the idea of having a perfectly smooth surface which might exert a slight pressure upon the brain wound and prevent broad and extensive adhesions from forming between it and the dura mater I believe that it was definitely useful The scalp incision was always close sutured with deep and superficial stitches and without drainage In several of the patients fluid—blood serum or cerebrospinal fluid—collected beneath the flap, at times causing considerable tension, this fluid was removed by aspiration through the substance of the flap, repeated as often as necessary until the flap came to lie permanently on the surface of the plate I am of the opinion that the removal of fluid from the cavity of an aseptic surgical wound through the cut edges of the wound is a surgical error, for it constantly leads to sepsis The fluid should be aspirated through the otherwise intact skin

The chief purpose of these notes is to indicate that celluloid is a thoroughly satisfactory material for the object in hand, provided that asepsis can be maintained

Its durability is proved by the fact that in nine patients examined this current year the plates which were inserted in 1916–17 are to all intents as good as on the day of operation and are all fitting accurately

Of the six patients reported in 1906 the after-history of only two of them is known One of these a man with a large plate in his right temporal fossa, lived for thirty years and died from senile gangrene, with the plate *in situ* The other a female, was the first patient for whom I used celluloid This was in 1897 to fill a gap that had been produced by the removal of a tumour of the left frontal bone the diagnosis of which lay between sarcoma and gumma, and which had not reacted to a course of anti specific treatment of those days being still the cause of intense pain It was removed ten years before Wassermann's test or Ehrlich's treatment had been elaborated, but when the test was ultimately made and a positive reaction obtained the treatment was given with an entirely satisfactory result This patient is still alive and well with the plate *in situ* just forty years after it was inserted At that time it had been moulded into a dome shape that corresponded fairly accurately with the natural convexity of the left frontal bone Several years later the patient received a severe blow upon the plate with the result that it was considerably flattened, but it possibly saved a brain contusion

As further evidence of the resisting power of celluloid another patient, also with a frontal plate while working as a gardener was struck with the flat surface of a spade sufficiently heavily to produce a scalp wound over his plate but without further injury And one of the epileptic patients with a frontal plate who was recently seen volunteered the statement that during his fits he had often had his forehead bruised and felt sure the plate had given definite protection These facts regarding its resistance to external violence and its durability indicate that celluloid is an excellent substitute for transplanted bone which is only superior to it in that it can become an integral part of the skull

The total number of men doctors in Germany has risen from 52,342 in 1935 to 55 259 or 5 6 per cent The number of women doctors during the same period has risen from 3 644 to 4 339, or 19 1 per cent

SOME UNUSUAL CASES OF GLAUCOMA SECONDARY TO INJURY*

BY

R AFFLECK GREEVES, F R C.S

Senior Ophthalmic Surgeon Middlesex Hospital

The occurrence of glaucoma as a complication of ocular injuries both non perforating and perforating is familiar to all of us and I think I may say that in most cases a satisfactory explanation for its development can be given The cases which I am about to describe, however, seem to me to be worthy of report, because not only do they not belong to any of the commoner types, but I am not aware that similar cases are to be found in the ophthalmological literature Unfortunately the mechanical explanation of the rise of tension in each of these is so far as I am concerned so obscure that I am unable even to make any reasonable suggestions, but I can at least inform you fully as to how three of the four cases reacted to treatment

Case I

My first case is one in which the glaucoma was the result of a non perforating injury A man 21 years of age when playing Association football received a blow on his left eye—he thinks that the loose end of the lace of the football struck him The eye was very painful at the time but the pain disappeared in the course of a day or two and the sight seemed to be unaffected Some time after the accident—he cannot say definitely when—he had a sudden attack of misty vision associated with neuralgic pain and haloes. Similar attacks occurred at intervals especially in the evening, and these became gradually more frequent and severe I first saw him two months after the accident—he was then having a particularly severe and prolonged attack the eye having been painful and the sight misty for two days The left cornea was slightly hazy the pupil semi-dilated and sluggish the tension was raised and arterial pulsation in the retinal arteries was present there was no cupping of the disk the vision with a −1D sphere was 6/9 partly After instillation of 1 per cent eserine the tension became normal in half an hour Apart from the increased tension no abnormality of any kind could be found the anterior chamber was of normal depth and the lens in place and undamaged After the fall of tension to normal vision was 6/5 with a +1D sphere The field of vision was full The patient was delighted with the effect of the eserine and I prescribed 1/4 per cent eserine drops twice daily This kept the tension normal for a time but if the eserine drops were left off the attacks began again The patient came to see me several times just as one was beginning and on each occasion the eye became temporarily myopic just before and during the attack. After about two months as the attacks recurred directly the eserine was discontinued I decided to operate several of my colleagues saw the patient, and agreed that this was the right thing to do As the only abnormality discoverable was a suggestion of increased flare in the aqueous I thought it best to begin with a paracentesis The result of this procedure was that the attacks ceased for a fortnight, but after that they recurred again as badly as ever I then trephined the eye. Two days afterwards when I was dressing the eye, the patient closed the other one and said that everything looked distorted On examining the fundus I saw an enormous papilloedema of about 6 dioptres measurement and numerous large retinal haemorrhages surrounding the disk The papilloedema subsided in about three weeks the haemorrhages ultimately disappeared and two months after the operation central vision was 6 4 unaided The visual field however showed a general peripheral constriction especially marked on the temporal side The constriction of field was accounted for by a reduction in size of the peripheral retinal arteries

* Read in the Section of Ophthalmology at the Annual Meeting of the British Medical Association Belfast 1937



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which had a thread-like appearance This state of affairs has now persisted for over ten years No further attacks of raised tension have occurred in spite of the fact that the trephine hole became closed in the course of a few months. At the present time the eye looks exactly the same as the other—there is no cupping of the disk and apart from the field constriction, which is greatest on the temporal side, and the thinning of the retinal arteries peripherally there is no visible abnormality The central vision remains 6/4 unaided, neither hypermetropia nor myopia being present

Quite recently I saw another case, similar in some ways to the one just described

Case II

The patient is a man, 30 years of age, who gives a history of a blow on the eye twenty two years ago Central vision has never been good since the accident Eight years ago he began to have occasional attacks of haloes and pain, these being first noticed when diving The attacks subsequently occurred more frequently When I first saw the patient the disk was deeply cupped, and an area of pigmentation due to commotio retinae was present below the macula, the latter appearance probably accounting for the diminution of vision immediately following the accident A large iridodialysis was also present in the lower segment—this too had been caused by the accident. Nothing else abnormal was seen the lens was in place and the anterior chamber of normal depth The iridodialysis being a large one a considerable part of the iris root was completely separated from its attachment, leaving that part of the filtration angle widely open The cupping of the disk was definitely glaucomatous, and the patient had recently become aware that the nasal part of his visual field was deteriorating In this case no symptoms of glaucoma appear to have set in until fourteen years had elapsed since the accident No treatment has as yet been undertaken

Case III

The other two cases which I am about to describe are of glaucoma arising from a perforating injury—to be more exact, from the retention of an intra-ocular foreign body The first case is that of an engineer aged 50 who consulted me because of failure of vision in the right eye which he had observed over a period of seven months He had seen two oculists in America, both of whom had diagnosed glaucoma and had advised operation but neither had suggested a cause for the condition When I first saw him the left eye was normal, except for a small myopic error The tension of the right eye was definitely raised and the optic disk showed early cupping. In addition a hole about 2 mm in diameter was visible in the iris on the nasal side and through this hole a red fundus reflex could be obtained Immediately in front of the hole a minute scar from an old perforating injury could be seen in the cornea In the vitreous a considerable amount of fine floating opacity was visible The pupil was small and only just reacted to light on instilling homatropine partial dilatation resulted and a small localized lens opacity was observed just below the iris hole Otherwise the effect of the mydriatic was to cause further rise of tension which again fell to its original level but not to normal, on contraction of the pupil with eserine The anterior chamber was of normal depth The visual acuity was 6/9 partly An x ray picture of the right orbital region revealed the presence of an intra ocular foreign body 8 mm below the horizontal line 1 mm to the nasal side of the vertical line and 7 5 mm deep to a plane tangential to the surface of the cornea On putting the eye up to the Haab magnet the foreign body gave evidence of being magnetic It was impossible to remove this by the anterior route but by repeated daily applications of the magnet it was gradually pulled forwards until it lay immediately under the sclerotic After each application of the magnet the change in position was verified by an x ray picture Finally I made a meridional incision in the sclerotic over the site of the foreign body which was successfully extracted with the magnet and which proved to be a small chip of steel On its removal the tension fell to normal and was still normal two months after the operation when I last saw the patient On this occasion I instilled homatropine to note its effect. The pupil again dilated partially, but the intra ocular tension was not affected The visual acuity was now 6/6, and I attribute the improvement in vision to the fact that the vitreous had become much clearer One curious point about the case is the complete absence of siderosis, and in this connexion it has been suggested that a foreign body composed of one of the modern non rusting varieties of steel might not give rise to siderosis if retained intra ocularly The patient himself was quite unaware that a chip of metal had entered his eye and could not remember that any accident had occurred He is a designing engineer and does no manual work himself but is frequently in the neighbourhood of workmen who are engaged in hammering metals of various kinds

Case IV

My last case is similar in essential points to the one just described The patient, a chauffeur came to Moorfields complaining of attacks of pain and misty vision in the left eye He thought that a piece of china had gone into the eye about seven months before, since when the sight had gradually failed On examination the right eye was normal but the left showed a hazy cornea, raised tension, and a cupped disk, the anterior chamber being of normal depth A hole was present in the iris on the nasal side, and a small corneal perforating scar could be seen opposite to the hole, as well as a localized lens opacity The pupil was slightly dilated and did not react at all *X* ray examination revealed the presence of an intra ocular foreign body in the vitreous which, however, gave no response to repeated applications of the magnet The disk was deeply cupped and pale and vision was reduced to counting fingers at a metre In this case I performed a trephining operation, which successfully reduced the tension to a normal level

Commentary

I cannot offer an explanation of the rise of tension in any of these cases In the first case the occurrence of papilloedema and retinal haemorrhage, with ultimate peripheral arterial constriction, may perhaps suggest that the fundamental disturbance was a vascular one An alteration in the drainage channels of the eye seems to me to be unlikely in view of the persistence of normal tension in spite of the closure of the trephine fistula In the second case, too, an interference with drainage seems improbable, especially bearing in mind the wide iridodialysis below Again, in the third case the circulatory mechanism of the intra-ocular fluid appeared to function satisfactorily after the foreign body had been removed No permanent leakage could possibly have taken place through the small scleral wound In the fourth case the glaucoma was relieved by a trephining operation

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The Swedish State Bacteriological Institute has recently moved into new premises at Huvudsta, a suburb of Stockholm The new institute forms a town in itself, comprising three laboratory buildings and five pavilions for the animals necessary for the work With all requisite laboratories and chemical, photographic, and optical departments library, etc, it presents several new and interesting features In the main building, three stories high, a giant refrigerator stretches from the ground floor upwards through all the floors, and constitutes a storing place for the various sera and vaccines produced at the institute Each floor has a separate refrigerating room for the preparations dealt with in the different departments In one department, where sterilization work is carried on, special air-conditioning by means of water and wadding floors has been arranged to guard the work against infection

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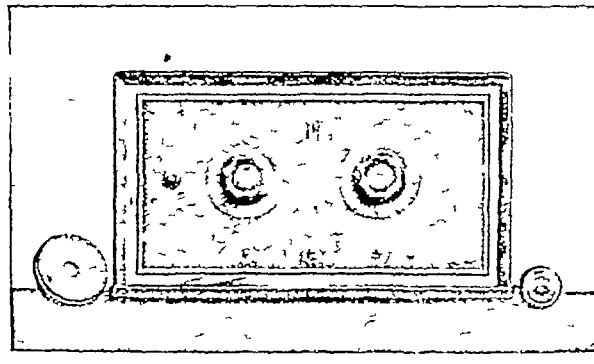
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BENZEDRINE IN SEA-SICKNESS

BY

JOHN HILL, M D

Surgeon R.M.S. Aquitania

The introduction of benzedrine (beta-phenylisopropylamine) sulphate, with a powerful action more or less sympathicotropic, has naturally suggested its use in sea-sickness, in which there is commonly a predominant vagotonia The action of the drug is threefold (1) stimulant to the central nervous system, including the higher cerebral centres, hence it has been used with benefit in narcolepsy and post encephalitic Parkinsonism, as also in various conditions associated with fatigue, depression, and lethargy, (2) pressor to the vasomotor system an effect which steadily diminishes with repetition, and may finally disappear, (3) it relaxes smooth muscle in the gastro-intestinal tract, especially in conditions of spasm, whether due to reflex functional, or organic causes, this property has been utilized to facilitate *x*-ray investigation of suspected ulcer and other conditions associated with spasm Contraindications arise from three sources excitability, nervousness insomnia, hypertension and coronary or other established heart disease, conditions of gastric or intestinal atony

Tainter (1933) describes benzedrine as pseudo-sympathicotropic," the results from its use not being precisely those of sympathetic stimulation Except in large doses it has little effect on the pupil Peoples and Guttmann (1936) found very slight changes in blood sugar and gastro intestinal activity Its action on the stomach and intestine has been fully investigated by Myerson and Ritvo (1936) who found that although it abolished spasm, it had very little effect on peristalsis, unlike ephedrine as investigated by Van Liere and others (1936), it relaxed the sphincter and allowed the stomach to empty more rapidly than normally But their observations seem to have been confined to cases of gastro intestinal spasm, in which benzedrine was used as an aid to x-ray investigation That the action on the stomach is at least in part local is suggested by their statement that the effects reach a maximum in fifteen to thirty minutes and begin to diminish in an hour

Effect of Benzedrine in Health

Twenty adult volunteers—eleven men (average age 35.2) and nine women (average age 37.5)—were given doses of 10 or 20 mg In some it was repeated after three days or more Changes in (*a*) blood pressure (*b*) pulse rate and (*c*) subjective sensations were recorded at intervals varying from one hour to twenty four hours afterwards All cases here recorded were under observation at approximately the same time of day so that physiological changes due to such causes as food and exercise might be reckoned with and discounted in estimating the final results

BLOOD PRESSURE

The most consistent change was a rise of blood pressure The effects of benzedrine are so variable that there has hitherto been some difference of opinion as to the blood pressure changes which it produces Myerson (1936) found no rise of pressure after doses of 10 mg. Peoples and Guttmann (1936) considered the systolic to be more affected than the diastolic In the present series the systolic pressure rose in every case after 20 mg. and in 80 per cent after 10 mg Absence of diastolic rise was seen in those who showed no increase of systolic pressure In two others there was no change in diastolic pressure until eleven hours after the dose which was 10 mg in one case and 20 mg in the other (It is probably coincidental but worth noting that these exceptions were all women) A definite rise of diastolic pressure was found in all other cases. On the average it was indeed relatively greater than the systolic increase but occurred later and was longer sustained. The pulse pressure was raised for the first two to two and a half hours after which it fell and remained below normal during most of the period of observation

A systolic pressure originally low showed a greater tendency to rise than one which was at first comparatively high but there was always some rise To a less extent this seemed true of diastolic pressure but a high diastolic pressure tended to fall The rise in pulse pressure was greatest when the first reading was low The increase in mean readings after 20 mg (both systolic and diastolic) was surprisingly little more than it was after 10 mg This suggests that (*a*) individual sensitivity varies widely or (*b*) the effect is reduced by repetition Both factors are probably operative but a third possibility is introduced by the fact that (*c*) it is in states of extreme fatigue that benzedrine usually produces its most dramatic results This observation should be correlated with the greater increase in conditions of low blood pressure From the fact that increased arterial pressure was usually accompanied by flushing of the skin it is reasonable to suppose that the essential change is constriction of the splanchnic vessels A difference much more striking than that dependent upon dosage was the greater susceptibility of males as compared with females particularly to small doses (10 mg.) It is true that in so few as twenty cases there is room for the confusing irruption of coincidence The same criticism may well be levelled against all the foregoing observations, which must therefore be accepted with equal reservations

PULSE RATE

By the end of an hour the resting pulse rate had increased in seven cases with a mean rise of 9.4 per cent. In five cases it was unchanged In the remaining eight it was slowed with a mean retardation of 12.6 per cent Cases with no rise in pulse rate after an hour showed a systolic increase which was slightly less and a diastolic increase considerably more than the average for the whole group The action of a carotid sinus reflex may be presumed From the end of the second hour some degree of quickening of the pulse was the rule

SUBJECTIVE EFFECTS

1 The commonest group of changes reported were gastro-intestinal Impaired appetite constipation and various forms of mild abdominal discomfort occurred in ten cases (50 per cent) Recovery was complete within twenty four hours It is noteworthy that only two out of that number experienced any degree of euphoria

2 Eight patients (40 per cent) felt distinctly exhilarated and this effect was much more pronounced than any of those in the first group Stimulation of the higher centres was shown in unwonted talkativeness and vivacity Five of the eight also commented on increased physical energy

3 In seven others (35 per cent.) there was unmistakable stimulation but the effect was decidedly disagreeable—flushing and sweating on slight exertion and sometimes a disconcerting tremulousness. Three patients described all the bodily changes of fear without the corresponding emotion

4 Six (30 per cent) complained of insomnia even twelve hours after taking the drug. Four of these had previously enjoyed pleasant stimulation

5 Other undesirable effects were disturbed salivary secretion thirst, unpleasant taste in the mouth (25 per cent) cardiac effects, palpitation and evanescent precordial discomfort (20 per cent.) Three patients (15 per cent.) complained of subsequent fatigue and depression without insomnia one of these had been slightly stimulated mentally the other two had experienced only tremor and unpleasant excitement.

6 Three patients felt no change after 10 mg.

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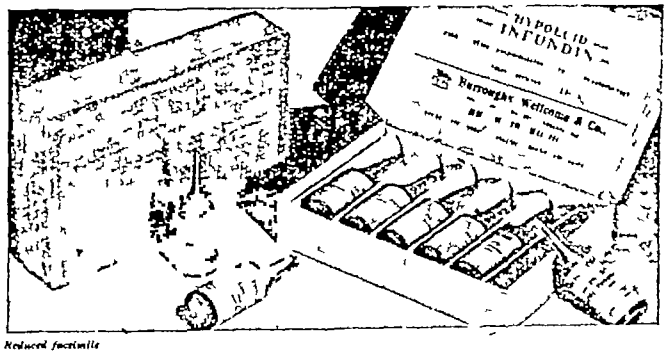
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EFFECT ON MOOD

The effect of benzedrine on mood varies from time to time in the same person Conditions of greatest fatigue seem to show the most striking excitation Wilbur and others (1937) have found that psychoneurotics who are anxious highly nervous and apparently stimulated had their previous condition exaggerated Stimulation is not always pleasant

Effects of Benzedrine in Sea-sickness

For various reasons it is not feasible to make accurate records of blood pressure in the sea-sick The observations here described were therefore confined to changes in pulse rate, the patients general condition, and the various signs and symptoms of sea-sickness

Price (1933) has described as one of the clinical signs of low blood pressure ' increase in the cardiac rate of more than 10 per minute when the individual assumes the upright posture after lying down " This rule had to be modified according to the limitations imposed by fully developed sea-sickness, the victims of which show a not unnatural reluctance to stand up for any such purpose The pulse was counted with the patient first recumbent, then sitting up in bed Ignoring the brief acceleration occasioned by the effort of rising, which ends usually in from 5 to 10 seconds, one finds that the average pulse rate in health increases by roughly 10 per cent In proportion as the increase in rate exceeds this figure systolic pressure and pulse pressure are likely to be lower than normal

For the purposes of this analysis one hundred cases of sea-sickness have been examined Except in so far as conditions of hypertension, cardiac disease, and any unusual degree of excitability are contraindications to the use of benzedrine, these cases were taken consecutively as they presented themselves, and were not in any other sense selected As it takes some time to collect data of one hundred sea-sick cases aboard a liner justly famed for her stability, the period of the investigation has allowed of some coming under observation on a second occasion, when previous knowledge of their response to disturbing movement proved of the greatest value and threw light on the possibilities of prevention

Age and Sex Incidence

The sea-sick group comprised eighty two women and eighteen men Their average ages were 36 6 and 33 2 respectively, thus closely approximating to those of the normal cases already described The decennial age group 25–35 included twenty-seven, and thirty-two were between 35 and 45 That is to say, fifty-nine of the hundred were between 25 and 45, which corresponds to the usual distribution

The ratio of eighty-two women to eighteen men should not be taken as a true index of the sex incidence of sea-sickness By one of the oddities of human nature men will often conceal it if they can

Classification of Results

The classification of results was necessarily somewhat arbitrary They were grouped in three categories (1) satisfactory results, (2) doubtful results, (3) failures

(1) *Satisfactory results* were obtained in thirty-nine cases in all of which the improvement was unequivocal, every likely fallacy having been carefully excluded Those responding to benzedrine alone showed a mean pulse rate of 69 recumbent increasing by 18 per cent on sitting up, in the group of failures the corresponding figures were 77 and 11 per cent—that is to say, a tendency to vagotonia predominated in the first group It is doubtless in the vagotonic variety of sea-sickness that benzedrine finds its greatest usefulness In its mode of onset this sickness reproduces in slow motion the prologue to an attack of syncope, especially that attributed by Gilchrist (1937) to a hypersensitive carotid sinus an uneasy sense of helpless weakness, a light-headed feeling of dizziness, cold sweats, and vague abdominal unrest, accompanied by slowing of the heart-beat and an abrupt fall of vasomotor tone The clinical signs point to a disturbance of the stabilizing control of the circulation whereby the effects of low arterial pressure are neutralized by tachycardia, and vice versa Hence the predilection of the patient for the horizontal position

(2) *Doubtful cases* numbered forty This group comprised not only those of whom it was doubtful if they had improved but also those concerning whom there was any room for doubt as to how improvement had been brought about The following factors were taken into account

(*a*) Age of Patient—Experience shows that sea sick patients in their teens usually recover, with or without treatment, sooner than those ten or twenty years older All patients under 20 have therefore been relegated to the "doubtful" class, whatever spectacular results ensued It may be mentioned here that for young children even very small doses of benzedrine seem to be unsuitable, while in the elderly its pressor effect is a definite contraindication

(*b*) Duration of the Attack—Another of the lessons of experience is that natural recovery occurs in the majority of cases after about the third day This may be due to adaptation to the movement, but on the other hand it is exceptional for consistently bad weather to continue for more than three days Cases with a history of three days or more were therefore likewise classed as doubtful

(*c*) Any evidence of spontaneous improvement before treatment was begun was also assumed to prove that any benefit observed might be due to a natural tendency to recovery

(*d*) The vagaries of Atlantic weather further confused the issue in some cases The ordinarily sea-sick person is apt to be indifferent to minor changes of weather, but there are times when the improvement must be manifest to all but the moribund

(*e*) Undesirable side-effects of the drug, such as abdominal discomfort thirst, flushing, sweating palpitation, and insomnia, sometimes spoiled an otherwise satisfactory result

(*f*) In some cases recovery was only partial as, for example, when headache and vertigo disappeared but nausea remained At other times benzedrine seemed to produce or aggravate headache Occasionally vomiting stopped but a sense of nausea persisted

(*g*) The influence of other drugs previously taken by the patient and still likely to be capable of producing some effect was a further source of confusion which made some results appear very doubtful indeed This difficulty applied particularly to proprietary and other remedies of unknown composition

(*h*) Ailments other than sea sickness were present in some cases such were asthma (which may be a vagotonic manifestation) pre-existing gastric disorder, and the morning sickness of early pregnancy

Finally, intrusive psychological factors had to be reckoned with It does not require much experience of sea-sickness to recognize the type of patient who is fatalistically expectant and whose expectations are therefore seldom wrong These cases present a problem which is more than therapeutic in the ordinary sense (Certain cases in the doubtful' category may have been partial failures because one has neglected to pay due attention to the ever present psychological factor, but the primary aim of the investigation was the action of benzedrine)



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Another difficulty which is mainly psychological arises with patients unable to converse in English Even with the aid of an accomplished interpreter it is usually impossible to evaluate changes in mood and general sense of well being Psychological influences may be helpful rather than harmful, but such cases also have had to be excluded from records of successful benzedrine treatment Instances of these are the patient who has on a previous voyage derived benefit from benzedrine and swallows it with an access of confidence and the other who, expecting some sort of sedative, quietly turns over and falls asleep

3 *Failures*—There is more to be learned from a critical study of the causes of failure than from the complacent contemplation of success Analysis of the twenty-one cases which failed to respond satisfactorily to benzedrine yields the following conclusions

(i) Most cases of sea sickness being amphotonic—that is, combining both vagotonic and sympatheticotonic elements—benzedrine alone even in the presence of definite signs of vagotonia, is apt to swing the balance towards the other extreme It is best given in suitable combination.

(ii) In some cases of extreme vagotonia, accompanied probably by high sympathetic threshold, the dosage (usually 10 to 20 mg) was apparently not adequate In others there was definite improvement which lasted but two or three hours and might well have been maintained had the dose been repeated

(iii) Insufficient attention was paid to the influence of associated disorders chief among which in this series was constipation a condition interfering very definitely with the process of adaptation Contrary to the findings of Myerson and Ritvo (1936)—in different conditions—most of the cases at present under review appeared to have peristaltic activity either suppressed or delayed

(iv) Resistance to the effects of benzedrine was encountered in only one case that of a woman of 50 Vomiting stopped after 20 mg but no other objective or subjective changes were apparent nausea and vertigo persisted These symptoms finally disappeared after two further doses of 30 mg. each when the first complaint of headache was recorded and there was slight interference with sleep Twelve hours later no evidence of any benzedrine action could be found and the patient appeared to have made a spontaneous recovery It is fortunate in dealing with such cases that even if the effects of benzedrine are wholly bad they are not long continued From laboratory investigations reported through the courtesy of the manufacturers Messrs Smith Kline and French (1937) it appears that the drug is fairly readily destroyed in the body

(v) In ten cases the results were unsatisfactory but none of the above causes supplied any explanation The average age of these cases was 46 exactly ten years more than the average for the series Although the circulatory changes could not be distinguished clinically from those of the remainder it may be that after 45 there is a tendency for undesirable pressor or other effects to be produced

General Commentary

A study of the data provided by the cases here described yields two interesting generalizations regarding the action of benzedrine (1) When euphoria has resulted the subsequent depression is insignificant in degree and duration compared with the preceding exaltation probably the reaction coincides with the period of sleep (2) The effects appear very rapidly but are long-continued as if a succession of interdependent physiological changes had been initiated by the action of the drug The rapid effect on gastric spasm suggesting a local action is obviously of great value in sea sickness It is certainly remarkable how seldom benzedrine is vomited even by patients who have openly despaired of being able to retain it.

Enthusiasm for a new drug must be tempered with sound scepticism and the results scrutinized with care These conditions granted, there is still reliable evidence that benzedrine is a valuable aid in the treatment of certain types of sea sickness It is not a rival to old-established methods but a useful ally The effect is greater and more lasting when benzedrine is combined with other remedies, because cases of sea sickness seldom fit conveniently into the twin pigeon holes of vagotonia and sympatheticotonia the majority show features characteristic of each Further the effect is augmented by the vagus inhibiting properties of belladonna *et hoc genus omne* while in the presence of concomitant sympathetic activity bromides or barbiturates prevent unpleasant restlessness and insomnia without, apparently, interfering with the gastro intestinal or circulatory effects of benzedrine

For the suppression of sympathetic activity, especially that associated with dread of sea sickness bromides rank high Combined with chloral hydrate they produce results not yet surpassed by any of the more elegant products of the modern pharmaceutical laboratory An effective method of administration, favouring retention and absorption, is

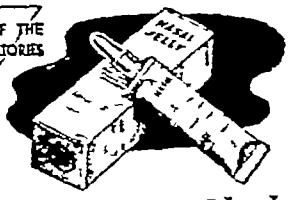
Sodium bromide	60 grains
Chloral hydrate	30 grains
Spirit of chloroform	q.s
Water to one ounce	

Of this the dose is one teaspoonful every half hour Before there is any possibility of overdosage the patient drops off to sleep and thereby lengthens the intervals Coincident vagal activity may be controlled by belladonna or counteracted by the sympathicotropic action of benzedrine of which 10 or 20 mg may be incorporated in the first ounce of mixture Thereafter the dosage and intervals should be adjusted to meet the needs of the case Benzedrine is best omitted in the late afternoon or evening, as its stimulant effect is usually prolonged even 60 grains of bromide will sometimes fail to prevent insomnia The slow elimination of bromides is sometimes quoted as a drawback to their use But in the not infrequent case of sea sickness where unpleasant after-effects are apt to continue for a time on land this objection may be discounted Even in protracted sea sickness it is exceedingly unlikely for bromism to develop If the patient fails to respond to the treatment suggested above, the case should be carefully reviewed before any other sedative drugs are given

Advantages and Disadvantages of Barbiturates

The main advantages of barbiturates are that they are more palatable and convenient and more rapidly excreted The latter property is advantageous in short crossings where only a brief action is desired Those members of the group which find favour as hypnotics are eliminated more rapidly than those used as general nervous sedatives The action of sodium amytal for example is usually too evanescent for the ordinary case of sea sickness The same is true of its isomer nembutal and of evipan and pentothal A more prolonged effect follows the use of dial Luminal is excreted still more slowly Elimination of barbitone itself (veronal) is slower than that of any of those mentioned It is not free from the danger of cumulative action In common with most, if not all of its derivatives barbitone in repeated doses is apt to produce toxic effects on liver and kidneys In view of the liability to ketosis in sea sickness this is a danger to be carefully considered When barbiturates are given for the control of motor excitability possibly aggravated by benze-

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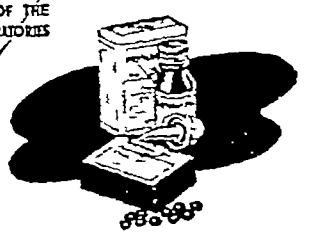
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drine it is well to remember that this action is more marked (Hale-White, 1935) in those which have the ethyl group, C_2H_5, replaced by phenyl, C_6H_5, examples of this molecular construction are luminal, prominal, and nirvanol It might be desirable in certain cases to combine a quick-acting sedative with one more slowly absorbed but having a more prolonged action In this connexion it should be recalled that luminal sodium is incompatible with chloral hydrate or any salt of ammonium

Two disadvantages of barbiturates are (1) the occasional occurrence of idiosyncrasy, and (2) the narrow margin of safety with full doses Mutch (1934) gives the following ratio M L.D /M Th D for luminal, 1 3, barbitone, 1 6, soneryl, nembutal, and phanodorm, all 2 4, dial, 2 5, evipan, 5

Addiction to Benzedrine

Recent publicity has given prominence to the fear that some may learn to partake too freely of benzedrine But Guttmann and Sargant (1937) and Wilbur and others (1937) have shown that the ecstasies fade with repetition It is the unstable neurotics who need to be kept from drugs of addiction These unfortunates, being at discord with life, crave one thing above all others—oblivion The fact that benzedrine robs them of sleep will quickly make it unpopular

Summary

1 The clinical effects of benzedrine (beta-phenylisopropylamine) sulphate on twenty adults in normal health have been studied, with special reference to changes in pulse rate, blood pressure, and subjective sensations

2 One hundred cases of sea-sickness treated with benzedrine, alone or combined, are classified according to results

3 Benzedrine has great possibilities of usefulness in certain cases of sea-sickness in which there are signs of excessive vagus activity

My thanks are due to Sister Hilda M Smith for much valuable help in collecting data for this paper

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G Ferrari (*Rif med* August 14, 1937) states that though the risks of pneumoperitoneum are almost negligible provided proper precautions are taken, a number of serious cases have been recorded in which infection of the peritoneum, haemorrhage, puncture of the intestine, emphysema, and embolism have taken place He records one case of a man aged 31 who suffered from bronchiectasis complicated by haemoptysis Pneumoperitoneum was carried out as a haemostatic measure and the haemorrhage, which had been refractory to drug treatment ceased Four days later however the patient developed lobar pneumonia complicated by a pulmonary abscess

A CRITICAL SURVEY OF 349 CASES OF BREECH DELIVERY*

BY

C. H G MACAFEE, M.B, F R.C S Eng, F.R C S I., F C.O G

AND

H I. McCLURE, M B, B Sc., F R C.S Ed, M.C.O G

In reading the published results of breech delivery from a variety of sources we have been struck with the marked disparity in the foetal mortality rates The recorded figures are so much at variance and some of them are so alarming that we decided to investigate a series of consecutive breech deliveries occurring in the Royal Maternity Hospital, Belfast, during the years 1932–6 This paper is based on a review of 349 consecutive cases These cases represent a frequency of 6 03 per cent of all deliveries occurring in the hospital over the same period In reviewing 638 of our own private cases we found the frequency to be 2 5 per cent Of the 349 cases 305 were primary breech presentations Three hundred and thirty two mothers were delivered of 349 babies—that is, there were seventeen cases of twins in which each child was delivered as a breech The mothers have been classified into four groups as shown in Table I

TABLE I—*Classification of the 332 Cases*

	Primigravidae	Multigravidae
Ante-natal	67	135
Emergency	48	82
	115	217

With the exception of three cases in which Caesarean section was performed delivery was effected by the classical methods We wish, however, to draw attention to the fact that the deliveries were carried out by various members of our resident medical staff, and do not represent the results which might be obtained in a series of cases dealt with by an individual obstetrician

In assessing the results of breech delivery, in our opinion undue stress has been laid on the so-called "complicated breech In this paper we define a complicated breech as one where there exists an additional risk to the life of the foetus—for example, placenta praevia, contracted pelvis, or marked prematurity Provided that adequate management is available we do not regard extension of the limbs as a complication Extension of the legs, in our experience, is the rule in primigravidae We at once admit that extension of the limbs adds to the difficulties of delivery, especially in a primigravida, but a mother must be a primigravida at some stage in her career, and therefore the term "breech with extended legs in a primigravida" cannot, in our opinion, be regarded as a complicated breech Published statistics of foetal mortality in breech presentation vary from 30 per cent to 8 6 per cent in primigravidae—for example, Gibberd (1931) gives a gross mortality of 30 per cent and a corrected mortality of 28 per cent The gross uncorrected foetal mortality in our series was as follows

TABLE II—*Gross Foetal Mortality*

	Babies Born	Babies Born Dead	Percentage
All cases	349	118	33 8
Primigravidae	118	28	23 72
Multigravidae	231	90	38.96

* Read in the Section of Obstetrics and Gynaecology at the Annual Meeting of the British Medical Association, Belfast, 1937

BRITISH MEDICAL JOURNAL

LONDON SATURDAY DECEMBER 4 1937

THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS *

BY

GEOFFREY MARSHALL, M D , F R C P

Physician Guy s Hospital Assistant Physician Brompton Hospital

This is a subject which some of us have used for lectures to undergraduates and discussions with our colleagues for many years As personal experience has grown the difficulties of the problem have become exemplified and tendencies to dogmatic statement curtailed As in other troublesome problems of medicine, the brunt of it falls on the general practitioner , and in this he has our lively sympathy and our willing co-operation When the patient comes to the specialist it is usually because there has been some conclusive symptom or because an examination of the sputum or an *x* ray photograph of the chest has established the diagnosis If then the relatives ask the consultant to support their indignant criticism of the practitioner for failing to diagnose the condition at an earlier date he may well point out to them how complete the absence of all evidence of the disease might have been a few months or even a few weeks previously Well-informed laymen may complain that a practitioner when consulted in a case of suspected tuberculosis did no more than make a physical examination of the patient, and took no steps to obtain bacteriological examinations of the sputum, a record of the temperature range and a skiagram of the chest If it were true that a suspect of tuberculosis had been acquitted on such slender grounds their criticism would be well founded, and an action for negligence might be difficult to defend In years gone by I have heard physicians state that they could diagnose pulmonary tuberculosis in its earliest stages by physical examination of the chest At the time I received the statement with scepticism, and now I know that it deserved flat disbelief No special skill of eye or ear or hand will enable any individual to detect the earliest lesions of tuberculous disease in the lungs or warrant him in excluding the disease without further investigation and a period of observation. In a few exceptional cases I have found physical signs of the disease before any other positive evidence was obtainable but in reviewing any large number of cases one is forced to the conclusion that in early diagnosis the method of physical examination alone would be completely unreliable it is a broken reed

have been speaking of *physical* examination and the same strictures would not so completely condemn a proper *clinical* examination which would include a careful inquiry into family contact and personal history and a painstaking elicitation of symptoms This should bring a much better catch into the net

Early Symptoms

Most of the symptoms in the earlier stages of the disease are those of toxaemia and many of them are not specific They are fatigue loss of morning appetite, loss of weight, and psychological disturbances which are often described as neurasthenia or as a nervous breakdown In young women another common toxaemic symptom is amenorrhoea This symptom in a young girl may arise from a variety of causes two causes which must always be considered are tuberculosis and pregnancy The more specific symptoms are cough, expectoration night sweats, and haemoptysis Any one of these symptoms in an adolescent or a young adult should arouse suspicion and several of them in combination would go far towards clinching the diagnosis There is one symptom which in the absence of all other evidence is in itself diagnostic and that is, a free haemoptysis out of the blue' By this is meant a copious haemorrhage, a cupful or more of bright liquid blood welling up into the mouth in a young subject who has no other symptom or sign of disease Is there any cause for such an occurrence other than an acute tuberculous lesion of the lung? If there be some other cause in an apparently healthy person I have not met with it In such a case announce the diagnosis and order your patient to bed for two months on the spot Do not wait to investigate, for such haemorrhages often occur at such an early stage that all investigations prove negative In the meantime you may lose control of the treatment, and the patient may not come back to you until months later, when the disease has become firmly established and perhaps incurable

Early Complications

We are sometimes enabled to diagnose the disease at an early stage because of the occurrence of complications that are apt to develop before the focus in the lungs has attained a size which renders it liable to detection The more common of these complications is a sterile pleural effusion, and it is not necessary for me to insist that such an effusion, in the absence of evidence of malignant disease is diagnostic The less common and less universally recognized of these early complications is perianal fistula This lesion is so frequently followed by manifest tuberculosis of the lungs that I believe its diagnostic significance is little less than that of the pleural effusion

Investigations

Many cases are submitted to us in which the diagnosis cannot be established by the history symptoms signs or complications but we dare not in any case give a negative diagnosis without investigation What are the methods of investigation we should employ?

First in importance comes examination of the sputum if there be any If there be none, then the patient should

* Read in opening a discussion in the Section of Tuberculosis at the Annual Meeting of the British Medical Association Belfast, 1937

Table III shows the rates for ante natal and emergency cases

TABLE III—*Gross Foetal Mortality*

	Babies Born	Babies Born Dead	Percentage
Ante natal primiparae	70	11	15 71
Emergency "	48	17	35 42
Ante natal multiparae	145	43	29 66
Emergency	86	47	54 65

In order to obtain the corrected foetal mortality rates we have eliminated those cases in which the death of the foetus was not primarily or directly due to the breech presentation—that is where another factor was responsible such as placenta praevia or marked prematurity Of the total number of babies born—namely 349—118 were born dead For the purpose of computing the mortality rate for which the presentation was directly responsible we have eliminated 103 cases of foetal death, as shown in Table IV

TABLE IV—*Cases Eliminated to Obtain the Corrected Foetal Mortality*

	Ante-natal		Emergency		Total
	Primi parae	Multi parae	Primi parae	Multi-parae	
Macerated foetus	1	12	3	8	24
Version for placenta praevia	—	5	1	17	23
Hydrocephalic monsters	1	3	2	3	9
Anencephalic monsters	2	5	1	—	8
Placenta praevia foot extracted (primary breech)	1	1	—	4	6
Spontaneous prematurity	1	4	—	1	6
Albuminuria induction of premature labour	—	2	—	3	5
Accidental haemorrhage	—	1	—	2	3
Version for prolapse of cord	—	1	—	2	3
Albuminuria spontaneous prematurity	—	—	2	—	2
Version for placenta praevia and prolapse of cord	—	2	—	—	2
Version for neglected shoulder	—	—	—	2	2
Version for transverse lie and prolapse of cord	—	1	—	1	2
Albuminuria hydramnios, and contracted pelvis	1	—	—	—	1
Version for brow presentation	1	—	—	—	1
Eclampsia induction 34 weeks	—	—	1	—	1
Albuminuria and version for transverse lie	—	—	—	1	1
Version during induction for heart disease	—	—	—	1	1
Pyelitis of pregnancy spontaneous premature labour 32 weeks	—	—	—	1	1
Albuminuria previous stillbirth	—	1	—	—	1
Spontaneous prematurity at 32 weeks and prolapse of cord	—	—	—	1	1
Totals	8	38	10	47	103

If we eliminate these 103 cases both from the total number of babies born—namely 349—and from the total number of babies born dead—namely 118—we find that of 246 babies born in fifteen the presentation was responsible for the death of the foetus The corrected foetal mortality rate for which the presentation was responsible was thus 6 10 per cent for all cases Similar treatment of all the four groups of cases described in Table III gives the corrected foetal mortality for each group Table V shows the gross and corrected foetal mortality rates for all group

It will be seen that the corrected foetal mortality for primiparae is 10 per cent and for multiparae 3 42 per cent Three additional facts emerge from Table V (*a*) that the corrected foetal mortality rate in primiparae admitted as emergencies is almost four times as great as that in primiparae who had received adequate ante-natal supervision, (*b*) that the most common causes of foetal death in multiparae, both ante natal and emergency are to be found in the associated conditions and (*c*) the complicated breech as we define it, is more common in the multiparae Table VI shows the mortality rates of other writers

TABLE V—*Gross and Corrected Foetal Mortality Rates*

Group	Gross			Cases eliminated	Corrected		
	Babies Born	Babies Born Dead	Per cent.		Babies Born	Deaths due to the Presentation	Per cent.
Ante natal primiparae	70	11	15 71	8	62	3	4 84
Emergency primiparae	48	17	35 42	10	38	7	18 42
All primiparae	118	28	23 72	18	100	10	10
Ante-natal multiparae	145	43	29 66	38	107	5	4 67
Emergency multiparae	86	47	54 65	47	39	0	Nil
All multiparae	231	90	38 96	85	146	5	3.42
Total primiparae and multiparae	349	118	33 81	103	246	15	6 10

TABLE VI—*Foetal Mortality Rates of Various Writers*

Author	Primiparae		Multiparae		All Cases	
	Gross	Corrected	Gross	Corrected	Gross	Corrected
	Per cent	Per cent	Per cent	Per cent	Per cent	Per cent.
Allan (1935)	—	15 6	—	12.3	—	—
Gibberd (1931)	30	28	20	15	—	—
Goethals (1936)	—	—	—	—	26	6.9
Westman (1931)	—	11.2	—	5.2	—	8 8
Bourne (1931)	—	11	—	8	—	—
Pierson (1933)	8 6	8 6	19	13	13	10.8
Macafee and Mc Clure	23 72	10	38.96	3 42	33 81	6 10

These figures show a wide variation but none of these writers enumerated in detail as we have done the cases they eliminated to obtain the corrected foetal mortality rates We have taken the figures they describe as gross and corrected rates from their publications

Maternal Complications

Maternal Morbidity—Nineteen mothers were morbid according to the British Medical Association standard—that is 5 9 per cent This figure includes five deaths The average morbidity rate for the hospital during the period under review was 6 per cent In none of the patients who died was the presentation *per se* responsible for the fatal issue Two were cases of placenta praevia—one of which ended in death from puerperal sepsis—two of multiple pregnancy and the fifth patient was admitted dying from cardiac failure the result of aortic regurgitation In the remaining fourteen cases the morbidity as due to puerperal sepsis—that is there were in all fifteen cases of puerperal sepsis or 4 5 per cent This is a high incidence of sepsis and is without doubt referable to the increased manipulations required during delivery

be given potassium iodide or ammonium carbonate in 10-grain doses until expectoration is provoked The sample so obtained may be poor thin stuff, devoid of pus, and the pathologist may regard it with contempt and doubt whether it be worth the trouble of staining Give him courteous encouragement, for tubercle bacilli have been found in many such unpromising specimens One negative result is of no significance, but indicates the need for two further samples to be submitted In many cases three negative results must be regarded as inconclusive, and then recourse is had to a more searching test than that of microscopical inspection of a stained smear Until recently the test favoured has been injection into a guinea-pig, followed six weeks later by killing and necropsy of the animal for evidence of tuberculous inflammation of the lymph glands draining the site of injection Objections to this method are the long period involved before the test can be completed, and the proneness of captive guinea-pigs to sudden and premature demise, which may remove them from the scene before the test is complete, but when several weeks have been wasted in fruitless waiting The guinea-pig is therefore being supplanted by cultivation of the sputum for tubercle bacilli on special media such as that of Loewenstein If bacilli are present, colonies usually develop within fourteen days, and the proportion of positive results is little if at all inferior to that obtained by animal inoculation

After examination of the sputum for tubercle bacilli the investigation next in importance is the taking of an x-ray photograph of the chest The improved definition obtained in recent years by exposures of a fraction of a second has greatly increased the diagnostic value of radiography of the lungs It is unnecessary for me to deal with the details of this subject, but I should like to reiterate that the value of the method must depend ultimately on the knowledge and experience of the man who interprets the appearances seen on the screen and film The wise physician will view and discuss these appearances with the radiologist, the wise radiologist will leave the responsibility of diagnosis to the physician

The third form of investigation which we commonly employ is a diurnal record of the temperature Satisfactory readings can be obtained with a calibrated 'half-minute' thermometer kept in the closed mouth for three minutes In a case of early tuberculosis, when the patient is up and about, we shall generally find an abnormal range, the morning readings being unusually low and the evening readings above 98·4° F It must be remembered that in young women the temperature commonly rises to 99° or over during the week preceding the menstrual flow, even in perfect health

These three methods of investigation—examination of the sputum, radiography of the chest, and recording of the temperature—are a necessary part of our technique in diagnosing pulmonary tuberculosis in its early stages, but there are other investigations which some of you will have in mind First there are the various tuberculin tests—cutaneous, subcutaneous, or conjunctival These tests are still held in great respect by our veterinary colleagues and by those of our legislators who supervise the production of the milk supply The result of a tuberculin test decides the question of life or death in the herd of an attested dairy farm It is fortunate that the human species is not subject to the same dubious regulation, for it would involve the slaughter of some 80 per cent of the adult population of these islands There is overwhelming evidence that a positive tuberculin test indicates sensitivity to tuberculin, and that it signifies that the individual has probably at some previous period been infected by and acquired some immunity to tubercle bacilli, but it is no evidence at all that the individual is suffering from tuberculous disease, except in the case of infants

Another type of investigation depends on examination of the blood Many attempts have been made to devise a satisfactory complement-fixation test, but up to date none have gained a reputation for reliability On the other hand the erythrocyte sedimentation rate, the Arneth-Von Bonsdorff nuclear count, and the lymphocyte-monocyte ratio have been found of real value in assessing the progress and severity of tuberculous disease Most of us must, however, agree with Professor Lyle Cummins (1933) when he says that they are of little value in diagnosis

In our routine diagnostic investigations we are therefore reduced to the three which I mentioned first sputum test, x-ray photograph, and temperature record Of these the sputum test, when positive, is the most conclusive I have seen a few cases in which tubercle bacilli were demonstrated in the sputum many weeks before expert and repeated radiographic examinations were able to demonstrate any lesion in the lungs Such cases, however are exceptional, moreover, in many early cases no sputum is obtainable In the early case not only may there be no sputum, there may be no symptoms of any kind This leads me to the final point of my contribution to this discussion Early diagnosis is impossible if the victim does not come under medical observation at the appropriate time Not long ago I saw a young man who was working hard for an Honours degree at one of our older universities He had had cough, expectoration, and night sweats for twelve months before he consulted a medical man He was then found to have tuberculous cavitation of both lungs In that case the patient and his friends were deserving of blame

The public is being educated with regard to symptoms which should cause them to seek expert advice but that is not sufficient, for there are cases in which the disease may be detected before the individual has any warning of an impending disturbance of health We have learned this from the careful investigation of apparently healthy contacts living in the same house with a sufferer from open tuberculosis The lesson is driven home by investigations such as those of R C Wingfield and Margaret Macpherson (1936) They took x-ray photographs of the chest in 2,381 adolescents employed in factories and shops, The material consisted of apparently healthy subjects between the ages of 14 and 21 By this method they discovered that about one in every hundred had tuberculous lesions in the lungs Similar investigations in other countries have resulted in the finding of latent pulmonary tuberculosis in from 1·5 to 3·9 per cent of supposedly healthy adolescents Some of our larger hospitals are now carrying out a similar radiographic examination of their nurses and medical students At each such institution unsuspected cases of active tuberculosis have in this way been detected The day may come when it will be possible to take an annual x ray photograph of the chest of every young person from the ages 14 to 24 and a big step will have been taken towards the early diagnosis and the eradication of pulmonary tuberculosis In the meantime let us press for the application of this system where it is most needed—amongst the nurses and students at our hospitals, the students at our universities and the factories which employ the young girls of whom this disease takes so large a toll

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Post-partum Haemorrhage—This complication occurred in eleven cases (3 3 per cent) Two of these patients died

Complete Perineal Laceration—This occurred on four occasions (1 2 per cent), all the patients were primigravidae

Management of the Breech Presentation

It is evident from the foregoing tables that the results of breech presentation, while not so alarming as some writers indicate, show foetal mortality rates of 6 10 per cent for all cases and 10 per cent. for primiparae, yet we are definitely of the opinion that there are certain essential precautions which should be taken to reduce this figure still further

Obviously in the short time at our disposal only the outstanding features of the management can be discussed

First and foremost is ante natal care, and this resolves itself for the present purpose into the practice of external version At any stage after the thirtieth week of pregnancy external version should be performed in all primigravidae as soon as the breech presentation is discovered The likelihood of failure increases with the approach of term on account of the increasing size of the foetus and the tendency to fixation of the presenting part

We are of the opinion that in multiparae the presentation should be corrected, if possible, not later than the thirty-fourth week We at once admit Dearnley's (1931) contention that spontaneous version to a vertex presentation occurs in a large percentage of cases at about the thirty-fourth week to the thirty-fifth week of gestation, but as yet we have discovered no method of diagnosing the case in which this is going to occur Once version has been successfully performed the patient should be re-examined every week until the onset of labour This is specially indicated in multiparae, in whom we have found it necessary to correct the presentation on several occasions In 134 patients upon whom we performed this manœuvre one foetus was born dead, its death being directly due to the version—a foetal mortality rate of 0 74 per cent The experience of other writers is given in Table VII

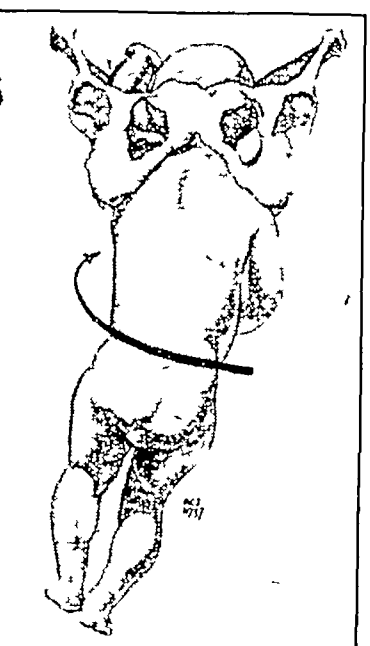
TABLE VII—*External Version*

Author	No of Cases	Foetal Mortality
Gibberd (1931)	232	2 per cent.
Allan (1935)	100	Nil
Sloane Hospital for Women (1933)	91	2 2 per cent.
White (1933)	293	5 per cent
Macafee and McClure	134	0 74 per cent.

FIG 1



FIG 2



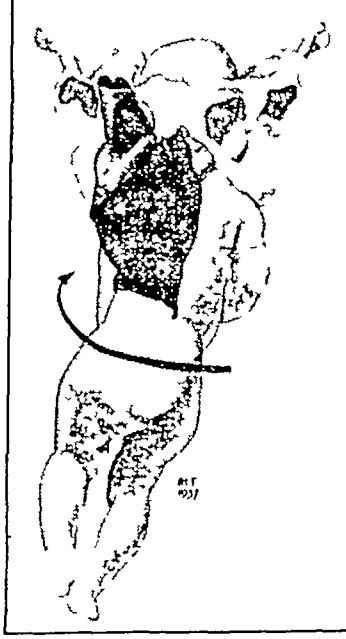


FIG 3

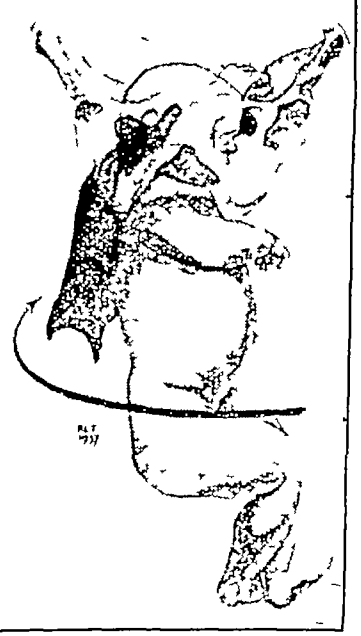


FIG 4

We consider that external version should be performed with the greatest gentleness An anaesthetic should not be administered lest undue force be employed, resulting in separation of the placenta a complication we have witnessed The so called 'light anaesthesia' advocated by some writers is of little value, as sufficient relaxation is not obtained We have found the Trendelenburg position to be of great assistance and it has enabled us to perform external version in cases where the legs have been extended

Attempts at version should not be continued in the presence of convulsive movements of the foetus since these indicate serious foetal embarrassment Marked slowing of the foetal heart is another indication to desist The risk of the onset of premature labour is slight One of our successful versions was followed by slight ante-partum haemorrhage and the onset of labour twenty hours later The child was born alive As regards delivery, we would stress the importance of the policy of non-intervention until the breech has ceased to advance Any alternative measures at once come under the heading of meddlesome midwifery

In the vast majority of cases the breech advances until it reaches the pelvic floor even though the legs be extended In the light of our experience we must disagree

TREATMENT OF ACQUIRED DEFECTS OF THE SKULL

BY

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If one may judge by the paucity of literature on the subject the treatment of defects in the vault of the skull does not seem to have been of interest to British surgeons A search through the *Index Medicus* has resulted in finding references to only two papers, both of which appeared in the *British Journal of Surgery* (vols 3 and 4) Yet these holes in the skull may be associated with symptoms of much concern to the patient, arising from brain complications—the result of the injury In their slighter forms they show as headaches, giddiness, mental depression inability to concentrate, and want of confidence any or all of these being no doubt influenced by the constantly obvious hole through which the pulsating brain can in many instances be observed while some of the patients who before their injury never had any trace of nervous disease may become subject to epileptiform seizures

Operation for the repair of these defects affords an opportunity whereby the patient may be really greatly benefited, so that these injuries offer an interesting field in surgery Too many patients suffered from war wounds that terminated in this way, and it is remarkable that so few reports of operation for the condition have been published and that none can be found recording the late results of any operative treatment

In civilian practice open fractures of the skull are probably the most frequent cause, very much more rarely a hole is left after a portion of a bone, the seat of a neoplasm, has been removed In early life contusion of skull bones with or without a fracture may in rare instances be followed by more or less extensive absorption of bone and it occasionally leads to the development of a traumatic cephalhydrocele (*Edin Hosp Reports* 3, 562)

When dealing with closed fractures of the skull that require operation it is probably the custom of most surgeons to replace any bone that is removed—for example trephine disks, loose fragments in depressed fractures, etc—as suggested and practised by Sir William Macewen In the majority of cases the reimplanted bone forms osseous union frequently only by interrupted bridges but strong enough to give good protection to the brain but it is unusual for reimplantation of bones to be followed by fibrous union

With open fractures it is often a matter of greater difficulty Many of the patients who sustain these injuries in civilian life have the entire wound thoroughly ingrained with extraneous dirt not only the surface of the scalp wound but the bone surface and even the brain itself may be thus contaminated as well as by sebaceous material hairs etc from an unclean scalp Cases of this type offer as good a test of one's ability to make a wound aseptic as can be found in the whole field of surgery but when thoroughly dealt with it is surprising how well they get on and how often healing by primary union takes place In these cases it is the experience of the operator which counts that alone will allow him to decide whether the bone may be reimplanted or not, though the most experienced will occasionally find that there has been a failure to prevent sepsis and that the bone fragments must be removed It must also be remembered that in many cases fractures of the vault are continued down to the base and involve the accessory sinuses connected with the nasal cavities from which infection can spread

Of 115 cases of fracture of the skull under my care that required operation bone was removed temporarily and reimplanted in forty seven Sixteen of these had closed and thirty one had open fractures Of the sixteen with closed fractures three died—two from laceration, etc of the brain, and one from septicaemia following a suppurating parotitis which developed seventeen days after operation The others made good recovery

Of the thirty one patients with open fractures, many of whom had wounds thoroughly ingrained with extraneous dirt, six died of cerebral complications within forty-eight hours The others of this group recovered, in four of them, however, the reimplanted bones had to be removed, three of these because of sepsis, in the fourth patient, who had a deep gutter fracture of frontal bone a trephine disk was required to enable bone to be elevated the two tables of these fragments were completely separated along the diploe Neither the frontal (air) sinus nor the longitudinal (venous) sinus had been injured The trephine disk and the outer table of the fragments were reimplanted and while the latter united well the disk remained movable Nine months later the patient returned complaining of pain in the skin of the forehead on pressure over the site of fracture this was due to a spicule of bone An incision was made and the trephine disk found to be quite avascular and loose The reimplanted fragments of the outer table were firmly united and fixed and the dura mater in the trephine opening had a good layer of new bone covering it in continuity with the margin of the opening

In the case of gunshot wounds of the skull, and particularly in those sustained in the war sepsis of a severe degree occurred in all of them, resulting in a prolonged convalescence, and all wounds of this type that healed did so with more or less extensive adhesions between brain and scalp In many instances no real scalp existed at the wound, the cerebral cicatrix being covered merely by a thin layer of epithelium, intimately adherent to it, and of course immobile upon the brain below

It is not good that a man should have his brain anchored to his scalp and perhaps this is more important in wounds at the Rolandic and frontal areas These are the cases associated particularly with cerebral symptoms which may be another reason for operative treatment in addition to that of filling up the opening in the skull

There are various methods by which these openings may be closed They are either autoplastic or heteroplastic Of the autoplastic methods the König Müller operation does not appear to have been adopted in this country to any extent It has never appealed to me, and I have never seen any patient who had been treated by it

In some situations where there is a large gap to be filled in it may be impossible to cut an intact bone flap, and in most cases, owing to the convexity of the skull the best that can be done is to produce a tessellated layer of bone scales The method is not adapted for cosmetic purposes on the forehead The extent of wound produced by the formation of the two flaps required is no great advantage The use of bone, or cartilage, transplanted from a distance has its advocates It means an additional wound and a rough irregular, freshly cut surface in the case of bone that might lead to the development of irregular spicules causing irritation either of the brain or of the scalp (see above)

with Bourne (1931) who states "that if the legs are extended they should be brought down at the beginning of the second stage of labour, except the child be so small that no obstruction be anticipated I believe that it is wise to bring down at least one leg and often two, depending on the size of the baby, in all cases as early as the os will conveniently and safely admit the hand This practice may be reasonably safe in the hands of an experienced obstetric surgeon, but if generally adopted it must add considerably to foetal and maternal risks We extract legs only under the circumstances mentioned above—that is, when the breech has ceased to advance An episiotomy should always be performed as a preliminary step in primigravidae and if necessary, in multigravidae

In nearly every case where the legs have been extended it is found that the arms are also extended In bringing down the posterior arm we adopt the classical method but we fail to agree with the usual instructions of standard textbooks regarding the method of dealing with the anterior arm For example Solomons (1928) and Munro Kerr (1916), to mention only two authorities, advise that if the anterior arm cannot be brought down easily as an anterior arm the child's back and occiput should be rotated across the hollow of the sacrum As we will point out the foetus is thereby forced to retrace a portion of the arc it has already traversed naturally We find almost invariably that these instructions are not only unnecessary but add greatly to the difficulty Before extraction of the posterior arm it will be found that the foetus is lying with the bisacromial diameter in the antero-posterior diameter of the pelvis (Fig 1) When the posterior arm has been extracted two changes occur (1) the foetus descends, and (2) it rotates so that the bisacromial diameter now occupies the transverse or oblique diameter *with the back in front* and the anterior arm lying at the side of the pelvis (Fig 2) From this position the arm can in the majority of cases be easily brought down (Fig 3) In the few cases where there is difficulty the natural rotation of the shoulders should be augmented artificially till the bisacromial diameter occupies the antero-posterior diameter when the arm can be extracted (Fig 4)

Most authorities recommend that the shoulders should be rotated in the opposite direction on account of the risk of the arm assuming the nuchal position This risk is negligible and can be prevented by the operator placing the hand (corresponding to the foetal arm) with the first two fingers extended along the humerus and maintaining pressure during the act of rotation as we have above described it

The great objection to rotating the shoulders in the direction usually advised is that the head may assume the occipito-posterior position Munro Kerr recognizes this risk in his description of the method of rotation to bring the anterior arm into the posterior position and to avoid it advises continuing the rotation beyond the middle line This manœuvre whereby the occiput is rotated posteriorly or the neck severely twisted is dangerous and complicated compared with the safe and simple method we adopt. Apart from extraction in a contracted pelvis, posterior rotation of the occiput gives rise to the greatest difficulty met with in the delivery of the after coming head and is responsible for a high foetal mortality Hence our insistence on the maintenance of the normal mechanism in dealing with the anterior arm No good ever comes from interference with normal mechanism Extraction of the after-coming head is accomplished by the usual methods but we insist on slow and gentle delivery to prevent tentorial tears Holland (1937) has shown that these tears are much more likely to cause the death of the foetus than asphyxia, the excuse for rapid delivery

Summary

1 A series of 349 consecutive cases of breech delivery is reviewed

2 The corrected foetal mortality in primiparae is 10 per cent in multiparae 3·42 per cent and in all cases 6·10 per cent

3 Stress is laid on the value of ante natal version the method of dealing with the anterior arm, and the extraction of the after-coming head

4 There is an increased risk to the mother from puerperal sepsis

We are indebted to Professor C G Lowry and Mr H L Hardy Greer for permission to use the data from which this paper was prepared We have also to thank Mr L A Bullwinkle Registrar General for Northern Ireland and Mr J Scott of his department to whom we submitted the statistics We are also grateful to Dr T S Hall of the Lancashire Public Health Service for his constructive criticism

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Vigoni (*Scalpel* Liége, July 31, 1937, p 1095) emphasizes the difficulty of dealing adequately with the numerous cases of tropical ulcer which are so common in certain countries The outstanding features of the disease are the rapid development, the slow convalescence, and the long period of incapacity which follows The ulcer may be pneumococcal in origin or may be due to any one of a variety of microbic organisms Tropical ulcer occurs most commonly on the foot or leg It is first noticed as a small pustule This breaks down leaving a red or brownish ulcer, which extends rapidly downwards and on the surface until it has become of a considerable size and may even cover the whole leg Osteomyelitis of the adjacent bones may be seen, and in some cases the ulcer invades and destroys the tendons on the dorsum of the foot Although in the majority of cases the leg or foot is affected ulcers of this type may also be seen on the arm and back It has been noticed that the lesion is much more prevalent in the wet than in the dry season Trauma followed by infection would appear to be causative and as the native population have no protection for the feet and legs the predilection of the disease for the lower limbs may be accounted for There is no specific medical treatment for tropical ulcer but hospitalization with rest and conditions of hygiene is essential Intermittent irrigation, following the method of Carrel has been found to be of great value as has the use of Dakin's solution Surgical treatment is necessary in those cases in which there is a considerable loss of tissue which must be replaced by a graft Excision followed by suture is only applicable to those ulcers which have a diameter of less than 2 cm Necrosis and recurrence of the lesion are common and infection after excision may occur due to the microbic infection of the primary ulcer Healing is very slow as a rule Operation was carried out in 528 cases with healing by first intention in 337 instances The various operative procedures are described

The ideal operation, in my opinion, is the one that gets a patient well as quickly and as easily and with as little traumatism as possible, and so in every instance of a gap in the skull, both in civil and in military practice, I have employed celluloid for the purpose of filling the gap

Celluloid has one, and only one, disadvantage—it is a foreign substance The qualities which recommend it are many In the first place, unlike almost all the heteroplastic materials that have been employed from time to time, it is not absorbable, then it is easily obtained in plates large enough to fill any of these openings, is easily worked, and can be moulded within certain limits It can be 'splinted' for extra strength or to maintain a definite and desired shape with a second layer, or by strips, of the same material, which, with a proper solvent, become permanently incorporated as a single mass, it is easily sterilizable, it presents an entirely smooth surface to a damaged cortex beneath and a freshened surface of scalp or scar tissue above it, the advantage of this being that the outside covering remains freely mobile upon the plate Celluloid is, moreover strong and resilient and capable of resisting quite a considerable degree of violence (see below) As far as I am concerned my experience in its use is entirely satisfactory, and, what is more, the patients I have seen recently, twenty and more years after their operation, are thoroughly satisfied also

In the *British Medical Journal* of February 3, 1906, I reported notes of six patients for whom celluloid was employed for gaps of various sizes, the largest being 9 × 5 cm Since that date I have only used celluloid for five other patients in civilian practice

After the war began in 1914 eighteen men were admitted under my care at the 4th Scottish General Hospital suffering from gunshot wounds of the skull and brain Two of these men came with large granulating cerebral herniae, the others with their wounds completely cicatrized, leaving more or less dense and extensive adhesions between brain and scalp

Concerning these eighteen men, all of whom had a celluloid plate inserted, eight have been lost sight of (five of them were the subjects of general epilepsy—the result of the brain injury—the fits coming without warning), and it is unfortunate that the later history of these patients is lost The remaining ten I have seen personally during this current year, twenty or twenty-one years after their operation Six of these were suffering from traumatic epilepsy following on their injury when they came under observation Three of them have not been improved so far as the epilepsy is concerned, the fits continue and they have been unable to work since their discharge from hospital In one of these patients the wound was frontal, in one parietal, and in one right parieto occipital with visual aura (flashes of light) preceding the convulsions The fourth patient (with left occipital wound) of this group had many generalized fits with visual aura (flashes of light, revolving like a wheel) He has been free from any major seizure since his operation and has been employed continuously since his discharge but states that at times he still sees the flashing light, which is followed by a 'queer feeling' coming over him (*petit mal*) When this happens he is obliged to cease work for about five minutes, but does not lose consciousness At the end of this time he goes back to a moulding machine in an engineering shop, and is able to take up his work where it was left off He is employed on full wages, so these interruptions cannot be very serious

Of two remaining patients, one, with a frontal wound, had many general convulsions before and several during the early days following his operation, the other, with a wound over the left Rolandic area, was the subject of Jacksonian epilepsy, the fits beginning in the right index finger and usually involving both limbs of the right side These two patients have been entirely free from fits since they were discharged from hospital, they are employed full time on full wages in responsible positions, sums of money passing through their hands

Four men happily escaped the calamity of having epileptic manifestations added to the misfortune of being wounded Three of them have been well in every way since their discharge from hospital and have been employed full time on full wages ever since One (frontal) works in a large explosives factory, one (parietal) is a railway platelayer, one (frontal with a large part of the vertical right frontal bone and the whole of its horizontal plate removed) is in charge of a pumping engine at the waterworks of a large town The fourth man of this group went seven years without any fits after his skull was plated, but at the end of that period developed an abscess, and seems to have had one or two fits The abscess was evacuated, and the plate, a large one, was removed, the wound healed again quickly Two years after this event he called upon me and said that he was very well and had had no more fits, but was not working He produced the plate, which was absolutely intact after its seven years in his head and did not show the least sign of erosion at any point A letter received from him in the spring of this year stated that he was well but still unemployed

In these ten men the "plates" were found to be sound, fitting well, and of good resistance, and with the cutaneous scars freely movable upon them All the men expressed satisfaction with the plates and said they had a feeling of confidence in themselves in consequence of having them

The technique adopted in all these cases has been the same as described in my first paper For an operation in which a heteroplastic substance is to be used the essential factor is to obtain asepsis One may say that where sepsis has occurred after the primary wound, and especially where healing has been by extensive epithelialization of granulations, the longer a patient can be kept between the time of the last granulation being covered and the secondary operation the better All the war cases dealt with had been highly septic, and the plating operation was always deferred till at least six weeks after complete covering had been obtained better still to wait two, or even three months, although while the war was in progress it was not easy to keep the patients so long in hospital These remarks apply equally to the use of completely detached bone or of cartilage It is possible that infection can be better resisted by the bone scales obtained in the König-Müller flap, for they are still in vascular continuity with the soft tissues of the flap

As has been stated, the cicatrix of the scalp was very often of the thinnest description, and the effort was always made to keep this intact by incising through the normal scalp and dissecting the superficial scar as carefully as possible off the cerebral scar In spite of this thinness and the apparently poor blood supply, necrosis of the scar did not occur in any case The brain scar, often very dense and at other times cystic, was excised, and a layer of thin celluloid (actually a portion of a photographic cartilage-film), large enough to extend completely beyond the cut surface of the brain was employed by slipping

THE REQUIREMENTS OF SODIUM CHLORIDE

BY

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A widely recognized complication following the administration of large amounts of saline solution rectally or parenterally is the occurrence of oedema of the lungs or the extremities Coller, Dick, and Maddock (1936) showed that this oedema is the result of the administration not so much of large quantities of water as of excessive amounts of sodium chloride, for the oedema will disappear if glucose solutions are substituted for salt solutions Jones and Eaton (1933) pointed out that a reduction of the protein intake such as occurs in certain gastro intestinal disorders, profuse surgical drainage, the general effects of sepsis, and the loss of serum protein by massive haemorrhage, all lead to a reduction in the serum proteins of the blood There is thus a diminution in the osmotic pressure exerted by the blood colloids, and this diminution probably accounts for the tendency to oedema which arises when the tissue reserves of chloride are raised We have observed that following repeated injections of sodium chloride solution oedema may occur before chloride appears in the urine in more than negligible proportions

Recently Maddock and Coller (1937) have established criteria as to the correct amounts of fluid required by patients at rest, after operation, and in conditions of dehydration We think it advisable to add criteria which we have obtained as to the amounts of sodium chloride required by the body in health and in hypochloraemia

The Basal Requirements of Sodium Chloride

The usual daily intake of 6 to 12 grammes of sodium chloride in an ordinary diet represents an amount in excess of the actual needs of the body, the excess salt being excreted in the urine In order to ascertain the basal requirements of salt we selected three healthy male subjects who were confined to bed because of fractures of the leg For the first three days they were given the usual ward diet Twenty-four specimens of urine were collected and the daily sodium chloride excretion estimated * Blood specimens were collected daily for plasma chloride and haematocrit estimations * Following this control period each subject was given a diet as low in chloride as possible, compatible with ensuring a balanced diet and with using foodstuffs which were readily procurable After six days on this diet alone (salt intake approximately 2 1 grammes daily) the salt intake was increased by the addition of 2 grammes a day for three or four days, and then by the addition of 4 grammes a day for three days

* The plasma chloride (as NaCl) was estimated by van Slyke and Sendroy s method on oxalated specimens of blood which however were not collected under paraffin The same method was used for the urinary chloride The haematocrit estimations were made by means of capillary haematocrit tubes

The following basic salt-poor diet was given to two of the three subjects

		NaCl Content
Brown bread	150 grammes	0 911 gramme
Butter	45 „	0 545 „
Milk	300 c cm.	0 318 „
White fish	100 grammes	0 106 „
Egg	1	0 063 „
Chicken	60 grammes	0 060 „
Tomato	100	0 034 „
Potato	75 „	0 028 „
Cream	30 c.cm	0 024 „
Apple	200 grammes	0 010 „
Orange juice	100 c cm.	0 003 „
Sago	10 grammes	0 002 „
Gooseberry jam	120 „	—
Sugar	45 „	—
		2.104 grammes

This diet contains 189 grammes of carbohydrate, 62 grammes of protein, and 75 grammes of fat, and has an energy value of 1,680 calories and a total sodium chloride content of 2 1 grammes

The findings observed in each of our three subjects are presented in graphical form (Charts I, II, and III) These charts show that, after a diet containing 2 1 grammes of sodium chloride has been taken for six days, the salt excretion falls and is about 2 grammes a day If then salt is added to the diet, the excess salt is excreted in the urine after a latent period of one or two days has elapsed In Chart III it will be seen that cessation of the salt output occurred as the result of an attack of acute tonsillitis on the eleventh day When this attack subsided the excess salt was excreted

We deduced from these observations that for short periods the basal requirement of sodium chloride in health is less than 1 to 2 grammes a day

Requirements of Sodium Chloride in Hypochloraemia

To observe the effects of salt administration in hypochloraemia we chose a number of patients in whom there had been excessive chloride loss following vomiting due to obstruction in the alimentary tract and to whom known quantities of saline were given (with one exception) only by parenteral routes In each case the plasma chloride values were estimated before and after administration, while the urinary chloride output was estimated and found to remain negligible The results are summarized graphically in Chart IV

From this chart it will be seen that in hypochloraemia about 20 grammes (from 15 to 30 grammes) of salt are required on the average to raise the plasma chloride by 100 mg per 100 c cm (from, say, 400 to 500 mg) Marked variations, however, are seen in the responses to saline administration In assessing the significance of these findings it should be remembered that the total amount of sodium chloride normally present in the circulating blood is about 30 grammes, with a tissue reserve of probably double that amount We believe from personal observations (Falconer and Lyall, 1937) that the undoubted benefits of saline administration are dependent more on the correction of the dehydration than on the alteration of the plasma chloride values, and that salt given in normal solution exerts a greater effect on the plasma chloride levels than when given in concentrated solution We have evidence to show that, after the administration of saline chloride may be stored in the tissues and later be used to raise the plasma chloride These observations probably account for the apparent discrepancies seen in Chart IV

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CHART I.—*Showing the daily chloride excretion in a man aged 54 while on a diet containing varying amounts of sodium chloride*

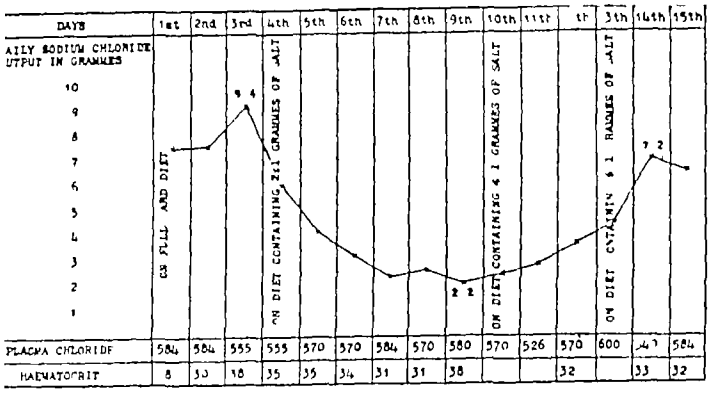


CHART II.—*Showing the daily chloride excretion in a man aged 51*

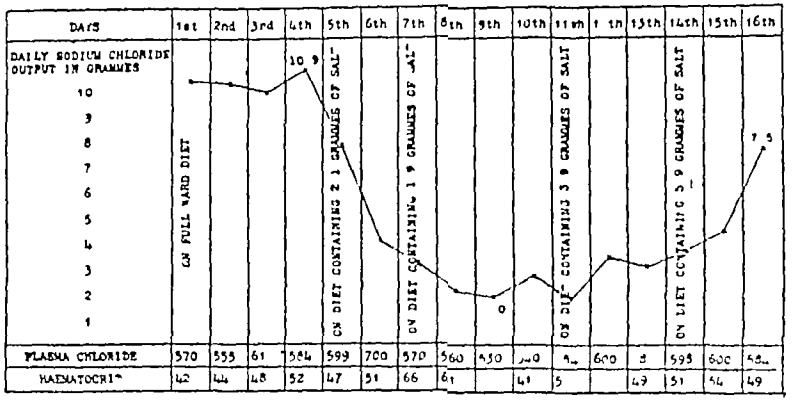


CHART III.—*Showing the daily chloride excretion in a man aged 41 The patient developed an attack of acute tonsillitis on the eleventh day*

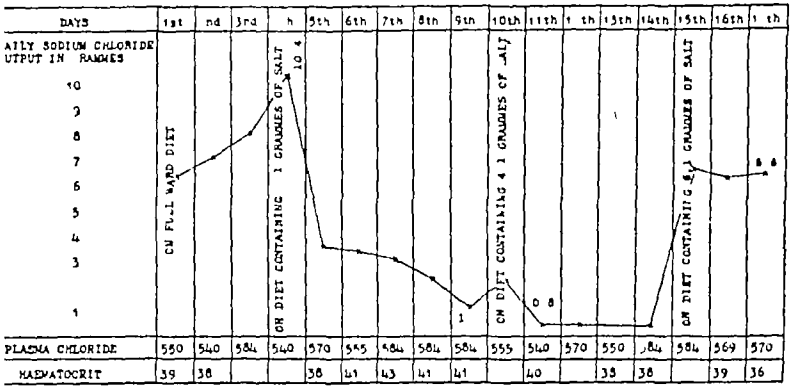
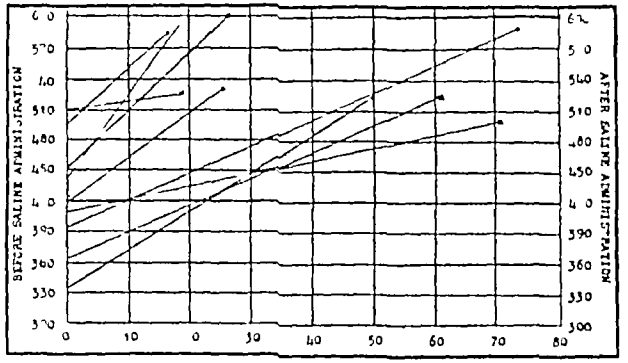


CHART IV.—*Showing the effect of the administration of sodium chloride on the plasma chloride values in cases of hypochloraemia*



The abscissa represents the amount of sodium chloride given in grammes the ordinate the plasma chloride in milligrammes per 100 c cm

BRITISH MEDICAL JOURNAL

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SATURDAY DECEMBER 4 1937

THE MILK PROBLEM

In view of the forthcoming Milk Bill, in which a measure of compulsory pasteurization is promised, a report just issued by the Health Organization of the League of Nations entitled "The Milk Problem"[1] is of unusual interest It was compiled by a number of experts drawn from the agricultural, nutritional, medical, veterinary, economic, and social fields after a tour of inspection in Great Britain Scandinavia, the Netherlands, and Switzerland The essence of the report, around which most of the individual sections are built is the opinion, unanimously expressed, that attempts to increase the consumption of milk must depend for their success on public confidence in the purity of the milk supply The methods therefore of furnishing the public with milk of high nutritive quality, produced under hygienic conditions from healthy cows rendered safe by adequate pasteurization distributed by efficient and scientifically organized firms, and sold at the minimum possible price, constitute the problem which the authors set out to solve In all the countries visited, with the exception of Norway, it was found that bovine tuberculosis is extremely prevalent and that contagious abortion and mastitis are widespread Our knowledge of the incidence of milk-borne disease in man is at present very defective and it may confidently be assumed that the figures we do possess underestimate—sometimes grossly—its real frequency Nevertheless, it is pointed out in the report that in Great Britain during the twenty-four years 1912–35 there were over a hundred outbreaks of epidemic milk-borne disease, affecting about 12 000 persons During the same time about 150 000 persons contracted tuberculosis of bovine origin through the consumption of milk and over 60,000 of them died, while an unascertained number, probably several thousand suffered from undulant fever due to infection with *Br abortus* In Denmark during the three years 1934–6 there were at least nine outbreaks of epidemic milk-borne disease apart from tuberculosis and undulant fever, involving over 10 000 persons

Three main lines of approach towards the provision of a safe milk supply are discussed in the report—namely the control of animal disease the control of the human personnel, and the destruction of pathogenic organisms in the milk by pasteurization or by other form of heat treatment Consideration is given to the various means of controlling animal disease, and the conclusion is reached that, whenever possible, the eradication method should be used The principle of this method consists in the detection and elimination of all infected animals—not merely of those that are obviously diseased—and the building-up of a healthy herd from the young non-infected stock Any campaign to eradicate animal disease should be carried out with State aid in the economic interests of the farmer on the assumption that a healthy herd is more profitable than a diseased herd Bonus payments to the producer of milk from disease-free herds afford an excellent stimulus to the farmer, but on no account—and this point is strongly emphasized—should the conduct of the campaign be made contingent on the payment by the consumer of a higher price for milk from such herds The amount of animal disease is so extensive, and the difficulties of combating it are so great that its control, however desirable on economic grounds cannot be regarded as affording an immediate solution to the public health problem of protecting the consumer against the risk of milk-borne disease Medical inspection of the personnel is considered to be too expensive and inefficient to be justifiable, except in certain circumstances and in these it is highly recommended When for instance, the milk is to be drunk raw, medical and bacteriological control of all persons handling it in the course of its production and distribution should be insisted upon A similar control should likewise be exercised over all human operatives in pasteurization or other plants in which large volumes of mixed milk are being handled, so as to prevent any possible danger of contamination of the milk after processing This is an extremely important requirement that has so far been largely neglected Even if produced from healthy animals milk is so liable to contamination from human and other sources that the only satisfactory method of ensuring its final safety when delivered to the consumer is to submit it to some form of heat treatment that can be relied on to destroy any pathogenic organisms which may be present

"*It is our considered and emphatic opinion that all liquid milk for human consumption should be adequately pasteurized or boiled* This conclusion which is expressed in italics, will undoubtedly command the support of educated medical opinion

[1] H C Bendixen G J Blink J C Drummond A M Leroy and G S Wilson *Bull Hlth Org L o N* 1937 6 371–504

Discussion

In the production of oedema following the administration of large quantities of saline the efficiency of the kidneys plays an important part, for when the renal function is good the kidneys can excrete chloride in the urine in high concentration and so mitigate the possibility of oedema Very rarely, however, does the urinary chloride concentration approach to that of normal saline, and it is therefore inadvisable in the absence of hypochloraemia to tax the kidneys by the administration of such large quantities of salt as are included in 3,000 to 4,000 c cm of normal (0.9 per cent) saline Such amounts of solution contain from 27 to 36 grammes of sodium chloride, in contrast to the basal requirement of less than 2 grammes, the ordinary daily intake of 6 to 12 grammes, and the total chloride content of the body in health, which is about 90 grammes

In administering salines, rectally, parenterally, or by jejunostomy, two factors must be considered—the need for fluid and the need for salt The first of these is well discussed in a recent paper by Maddock and Coller (1937) An average patient requires at least 2,500 c cm of fluid daily in order to ensure an adequate urine output of from 1,000 to 1,500 c cm If dehydration is present this intake should be increased to 5,000 c cm, or even more As a general rule as much fluid as possible should be taken by mouth and the balance given rectally or parenterally In all cases the urine output should be recorded, and when it reaches an adequate level the administration of fluid should be curtailed

The need for salt arises when hypochloraemia is present, as after profuse vomiting in diarrhoea, or after loss of large quantities of fluid by gastric aspiration or via intestinal fistulae In such cases sodium chloride is necessary in amounts varying from 15 to 20 grammes daily, and may be given as 1,500 to 2 000 c cm of 1 per cent solution or in larger amounts of more dilute saline Any additional fluid required may be administered as water by mouth or by rectum, or as 5 per cent glucose solutions rectally or parenterally Such amounts of salt as we recommend are adequate to correct chloride deficiency, and contrast with the basal requirements of less than 2 grammes and the usual intake of 6 to 12 grammes In order to obviate the risk of oedema the plasma chloride should be estimated at least every second day, and when it approaches to 550 mg per 100 c cm the salt intake should be restricted and should not exceed 10 grammes (1,000 c cm of 1 per cent solution) a day

We wish to thank Professor J R Learmonth for his help and encouragement Mr F K Smith senior surgeon to the Royal Infirmary for permission to use his cases Sister Thomson dietitian to the Infirmary for diet sheets, Sister Stephen of the metabolic ward for the meticulous care with which she looked after our cases and James Ellice for technical help

REFERENCES

Coller F A, Dick V S, and Maddock W G (1936) *J Amer med Ass* 107 1522.
Falconer M A and Lyall A (1937) Paper in press
Jones C M, and Eaton F B (1933) *Arch Surg* Chicago 27 159
Maddock W G, and Coller F A (1937) *J Amer med Ass* 108, 1

A further gift of £50 000 has been made by Mr John A Dewar to the Gordon Hospital for Rectal Diseases Vauxhall Bridge Road, London Mr Dewar had already given £80,000 for the erection of two new blocks of wards and his latest gift will enable the old part of the hospital to be reconstructed and thus increase the original accommodation threefold

SERUM TREATMENT OF TYPHOID FEVER*

BY

C J McSWEENEY, M D, F R C.P I, D P H

Medical Superintendent Cork Street Hospital Dublin

In May, 1935,[1] I published the results obtained when eight bacteriologically confirmed cases of typhoid fever were given an "anti-Vi" and "anti-O" serum prepared by Dr Felix at the Lister Institute These results, while insignificant statistically did suggest that in this new serum we had a remedy of definite value in relieving the toxaemic symptoms of typhoid fever and worthy of further trial In the present contribution I propose very briefly to review our experiences to date with the Felix serum

In all, sixty-one cases of typhoid fever admitted to Cork Street Hospital since September, 1934, have received serum treatment Every case included was bacteriologically confirmed—if not by blood culture, by unequivocal serological findings Since my original paper was published we have ceased to give serum to mild cases of typhoid, and therefore cases of this type are excluded from this survey, as are, of course, all paratyphoid infections

Results in Sixty-one Cases Receiving Serum (September 1934 to July 1937)

Serum effect excellent	23
Serum effect good	21
Serum effect doubtful	7
Serum effect absent	10
	61

The usual route of administration followed was intramuscular, but the intravenous route has been adopted in some very toxic cases, and the intrathecal in cases presenting meningeal symptoms The dose given has varied from 15 or 20 c cm to 33 c cm, the latter amount being usual for adults Serum is given on three successive days In this series of sixty-one cases there were ten deaths, but it is hardly necessary to point out that a fair comparison of the mortality rate for serum-treated cases with the usual mortality rate for typhoid is not possible because of the fact that the serum treated cases represent a selected group—that is, were given serum because they were toxic or otherwise seriously ill

To begin with the debit side of the balance sheet—the ten deaths three of these were due to perforation One of the patients was actually the first case in the series, and he had had what we now know to have been a very inadequate dose of serum—a single injection of 10 c cm The second perforation was in a woman whose typhoid was complicated by a septic abortion The remaining case perforated two days after the third 25 c cm of serum was given, and the course of the illness seemed to have been uninfluenced by specific therapy A fourth death occurred in a case of haemorrhagic enteric beginning with nephritic symptoms This patient's blood culture was positive for *B typhosus* very early in the disease, and she bled extensively from mucous membranes and into the skin Because of a temporary shortage of supplies she received only half the usual adult dose of serum While admitting a doubt as to whether any treatment would have saved her life, I ought to say that the only other haemorrhagic case of enteric included in this survey recovered dramatically after adequate serum treatment Two other fatal cases were interesting, in that

* Read in the Section of Hygiene and Public Health at the Annual Meeting of the British Medical Association Belfast 1937

McSweeney C J (1935) Clinical Trials with a New Anti typhoid Serum *Lancet* 1 1095

in this country The various types of pasteurization are defined and rigid conditions are laid down governing the whole process Far too little control is at present being exercised over pasteurization by the medical and sanitary authorities If pasteurization is to be recommended as the chief measure for protecting the public from milk-borne disease, then no effort must be spared to ensure that the whole process is carried out efficiently and that subsequent contamination of the milk is avoided Ten pages of the report are devoted to discussing the more important arguments for and against pasteurization Though many pseudo-scientific objections have been advanced against it, the authors have been unable to find any that are supported by adequate evidence On the other hand, there is a considerable amount of evidence to show that when pasteurization has been introduced on a large scale milk-borne disease has been practically abolished There is a very interesting discussion, to which only a brief reference can be made, on the principles of milk grading The main conclusion is that the milk of *producers* should be graded and paid for on the basis of quality—fat content, cleanliness, and freedom of the herd from disease—but that milk for the *consumer* should not be graded Without an adequate financial stimulus the producer cannot be expected to take the extra trouble and incur the additional expense required for building up a healthy herd and for producing clean milk Quality payment, however, should not be passed on to the consumer He should be provided with one quality of milk only, or at the most with one quality of raw and one of pasteurized Multiple grades merely confuse the public and have very little effect on raising the general level of the milk supply

Finally the authors discuss something of the economics of milk distribution A few decades ago the distribution of milk was a primitive business, carried out by the farmer himself or by a simple intermediary With the rapid growth in many countries of an industrial population the need for milk in the towns has increased considerably, while at the same time the farms producing the milk have been pushed further and further away from the centre of consumption To meet this situation a milk-distributing trade has grown up The term "distributing trade" is really a misnomer The distributor is no longer a mere link between the producer and the consumer, he now constitutes an essential part of the structure of the dairy industry It is he who is responsible for the collection of the milk, its cooling, transportation, filtration, pasteurization, bottling, refrigeration, and final delivery to the actual house of the consumer In addition, he is often faced with the problem of dealing with surplus milk, and is therefore constrained to build factories to turn it into butter, cheese, condensed milk, dried milk, and so on All these articles have to be marketed at home or abroad, and a complex business organization has therefore to be built up Such an agency can pasteurize, bottle, and distribute milk of a high standard of cleanliness and safety at a cost only slightly in excess of that demanded by the smaller producer who sells his own milk unbottled and in a potentially dangerous condition The conclusions to be drawn from this may be stated in the words of the authors

"We believe that the future of the dairy industry lies in the gradual elimination of the small and often inefficient distributor, and its concentration into the hands of large, well-organized firms which are making use of *every aid that science can offer them to improve the* technical efficiency of their business and the high quality of their products Just as, during the past century, the water supply of our large towns has passed out of the hands of multiple small producer-retailers into the hands of large concerns, controlled by the municipality, a public utility company, or some similar body, so, in the future, we believe that milk for human consumption in the liquid state will come to be regarded more and more as an article of food over which such care has to be exercised that none but large and efficient organizations will be allowed to handle it"

This is a bold prophecy, and one which, provided adequate governmental restraint is exercised over the quality and selling price of the milk, the public health authorities of this country may well wish to see fulfilled

IMMUNIZATION AGAINST TYPHOID

The Croydon outbreak of typhoid fever has again raised a question which it is important finally to settle What measures can be taken to protect individuals perhaps already exposed to infection? Until recently the only available immunizing agent has been vaccine, and this has sometimes been withheld on the supposition, based on the conception of the "negative phase," that the administration of vaccine will for the time being lower resistance instead of increasing it, an effect which might be disastrous during the incubation period An examination of actual evidence lends no support to this purely theoretical objection on the contrary, there are good reasons for believing that vaccine is strongly indicated under these conditions Perhaps the most extensive and careful study bearing on this point is that of Ramsey,[1] who gave vaccine to 2,402 household contacts, of whom only nine subsequently developed typhoid fever, while among 2,886 unvaccinated contacts no fewer than 203 did so On a similar scale was

[1] *Amer J Hyg* 1935 21 665

the enteric infection was complicated by streptococcal conditions—namely, erysipelas and septicaemia In the erysipelas case serum cleared up the enteric symptoms, but the erysipelas relapsed and death took place suddenly from what appeared to be coronary thrombosis several days after the temperature had settled The septicaemic case ran a protracted course, and the patient died exhausted from multiple abscesses In another case the patient appeared to do well after serum treatment, but developed mental symptoms at a later date and died The three remaining fatal cases were not influenced by serum and the patients died in the typhoid state with the usual concomitant hypostatic pneumonia

The Effect of the Serum

The effect of the serum I have graded as excellent, good doubtful or negative By excellent I mean a rapid drop in temperature with amelioration in toxaemia the changes taking place within forty-eight hours of the last dose of serum This result was noted in twenty three out of the sixty-one cases treated In some of these the temperature was normal within two or three days of serum administration and remained normal thereafter, except for a temporary disturbance occasioned by the development of a serum rash The effect of the serum on toxaemia was always more marked than on pyrexia Toxaemic symptoms generally disappeared within a week of serum administration and in several of our cases were noted as absent within forty eight hours of the last dose In twenty-one cases the effect of the serum was classed as good By this is meant the inauguration of a brief lysis following serum administration this lysis being of shorter duration than occurs naturally in typhoid and being accompanied by a marked reduction in the toxic symptoms In the forty four cases comprising these two groups the incidence of complications was negligible Where the patient s symptoms seemed to be only slightly benefited or where the benefit was temporary the effect was classed as doubtful, seven cases falling into this category Where the illness pursued its course completely uninfluenced after serum inoculations the effect was classed as negative ten cases were of this type

Two batches of serum seemed to be less potent than others in the fifteen batches so far employed On reference to Dr Felix it was ascertained that the failure of therapeutic response with these batches was related to a lower antibody concentration Apart from this the only disappointing results we have had with the serum were obtained with mixed infections Several members of one family recently under treatment had a particularly virulent form of infection and although the response to serum treatment was slow in one of them all recovered Relapses have occurred twice in serum treated cases but repetition of the serum speedily aborted these Delayed serum sickness is not uncommon after administration of this serum Urticarial rashes with pyrexia lasting for a few days are the usual effects noted

Summary

To sum up in the majority of cases so far treated the Felix serum has been beneficial sometimes dramatically so In not less than one third of the serious cases the results were excellent in another third they were definitely good while in the remaining third they were doubtful or negative The beneficial effects are greater on the toxaemic manifestations of the enteric syndrome than on those attributable to local lesions in the intestine Complications were exceedingly rare in serum treated cases

The position of the Felix serum as a specific remedy in the management of typhoid fever is in my view now as firmly established as that of anti meningococcal serum in the treatment of cerebrospinal fever Whether its effect is due to its "anti Vi" or to its 'anti O' concentration, or to both I cannot say, as all the batches used in our wards contained both antibodies

Clinical Memoranda

Union of Carpal Scaphoid (by Immobilization) after Six Weeks' Delay in Treatment

The following case of successful treatment of carpal scaphoid fracture by immobilization seems to be worthy of record, as it might encourage others to persevere with non operative treatment, even in late cases

On February 9, 1937, the patient, a young woman of 23, sustained a severe injury of the right wrist from 'back-fire" while cranking a car This was diagnosed and treated (elsewhere) for six weeks as a "badly sprained wrist During all this time the patient suffered from persistent pain on the radial side of the wrist, and from

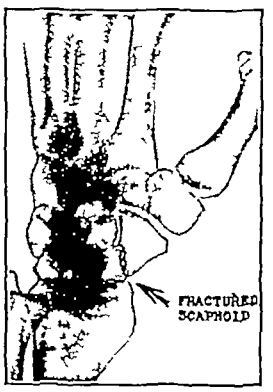


FIG 1

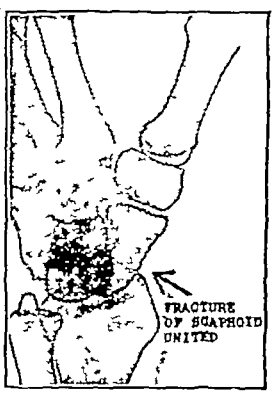


FIG 2

inability to pick up even light articles or to write at all (The thumb wouldn t work)

I first saw her on March 12 From the duration of the disability and the location of tenderness in Cloquet s snuff-box, a provisional diagnosis of fractured scaphoid was made, and the patient sent for x ray examination The x-ray report (March 13) states and the negatives show, a transverse fracture of the scaphoid (Fig 1) On March 14 the wrist was put up in a plaster of-Paris splint (dorsal slab etc) in extension and slight ulnar adduction from below the elbow to the heads of the metacarpals The palm was left free from the wrist-joint distally, except that the thumb was immobilized as far as the head of the metacarpal A stout copper wire was applied across the palm

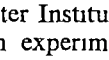
From this moment pain completely disappeared, and the patient was able after ten days to use the thumb for all purposes The grip became very strong, and she carried out all her duties in stripping the coats, brushing shampooing and generally manhandling dogs of all breeds in the course of her job in a dog shop She also typed drove a car or played the piano all the time after ten days There was no discomfort throughout this period until May 14, when she complained of soreness over the lower end of the ulna Fearing a pressure sore

the successful effort reported recently in this journal by R Taylor[2] to combat typhoid fever in the Basque refugee children's camp in this country five cases of typhoid fever occurred under conditions in which infection might have been expected to spread readily, but after vaccination of the remaining 4,000 children no further cases occurred A fact of significance is that neither in these nor, as far as we are aware in any other studies is there to be found a record of cases in which vaccination was followed by an exceptionally severe attack of the disease, such as might well occur if the process can be positively harmful It is perhaps relevant to this question that the advocates of vaccine for whooping-cough are convinced of its capacity to prevent or at least to modify, the disease when given after exposure to infection here the longer incubation period is perhaps more favourable to such attempts These and other facts seem to point to the advisability of active immunization in circumstances such as have recently existed in Croydon It is highly desirable that official opinion on this question should be made clear, in order that appropriate action need not be delayed by doubts and questionings

A somewhat different problem is the scope of usefulness of anti typhoid serum Studies by Felix of the different antigens of the typhoid bacillus have led to the production of a therapeutic serum, now obtainable from the Lister Institute, which is of unquestionable efficacy in experimental infection in mice Clinical trials of this serum have been conducted in Dublin in Palestine, and in China it was also employed during the Bournemouth epidemic last year, the results being reported by H Cookson and R V Facey[3] in this journal A further report by C J McSweeney on the effects of its use in Dublin will be found on page 1118 From the statistical point of view the results obtained are necessarily inconclusive, chiefly because the treatment has been reserved for more severe cases, but the authors of published reports are all agreed on its usefulness It is reported in the daily press that this serum has been given to contacts of cases which occurred in Kensington This is a new departure and if a clinical experiment were feasible under conditions which would furnish conclusive evidence of its value the results would be of great interest For those who prefer not to rely entirely on a comparatively untried method of purely passive immunization a third alternative exists in the simultaneous administration of serum and vaccine a type of proceeding for which there is ample precedent in other connexions

[2] *British Medical Journal* 1937 2 760
[3] Ibid 1937 1 1009

POISONING BY ELIXIR SULFANILAMIDE

A recent outbreak of poisoning in the U S A has demonstrated in a sensational and tragic manner the unexpected dangers that may attend the introduction into therapeutic use of chemical compounds without an adequate preliminary trial of their possible toxic actions A full account of the matter is given in the *Journal of the American Medical Association* of November 6 An American firm found that sulphonamide was soluble in diethylene glycol a synthetic product somewhat resembling glycerol in its physical properties An elixir containing 10 per cent sulphonamide and 72 per cent. diethylene glycol was made up and administration was recommended in doses of two to three teaspoonfuls every four hours for one or two days On October 11 six deaths were reported from anuria following the use of this remedy The danger was promptly reported in the medical journals and the U S Food and Drug Administration worked energetically to stop further consumption of the elixir This involved tracing no fewer than 700 shipments The number of deaths however has since risen to 60 Investigations in the laboratories of the American Medical Association have shown that the lethal action of the elixir was due to the diethylene glycol rather than to the sulphonamide In dogs and rats a dose of about 13 c cm of diethylene glycol per kilogramme produced death from injury to the kidney and liver and similar effects were caused by the elixir in corresponding doses Before this accident comparatively little was known of the toxic actions produced by diethylene glycol $[(CH_2OH\,CH_2)_2O]$ but the toxicity of ethylene glycol $(CH_2OH)_2$ and of dioxan or diethylene dioxide  had been studied by many authors In a recent summary of this work Browning[1] states that the two last mentioned substances injure the kidney and the liver Experiments on small animals indicate that the relative toxicity in descending order is ethylene glycol diethylene glycol and dioxan The last substance caused however some serious industrial poisoning in 1933 It is therefore scarcely true to say that nothing was known previously about the toxicity of diethylene glycol since much attention had been paid to the possible toxic actions of various related compounds and enough had been discovered to warrant caution in therapeutic administration The full dose of elixir sulfanilamide recommended by the vendors (three teaspoonfuls every four hours) would provide about 50 c cm of diethylene glycol in a day This is much less than the lethal doses found for animals and the American investigators suggest that sulphonamide and diethylene glycol may produce additive toxic actions when given in combination Further research into these toxic actions is required but enough was already known to make such a tragedy that has occurred wholly inexcusable Sulphonamide is a powerful drug and potentially toxic Diethylene glycol belongs to a group of drugs of which certain members have given rise

[1] *Toxicity of Industrial Organic Solvents* Medical Research Council Industrial Health Research Board. 1937 Report No 80

the plaster-of-Paris splint was removed, and before deciding upon renewal the wrist was radiographed again Dr Ff Roberts reported that the fragments of the scaphoid had now united, and splinting was discontinued, after *eight and a half weeks in the same plaster cast*

On May 21 there was full movement of the right wrist-joint in extension, flexion, pronation, and supination The grip (practised throughout) was unimpaired, and there was no pain and no disability

Looking back, it is of interest to note that in July, 1921, a most interesting and exhaustive article of eighteen pages by Alan H Todd (London) on fractures of the carpal scaphoid appeared in the *British Journal of Surgery* (p 7) which advocated only three to four weeks of immobilization on a cock-up splint, admitted that in some cases the functional result was not good, and recommended in such cases operative removal of the scaphoid The article concluded 'From all that has been written about fractures of the scaphoid, and the many conflicting accounts that have been given of the results of various treatments, one fact emerges most clearly—namely, *that all methods of late treatment are uncertain and unsatisfactory*"

Cambridge R SALISBURY WOODS, M.D, F.R C S

Cerebral Malaria

A case of cerebral malaria, with recovery, may be of sufficient interest to be placed on record

The patient a well-built Irishman of 55 with a pale rather earthy complexion was admitted to the Albert Dock Hospital at 3 p m. on August 4 1937 While walking along the road he had a fainting attack and fell On admission he was semi-conscious, with very slow cerebration but answered to a shouted question His temperature was 99° F the pulse 86, and respirations 24 The pulse was strong the breathing loud, and the pupils small and equal At 6 p.m jerky twitchings of his hands and feet started and by 7 o clock they were almost continuous his pupils were then dilated but equal and reacting. His condition at this stage closely resembled an alcoholic coma—a mistaken diagnosis which Dr Manson Bahr informs us was made several times during the great war with fatal results All tendon reflexes were normal, with a flexor Babinski The temperature was now 102 6° the pulse 120 and respirations 24 At this point a blood film revealed a heavy infection with malignant tertian rings and crescents The patient showed extreme irritability and appeared unconscious, but could just be roused at times Quinine hydrochloride 3 grains in 10 c cm of distilled water was given intravenously at 9 15 p.m adrenaline 10 minims and one capsule of amyl nitrite by inhalation The quinine was repeated an hour later

The next morning the temperature was 97° pulse 84 and respirations 20 and the patient was able to give a history of having been at Takoradi West Africa from May 22 to 29 he had had vomiting with nausea and lassitude, on and off ever since— never any fever

A blood count showed red cells 2 010 000 per c mm haemoglobin 45 per cent. colour index 1 1, white cells 6,250 per c.mm polymorphs 70 per cent. lymphocytes 25 per cent and monocytes 5 per cent. The red cells showed anisocytosis and polychromatophilia some stippling. and heavy infection with malignant tertian rings and crescents He was given 1½ grains of atebrin three times daily On the third day there was a rise of temperature to 100 of the pulse to 96 and respirations to 28 with return of dizziness Since then the patient has made a good recovery on atebrin iron mixture and fluids a blood film on the fifth day showed malignant tertian crescents only

We are indebted to Dr Manson Bahr for permission to publish this case

J SOUTTAR MINETT, M B, M R C S
A J BERNFIELD, M R C.S, L.R.C.P

London

Reviews

INDUSTRIAL HYGIENE AND MEDICINE

Recent Advances in Industrial Hygiene and Medicine By T M Ling, B M M R C P With foreword by J A. Nixon, C M G, M D., F R C P (Pp 212 29 illus. 12s 6d) London J and A. Churchill 1937

In this book Dr Ling has attempted to 'survey the more important advances in our knowledge of Industrial Hygiene and Industrial Medicine since the war" The best standard by which his success can be measured is a practical one Does the book contain, in a practically useful form, the information needed by medical officers engaged in industry by certifying factory surgeons, and by medical practitioners whose patients are industrial workers? The practical value of the book to industrial medical officers and to certifying factory surgeons is, we believe, definite Its value to medical practitioners is less obvious, though it may be none the less real

The book opens with a chapter on the medical supervision of workers in a factory In this chapter the physiological and psychological principles of occupational selection are reviewed Chapters follow describing some of the causes of industrial sickness and accident In view of the current neglect of the emotional, social psychological elements in the aetiology of sickness and accident Dr Ling is justified in devoting a relatively large amount of space to the psychological factors in health, sickness, and accident Over-emphasis of the psychological" is however, a very real danger "The neuroses of industry' are discussed in chapter 4 and industrial fatigue in chapter 5 Dr Ling then turns to consider recent advances in ventilation and lighting, these chapters are well done Dust and its effects and noise are rapidly surveyed in the following chapters The concluding chapters deal with lead poisoning, the toxic effects of gases, and industrial dermatoses All that Dr Ling has to say concerning the 'Advances in the more strictly medical and toxicological aspects of his subject is compressed into thirty-four pages out of a total of 200

Perhaps it would have been better if the author had used all of his space for writing a book upon "Recent Advances in Industrial Hygiene and Industrial Psychology for Works Medical Officers Industrial poisoning is too large and too important a subject to be discussed in a summary fashion Nevertheless, it must be recognized that Dr Ling has packed a surprising amount of valuable information into a narrow compass We can recommend this book to any medical man whose work takes him into factories, and to all medical men who wish to learn something about the psychological factors in industrial illness Nevertheless the style is uneven and makes an undue demand upon the reader's attention A few rather crude clichés occur with irritating frequency The meaning of the last paragraph on page 69 is not clear to us We read 'A study of shell shock revealed the fact that these conditions symbolized the reaction to adverse conditions of people, whose emotional make up and behaviour had been inappropriate from their early years In other words, the basic causes were *multiply* [*sic*] determined by early training and environment, while the war acted as a precipitating factor On page 68 sacrostant" should read sacrosanct

Dr Ling's task was rendered difficult by the absence of recognized textbooks' of his subject When the difficulties which faced him are realized the measure of his success in meeting them becomes apparent.

to dangerous toxic effects Yet hundreds of shipments of a mixture of the two were sent all over the U S A without any preliminary attempt to determine its safety As the leading article in the *Journal of the American Medical Association* states "Surely there has been no blacker picture of the inadequacy of our present food and drug laws or the lack of common scientific decency in drug manufacture than that illustrated by this tragic disaster"

THE DOCTOR'S HEART

Articles on the diseases of their profession have a certain fascination for medical readers, particularly if they are well documented with statistical tables Attention may therefore be drawn to a brief but valuable paper by A Morris Ginsberg of Kansas City in the October issue of the *Journal of the Missouri State Medical Association*, entitled "The Doctor's Heart." Heart disease is described as the leading cause of death among physicians practising in the United States of America Its incidence (40 per cent of all deaths) is almost double that found in the general population (23 85 per cent) Cerebral haemorrhage pneumonia, and arteriosclerosis take second place Among members of the Jackson County Medical Society (1932–6) heart disease was the cause of 36 2 per cent of all deaths Of twenty-one heart deaths eight were due to coronary occlusion six to coronary sclerosis, five to chronic myocarditis, and two to rheumatic heart disease Of further interest is a questionary submitted to members of this society Out of 594 practitioners—average age 49 94 years—232 sought medical advice in the last two years, and of these eighty-three have some heart disturbance, which in 74 69 per cent. was degenerative in type Finally a survey of 279 premedical students at the University of Kansas for 1935 and 1936 shows that six are affected with rheumatic heart disease an incidence of 2 1 per cent., which is comparable to the estimated percentage in the general population

CEREBROSPINAL RHINORRHOEA

The discharge of cerebrospinal fluid from the nose, sometimes in large quantities, is a peculiar phenomenon fraught with an ever-possible danger—of which generally speaking, the patient is mercifully oblivious—in the form of intracranial infection The escape of fluid may follow fractures of the base of the skull, complicate operations on the nasal sinuses or be of the apparently spontaneous variety, to which contributory factors may be a congenital deficiency in the cribriform plate of the ethmoid or a slowly growing cranial or intracranial tumour At a recent discussion on injuries of the frontal and ethmoidal sinuses with special reference to cerebrospinal rhinorrhoea and aeroceles at the Royal Society of Medicine [1] opened by Professor Hugh Cairns Sir StClair Thomson who thirty years ago differentiated between traumatic and "spontaneous" cases of cerebrospinal rhinorrhoea pointed out that the purely spontaneous variety must be distinguished from that associated with conditions like meningocele, which was not strictly spontaneous He did not think that the spontaneous form could be traced to any congenital defect, because it occurred mostly in adults it generally developed without any history of accident or of predisposing disease, and x-ray examination was of no assistance In the absence of gross defects the leakage probably took place along the sheaths of the olfactory nerves The occasional association with aeroceles in traumatic cases is an interesting one The air enters the cranial cavity through a fracture, often in the orbital plate, and usually is forced in by the patient blowing his nose, an act from which he should be restrained but which he is likely to perform because of the discomfort arising from the collection of blood clot in the nose In fractures of the frontal sinus and cribriform plate there is a risk of intracranial infection not only immediately after the accident but also at a later period, when a catarrhal infection of the nasal passages may break through barriers weakened by the injury The infection usually produces purulent leptomeningitis but sometimes a cerebral abscess or purulent ependymitis may result This risk of infection may be reduced by operative closure of the rent in the dura mater, which is usually found in the region of the cribriform plate It is best dealt with either by suturing or by the application of a muscle or fascial graft The operation is indicated in cases of delayed and persistent cerebrospinal rhinorrhoea following head injury

[1] *J Laryng*, 1937 52 589

THE NATURE OF VIRUSES

There must still be many who are yet unaware that doubt is now being cast on the living nature of at least some of the filterable viruses These numerous agents of disease differ from bacteria in many ways, but chiefly in their size, which in some cases is so small that it approaches that of some of the most complex single molecules, and in the fact that they are incapable of multiplication except in a living host. Speculative doubt of their living nature has been expressed more than once before, and scraps of actual evidence connected with their properties have seemed to support it, but a more formidable campaign aiming at proof that certain viruses at least are non-living dates from Stanley's assertion of two years ago that the virus of tobacco mosaic disease can be crystallized Subsequent investigation has made this observation appear in itself less dramatic and conclusive, but tends to confirm the conclusion based on it that the virus of this disease cannot be a living micro-organism The active agent appears to be a characteristic protein found only in infected plants and produced in them in great abundance At a meeting of the Section of Comparative Medicine of the Royal Society of Medicine on November 24 these discoveries were described by J Henderson Smith and F C Bawden from the point of view of the plant microbiologist, and by J D Bernal from the point of view of the physicist, whose task it has been to study the structure of the particles in virus suspensions by methods such as that of *x*-ray spectro-

AUGUSTE FOREL AND HIS WORK

Out of My Life and Work By Auguste Forel, translated by Bernard Miall (Pp 352, 8 plates 16s) London G Allen and Unwin 1937

Auguste Forel, whose autobiography has just been translated into English, is perhaps best known by his study of the habits of ants, which culminated in that remarkable book *Le Monde Social des Fourmis* Yet this was only one aspect of his many-sided activities, and plays a minor part in this autobiography Here without any straining after artistic effect indeed with a frankness that is sometimes naïve, he draws his own portrait line by line, till one realizes just how he became the man he did Born in 1848, that year of revolutions, he seems to have been inoculated with the revolutionary spirit at birth Brought up in a small town in the Canton Vaud by a mother to whom he was devoted he nevertheless reacted vigorously against her extreme Calvinism refused to be *confirmed, and remained throughout life a militant* agnostic Yet in other respects the repressive atmosphere of his childhood left marks which endured for some years Even his consuming interest in ants was checked as evidence of a cruel spirit Becoming for a time shy and diffident, he was the predestined victim of bullies at school, and as a youth his prudishness prevented him from entering social life, therein differing from his beloved ants!

At last he was allowed to study natural science, and decided on a medical career Here he found release and his personality rapidly expanded From a series of valuable observations on the structure and functions of the brain he was led to take up psychiatry in which he made a name so soon that at the early age of 31 he was appointed to take charge of the Burghölzli Asylum Hitzig, an able neurologist of the laboratory type, had resigned finding himself quite incapable of dealing with the disgraceful conditions obtaining there Forel, in the *face of political and social opposition, resolutely cleared* out that Augean stable, and by his policy of thorough ' reduced chaos to order He tells an amusing story of the tricks to which the morphine addict will resort One day a fine pie was sent him, by whom he knew not On cutting the crust it was found to contain hypodermic syringes and a large quantity of morphine Inquiry revealed that a lady had inserted these in a pastrycook s shop but by some oversight the pie was addressed to Forel instead of to a morphinist patient in the asylum

As his outlook widened he became convinced that alcoholism, social problems psychiatry, penal law and science are inseparably connected and he became an impassioned social reformer in many directions But he never seemed to think that alcoholism was a symptom—for him it was a prime cause and he became an apostle of total abstinence, in season and sometimes very much out of season Was it his Calvinist upbringing that made him increasingly doctrinaire in later life? The complete failure of the gigantic experiment of Prohibition in the United States influenced him not a whit On he went, sometimes a visionary tilting at windmills sometimes a practical reformer achieving useful results No fear of change, no perception of the strength of instinctive prejudices deterred him In turn feminist pacifist, internationalist Bolshevist, but always abolitionist he welcomed Henry Ford s peace ship and was a League of Nations man before President Wilson For him there were no shades of grey everything was clearly black or white Robert Bridges in his *Testament of Beauty* was appalled at the utter slavery of bees and ants and thought that this was travestied by man s sentimental approach to the subject Forel on the other hand, would have had us go to the ant for social enlightenment Yet when he cut into a nest of the Colombian fungus growing ants he found them far from peaceful "In a moment I was bitten by the sharp mandibles of the workers until the blood was running down my hands and face They pursued me furiously for many yards, biting my clothes and my skin

His chief steadying influence was his sympathetic and understanding wife But like many pacifists he remained a single minded fighter to the last for the truth as he saw it tongue and pen being mightier for him than the sword—to the very last, for he even wrote his own funeral oration, lest he should be buried with Christian rites His best memorial will be his work for psychiatry in Switzerland, though his most popular monument is founded on an ant-heap

FOUNDATIONS OF PHYSICAL CULTURE

The Scientific Basis of Physical Education By F W W Griffin M A M D With a Foreword by Sir E Kaye Le Fleming M A. M D (Pp 200 7s 6d net) London Humphrey Milford Oxford University Press 1937

At the present time, when the 'powers that be are awakening albeit belatedly, to the realization of the value of physical culture in individual and national life a tremendous impetus has been given to the study of physical education and opportunities made for its development In this nation wide campaign it is hoped that eventually all school children and young adults will have the recreational facilities they need for improvement of health and physique

While much attention is necessarily being focused on actual schemes of training to be used, the physiological principles underlying them must be constantly borne in mind so that the best possible use may be made of the periods of training The opportune publication of *The Scientific Basis of Physical Education* by Dr F W W Griffin will provide a stimulating and provocative book for medical practitioners who wish to have some understanding of the general principles of physical training and the physiological and psychological problems connected with it, the complexity of which is scarcely appreciated by the average medical man Sir Kaye Le Fleming points out in the foreword that it is essential for the success of the present schemes that they should be closely associated with the science of medicine and that there should be firm co-operation between the physical educationist and the medical practitioner If the latter is to make any valuable contribution to the work he must be specially informed and observant of the various aspects of physical education

Dr Griffin s book will be most helpful in this respect for it is a serious attempt to summarize the present state of medical and scientific knowledge in regard to the bodily effects of muscular activity The author discusses briefly and simply the chemical, mechanical and nervous factors involved in bodily exertion and the changes that take place in the respiratory and circulatory systems in response to increased effort He suggests the need hitherto often entirely disregarded of considering psychological reactions in physical education His chapters on posture are unusually interesting, and he gives the foot the important place it deserves in determining the cause of postural faults Having enumerated bad foot habits, it is a pity that he has not similarly enumerated some good habits which would help in maintaining or acquiring a foot of such desirable shape and functioning as he describes The

graphy Almost all work on animal viruses proceeds on the assumption that they are living micro organisms a view which those responsible for this work are exceedingly reluctant to question and the arguments in its favour were expressed at this meeting by C H Andrewes who described the few attempts which have hitherto been made to identify the active agent in animal viruses with a protein and submitted that they are of little significance In his view the powers of adaptation exhibited by viruses their capacity for multiplication in unaffected insect vectors as well as in the infected animal and the resistance evoked by infection are facts consistent only with the belief that viruses are living things It would be idle to speculate on the future course of this controversy, or to suggest that it may lead to the revelation of some hitherto unsuspected form of life perhaps best to be described by the old term *contagium vivum fluidum* but it may be pointed out that viruses vary considerably in particle size and some of the larger ones can be photographed and have all the appearances of miniature bacteria Short of assuming that viruses are of two different kinds living and non-living—a proposition which their generally similar behaviour does not support—the two points of view here expressed are quite irreconcilable The advent of the ultra-centrifuge which will precipitate not only very small particles in the ordinary sense but even some of the larger molecules and the impact of other physical and physicochemical methods on the biological sciences are likely to have further interesting and perhaps startling results

TENDON SUTURE

Kanavel whose work based upon anatomical researches has done so much to improve the surgery of the hand, has remarked that he would rather have the average surgeon operate upon him for appendicitis than for a severed flexor tendon [1] an opinion with which many will concur There can be no doubt that there is a great deal of disability due to the bad results following tendon suture performed by those inexperienced in this branch of surgery, and it is a matter for comment that much of this surgery is carried out in casualty departments by relatively junior members of hospital staffs In the course of a discussion on infections of the hand at the Annual Meeting of the British Medical Association at Bournemouth in 1934 it was pointed out that patients with infection of the hand do much better if admitted to hospital and kept in bed than if treated as out patients in the casualty department. The same may be said to apply to many cases of injury and especially to those in which tendons or nerves have been divided and require repair In a recent paper on severed tendons and nerves M C O Shea of New York advocates primary repair of severed tendons as soon after the injury as possible fine black silk being used in the form of simple mattress sutures with additional interrupted peripheral stitches When both digital flexor tendons are divided in the finger he believes that only one, the deep flexor should be repaired, and that one slip of the splitting insertion of the superficial flexor tendon should be used to form a new annular (vaginal) ligament by passing it over the profundus tendon and sewing it to the lateral expansion of the digital extensor tendon If both divided tendons are repaired at the same time there is a tendency for them to adhere to their surrounds in a mass of scar tissue Repaired wounds should not be drained because if drainage is necessary primary tendon repair is not advisable The post-operative treatment of these injuries is so important that it is in this period particularly that the patient should be in hospital whenever possible The gradual replacement of splints applied to relieve tension on the suture lines by others in which there is a gradual "taking up" of the tendon and the institution and control of movements can only be carried out to the best advantage with the patient in hospital under constant supervision At first sight such treatment may appear to be economically impossible but the loss to the individual and the community by impaired function of the hand must be weighed against this. Much disability is caused by the bad results of treatment of injuries of the hand There is no doubt that this could be diminished if patients with severed tendons were admitted to hospital wards and treated by the more experienced members of the surgical staff

[1] *J. Amer. med. Ass.* 1936, 107, 1044
[2] *Ann. Surg.* 1937, 105, 228

SURGEONS AT LEISURE

In the past few years the general public has become accustomed to the publication of novels and the production of plays by doctors The interest of the public in these literary works has been aroused mainly because they portray some phase or another of a doctor's life or his place in the social and even economic structure The exhibition of pictures and sculpture by Fellows and Members of the Royal College of Surgeons of England which has just closed is of interest because except for two exhibits it is impossible to diagnose from the works on show the occupation of the artists The pictures incline more to the academic than the surrealist technique while the sculptures by their anatomical accuracy and finish are either classical Greek in inspiration or show the influence of Rodin by the skilful grouping of the figures and their "liveness The exhibition is therefore the work of doctors and not an artistic rendering of doctors' work The outstanding pictures were two oils by the late Professor Tonks One painted during the war shows an underground casualty clearing station near Arras the other commemorates an incident during the Archangel adventure in 1919 The former by its dull tones and lighting captures the atmosphere of peace and quiet after the attack is over It is not surgical" in detail though a surgical subject It is a picture and not a mere record of the work of doctors In the second picture the grouping and movement of the figures the almost theatrical composition and colouring, and the atmosphere of relief and joy make it one of his great pictures Tonks was chronologically a surgeon

final chapter on the classification of physical types is entertaining and makes one appreciate the difficulty of differentiating clear-cut types in a mixed race such as ours which is constantly absorbing and modifying alien strains

The book closes with an epilogue in which we are reminded that the demand for "bread and circuses," which foreshadowed the fall of the Roman Empire, seems to be becoming our national cry to-day But perhaps the time may come when the relinquishing of the imperialistic outlook will be regarded not as disastrous, but as a progressive step The book ends on a hopeful note that the light of knowledge, of science, and of understanding will make it possible for all members of the community to develop their latent physical and mental capabilities and be able to enjoy and adapt themselves to fuller life in a progressive world A useful bibliography is appended

THE CHILD WITH SPASTIC PARALYSIS

Children Handicapped by Cerebral Palsy Psychological Factors in Management By Elizabeth Evans Lord With a Medical Explanation by Bronson Crothers M D (Pp 105 5s 6d net.) New York The Commonwealth Fund London H Milford, Oxford University Press 1937

This is an admirable guide for all those concerned with the physical and mental training of cases of spastic paralysis in children A simple medical explanation of the various conditions involved is given by Dr Bronson Crothers The physical training is then dealt with, and it is pointed out that all exercises must be of interest and use to the child, relaxation exercises, especially of the eurhythmic type, proving the best Prediction of the ultimate physical capacity of the child is very important, and it is pointed out that unless he can balance himself by the time he is 6 the outlook is bad

Difficulties in mental testing and grading are described These children have difficulties in spatial discrimination but manage numbers better than might be expected Apart from grading, tests are useful in elucidating the nature of the defect Teachers of such children must remember their great susceptibility to fatigue and also that their capacity for learning may vary from day to day, though some have fair emotional control and quite good persistence The greatest difficulty arises with those who have no very obvious physical defect, but a marked feeling of inadequacy, especially when they may have got on fairly well at school but fail hopelessly in the competition of the labour market Those with serious physical disability usually accept this with reasonable equanimity, though they may be very self-conscious before strangers The mother's emotional reactions and her refusal to face the handicap often add greatly to the difficulties both of the child and of the teacher

BUSINESS ASPECTS OF PRACTICE

The Business Side of Medical Practice By Theodore Wiprud. (Pp 177, illustrated 12s net.) Philadelphia and London W B Saunders Company 1937

Mr Theodore Wiprud is just as emphatic on the lack of business capacity in the vast bulk of the American medical profession as anyone has ever been over our similar shortcomings in this country He does not probe far into aetiology—the vexed question of the seed and the soil whether, that is, it is the training and education of the medical student that are at fault, or whether the type of mind that is attracted towards medical practice is inherently repelled by business principles and incapable of assimilating them In general terms, Mr Wiprud's advice is just as useful for medical practitioners on this side of the Atlantic as on the other, but naturally, there are sections here and there which are scarcely applicable to British conditions The style, too, is simple and attractive, the author has more respect for "our maternal englysshe tonge" than some of his compatriots, though he avoids the word 'if" very pointedly, and replaces it by "in event" as a synonym He informs us that 97 per cent of American citizens die leaving no will, as the intestacy laws vary from State to State (some of them are on the English model, others quite different) his advice as to the making of wills is not unnecessary It is, very possibly, this problem of differing codes of law on the two sides of every inter-State boundary that accounts for the non existence in America of any organization corresponding to our medical defence societies—or is it that the American patient is less ungrateful and less litigious? It appears that medical witnesses enjoy privilege in American courts of law, though whether this is universal in all the States is not stated The interesting development which has not, so far as is known, reached these shores is the system of the "telephone secretarial bureau,' which has taken root in six of the larger American cities Its "major function is to transmit telephone calls from patient to physician A special listing is inserted in the telephone directory under the doctor's name, reading *If no answer call* (the bureau's number) In event the physician subscriber does not answer his telephone the patient calls the bureau, which locates him Not only are calls relayed but appointments are made according to the physician's instructions"

The typography and format of *The Business Side of Medical Practice* are worthy of the well known firm by whom it is issued

Notes on Books

John Melly of Ethiopia edited by KATHLEEN NELSON and ALAN SULLIVAN (Faber and Faber, 8s 6d) is a biography of the leader and organizer of the British Red Cross Ambulance units in Abyssinia In 1917 Melly left Marlborough to receive a commission in the gunners with whom he served on the Western Front during the last year of the war Shortly before the Armistice he was awarded a well-earned Military Cross Already in France a latent missionary spirit began to show itself in Bible readings with his men, and later at Oxford he was one of the founders of the Oxford University Bible Union From the university Melly went to St Bartholomew's, where he became a house surgeon During these and later years he presented an unusual combination of the social butterfly and the practical man of religion Eventually the unchanging ambition to become a medical missionary materialized, and Melly determined to establish a hospital and medical school in Abyssinia While reconnoitring the country with this object in view the imminence of the conflict with Italy necessarily modified his medical aspirations, for Abyssinia possessed no Red Cross organization When hostilities actually broke out Melly's knowledge of the country, its people and leaders, his surgical experience, and his enthusiasm for the task in hand marked him as the ideal leader of the British units which he was so largely instrumental in raising After surviving the rigours and dangers of the northern campaign Melly met a tragic end, during the days of anarchy at Addis Ababa, at the hands of one of the people he had done so much to help Apart from some excellent illustrations, this book is scarcely worthy of its theme It is composed almost entirely of extracts from letters and communiqués, the former too often loaded with trivial and irrelevant matter There is no feeling of chronology and continuity

before he was an artist, in the same way as Keats was a dresser at Guy's before he became known as a poet. An attempt to classify the exhibits and to find in them signs of the specialties indulged in by the artists failed The technique of the ophthalmologist is no more meticulous in detail than that of the pathologist Anatomical training does not prevent anatomical errors in figure drawing More striking than these failures to correlate occupation and technique is the ease with which one can pick out the ardent angler, the mountaineer, and the favourite holiday resorts of the exhibitor Landscapes show every country from Iceland to Morocco but with a predominance in favour of the English countryside Every phase of English weather is represented From another point of view the exhibition is of interest. The artists are realists There are no allegorical subjects, no striving after subtle portraiture, nothing Brangwynesque, and only a suggestion here and there of the influence of the modern poster technique It is a "quiet" exhibition, a "leisure" exhibition, and for these reasons, if one may be technical, it is essentially a release phenomenon, a release from the cares and worries of patient, hospital, and teaching

SKIN TROUBLES IN PREGNANCY

Dr Henri Vignes, in collaboration with other French writers, is producing a series of monographs on the diseases to which pregnant women are liable The first volume was concerned with the alimentary canal, and the second with the liver, pancreas, nutritional disorders, and abdominal wall The one now before us deals with diseases of the skin [1] Dr Vignes maintains that there is a fundamental distinction to be drawn between the general physiology of the pregnant woman and the metabolic life of those who are free from this complication which depends very little upon the mechanical influence of the enlarging uterus but much more upon the continual tax which the foetus levies on the mother in the course of its development—a tax which acts as a very powerful stimulus to all her organs and glands—and also upon the functions of the placenta, which is to be regarded as a temporary source of endocrines There are two obvious departments in this field of work (1) the discussion of such maladies as are peculiar to pregnancy, and (2) the influence of pregnancy on the course and therapeutics of such pathological conditions which, though not peculiar to pregnancy, may arise during that period In the domain of diseases peculiar to pregnancy dermatology plays a very small part. In a series of 22 000 accouchements collected by Perondi only 63 cases of non-venereal skin disease were mentioned These however, were all affections of considerable severity Among the dermatoses observed in pregnancy some run their habitual course, a few become less severe but a greater number are aggravated by the condition Dr Vignes, with the help of Drs Hanoun and Vial has written an interesting account of the cutaneous complications of pregnancy It appears that during gestation the physiological activities of the skin, like those of other organs are stimulated The proliferation of the cutaneous cells is more active and both the hair and the nails grow more quickly The sweat glands are more active All these factors naturally modify the course of such commonplace skin diseases as eczema, psoriasis, etc, which may supervene during the period One interesting point is that the scalp if affected by seborrhoea improves and the hair stops falling, the nails also grow more quickly We also note that Dr Vignes does not believe that there is such a thing as an auto intoxication of pregnancy, though he speaks of a "trouble humoral"—in other words of a disturbance of the body fluids—and he regards this disturbance as the real cause of the dermatoses of pregnancy

[1] *Maladies des Femmes Enceintes* III *Affections de la Peau* By Henry Vignes Paris Masson et Cie. (28 fr.)

BLOOD-ALCOHOL DETERMINATIONS

A recent monograph by Dr H Elbel[1] gives a short but clear account of the methods used in blood alcohol determination and of the evidence regarding the relation between blood-alcohol content, alcohol consumption and intoxication These problems are of great medico-legal importance, because in Sweden, Germany and other Continental countries blood-alcohol determinations are used as a routine in cases where motor drivers are accused of intoxication The discussion of the possible errors shows the need for scrupulous care in the carrying out of this delicate micromethod For example, the use of an alcoholic solution for disinfection of the skin when taking blood may produce a huge error An account is given of the evidence for the relation between blood alcohol and total body content of alcohol and of the evidence for the rate of oxidation of alcohol in the body These subjects have been studied extensively, and there seems to be fairly conclusive evidence that if the blood alcohol content and the time of taking the alcohol are both known then it is possible to calculate with considerable accuracy the amount of liquor that has been taken The correlation between alcohol content and intoxication is a more difficult problem, since this relation is subject to the unavoidable error due to the well-known individual variation in respect of susceptibility to alcohol The extensive data that are accumulating from medico-legal examinations are tending however to show that the amount of alcohol needed to impair driving powers in the majority of persons is somewhat lower than was formerly supposed Widmark concluded that 1 6 parts per 1 000 of alcohol in blood was the average limit above which intoxication might be assumed, but the evidence now available suggests that a driver with 1 part per 1,000 in the blood is less safe on the road than a normal person

[1] *Die Wissenschaftlichen Grundlagen der Beurteilung von Blutalkoholbefunden* By Dr Herbert Elbel Leipzig Georg Thieme (RM 7 80)

The Earl of Athlone, Chancellor of the University of London, will open the Bernhard Baron Laboratories of the Royal College of Surgeons of England in Lincoln's Inn Fields on Wednesday December 8 at 2 45 p.m

The Avitaminoses by Professor W H EDDY and Dr G DALLDORF (Baillière Tindall and Cox, 20s.), is a work of exceptional interest, since it is concerned primarily with the human disorders and diseases caused by partial or complete vitamin lack. The authors give a full description of the well known consequences of gross vitamin deficiency, such as beri beri, scurvy, and rickets. They also discuss carefully the more difficult problem of the effects that may be produced by a suboptimal vitamin intake. Problems of this type are the action of vitamin A in checking infections of the respiratory tract, the influence of the anti neuritic vitamin on the function of the stomach and the gut, and the relation between vitamin C lack and haemorrhagic diseases. As we have indicated, the authors centre their attention on the problems of chief importance in ordinary clinical practice. Unfortunately it is much more difficult to determine the effect of a partial than of a complete deficiency of a vitamin, and the evidence as regards these important problems is contradictory and confused. The authors cite McCarrison's experiments as models of the type of information that is required. He fed rat colonies for years on diets modelled on those eaten by the poorer sections of the population in India and in England. Such diets produced a remarkable variety of lesions such as pulmonary infections, gastric ulcers, and renal calculi.

The publication of the papers read before the Second International Congress of Medical Advisers for Athletics held in Berlin in 1936 (Leipzig: Georg Thieme. RM.27 G.RM. 27.50) is, in effect a thorough survey of all the medical aspects of athletics. More than eighty papers were read at the six sessions of the Congress, the majority in German, others in French, Spanish, and Italian and four in English. The four English papers were contributed by two Japanese, a Hungarian, and an American. Most of the papers show evidence of painstaking thoroughness and attention to detail, and the remarkable improvement in the standard of athletics among Continental nations during recent years may be attributed to a large extent to the close liaison between athletics and medicine. Of great interest is the paper by Dr. Miyama (Japan) on the influence of sports upon the circulatory system. Studying the effect of certain substances upon the recovery of the circulatory system from fatigue after bodily exercise, Dr. Miyama noted the beneficial results of administration of glucose and vitamin B, and of oxygen inhalation.

The fifth edition of Professor A. J. CLARK'S *Applied Pharmacology* was favourably noticed in these columns at the close of 1933. A new edition has now appeared (J. and A. Churchill, 18s.). The author explains in his preface that the most important change has been the gathering together in the first quarter of the volume of all those substances which the body either manufactures itself or normally receives in its food. This rearrangement has called for the rewriting of most of the material concerned. Extensive changes in the remainder of the book have been made to bring it into line with recent advances in therapeutics. By constantly keeping this work up to date Professor Clark puts into focus for the practising doctor the results of research in pharmacology and the allied sciences.

Dr. KEITH MACARTHUR BROWN has done a good action by writing *Medical Practice in Old Parramatta* (Sydney: Angus and Robertson, 12s. 6d.). The story after all is not so very old for it dates from 1790 when the mortality was twenty five adults and two children out of a population of about six hundred. The doctors were few and combined the treatment of the sick with the acquisition of land and the care of stock. Much of their practice was gratuitous but out of the land they occasionally made fortunes. Some of the descendants of these early New South Wales doctors are still living and by their kindness Dr. Brown is able to illustrate his book with photographs of the pioneers. He traces their history, tells of their virtues and of their quarrels, gives pictures of the houses in which they lived and of the succession of hospital buildings in which they worked. Chloroform came early to the little town and by good fortune Hogarth Pringle soon introduced Listerian methods into its surgery. He had been educated at Edinburgh, had worked under Syme and had thus become intimate with Lister. The book is full of interesting detail and is well worth reading. Dr. Brown should be encouraged to write his personal reminiscences, for there is still much to be told about the town itself and why Parramatta allowed itself to be beaten by Sydney. It may be noted for correction in a future edition that the official record of the Royal College of Surgeons of England states that William Sherwin was admitted a Member on July 7, 1826, and received the Diploma of Fellow on May 5, 1862. It would be well therefore to look at his certificates if they are still available.

Practical Physiological Chemistry for Medical Students by G. M. WISHART, D. P. CUTHBERTSON, and J. W. CHAMBERS is published by John Smith and Son (Glas.) Ltd., at 3s. 6d. It is a convenience to both students and teachers alike to have a book covering the ground of their own practical course. This small volume is specially designed for the students of the Glasgow Medical School. It follows conventional lines, is well arranged, and is better than most other works having similar aims in that it is simpler, and does not attempt to impose too heavy a burden on the beginner. On each full page one side is left free for the student's own notes. Fault might be found with some of the directions given in the practical exercises. For example with no more guidance than appears in the book most students would fail with the osazone test for urinary sugars unless these were present in considerable quantity. Further the results of yeast fermentation can be achieved in about one twentieth of the time allotted to this form of test. The simple means of detection of urobilinogen in fresh urine might also have been included. Despite these minor criticisms the authors and publishers are to be congratulated on the production of an excellent book.

In his monograph *Les Fièvres Typho-exanthematiques en Égypte* (Alexandria, A. Procaccia. P.T.16) Dr. P. MODINOS, senior physician to the European Hospital at Alexandria, deals with the three types of typhus met with in Egypt—namely, historical, old-time, or epidemic typhus, murine typhus or Brill's disease, and Mediterranean exanthematic fever, otherwise known as boutonneuse fever. Illustrative cases of each type are recorded with an account of the author's experimental work on guinea pigs confirming the clinical diagnosis. A bibliography of 109 references is appended, in which though some British authorities are quoted we miss any mention of the valuable work of Dr. William Fletcher on tropical typhus.

The second edition of the *Introduction to Pathological Physiology* by Professor MAX BÜRGER, director of the Bonn University Policlinic (Berlin: Julius Springer. RM. 24, paper 25.80 bound) of which the first edition appeared in 1924 and was noticed in these columns has been practically rewritten by incorporation of recent work on vitamins and hormones, nutrition, infection, immunity, and allergy.

Dr. R. GORDON COOKE has written a *Textbook of Chronic Diseases: A Handbook for Nurses* (Faber and Faber. 6s.) which contains much useful and helpful information. The book is supplementary to the lectures and the experience the nurse gains in her training school when as a rule few chronic diseases in their terminal manifestations are seen. Dr. Cooke describes the advanced cancer case, chronic arthritis, and so on, and shows how much can be done to render suffering more bearable by wise and sympathetic nursing.

Reports of Societies

MEDICAL RESEARCH IN THE POST OFFICE

At a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine on November 26 Dr H H BASHFORD chief medical officer to the Post Office, gave a brief account of the medical service of this the largest industry, numerically speaking, in the British Isles and referred particularly to its opportunities for long distance medical researches as a result of record-keeping

Dr Bashford said that the Post Office employed 260 000 persons, of whom the postmen, the largest group, accounted for 80,000 The Post Office had a lifelong pensionable service on sickness full pay or half pay was allowed, and pay at pension rates for as long as there was a reasonable prospect of recovery Candidates on entering the service underwent a thorough medical examination One of the conditions of employment was that every established Post Office servant earning under £5 a week received free medical attendance of a good general practitioner range The practitioners undertaking this service were paid on a capitation basis In large towns like Liverpool and Sheffield there might be four or five doctors, each with 600 or 700 Post Office employees on his list, in smaller towns there might be one only About 2 600 practitioners all over the country were engaged in this service It implied an extent and intimacy of medical observation such as did not exist in many other industries He thought the Post Office must be alone among industries in possessing such an amount of material in the shape of accurate sick records of hundreds of thousands of people from the age of 16 (or in some cases 14) to 60 Such records analysed according to occupational and geographical groups lent themselves to certain useful lines of research

Follow-up Studies

An analysis had been made of 3,755 cases of pulmonary tuberculosis observed during the last twenty years Notwithstanding the long period of sick pay up to a year or more it was found quite constantly that only 50 per cent of all new cases were able to return to work at all and of those who did return in a supposedly cured or arrested condition 48 per cent left the service during the following ten years owing to recurrence or to the onset of other diseases Those who remained over the ten years however showed a more favourable picture the wastage during the following five years being not more than 14 per cent A study of the after-histories of 430 cases of gastric and duodenal ulceration showed that 31 per cent, however they might have been treated, regularly incurred a month's absence or more every year and a further 27 per cent incurred sick absence every year for from two to four weeks

Dr Bashford said that thirty years ago when he first joined the medical staff of the Post Office any boy presenting the condition of albuminuria was not accepted for pensionable service and was usually uninsurable or insurable only at a heavily loaded premium Owing to the relatively large number of these boys regularly presenting themselves for employment one of his predecessors took the risk and accepted some of them He was able many years later to ascertain what had happened to this group of persons numbering thirty With the exception of three who had left the service for extraneous reasons two who could not be traced and one who had died from acute nephritis (having also developed syphilis) seventeen years later the remaining twenty-four were all in good health and eighteen of them had sick records below the average. The youngest was then 43 and the oldest 54 From this and other observations it had been possible to demonstrate that this condition *per se* was of no importance whatever

Another study related to comparative records of physique It had been found that the present generation of London boys averaged 16 lb more in weight and 1½ in more in height than their predecessors twenty five years ago The gain in weight among girls was 9 lb and in height 1 in A group of 200 young people whose blood pressures according to prevailing opinions were abnormally high, but who were all apparently in good health, had been under observation, and their records in course of time might prove useful Another observation group of about eighty persons consisted of those who had undergone the operation of thyroidectomy, and it was hoped in course of time to throw some light on the long distance value of that procedure in enabling persons to stand up to the strain and stress of everyday life

Anti-catarrhal Vaccine

A comparatively large scale experiment with anti-catarrhal vaccine had also been carried out This was done with the object of preventing or reducing the considerable amount of sick absence due to colds or other catarrhal conditions The experiment, which had related to some hundreds of persons, had extended over three years and while he did not wish to claim any exaggerated scientific value for these observations, they appeared to indicate that the routine provision of anti catarrhal vaccine for the staff as a whole was not yet justifiable About twelve years ago two well known psychologists of what was then known as the Industrial Fatigue Research Board (now the Industrial Health Research Board) carried out a series of observations with a view to predicting the liability to the later development of inefficiency at work as a result of nervous disorder or some psychological disturbance in earlier years Ten years afterwards the group was reviewed Of seventeen boys who had originally been placed in the serious symptom psychological group, sixteen were still in the service none of them had incurred an abnormal sick record and in every case the character and efficiency report was excellent Of sixteen boys who had been classed in the slight symptom psychological group, one had since resigned three had been transferred two were not traceable and of the remaining ten one had a definitely poor character and efficiency report, and nine had excellent reports Of the twenty-two boys in the no symptom" psychological group, fourteen were still in the service of whom nine had excellent reports three slightly qualified and two definitely qualified

He next referred to the experience of the Post Office in dealing with contacts with zymotic fevers and the gradual reduction of quarantine Thousands of working days were formerly lost owing to the quarantine of contacts, but the policy of the Post Office had tended towards abolishing quarantine and permitting contacts to remain at work under medical supervision when they were in good health This policy had saved many thousands of days of quite unnecessary enforced absence Of 17 844 contacts of scarlet fever only one in every 251 had subsequently acquired the disease and of 17,436 contacts of measles only one in every 670

Chief Causes of Sickness

Finally Dr Bashford dealt with the chief causes of sickness and disability in Post Office experience About 30 per cent of all illness of both men and women was due to the catarrhal and respiratory group of diseases and about 10 per cent to the digestive disorder group The rheumatic group accounted for 10 per cent on the men's side and 4 per cent on the women's and the nervous group of disorders for 6 per cent on the men's side and 14 per cent on the women's A recent analysis

A NEW MEDICAL SCHOOL AT THE WEST LONDON HOSPITAL

OPPORTUNITIES FOR WOMEN STUDENTS

There are twelve hospitals in London with medical schools attached Of these one only (the Royal Free) is run in connexion with the London School of Medicine for Women and admits women students alone Of the remaining eleven schools nine are confined exclusively to men students Two (University and King s College Hospitals) admit a small proportion of women students, derived mainly from the corresponding Colleges (King s and University) of the University of London So far as men students are concerned the facilities in London may be considered adequate, though nearly all the schools have more applicants than they can place There does not, however, appear to be any real evidence of serious overcrowding

Women students who wish to study medicine in London are not so well off owing to their complete exclusion from nine of the twelve medical schools The London School of Medicine for Women absorbs a large number of the applicants, but the total number of students exceeds that which is regarded as the optimum for a medical school —namely, one student to every three beds University College accepts sixteen women students annually for pre-clinical studies, though only eight of these are subsequently admitted to the hospital Of the remaining eight not more than two may gain places by competition, so there are at present at least six every year who have to go elsewhere for their clinical training King's College does not admit more women for pre-clinical training than can ultimately be absorbed into King s College Hospital, it may be necessary, however, for some of them to wait for twelve or eighteen months after passing the Second M B Examination before they can be admitted to the hospital for clinical training

A considerable number of women students who would otherwise do their whole medical training in London fail to obtain entry to any school and have to go to a provincial university, and it is not always easy for them to find places It is still more difficult for those who have done the pre clinical period in London to get admission to a provincial school for clinical training only The position therefore appears to be that women are deterred from entering the profession and that London University is losing potential graduates to universities in the provinces Moreover, it may occasionally happen that a student will complete half her course and find it impossible to proceed to the final subjects for lack of educational accommodation in London and through inability to find it in other cities

The West London Hospital and Medical Education

Hitherto the West London Hospital has been exclusively a postgraduate school The Post-Graduate College began just over forty years ago and was the first school of its kind in London Shortly after the war the question of starting a central postgraduate medical school, financed from public funds and designed to attract medical men from all over the Empire and from foreign countries as well as from England, was discussed in Parliament and elsewhere Having decided in favour of the principle the authorities were faced with the difficulty of finding a hospital suitable for their purpose A number of the large voluntary hospitals were approached, but it was a condition that undergraduate teaching would have to be given up if they undertook the postgraduate work for the new school For this reason the hospitals with existing medical schools refused to consider the proposal The West London was next approached and, although it was a much smaller hospital than was required, its site of three and a half acres (the freehold of which is held by the hospital) made possible the necessary extensions and enlargements After some consideration the hospital accepted the offer, and plans were drawn up for a complete reconstruction of the present buildings and for development of those parts of the site which were not occupied for hospital purposes

These negotiations went on for a number of years and necessarily held up the various schemes for development which the board of the hospital had had in mind It was obviously useless to spend money on improvements until the complete reconstruction scheme for the new School should start Meanwhile the Act of 1930, transferring the old Poor Law infirmaries to the control of the county councils, became law The fact that an undertaking had been given to the West London Hospital (it had been announced in Parliament) that the new School was to be established at the hospital was of no avail Those in control of the scheme saw the opportunity of acquiring a reorganized municipal hospital for their purpose, and the West London board was informed that it had now been decided to establish the new School elsewhere

This was a great blow to the West London Through all the prosperous years after the war, when money was comparatively easy to come by, these negotiations had been going on Although it was in urgent need of improvements and extensions no appeal was made in view of the imminent reconstruction of the hospital for its new function Along with the passing of the new Act came the financial crisis The time for an appeal was unpropitious, yet the need had increased by the defects which had accumulated in the years of waiting Nevertheless the board went ahead with schemes for improvement and rebuilding

The Governing Body of the British Postgraduate Medical School decided to establish its school at the Hammersmith (L C C) Hospital, in the same borough as the West London In 1934 it opened its doors to students At this time those in control of the West London Post Graduate College were greatly concerned as to the future of the West London, with the new Postgraduate School supported by public funds competing with it almost on its doorstep It seemed likely that, in the long run, the West London would have to give way to its powerful competitor

The staff of the West London were well aware of the many advantages of a hospital having some sort of teaching institution attached to it and were loath to see their forty years of work for medical education wiped out Alternatives to postgraduate teaching were examined, and the question of becoming an undergraduate school was for the first time seriously considered The obvious need for further clinical facilities for women students was thought to offer a possible solution

Negotiations with London University

Late in June, 1934, the University of London was approached with the suggestion that the West London should become a School of the University for women medical students The authorities were clearly interested in the proposition, and the next step was to get the consent and co-operation of the board of the hospital This was willingly given at its July meeting In the following October the University sent a deputation to the hospital to inspect the facilities They expressed themselves as satisfied except for the pathological department, which was then housed in sheds (the needed increase in accommodation having been held up for the reasons already stated) It was pointed out that plans for a new building which included new pathological laboratories had been prepared and that building was about to start The new laboratories would be planned with a view to teaching and should be capable of accommodating all the students who were likely to be admitted

The main difficulty London University had to face was the supply of students It did not seem feasible to establish schools for anatomy and physiology at the

showed that (excluding the engineers) men between 40 and 60 incurred 55 per cent more sickness absence than men under 40, and women over 40 incurred 58 per cent more than women under that age The Post Office now employed a larger proportion of older men than formerly In 935 56 per cent of its male employees were over 40 and 25 per cent were 50 and over The average age of all retirements for ill-health on the men s side before the war was 43 , during the last few years it had gone up to 50 Dr Bashford also said that after more than thirty years' experience in the Post Office he thought that true malingering was exceedingly rare

SIR ARTHUR MACNALTY, who occupied the chair, said that his own impression was that the polyvalent anti-catarrhal vaccine took a certain number of years to "sink in,' but he believed that the vaccine did reduce the number of complications of the common cold In reply to Dr PERCY STOCKS who pointed out the extremely low rate of mortality among telegraphists as shown by the Registrar-General s figures, whereas the rate for male telephonists was about the average, Dr BASHFORD said that relatively few male telephonists were employed as compared with the number of telegraphists, and in view of the small numbers he did not think any significant deduction was to be made

THYROTOXICOSIS

At a meeting of the Liverpool Medical Institution on November 18, with the president, Professor R E KELLY in the chair, a discussion on thyrotoxicosis was opened by Professor HENRY COHEN and Mr J B OLDHAM

Professor Cohen doubted if it were possible to define thyrotoxicosis with greater accuracy than as 'a state of intoxication dependent on the thyroid" The clinical picture of thyrotoxicosis with increased metabolism and related effects could be reproduced by a continued intake of thyroid extract, but two features distinguished this type of experimentally induced hyperthyroidism from Graves s disease (1) there was no change in the structure of the thyroid gland, and (2) there was no exophthalmos Administration of the thyrotropic hormone of the anterior lobe of the pituitary, however, produced characteristic changes in the thyroid gland with colloid loss, a change in the epithelium lining the vesicles from a cuboidal to a columnar type, a decrease in the iodine content of the gland itself, and an increase in the iodine content of the blood and urine Moreover, exophthalmos resulted even in thyroidectomized animals, though it was absent after the superior cervical sympathetic ganglia were removed That these effects of thyrotropic hormone were temporary had been shown to be due to the development of an anti-thyrotropic principle in the blood, which inhibited the stimulation of metabolism by the thyrotropic hormone, though it had no effect on the increase in metabolism caused by thyroxine Normal animal and human blood had a slight inhibitory effect on the thyrotropic hormones, while the blood of a patient suffering from Graves s disease had none Recently the anti-thyrotropic principle had been obtained in powder form, and it was clear that its effect was not due to iodine He had seen many cases of acromegaly with associated thyrotoxicosis On the other hand where the pituitary gland had been examined in fatal cases of thyrotoxicosis no gross definable pathology had been observed Caution, however, was necessary in interpreting these negative findings because very slight changes might produce gross body disturbances, as was evidenced by the effect of a minute basophil adenoma of the anterior lobe of the pituitary

Difficulties in Classification

An attempt had been made to divide cases of thyrotoxicosis into two main types (1) Graves s disease, associated with a diffuse hyperplasia of the thyroid and exophthalmos, occurring in young patients with marked nervous symptoms and subject to spontaneous remissions and relapses, and (2) Plummer s disease, in which the goitre was nodular and eye signs were absent, occurring in older patients with predominantly cardiovascular signs and being usually more progressive in its manifestations It had been suggested that the former cases were more likely to have a pituitary origin while the latter were true examples of hyperthyroidism Typical examples of these two main types did exist, but many cases had features common to both groups , even with nodular goitre there were diffuse hyperplastic changes in the non adenomatous areas of the gland These attempted classifications took little heed of the rate and intensity of action of the toxins or of the soil on which they were acting It was important to recognize that thyrotoxicosis appeared in various guises which overshadowed the classical features These types of so-called "masked ' thyrotoxicosis were, in his experience, mainly (1) cardiovascular, in which auricular fibrillation, hyperpiesis, or cardiac failure might be the presenting symptom , (2) cases with rapid wasting, especially seen in middle-aged males with a good appetite, so that when associated with slight glycosuria a mistaken diagnosis of diabetes mellitus might be made , (3) with diarrhoea, and rarely any other gastro intestinal disturbances, though intractable vomiting had in a few cases been the main symptom , (4) cases with psychotic manifestations , and (5) with nervous manifestations, of which ophthalmoplegia and amyotrophic lateral sclerosis were the most important though rare examples

He regarded psychic trauma, infections, sex cycles, reducing cures, etc , as being activating but not fundamentally causative Estimations of the basal metabolic rate were unnecessary for diagnosis, the factors of paramount importance being the duration of the toxaemia and its effect on the tissues, which could be estimated only by clinical observation He thought that Plummer s work on iodine had revolutionized the therapy of thyrotoxicosis While in the mild case in which psychogenic activation played a part rest, iodine and x-ray treatment might result in cure, in the majority of cases a subtotal thyroidectomy, after adequate preparation, was the treatment of choice, and should not be delayed The results in cases conforming to the Graves s type were perhaps less satisfactory than in those of the Plummer type All cases should be carefully followed up, and residual or recurrent thyrotoxicosis dealt with immediately Surgery, however, still remained a confession of failure, and he hoped that work on the part played by the pituitary in thyrotoxicosis might eventually lead to a more rational therapy

Subtotal Thyroidectomy

Mr J B Oldham said that while the immediate mortality in reputable clinics from subtotal thyroidectomy had fallen almost to vanishing point, and some 90 per cent of the patients were rehabilitated, in some cases the exophthalmos was not cured and mild subjective symptoms remained Iodine should not be used in the non operative treatment of toxic goitre except in such acute emergency as thyroid crisis It was unfortunate that many members of the profession had the impression that iodine was a curative agent, and, given a false sense of security by the temporary benefits derived from its use, they persevered with non-operative treatment until the best moment for surgery was long past Iodine given for weeks or months lost its power to improve the patient and so its help was not available when it was most needed —at the time of operation During the last four years he had operated on 186 cases and had had three deaths He had used avertin with gas and oxygen anaesthesia in all but one case, and this was the only one in which there were any pulmonary complications He used the diathermy knife for the skin incision and for dissecting up the skin flaps As a rule he did not divide either the

West London such a project would have been too expensive for the relatively small number of students concerned On the other hand, the number of students who passed their Second M B in London and were unable to find accommodation for clinical study was not great There were the six to eight students from University College who annually failed to get places in University College Hospital There might also be a very few from other sources, but it did not seem likely that a full entry (twenty-five students a year) could be obtained unless accommodation for more students to do anatomy and physiology was found either in existing departments or by the formation of a new one

This matter is still having the attention of a special committee of the Court of the University Early this year, however, the West London had a number of applications from women students at University College who were approaching their Second M B Examination in March without any certainty of getting places in the hospital *They had heard of the developments at the West London,* and wanted to know whether they could do their clinical studies there if they failed to get into University College Hospital They were told that it entirely depended on whether London University would recognize the hospital for the purpose and it was promised that the matter should be at once taken up with the University The University, however, had no powers to grant to a hospital *ad hoc* recognition for individual students A solution of the difficulty was found by the Council for External Students, which proposed to the Senate at its July meeting that the West London should be recognized as an institution approved for the purposes of the M B , B S degree for external students (clinical work only) This was passed by the Senate but any resolution involving recognition of a medical school requires (by the Statutes of the University) the approval of His Majesty in Council As no Privy Council meeting was to be held until October the recognition could not become official before the beginning of the academic year

In the meantime the applicants from University College had grown weary of delays and most of them had succeeded in getting places in provincial medical schools Three students, however, had failed to gain entry into any medical school or for various reasons could not pursue their studies away from London These were accepted by the West London subject to the approval of the Privy Council being forthcoming, and actually started work on October 1 this year In addition one other student who had had to go to Leeds for clinical work and who had done about a year at that university was also accepted, and started work on the same date In due course the approval of the Privy Council was obtained and the position was thus regularized

The West London and the Future

The present arrangement with the University of London is regarded as only a temporary one It is expected that in due course full recognition as an internal school of the University will be granted This will take place when the committee of the Court that is exploring the ground as to the teaching of anatomy has found a solution of the problem, which has already been mentioned

The University of London is not however the only examining body with which London students are concerned Most of the men and women from Oxford and Cambridge prefer to do their clinical work in London and recognition by these two universities has just been granted Application has also been made to the Committee of Management of the Conjoint Board of the Royal Colleges as well as to the Society of Apothecaries and it is assumed that these bodies will follow the lead of the universities

The recognition from the Universities and Colleges has of course, no reference to the sex of the students So far as they are concerned both men and women may study at the West London Nevertheless the new venture has been designed specially for the benefit of women students and it is to be anticipated that the majority of students seeking admission will be women There is no present intention of confining the school to women students and men applicants will be considered on their merits It is well known that women prefer to have their medical education with men, but that the men prefer isolation The experiment of admitting women was tried after the war by a number of medical schools in London and was abandoned in all except the two already mentioned, which have ties with the corresponding Colleges of the University The future development of the West London School in this respect cannot be foreseen, but it would seem only reasonable not to bar the way to a metropolitan medical school which would accept men and women without discrimination

It is not possible to teach graduates and undergraduates *in any numbers in the same hospital For this reason* the ultimate policy of the West London is to give up its postgraduate work , but there is no intention of doing this immediately The Post Graduate College is handling more students at the present time than it has ever done, and the need for such work is becoming increasingly apparent Until the future of the undergraduate school is assured and a full entry obtained the two types of teaching will have to go on together, though every effort will be made not to let them interfere with each other

It must be obvious that the West London cannot yet offer the facilities that the older teaching hospitals possess The Post-Graduate College has quarters in the main hospital building, and these are being used for the time being Sooner or later new medical school buildings will be needed and there is ample space for these on the hospital property The financing of such an extension may present difficulties but it is hoped that public-spirited people interested in the future of the medical education of women may be persuaded to provide the necessary funds

Clinical Facilities

The clinical facilities are excellent The out patient department already deals with a larger number of patients than several of the existing medical schools, and there are 239 beds for in patients Allowing for the optimum number of students—the figures already mentioned namely, one to every three beds—the School should be able to provide accommodation for between seventy and eighty students The entry for any year, therefore, should not exceed thirty and would normally be about twenty-five this is taking into consideration that the clinical period now occupies three years and that a certain amount of wastage must be expected—more so with women than with men It is hoped that this number will be made up from students from the three Universities of Oxford Cambridge and London, the last named contributing the larger proportion

There is no maternity department at the hospital arrangements are therefore being made for this part of the training to be carried out in co operation with an adjacent county council

It is recognized that a medical school must offer the usual house appointments to its students and these will be available as soon as suitable students become applicants Moreover the question of considering women for staff appointments has been discussed and it has been agreed that this will have to be done in due course There is nothing in the regulations of the West London Hospital to exclude women from either house or staff appointments

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The King has granted Dr Austin William Byrne authority to wear the Order of the Nile Insignia of Commander conferred upon him by the King of Egypt in recognition of valuable services rendered by him in the employment of the Egyptian Government.

platysma or infrathyroid muscles In every case in this series a one stage subtotal resection had been done and it was his belief that the less thyroid left behind the less the likelihood of a post-operative crisis or residual symptoms He had found that he was draining fewer and fewer cases, and that the most perfect scar was given by interrupted eversion sutures of silkworm gut removed on the second or third day after operation Mr Oldham admitted that he followed the usual habit of giving iodine after operation though he failed to see the logic of this provided full iodinization had been produced before operation and a sufficient amount of the gland had been removed

Carbohydrate Metabolism

Dr ROBERT COOPE discussed the association of hyperthyroidism with disturbances of the pancreatic function In 1912 Cohn and Peiser recorded five cases of inflammation of the pancreas accompanied by hyperthyroidism while Holst Garrod and several other writers had described cases of hyperthyroidism in which at necropsy atrophy and other lesions of the pancreas were revealed The association of glycosuria with hyperthyroidism was moderately common but when looked for over a large series of cases was by no means as frequent as was sometimes assumed John (1928) found hyperglycaemia in less than 10 per cent of his cases of hyperthyroidism and noted that the loss of sugar tolerance did not run at all parallel with the severity of the hyperthyroidism In his experience true diabetes mellitus accompanied by hyperthyroidism was very rare In the last few years he had seen only three diabetics all under 35 in whom careful examination revealed a real but quite mild hyperthyroidism They were given x ray therapy to the thyroid gland, two of them who previously needed 12 to 15 units of insulin daily to keep them standardized were afterwards able to take the same controlled diet without any insulin while the third was enabled to reduce his daily dose from 50 to 17 units They were cured of their hyperthyroidism but they still remained diabetics

Mr PHILIP HAWE Professor JOHN HAY Dr T F HEWER, and Dr G F RAWDON SMITH also contributed to the discussion which was concluded by Dr ROBERT KEMP Dr Kemp said that in a group of ninety cases followed up after operation it was found that in 70 to 80 per cent of the nodular toxic group a complete cure had resulted whereas there were residual symptoms in all but 30 to 40 per cent of the diffuse toxic group The toxicosis of a nodular goitre seemed mainly thyrogenic so that thyroidectomy was fairly rational and gave good results On the other hand the picture of diffuse toxic goitre resembled the experimentally produced pituitary thyrotoxicosis Here where the principal mechanism was untouched operation was not so likely to be successful and it was in such cases that Loeser's anti thyrotropic substance would probably be of great value At the same meeting Dr J M H SMELLIE described in detail a most interesting case of acute myelogenous leukaemia

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The Berliner Akademie für ärztliche Fortbildung has arranged a number of international medical postgraduate courses for the spring of 1938 beginning on February 21 Most of these courses are held in German but special courses will be given also in foreign languages Programmes and further information may be had from the administrative headquarters of the Akademie für ärztliche Fortbildung Robert Koch Platz 7 (Kaiserin Friedrich Haus) Berlin N W 7 Foreign practitioners and German doctors resident abroad are granted a reduction of fare of 60 per cent on the German railway company's lines a foreign doctor can reduce the cost of his stay considerably by utilizing registered marks it is advisable to arrange matters with the local bank before starting

Local News

ENGLAND AND WALES

Inquiry into Croydon Typhoid Epidemic

The Ministry of Health states that the inquiry to examine the causes leading up to the outbreak of typhoid fever in Croydon and the steps taken to deal with it will open at the Town Hall Croydon on Monday December 6 at 11 a m As already announced it will be held by Mr H L Murphy K C who will have as assessors Sir Humphry Rolleston Bt M.D, and Mr H J F Gourley, M Inst C E The inquiry will be a public one and Mr Murphy will be prepared to receive the evidence of any persons interested in the subject matter of the inquiry

Voluntary Blood Donors

The fifth annual dinner of the Voluntary Blood Donors Association took place on November 25 with the chairman Mr A J Carpenter presiding More than 200 people were present of whom 122 were members of the service accounting for 4 per cent of the blood donors in the country It was mentioned that these 122 members had between them given 1 726 transfusions an average of 15 per donor A message was read from the King assuring the members of his deep interest in their splendid and self sacrificing service The toast of The Visitors was proposed by Mr A M A Moore F R C S and responded to by Sir Kaye Le Fleming M D Chairman of Council of the British Medical Association who referred to the common bond of interest between the medical profession and the blood donors in their solicitude for the patient The medical profession he said was a little apt to give service freely without expecting much acknowledgement and that was their only excuse for not more generously acknowledging in a public way the splendid service rendered by blood donors Sir Kaye Le Fleming went on to suggest that the service given by members of the Voluntary Blood Donors Association was likely to develop in ways which up to now had not been realized After recovery from a disease the blood was so to speak educated for the particular complaint Perhaps it might prove desirable to arrange for a further grouping of donors in relation to the diseases from which they had successfully recovered Results obtained in the treatment of measles showed that serum from a person recently recovered from the disease was of more value than serum from one who had had measles at some earlier time Mr P L Oliver secretary of the Blood Transfusion Service of the British Red Cross Society said that he had recently attended the International Blood Transfusion Congress in Paris (of which a report appeared in the *Journal* of November 6 p 923) and after learning of the practice in other countries he could only say that his belief in the voluntary service obtaining here had in no way diminished In their own service it had been decided that four transfusions a year was the maximum which a male donor should be allowed to give and that females should only serve after four monthly intervals He added in view of what Sir Kaye Le Fleming had said that it had been possible to prepare a short list of adults who had had measles and whose blood was available for prophylaxis in connection with that complaint Mr A J Carpenter said that the association was representative mostly of the London service and had been formed to safeguard the interests of blood donors and to co operate in making the service as efficient as possible It had been suggested that the sphere of usefulness of blood donors was likely to be widened There was certainly much more research to be done and the association was proud to have the services of Dr Brewer Mr Moore and Dr Riddell as members of a technical subcommittee to inquire into future possibilities Dr H F Brewer, medical

Nova et Vetera

BARÓN ALIBERT

At a meeting of the Section of Dermatology of the Royal Society of Medicine on November 18 Dr J D ROLLESTON read a paper on the life and work of Baron Alibert on the occasion of the centenary of his death

Alibert was born on May 26, 1768, and studied medicine in Paris, where he qualified in 1799 with a thesis on pernicious fevers of which several editions were published His rise in the profession was remarkably rapid, as two years after qualification he was made assistant physician and in the following year full physician to the Hôpital Saint-Louis In addition to several books on diseases of the skin, of which the most important was published in parts between 1806 and 1814 and in which coloured plates appeared for the first time in the history of dermatology, he was the author of a work on therapeutics, of which he was the first professor in the Paris Faculty, and won the Montyon prize for a work on the physiology of the passions, which was translated into German and Spanish He was physician to Louis XVIII and Charles X, who created him a baron His death, due to cancer of the stomach, took place on November 4, 1837

Dr Rolleston attributed Alibert's high rank in the history of French medicine generally and of dermatology in particular to the following circumstances among others In the first place he established the first independent clinic for dermatology in France Secondly, he described several new diseases, including mycosis fungoides, Aleppo boil, keloid, and acromegaly, and invented new terms—namely, syphilides dermatosis, and dermatolysis, as well as many others which have not survived Thirdly, though not to be compared with Trousseau, his successor in the chair of therapeutics, he was by no means a therapeutic nihilist His textbook on his subject had no rival for over thirty years, and its merits were recognized by several of his successors in the same chair Lastly, he made the Hôpital Saint-Louis the Mecca of dermatologists throughout the world

JOHN GRAHAM, APOTHECARY OF CARLISLE

On Thursday, November 14, 1745, John Graham, apothecary of Carlisle, stepped into history The story is told by Dr Waugh, Chancellor of the Diocese of Carlisle, who is quoted by G J Mounsey in his *Account of the Occupation of Carlisle* in 1745

'Some time after we were in the Castle towards evening, the Mayor came to demand the Keys of the Town as Col [Durand] had retired into the Castle and John Davinson, merchant, John Graham, apothecary, and Doctor Douglass, a physician, were sent out [to Prince Charles Edward's camp] as I apprehended, the two former at the request of the Mayor and inhabitants and the last at the request of the Militia Officers he being a volunteer in Sir J Pennington's Company

About ten o clock the messengers returned and said that the flags had been sent to the Pretender's Son at Brampton, and that the answer was that he would grant no terms to the Town, nor treat about it at all unless the Castle was surrendered

This apothecary probably had the remarkable experience of seeing and speaking to such notable characters as the Young Pretender, Mr 'Evidence' Murray, and Lord George Murray

There is in the collection of Dr T Hare a pressed horn snuffbox of eighteenth century workmanship, bearing the name of Graham, apothecary Carlisle, and the arms of the Lumber Troop (a society with members in London and the provinces)

Graham died on June 25, 1757, at the age of 49, and was buried in St Cuthbert's Church, Carlisle

W BRYCE MCKELVIE

BIBLIOGRAPHICAL REFERENCES

A NOTE FOR CONTRIBUTORS TO THE B M J

Starting with the issue of January 2, 1937, the *British Medical Journal* adopted the Harvard system of giving references to scientific literature, and used the abbreviations of names of scientific periodicals which are included in the *World List* This system, which has been slightly modified, is as follows

References in the Text

1 Numbered references in the text are not used, although with an exceptionally long list of references this rule might be relaxed

2 Instead of a "superior numeral" the author's name and the date of the publication are given in brackets

EXAMPLE A

Old style = It has been said[1] that coma in heart disease is rare

Harvard system = It has been said (Jones 1935) that coma in heart disease is rare

EXAMPLE B

Old style = Dale and Dudley[2] isolated acetylcholine from animal tissues

Harvard system = Dale and Dudley (1929) isolated acetylcholine from animal tissues

In other words, when the author's name is part of the sentence only the year of the publication referred to is to be in brackets When more than one paper by the same author is published in any one year each paper should be distinguished by a small letter—a, b, etc—placed after the date—for example, (Brown, 1935a)

References at End of Paper

1 These references are not numbered, with the possible exception of a long list of references

2 Authors' names are arranged in alphabetical order

3 The year of publication is given in brackets after the author's name

4 The title of the periodical is printed in italics and abbreviated in accordance with the *World List of Scientific Periodicals*

5 The volume number is printed in Arabic numerals in bold face type, this is followed by the first page number of the paper quoted

6 When the title of a book is referred to, the name of the publisher, the place of publication, and the number and date of the edition should be given when possible

7 When an author's name is repeated in the list of references a short line represents the repeated name

EXAMPLE

'In contrast to these results O'Brien (1932) and Yudkin (1933) report that cataracts only occur in rats deprived of vitamin B, at an early age and not in older animals, while in this country Bourne and Pyke (1935) carefully repeated the work of Day and Langston (1933) and obtained an incidence of cataract of only 31 per cent Bourne and Young (1934) have made a discovery of great importance in showing

REFERENCES

Bourne M C and Pyke, M A (1935) *Biochem J* **29**, 1865
—— and Young L (1934) Ibid **28** 803
Day P L and Langston W C (1933) *J Nutrit* **7**, 97
O Brien (1932) *Arch Ophthal Chicago* **8** 880
Yudkin (1933) *J Amer med Ass* **101**, 921

officer to the association, said that a point of interest noted at the Paris Congress was that the delegates were unanimously agreed that blood groups, once established, remained constant In the matter of storage of blood the service in this country was backward Citrated blood could be given with safety to a patient two or three days after removal from a donor, but there was little first-hand knowledge or experience of the use of blood kept for a fortnight or so Citrated blood was being used in France and Spain up to fifteen days after collection

Sheffield Medical Dinner

The annual dinner of the medical profession in Sheffield was held at the Royal Victoria Hotel on November 25, when Professor A E Barnes presided over a gathering of about one hundred and sixty This year for the first time the wives of members and other lay guests were invited The chief guests were to have been Dr Halliday Sutherland and Dr Gilbert Forbes, the recently appointed police surgeon of Sheffield but Dr Forbes was prevented from attending Dr A Gurney Yates, in proposing the toast of Our Guests, welcomed Dr Sutherland as his contemporary and fellow graduate at Edinburgh University He had done pioneer work in the branch of medicine that he had made his own He had won fame, too, in other fields, having led a life of adventure, and written some delightful books—that were never dry—which many of them had read He had the faculty of keen observation, and ' a wonderful facility for manipulating with the hand of an artist the light and shade of human affairs Referring to Dr Gilbert Forbes, Dr Yates said that he too was a Scot, for whom he prophesied a distinguished career and who could be assured of the support of his colleagues in Sheffield Dr Halliday Sutherland, replying to the toast, thanked them for the honour done him and said that these dinners were of real value in bringing the members of the profession into personal contact One of the biggest of our troubles in the present day was the future of general practice It was a modern heresy that every change meant progress It would be a very bad thing if the general practitioner ceased to practise and became a mere cipher So many things were being taken over by the municipal health services or by the State, and less and less was getting left for the general practitioner to do Speaking of hospitals, Dr Sutherland said that in London most of the old hospitals were antiquated buildings, built on highly expensive sites and in the midst of petrol-laden air It is time, and more than time, that the old sites were sold and the hospitals were rebuilt in the green belt amidst the comparatively open country around London ' At the same time it would be well if the plurality of appointments held by some members of their staffs were given up, so as to make room for others The toast of The Chairman " was proposed by Dr A Bremner, and in replying Professor Barnes referred to the debt which the profession in Sheffield owed to the secretaries of their various organizations—the Sheffield Division of the B M.A , the Panel Committee, and the Yorkshire Branch of the B M.A — and particularly on this occasion to Dr T E Gumpert, the secretary of the medical dinner committee

Society of Apothecaries

A Yeomanry Dinner of the Society of Apothecaries was held at the hall of the society on November 23 After the loyal toasts had been drunk, Mr H. L Eason, Principal of the University of London proposed The Society of Apothecaries Mr Eason said that the society had been founded about 1617, and he quoted several authors whose writings bore upon the traditions which it had maintained from that time up to the present day, the authors he referred to ranging from John Earle in 1628 to Robert Louis Stevenson and Earl Baldwin In responding to this toast the Master Mr Hugh Lett, said that the last twelve months in the society s history had been made remarkable by the conferment of the freedom of the society upon Lord Nuffield and Sir Farquhar Buzzard, on whose shoulders had fallen the onerous responsibilities involved in the administration of Lord Nuffield s munificent gift to Oxford He traced the history of the Apothecaries Society, particularly so far as it concerned the gradual advancement of medical education It was the society that had initiated the process of ' signing up " which had so often taxed the ingenuity of students and the credulity of deans of medical faculties The present curriculum he thought overloaded, so much so that it was becoming questionable as to how far cramming was being encouraged at the expense of the culture of thought and reason The Senior Warden, Dr Reginald H. Hayes, proposed " The Guests," and delighted his listeners with the story of the lozenge which Mr Justice Hawkins gave to Professor Pepper, and which did so much to enhance the reputation of the old pharmacy of the apothecaries in Water Lane Among the many distinguished guests were Professor R J Johnstone, President of the British Medical Association, Sir John Megaw, Surgeon Vice Admiral P T Nicholls, Sir Arthur MacNalty, Lieut -General Sir James Hartigan, Sir George Chrystal, Sir Francis Fremantle, Sir Buckston Browne, and Air Vice-Marshal Sir Alfred Iredell, with the deans of sixteen medical schools, and the presidents of the Medical Society of London the Harveian Society, the Society of Medical Officers of Health, and the Pharmaceutical Society On their behalf Mr Justice Humphreys, president of the Medico-Legal Society, and Mr E A Crook, dean of the Charing Cross Hospital Medical School, replied to the Senior Warden s toast

Radium Beam Therapy Department in Birmingham

On November 26 a department of radium beam therapy research was opened at the General Hospital, Birmingham, by Sir Cuthbert Wallace, P R C S This is the latest development in a programme of extension and modernization of the department of radiation therapy begun in 1934 The unit at present contains two grammes of radium, of which one gramme has been presented to the hospital by Lord Austin, while the second gramme has been lent by the National Radium Commission, who have also promised to lend a further gramme in six months time The apparatus has been designed in collaboration with Radium Beam Therapy Research, and incorporates the results of their experiences, together with such improvements, particularly in methods of distance control, as make it one of the best in the country Special attention has been given to safeguarding the patients and the staff from injury by unnecessary radiation, and allowance has been made in this respect for a possible increase to twenty grammes in two units at a later date This part of the design was made considerably easier by the fact that a " bungalow " type of ward, separate from the main hospital, was made available for the installation of the unit The radium itself when not in use is housed in a lead safe, with walls ten inches thick, and is conveyed to the container, after it has been suitably adjusted to the patient, by air pressure, and is returned to the safe automatically, by vacuum, on the completion of the treatment period The beam is produced by means of an opening in the lead container, to which is fitted an applicator made from special tungsten alloy developed as a result of research by the General Electric Company in their laboratories at Wembley This alloy, while possessing a very high protective value, has considerable advantages in price over both platinum and gold (a pound of it costs roughly twenty shillings) and is far superior to lead in toughness and density, so that it provides an admirable material at a reasonable price where protection without bulk is required, as for example, in approaching any concave surface, such as the root of the neck or the submental region It would appear, therefore, that this alloy, by providing for more strict localization of the beam, with less bulk than has hitherto been possible, may present a distinct advance in the design of beam therapy apparatus Three movements of the beam are available, as in the

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APPOINTMENTS —Contd.

RESIDENT MEDICAL OFFICER WILL BE required at HAILEYBURY COLLEGE from September 1938 Salary £800 with house Particulars and forms for application can be obtained from The Master Haileybury College, Hertford. Envelopes to be marked M O

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The Committee of Management invite applications for the post of SURGEON in charge of Out patients (Gynaecological) Candidates must be Fellows of one of the Royal Colleges of Surgeons of the United Kingdom and engaged only in consulting practice Six copies of applications and testimonials must reach the undersigned from whom further particulars may be obtained by October 16th 1937

J P HEMING
Secretary

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N.B —Vacancies occur at an interval of two months

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Hackney Road E.2. Tel Bis 4633
(204 Beds)

The Board of Management invite applications for the post of ASSISTANT SURGEON Candidates must be Fellows of the Royal College of Surgeons. Attendance required one half-day weekly in Out Patient Department. The Assistant Surgeon will also have charge of beds

An honorarium to cover travelling expenses will be paid

Applications with copies of three recent testimonials, should be sent to the undersigned not later than October 14th 1937

CHARLES H BESSELL
September 24th 1937 Secretary

THE QUEEN'S HOSPITAL FOR CHILDREN
Hackney Road E.2. Tel Bis. 4633
(204 Beds)

The Board of Management invite applications for the post of MEDICAL OFFICER in charge of Whooping Cough Clinic Candidates must have had experience of children's diseases and preferably hold M.D or M.R.C.P Attendance on Friday afternoons An honorarium of one guinea per session will be paid

Applications with copies of not more than three testimonials should be sent to the undersigned not later than October 14th 1937

CHARLES H BESSELL,
September 24th 1937 Secretary

ST MARY'S HOSPITAL
W.2

OBSTETRIC REGISTRAR

The Board of Management invite applications for the above post Candidates for the appointment must be Fellows or Members of the Royal College of Surgeons of England or Graduates in Surgery of a British University An honorarium of £100 per annum will be paid with luncheon and tea provided Copies of the regulations for the Obstetric Registrar may be obtained on application to the Secretary's Office

Applications with copies of not more than three testimonials should reach the undersigned on or before Tuesday October 12th

W PARKES
House Governor

WESTERN OPHTHALMIC HOSPITAL
Marylebone Road London N.W.1

Applications are invited for the following post JUNIOR HOUSE SURGEON

Salary at the rate of £100 p.a Previous Ophthalmic experience required The selected candidate will be required to commence duty on November 1st This hospital is recognized for the purposes of the D.O.M.S examinations

Applications with copies of three recent testimonials should reach me by October 9th

H W BURLEIGH
Honorary Secretary

KING EDWARD MEMORIAL HOSPITAL
FALING
(131 Beds)

Applications are invited for the post of —
HOUSE SURGEON (male) to act in the Eye Gynaecological and Ear Nose and Throat Departments Six months appointment with possibility of re-election for a further period Salary £150 per annum with usual residential emolument

Applications stating age experience and qualifications and accompanied by copies of two recent testimonials to be sent to the undersigned immediately

R A MICKELWRIGHT
House Governor

ROYAL FREE HOSPITAL
Gray's Inn Road London W.C.1

Applications are invited from Medical Women who have had recent previous V.D experience for the part time appointment of ASSISTANT MEDICAL OFFICER in the department for the treatment of Venereal Diseases (female) vacant on January 1st, 1938 Tenable for 12 months at a minimum salary of £300 per annum Intending candidates should submit applications stating age and experience with copies of three recent testimonials, to the undersigned on or before October 16th 1937

RICHARD T BARTLEY
Secretary

MILLER GENERAL HOSPITAL
Greenwich Road S.E.10

Applications are invited for the post of ASSISTANT RADIOLOGIST Candidates must possess a medical qualification and the D.M.R.E Candidates will be expected to call upon the Members of the Honorary Medical and Surgical Staff a list of whom can be obtained from the Secretary

An honorarium of £1.5 per annum will be allowed

Applications stating qualifications and experience together with copies of not more than three recent testimonials should be sent to the Chairman of the Hospital on or before October 25th 1937

September 21st 1937

CHRISTIE HOSPITAL AND HOLT RADIUM INSTITUTE
Withington Manchester 20

HONORARY CONSULTING DERMATOLOGIST

The Board of Management invite applications for the above post Particulars of the appointment will be sent by the undersigned on request

Applications to be forwarded not later than October 16th 1937

PERCY N GLASS
Superintendent

COUNTY AND CITY OF PERTH ROYAL INFIRMARY

SENIOR HOUSE SURGEON wanted for Perth Royal Infirmary Must have one year's hospital experience Salary £90

Applications to be sent to Mr J C CAMERON Solicitor 38 Tay Street Perth.

ROYAL MANCHESTER CHILDREN'S HOSPITAL PENDLEBURY

Applications are invited for the post of Non resident ASSISTANT MEDICAL OFFICER at the Out patients Department Garside Street Manchester Salary at the rate of £150 per annum and the appointment is for a period of six months as from November 8th 1937 Candidates must be on the Medical Register

Particulars of duties can be obtained from the Secretary The hours of duty are from 9 a m till 1 p m or until the work of the Dispensary is finished Patients attendances number about 100 000 per annum

Applications stating age and accompanied by copies of not more than three testimonials to be sent to the undersigned not later than Thursday October 7th 1937

Canvassing directly or indirectly may disqualify

By Order
H HEARDMAN Secretary

ROYAL VICTORIA HOSPITAL DOVER
(60 Beds)

Applications are invited for the posts of SENIOR and JUNIOR HOUSE SURGEON (male) at salaries of £150 and £120 per annum respectively The appointments are for a period of six months as from October 15th Some surgical experience essential for senior post Work light and time for study

Applications stating age with particulars of experience and accompanied by copies of three recent testimonials should be sent to the Hon Secretary not later than October 8th *on a form to be obtained from him*

ADDENBROOKE'S HOSPITAL, CAMBRIDGE

Applications are invited for the post of HOUSE SURGEON to the Special Departments with care of beds for ear nose and throat eye gynaecological and maternity cases The appointment will be for six months from November 1st 1937 but is terminable at an earlier date by one month's written notice on either side Salary at the rate of £130 per annum with board residence and laundry Candidates (male) who must be unmarried and duly registered are requested to forward their applications stating age qualifications etc together with copies of not more than four testimonials to the undersigned on or before Wednesday October 6th 1937

J A BEARDSALL
Secretary Superintendent

BOROUGH MENTAL HOSPITAL ROWDITCH DERBY

SECOND ASSISTANT MEDICAL OFFICER wanted Commencing salary £350 per annum rising by £ 5 per annum to £450 with an additional £50 per annum if in possession of the Diploma in Psychological Medicine, with board apartments attendance and laundry Candidates must be unmarried and registered under the Medical Act The appointment is subject to 3 per cent deduction on salary and emoluments under the *Asylum Officers Superannuation Act* 1909 Applications stating age and full particulars together with copies of three recent testimonials to be sent not later than October 11th to the Medical Superintendent

SCUNTHORPE AND DISTRICT WAR MEMORIAL HOSPITAL

150 Beds—(Three Residents)

Applications are invited for the post of HOUSE PHYSICIAN (male) which is now vacant at the above Institution Salary at the rate of £175 per annum rising to £200 after six months service with board residence and laundry

Applications stating age experience and qualifications giving earliest time for commencing duties if appointed and enclosing copie of recent testimonials to be forwarded to the undersigned

ARTHUR E MAW
Secretary

THE GLASGOW EYE INFIRMARY

The Directors invite Applications from Registered Medical Practitioners for the Post of CLINICAL ASSISTANT honorarium at the rate of £30 per annum

Applications, with copies of testimonials should be lodged with the undersigned by October 8th 1937 T C CALDWELL
Secretary

140 West George Street Glasgow C 2
September 24th 1937

TILBURY HOSPITAL ESSEX
(Seamen's Hospital Society)

HOUSE SURGEON (male) required immediately until March 31st, 1938 Salary £140 per annum with board residence and laundry Good opportunity for minor surgery Applications with copies of three testimonials to be sent to the undersigned

F A LYON
Secretary Seamen's Hospital
Greenwich S E 10

INVALID AND CRIPPLED CHILDREN'S HOSPITAL
Plaistow E 13

HONORARY ANAESTHETIST

Applications are invited for the above post which is now vacant Attendance is required regularly on Fridays at 1 30 p m and additionally for emergencies An Honorarium of one guinea per session it attached to the post

Applications should be made at once to the Secretary from whom further particulars can be obtained

HONORARY RADIOLOGIST

Applications are invited for the above post which is now vacant Attendance of not more than once weekly is required

Applications should be made at once to the Secretary from whom further particulars can be obtained

R J HOWARD
Secretary

THE HOSTEL OF ST LUKE
(Clergy Nursing Home) 14 Fitzroy Square London W 1

The Committee of Management invite applications for the post of RESIDENT MEDICAL OFFICER (male) to the above Hostel

Candidates must have had previous experience as House Surgeon at a General Hospital The appointment is for six months and may be renewable *for a further period of six months* Salary at the rate of £200 per annum with board residence and laundry A fortnight's holiday will be allowed every six months and the Locum will be paid by the Committee of the Hostel

Applications with three recent testimonials should be addressed to the Secretary of the Hostel at 14 Fitzroy Square London W 1 and reach him before October 16th The successful applicant will be required to take up his duties on November 1st

WESTMINSTER HOSPITAL
Broad Sanctuary S W 1

Applications are invited for a RADIOLOGIST in connexion with the two Radium Bombs at the Westminster Hospital Annexe 66 Fitzjohn's Avenue Hampstead

Candidates must be registered medical practitioners Preference will be given to candidates possessing or reading for the D M R E

The appointment is full time and will be for one year

Five copies of applications and of three testimonials should be sent to the undersigned from whom the amount of the salary and other details can be obtained at Westminster Hospital Broad Sanctuary S W 1 on or before Friday October 15th 1937

CHARLES M POWER
Secretary

METROPOLITAN HOSPITAL
Kingsland Road E 8 (150 Beds)

There are vacancies for the following resident appointments

(a) SENIOR HOUSE PHYSICIAN
(b) SENIOR HOUSE SURGEON
(c) JUNIOR HOUSE PHYSICIAN
(d) JUNIOR HOUSE SURGEON

} MALES Salary £100 p a

Appointments in the first place will be for a period of six months dating from November 1st

Candidates must possess a registered medical and surgical qualification of the United Kingdom

Form of application may be obtained from undersigned

Two members of the present staff are candidates for the two senior appointments

FRANK JENNINGS
House Governor and Secretary

THE BELGRAVE HOSPITAL FOR CHILDREN
(Incorporated) 1 Clapham Road S W 9

The Committee of Management invite applications for the posts of TWO HOUSE PHYSICIANS and ONE HOUSE SURGEON which will become vacant on October 31st

Applicants (men) must be fully qualified and registered The appointments are for six months with board residence and washing provided Salary at the rate of £100 per annum in each case Applications with copies of testimonials stating age to be forwarded on or before Thursday October 7th

By Order
THOS CLAPHAM Secretary

REDLANDS HOSPITAL FOR WOMEN
Glasgow

Applications are invited from qualified Medical Women for the posts of RESIDENT MEDICAL OFFICERS (two) for six months from October 10th (three months Medicine and Midwifery three months Surgery and Gynaecology) Salaries at the rate of £50 per annum

Applications with copies of three testimonials to sent by October 5th to the Medical Secretary Redlands Hospital Glasgow W 2

ST BARTHOLOMEW'S HOSPITAL

OFFICE OF PHYSICIAN TO THE PSYCHOLOGICAL DEPARTMENT

Notice is hereby given that a Meeting of the Election Committee will be held on Tuesday November 2nd 1937 at 4 o clock in the afternoon, to elect a Physician to the Psychological Department of the Hospital

Candidates *who must be* Fellows or Members of the Royal College of Physicians of London should have had practical experience in Psychiatry and of the management of Out patients with Neurosis and Mental Disorder and should be free to attend the Hospital and see Patients on three half-days a week

Candidates are *required to lodge fifty copies of their applications* and testimonials with the undersigned on or before Saturday October 16th 1937

THOMAS HAYES
September 2nd 1937 Clerk to the Governors

SAINT MARY'S HOSPITAL FOR WOMEN AND CHILDREN PLAISTOW E.13

Applications are invited for the posts of RESIDENT SURGICAL OFFICER and RESIDENT HOUSE PHYSICIAN (vacant November 1st) male or female The appointments are for six months and will expire on April 30th Board and residence are provided Salaries at the rate of £155 and £150 per annum respectively including £5 allowance for laundry Personal canvassing not desired

Applications with copies of three recent testimonials, to be sent to the undersigned not later than October 5th A ERNEST WILKES
Secretary

ROYAL FREE HOSPITAL
Gray's Inn Road W C 1

Applications are invited from duly qualified and registered medical practitioners for the post of ANAESTHETIC REGISTRAR at the above Hospital for one year from November 1st 1937 with option to apply for reappointment for two subsequent years

The post is a resident one and carries with it a remuneration of £100 per annum

Candidates should have had experience in all forms of anaesthetics especially dental work

They should submit applications stating age and qualifications to the undersigned on or before October 9th 1937

RICHARD T BARTLEY
Secretary

THE DOCTOR IN PRACTICE OR ABOUT TO ENTER THEREIN SHOULD *BE ADEQUATELY PROTECTED* BY INSURANCE IN RESPECT OF

HIS LIFE
HIS HEALTH
HIS HOME
HIS PRACTICE
AND
HIS CAR

□

FOR ALL THESE CONSULT

The
Medical Insurance Agency
(Limited by Guarantee)
BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE W.C.1

□

WE CAN ALSO ARRANGE ADDITIONAL CAPITAL FOR THE PURCHASE OF A PRACTICE OR PARTNERSHIP

State age next birthday when writing

Stockholm and Radium Beam Therapy Research units The amount of radium available will make it possible to work with a radium surface distance of eight and a half centimetres It is, of course important to make this distance as great as is compatible with a treatment time which the patient can tolerate so as to improve the relationship between the surface and deep intensities (that is, to improve the tumour dose, as compared with the dose to overlying skin)

Manchester Joint Hospitals Board

The second annual report of the Manchester Joint Hospitals Advisory Board gives evidence of the valuable work which is being done by a board so constituted as to include representatives of the City Council of Manchester, the Voluntary Hospitals Council the University, and the local Division of the British Medical Association Statistics are being compiled and questionaries are being sent out which, when collected, will give all the information necessary for the consideration of the problem of reducing hospital waiting lists The possibility of overlapping in the waiting lists of the various hospitals has been gone into, and, surprisingly enough, it appears that no more than eight patients have their names on the waiting lists of two or more hospitals in Manchester A point that will be of importance in the compilation of future statistics is the need for a system of nomenclature in the classification of diseases which will be used by all the hospitals with which the Board is concerned The Board has further considered the question of the unification of orthopaedic services, and an account of the working of the fracture service of the Royal Infirmary has received consideration There were approximately 5,400 new fracture cases dealt with in Manchester during 1935, and from an analysis prepared by Mr Harry Platt it is estimated that in each future year there will be at least 5 000 new fracture cases Figures taken from the records of the fracture clinic at the Infirmary reveal that approximately 18 per cent of the fractures dealt with follow-street accidents in which a moving vehicle is concerned, 12 per cent are industrial, and 20 per cent arise as a result of domestic accidents or accidents in the course of sports or games A question which has been referred to the executive committee of the Board is the reduction of working hours of nurses Apart from the financial considerations affecting the various hospitals the whole problem is a difficult one and is inevitably bound up with the larger question of recruitment No major decision on matters of policy has been arrived at during the year under review owing to the complexity of the various problems but it is clear from the report that valuable work is being done the results of which will become apparent in a few years time Copies of the report can be obtained free of charge from the joint honorary secretaries the Town Clerk Town Hall Manchester 2 and Mr R L Newell, M D F R C S, 2, St John Street, Manchester

Tuberculosis in Lancashire

Dr G Lissant Cox central tuberculosis officer to the administrative county of Lancashire states that in 1936 the death rate from pulmonary tuberculosis (0 46 per 1 000) was the same as in 1934 and 1935 the lowest on record and that the number of new cases reported had again dropped In regard to non pulmonary forms the death rate (0 1 per 1 000) was the same as in 1935 the lowest on record but the number of new cases reported had risen slightly Diagnosis and treatment of tuberculosis is provided free in the administrative county and the net expenditure on the tuberculosis services for the year 1936-7 was £195 075 equal to a rate of 4 75d in the £. Dr Cox reports the results of an investigation bearing on the diagnosis of tuberculous patients in the early stages of the disease The records of two groups of patients were analysed (a consecutive number of deaths from pulmonary tuberculosis in the county occurring in 1920, and a corresponding series of deaths in 1935) in regard to (1) the average duration of illness up to the time of consulting a medical attendant (2) the average period under the care of the medical attendant before being first examined by the tuberculosis officer and (3) the average duration of life after examination by the tuberculosis officer The respective figures found under these three heads were 11 7 5, and 18 3 months in 1920 and 9 5 3 and 27 4 months in 1935 The good relations existing between the administrators of the tuberculosis scheme in the county and the general practitioners are illustrated by the fact that 92 per cent of the new cases (excluding contacts) were sent before notification to the tuberculosis officers for an opinion as to diagnosis and treatment The excellent work carried out by the dispensaries is shown in the following table, in which are given figures comparing Lancashire with all counties in England calculated per 100 deaths from tuberculosis

	Lancashire	All counties in England
Total new cases and new contacts diagnosed as suffering from tuberculosis and receiving treatment under the official scheme	162	141
Number of sputum examinations	516	368
Number of x ray examinations	999	414
Number of home visits by health visitors	4 013	2,542
Number of cases remaining undiagnosed at the end of the year	3	26
Number of cases removed from the dispensary registers as recovered	62	51

The sad note of the report is found in the section on housing conditions Of 1 856 patients over 15 with the pulmonary form of the disease considered infectious 469 occupied a separate bed but not a separate bedroom and seventy five not even a separate bed Among 2 243 similar patients considered not infectious' the corresponding figures were 440 and 652

IRELAND

Irish Free State Medical Union (I M.A and B M A)

At the last meeting of the Council of the Irish Free State Medical Union Dr MacCarvill was elected vice president for the year 1937–8 and took the chair at the meeting in the absence of the president It was announced that Mr C MacAuley was not prepared to seek re election as honorary treasurer and Dr Frank Lavery (Dublin) was unanimously elected in his stead the meeting expressing its appreciation to Mr MacAuley for his past services Dr J P Shanley was re elected honorary secretary for the year The resolution of the annual general meeting instructing the Council to press for a standard salary of £300 rising to £500 for all dispensary medical officers was discussed and after substituting the word minimum for standard the Council decided to refer the resolution to the Dispensary Medical Officers Group Committee for consideration and suggestions and to give full support to that committee should it decide to send a deputation to the Minister for Local Government and Public Health A series of resolutions from the Connaught Branch were referred to the executive committee which was given power to take such action as it considered necessary The resolutions dealt with (1) fees for attendance at inquests and for post mortem examinations by doctors employed in institutions and fees and assistance for post mortem examination by dispensary doctors (2) fees for dispensary and hospital locumtenents (3) acceptance by a Board of Health of the substitute nominated by a doctor in the employ of the Board (4) travelling and subsistence allowances for Council members attending meetings of the Council and (5) payment of fees to medical attendants in workmen's compensation

to Dr David Little, an association which was to be continued for a long period After seven years in residence there he took the F R C S.Ed in 1896, and started private practice in Manchester as an ophthalmologist He became, in succession to Dr Little surgeon and later consultant surgeon to the Royal Eye Hospital, and he was a lecturer in ophthalmology and ophthalmic surgeon to the Manchester Royal Infirmary He did a great deal of pioneer work on the subject of refraction and on the field of vision A member of the Ophthalmological Society and of the Manchester Medical Society, he had also been a member of the British Medical Association for forty-three years, being appointed secretary of the Section of Ophthalmology at the Annual Meeting in Manchester in 1902 and vice president of the same Section at Belfast in 1909 He contributed several papers to the specialist journals and a chapter on diseases of the choroid and vitreous to Oliver and Norris s *System of Diseases of the Eye* Dr Hill Griffith had a large measure of success in his professional work, and always enjoyed the confidence of his colleagues and his many patients He was, too, an inspiring teacher, and his postgraduate classes at the Royal Eye Hospital were always among the best attended On retiring from active practice he went to live at Woking soon after the war and developed there the interests he had always maintained in golf and music He is survived by his younger brother, Dr T Wardrop Griffith of Leeds, and by several nephews and nieces

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine has appointed Dr G S Graham Smith, Dr G H. Orton Dr Ff Roberts, Dr F G Spear, Mr R Williamson Dr E. P Cumberbatch Dr P J Kerley, Dr W P Philip Dr R J Reynolds and Professor S Russ to be members of the Committee for Medical Radiology and Electrology for the year 1938

Sir Patrick Laidlaw B Chir F.R.C.P F R S has been appointed Rede Lecturer for 1938

At a congregation held on November 27 the following medical degrees were conferred

M D—S K Sen J L Lovibond, L P Marshall

M B, B CHIR.—D H Davies *W H R Jeremy, J R Owen, C H T Bond, L R King G G Ludgater D D Keall

M B—*J F L Walley *E J Neill, *T C Stamp F C Maddox, A H Lankester

* By proxy

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated

POSTGRADUATE DIPLOMA IN PSYCHOLOGICAL MEDICINE—*With Special Knowledge of Mental Diseases* D A S Blair *Part A* Hilda M S Davidson S H Lubner

QUEEN S UNIVERSITY BELFAST

The Senate at its meeting on November 24 conferred the title of Professor Emeritus upon Professor R J Johnstone President of the British Medical Association who has held the chair of gynaecology from 1920 to 1937

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated

SURGERY —J D Anderson W J Bold G G O Evans D H Fowler H D Lamb G L Young

MEDICINE —J D Buckner H D Lamb G Macbain F W McKenna S J Nathan R. A Stenhouse J A Taylor

FORENSIC MEDICINE.—J D Buckner H D Lamb G Macbain F W McKenna, S J Nathan R A. Stenhouse J A Taylor

MIDWIFERY —B Berman E. E Buckler H S A. Corfield T Gadian B A. Hoogewerf

The diploma of the Society has been granted to J D Anderson, J D Buckner T Gadian B A. Hoogewerf H D Lamb G Macbain, F W McKenna and R. A Stenhouse

Medico-Legal

A PEST OF PRACTICE

One of the trials which sometimes beset the general practitioner is the fanatical patient who takes a dislike to him and follows him round, insulting him and damaging his property or spreading scandalous reports about him It is always difficult to know what to do with these people—to do anything with them is bound to mean unpleasant publicity A typical instance came before Mr Justice Macnaghten at the Lincolnshire Assizes last month

A Skegness doctor complained that while he was attending an old lady her daughter "in a somewhat intoxicated state threw a quantity of cold water over him and drenched him, threw empty beer bottles at him, and smashed all the glass in his car windows After he had telephoned to the police she threw a number of large stones at him A few days later she wrote him a letter in the course of which she said "Darling, you must keep your promise and marry me and shortly after that an announcement of an engagement between the doctor and the girl appeared in the local paper She also sent him postcards through the post, one of which bore the word seducer He thereupon charged her with assault, damage to property and criminal libel He denied in court that he had ever taken the girl in his car gone for walks with her or had any kind of relationship with her The girl in giving evidence said that the doctor had attended her as a patient and had said he would like to marry her He had afterwards seduced her and had had sexual relations with her on several other occasions. Two days before the assault he said he had had enough and was not going to marry her and that if there was any nonsense he would have her mother certified She admitted having had some drink on the day of the assault, and pleaded guilty to the assault and the damage She said she had sent the postcards to the doctor because she had thought they were true In cross-examination she admitted that she had done the same thing before in 1928 she and her mother had broken up the other doctor s car and she had accused the doctor of seducing her and had assaulted him The medical officer of Lincoln prison said that the girl suffered from hysteria a condition which often gave rise to accusations of this kind The learned judge said in summing up that there was no evidence for her terrible accusations and that the prison doctor s evidence explained how she had come to make them. In her own interest and in the public interest she must go to prison for nine months

In this case therefore the doctor was able to deal effectively with a very serious nuisance and danger A prosecution for criminal libel however always has the disadvantage that it must be tried at assizes This may mean a delay of several weeks and a certain amount of expense and loss of time Doctors owe to a certain solicitor of large experience in medical protection a simpler means of countering the "poison pen Conduct of a character calculated to produce a breach of the peace is an offence which by the Summary Jurisdiction Act 1879 s 25 can be tried by a bench of magistrates at once They can either bind over the offender or send him to prison and the doctor s name need not be mentioned This procedure has been found useful on more than one occasion and has the added advantage that if the writer is mentally disordered he may be remanded and certified From the reports of this case in the daily press* the accused was apparently suffering from some form of mental disorder This however does not necessarily mean that the learned judge was wrong in sending her to prison She had been medically examined and his lordship doubtless had the benefit of thoroughly competent advice as to her treatment It is probable that if she had been certifiable she would have been certified and a stiff prison sentence with enforced abstinence from drink may prove beneficial.

* *Times* November 9 and 10 *Daily Telegraph* November 10

cases settled out of court It was also agreed at this meeting to represent to the Local Appointments Commissioners that dispensary medical officers should be represented on the Selection Boards in the case of dispensary appointments

A Tribute to Irish General Practitioners

Sir William de C Wheeler, speaking at a clinical dinner in connexion with the Southend on-Sea General Hospital on November 23, referred to the role of the general practitioners in the body politic and their heavy responsibilities He paid a tribute to the work of the general practitioners in Ireland during the period of fighting and unsettled government He described how the general practitioners in that country had carried out their duties under conditions which would make those trained in the profession of arms shrink and retreat It was no light matter to travel over roads strewn with mines and explosives at the dead of night, nor was it a joy-ride to go through ambushes and trenches of necessity by forbidden routes The doctors were often mistaken for combatants and fired on by friends and foes Some fell wounded, some were killed, others escaped with their cars blown up and destroyed There was never an instance of refusal to attend a patient when the summons was received The general practitioner would hold an honoured place when the tempestuous times through which Ireland had passed were chronicled by the future historian Visits to the Mayo Clinic and the methods adopted by various Continental leaders were subsequently described by Sir William Wheeler, who laid emphasis on the debt of the present generation to British surgeons of the calibre of Macewen, Bland-Sutton, Moynihan, Lane, Trotter, and Stiles

Typhoid Fever in Donegal

An outbreak of typhoid fever is reported to have taken place among the patients in Donegal Mental Hospital, Letterkenny, an institution housing 700 patients More than seventy cases had been confirmed at the beginning of this week with four deaths The patients include three members of the staff A preliminary inquiry into the outbreak has been begun by an official from Dublin of the Free State Department of Local Government The source of the outbreak is declared to be local According to the *Irish Times* it is attributed to a patient who suffered from typhoid nine years ago and who, on examination, was found to be a carrier

SCOTLAND

The Edinburgh Chancellorship Lord Tweedsmuir's Candidature

Two persons have been nominated for the post of Chancellor of the University of Edinburgh, rendered vacant by the death of Sir James Barrie These are the Marquess of Lothian and Lord Tweedsmuir, now Governor-General of Canada and known throughout the English-speaking world for his writings as John Buchan At a meeting of the General Council of the University, held on November 26, Lord Tweedsmuir gained a large majority in a vote of members present A poll was, however, claimed, and voting papers will be issued immediately to all graduates on the printed register of the General Council resident in the United Kingdom These must be returned not later than December 17 During the proceedings reference was made to the fact that Lord Lothian is a Christian scientist, and to his views on animal experiments The election of Lord Tweedsmuir was moved by Dr Edwin Bramwell who reminded the Council that Lord Tweedsmuir was one of the outstanding Scotsmen of to day, 'one who had done much in the service of the nation, a distinguished scholar, a brilliant man of letters, a man of affairs with a wide administrative experience a man with a broad outlook whose judgement was universally acknowledged and compelled confidence, a man with influence, who was not only in complete sympathy with, but who took a keen interest in and was necessarily *au fait* with, the requirements of a University We feel so strongly about Lord Tweedsmuir as an ideal candidate for the post that we are well prepared to wait the two or three years until he retires from his present position" These quotations are from a full report of the meeting in the *Scotsman* of November 27

Rheumatism Clinic in Aberdeen

At the annual meeting on November 25 of the Aberdeen Branch of the Red Cross Society, the president, the Marchioness of Aberdeen and Temair, said that there was a movement to organize a centre for the treatment of rheumatic disease and for research into its causes, and a desire had been expressed that the Aberdeen district might lead the way in this matter in Scotland The executive committee of the Scottish Branch of the Red Cross Society, after consultation with Professor Davidson, had resolved to follow the example of the British Red Cross in England, which had established a rheumatism clinic in London that had proved a great success A grant of £500 had therefore been made for the support of the movement in Scotland It was proposed in Aberdeen to set up a treatment centre at the new baths, and also a lectureship on the subject at the University, which would lead to further research into the causes of the disease and methods for its prevention and alleviation

Royal Infirmary of Edinburgh

At the annual meeting on November 24 of the League of Subscribers to the Royal Infirmary of Edinburgh it was reported that the executive had considered the question of members of the League who were unable to get immediate treatment in the Royal Infirmary, and who entered a municipal hospital, being asked to pay the fixed charges for treatment It had been suggested that the Infirmary might pay the city for the treatment of members in municipal hospitals when they could not get admission to the Infirmary The executive had decided against this proposal It considered that there was no satisfactory compromise between the present open-door system with contributions freely given without obligation for treatment, and a contributory scheme under which payment would be made only to the hospital giving the treatment to the patient It was also stated at the meeting that in the past year 21,000 patients had been treated in the Royal Infirmary, of whom 9,482 were from the city of Edinburgh and 11,514 from the counties of Scotland and England Both expenditure and income had increased during the past year, although no provision had been made for capital expenditure which was going on steadily Mr Russell Paton, organizing secretary of the League, said that it might be assumed that a minimum contribution of twopence per week from all sections of wage-earners was essential for the maintenance of the hospitals on a voluntary basis, even when this was supplemented by auxiliary subscriptions, donations, and endowments

Departmental Committee on Nursing

The Committee recently appointed by the Secretary of State for Scotland to inquire into the recruitment and terms and conditions of service of nurses in Scotland has now held its first meeting under its new chairman, Lord Alness The meeting which was of a preliminary nature took into consideration the terms of reference, and decided on the procedure to be followed in carrying out the inquiry The next meeting is fixed for December 16, at which a start will be made with the taking of evidence The Committee is open to receive evidence on the subject of its inquiry from persons and bodies interested All communications should be addressed to the Secretary of the Committee Mr W T Mercer, Department of Health for Scotland, 121A, Princes Street, Edinburgh

Medical Notes in Parliament

In the House of Lords on November 30 the National Health Insurance (Juvenile Contributors and Young Persons) Bill, which has passed the House of Commons, was read the second time

The business of the House of Commons this week included the Committee stage of the Air Raid Precautions Bill, the second reading of the Unemployment Insurance Bill, and the second reading of the Local Authorities (Hours of Employment in Connexion with Hospitals and Institutions) Bill Opposition was expected against the last on the ground that an inquiry into the conditions of the nursing profession is in progress

In the House of Commons on November 30 Mr CHAPMAN introduced the Prevention and Treatment of Blindness (Scotland) Bill, which enables local authorities in Scotland to make arrangements for the prevention and treatment of blindness He said that there were 8,738 blind persons of all ages in Scotland The Bill would give local authorities the powers possessed by similar bodies in England and Wales These powers would be permissive

Clauses in the Unemployment Insurance Bill, which Mr Ernest Brown has introduced, enable education authorities for higher education in England and Wales and education authorities in Scotland to provide for unemployed juveniles attending junior instruction centres and classes (*a*) meals in the same circumstances and under the same conditions as meals may be provided by authorities for elementary education in England and Wales for children attending public elementary schools and by education authorities in Scotland for children under obligation to attend and attending school, (*b*) during the hours when instruction is being given, milk and biscuits free of charge The Bill further gives powers in respect of medical treatment of such juveniles to education authorities in Scotland The authorities in England and Wales already have corresponding powers Education authorities desiring to use the powers to be conferred by this Bill must submit proposals to the Minister, who may approve them if they are in accordance with a scheme which he will draw up with the consent of the Treasury An Exchequer grant (normally 75 per cent of the cost) will be made towards the expenses of the authorities

The Typhoid Outbreak at Croydon

Answering questions on the Croydon outbreak on November 25 Sir KINGSLEY WOOD said Mr Harold Murphy and the two assessors to the public inquiry into the cause of the outbreak were holding an informal meeting that day but the officers of the Croydon Corporation were occupied with urgent executive duties in dealing with the outbreak and a short time must elapse before the opening of the formal investigation All possible effective steps had been taken by the Corporation acting in collaboration with officers of the Ministry of Health to safeguard the purity of the water supply and the public need have no further fear of infection from that source He had no doubt that the public would be given opportunity of tendering relevant evidence at the inquiry

On November 30 the Minister of Health was asked whether he was aware that the inhabitants of Croydon were not warned immediately upon the outbreak of typhoid and advised to boil their water before use and if he would make inquiries why this precaution was not carried out. Mr BERNAYS replied that this would be investigated at the forthcoming inquiry It would be improper for the Minister of Health to anticipate the results of that inquiry

Malnutrition

Mr LEONARD in the House of Commons on November 24 moved a motion which asked the House to note the "convincing evidence of widespread malnutrition" and called for effective steps to deal with this grave and urgent problem of hunger and want." He cited what he termed 'the unchallenged evidence of Sir John Orr upon infant mortality," and said he doubted the sole right of the doctor to make judgements on these matters In the Hebburn district, a distressed area a new medical officer came in 1935 from a non distressed area He classified as subnormal and bad more than double the number that had been so classified by his predecessor

Mr GEORGE GRIFFITHS seconded the motion He said official figures showed that of children in the schools 26 per 1 000 required more and better food In Pontypridd the proportion was 210 per 1 000 In his own Division two boys who met with slight accidents when working in the pit were taken to Beckett s Hospital at Barnsley and died The doctor said those two boys went under not so much on account of the accident as on account of the state of their health

Mr HAMILTON KERR moved an amendment which asked the House to express satisfaction with the action taken and proposed to be taken to improve nutrition Sir ARNOLD WILSON seconded this amendment

Mr RIDLEY stated that the Derbyshire County Council did not provide one free solid meal for one child in the whole of that county The Board of Education had not done enough to persuade reluctant local authorities to use the provisions on the Statute Book for this purpose Lady ASTOR said a report from the Board of Education showed that local authorities had power first to discover the children and then to feed them freely where parents were unable to do it The Government ought to take powers to compel local authorities to do this When the Government tried an experiment of giving cheap milk in some distressed areas the children immediately drank four times and the mothers three times as much as before

Mr BERNAYS said that the Government was giving unremitting attention to the problem of making good the deficiency in the consumption of milk Nearly 3 000,000 children were receiving milk under the Board of Education scheme Under maternity and child welfare services ninety-eight authorities had increased the period during which milk was supplied sixty two had increased the quantity, and forty two had adopted a more liberal scale Of two diseases associated with malnutrition—tuberculosis and rickets—mortality from tuberculosis now numbered only half what it was twenty five years ago and mortality from rickets was half what it was five years ago

Mr JOHNSTONE said a lecture given to the Royal Statistical Society on November 16 by Mr R H Jones statistician to the University of Liverpool, revealed the different results of different doctors examining children and the different results of the same doctor examining the same children at intervals of a week or two Out of 100 children examined in Cheshire one doctor found three subnormal boys In the same 100 children another doctor found ninety subnormal boys

On a division Mr Leonard s motion was rejected by 202 votes to 140, and the alternative words proposed by Mr Kerr were not put to the House Discussion followed on another motion moved by Mr TINKER, which declared that present inequalities in the distribution of wealth could not guarantee the necessary standard of life to numbers of the population This motion was also rejected

Evacuation of Overcrowded Areas in Air Attack

When the Air Raid Precautions Bill was considered by the House of Commons in Committee on November 25, Dr HADEN GUEST moved to add that local authorities be made responsible for the evacuation of persons residing in overcrowded areas or in areas particularly liable to attack He said that in the opinion of the greatest bacteriologists there was no likelihood of bacterial warfare being undertaken Destruction of the water supply or of the sewerage of a city would suffice to bring on typhoid, dysentery and so on A panic evacuation would induce sanitary catastrophes or epidemics The evacuated population would have to be spread thinly over the relatively safe areas, with proper regard to water supplies and sanitation

Correspondence

Collaboration between General Practitioner and Public Health Services

SIR—With a view to improving the liaison between local public health authorities and doctors in private practice I suggest that the chairman and vice chairman of the local Division of the British Medical Association be *ex officio* members of the local council and public health committee

The practitioners concerned would then have the right to (1) attend the meetings of the council and public health committee (2) confer with the medical officer of health and conversely the M O H would have the right to confer with his medical colleagues (3) receive copies of reports of the medical officer of health

As you know the chairman of the local council is *ex officio* a magistrate during his tour of office, thus ensuring a desirable liaison between the local authority and those who administer the law As a general rule the busy practitioner has not the time to attend all the meetings of the local council, but when he does come forward for election I have noted that he frequently 'tops the poll —I am, etc,

H W GRATTAN
Colonel late R.A M C late M O H Biggleswade Urban and Rural Districts Welwyn and Hatfield Rural and Welwyn Urban Districts

Letchworth Nov 29

Immunization against Typhoid

SIR—In his letter to the *Journal* of November 27 Dr Vaughan Facey has raised the question of the negative phase and the danger arising therefrom said to occur after preventive inoculation against the typhoids when given during the course of the outbreak Among those of the profession old to the ways of typhoid a negative phase occurring after such inoculation has no terrors The doctrine of this negative phase must have prejudiced many against the use of prophylactic vaccine in the presence of an outbreak even in spite of much that has been said and written by clinicians against such happening In practice preventive inoculation given at such a time is in my belief the only sure and certain method of *individual* protection against the disease During the Bournemouth outbreak of last year none among many contacts inoculated developed the disease Immediately typhoid broke out inoculation was offered to the nursing staff of the Royal Victoria and West Hants Hospital Most of the nurses and maids elected to be done and it was noticeable that those nurses who volunteered to be done although careful as always had the greater confidence because less afraid of contagion appearing to have less fear in handling patients Was this greater confidence justifiable? I conscientiously believe that it was

Dr Vaughan Facey recommends trial of serum given early in full dose In this I agree with him although serum in my hands has given equivocal results To do any good serum must be administered early because by the very nature of the pathological processes in typhoid termination other than by lysis cannot be expected to happen after the first few days of raised temperature Perhaps time will bring a better more specific serum than is at present available But the very essence of success in the management of the typhoid patient lies in the regular cleansing of tongue and mouth the maintenance of the salt and water balance in the circulating body fluids which is as important as correct timed feedings constant expert nursing the recognition of the minor importance of drugs and the use, perhaps of small repeated intravenous doses of immunized blood Much however should not be expected of curative serum—I am, etc

Bournemouth Nov 28 S WATSON SMITH

SIR—I was extremely interested in Dr R Vaughan Facey's letter in the *Journal* of November 27 (p 1092) He writes of the doubts and anxieties which beset many of the members of the profession in Bournemouth last year I was equally worried when typhoid broke out in the Basque camp and without doubt many Croydon doctors feel the same to day Dr Facey went to great trouble in consulting leading experts in epidemiology and discovered that the consensus of opinion was in favour of inoculation and that the risk of a negative phase could be ignored A negative phase is said to follow an inoculation and may (1) either precipitate and intensify an attack of typhoid in a person actually incubating the disease or (2) for a few days so reduce the resistance of a healthy person that he may even more readily contract the disease The fear of inducing this negative phase has prevented many doctors from using typhoid vaccine in the presence of an epidemic

At the Basque camp we were under the unofficial supervision of the Ministry of Health and enjoyed the friendliest co operation with the public health authorities of Winchester and Southampton The Ministry of Health agreed that camp personnel engaged in sanitation and cooking should be inoculated but advised against mass inoculation of the children However when local committees anxious to receive the children knew that we had typhoid in the camp they asked that we should guarantee freedom from the disease before dispatching them and I then arranged general inoculation including all contacts This procedure was entirely successful and no further cases occurred (see *Journal* October 16) In the early stages sanitation was chaotic and field drainage and water supply were constantly interfered with by mischievous boys so that it seems impossible to explain the cessation of the epidemic in any other way than the result of inoculation The actual typhoid cases had been in close contact with many other persons in this crowded camp of 3 280 children and 300 adults and surely some other children must have been incubating the disease One asks therefore does this so-called negative phase really exist? This practical experiment on a large scale seems to suggest that it does not and that an effective immunity is established early after inoculation Furthermore treatment of enteric by vaccine is highly recommended by some eminent authorities Replying to Mr W Roberts in the House of Commons Sir Kingsley Wood Minister of Health stated that the circumstances of the outbreak of typhoid in the Basque children's camp at Eastleigh and that at Croydon were different and he was advised that general anti typhoid inoculation in Croydon would not be beneficial The protection by inoculation or otherwise of individuals resident in houses in which cases of typhoid were being nursed was a matter for consideration by the medical practitioner in attendance in the light of the special circumstances of each case

I would beg to point out that during any epidemic once the source of infection has been discovered and stopped

Sir SAMUEL HOARE said the Committee of Imperial Defence was engaged on problems of evacuation

The amendment was negatived by 226 to 125

Mr GEOFFREY LLOYD stated on November 25 that the recommendations of the Air Raid Precautions Department on the protection of a room against gas were based on experiments carried out over a period of years Research on this subject continued The building used for most of the tests was a brick built cottage in a reasonable state of repair Mr Lloyd also stated that the respirator which would be provided for the civil population would be manufactured in three sizes The details of the arrangements for fitting members of the public would be made by the local authorities The respirators should be fitted in time of peace

Problem of Population

On November 29 Sir KINGSLEY WOOD moved the second reading of the Population (Statistics) Bill, He said that much more information was required on the whole subject of the decline in the birth rate before policy could be considered Inquiries as to fertility in this country were not new and there was no ground for the suggestion that the answers given would not be treated with complete secrecy No questions about birth control would be put down Apart from considerations of more public importance it was a hasty and superficial view to put a question about birth control The answers would take them no further Contraceptive methods might be one of the means but was not the cause of the decline in the birth rate which they desired to ascertain

There was a question about the issue of an unmarried woman Approximately 30 000 illegitimate births took place in Great Britain annually It was only in the case of an unmarried woman that the question of illegitimacy was raised and he would have regard in committee to the general opinion of the House on that matter When the inquiry was in progress they would have regular annual figures showing area by area and for the country as a whole the number of children born to parents of particular ages and occupations with varying duration of the marriage The figures would be tabulated by areas and would show any local or occupational variations in fertility They would furnish valuable and essential information on which a further inquiry into the real operative causes could be thoroughly examined.

Mr PETHICK LAWRENCE moved an amendment to the effect that the House while recognizing that the collection of some additional facts regarding the population might be desirable, could not assent to the second reading of a Bill which instructed the registrars to elicit confidential and intimate information not urgently needed for statistical purposes

During the debate Sir FRANCIS FREMANTLE said that what was needed was to discover the real reason why people limited their families We did not know if there was some vital factor in modern civilization some involuntary unconscious factor that was undermining the fertility of people generally in either sex

The motion for the rejection was negatived by 197 votes to 125 and the Bill was read a second time

General Practitioners and Public Health Service

Commander FLETCHER asked on November 25 if the Minister of Health was aware of the lack of collaboration between doctors in private practice and the public health services and its possible bearing on recent epidemics at Bournemouth and Croydon and if he would set up a committee to investigate this subject Sir KINGSLEY WOOD answered that in so far as the question related to events connected with the outbreak of typhoid at Croydon he could not anticipate the results of the inquiry Every opportunity was taken by his Department to emphasize the need for collaboration between the various branches of the medical profession He was glad to say that there was increasing recognition of this need on the part of local authorities

Watercress and Typhoid

On November 29 Mr DONNER asked the Minister of Health whether he was aware of the serious plight of growers of watercress in North West Hampshire and elsewhere from the refusal of retailers to buy in consequence of public fear of typhoid infection and whether he could give an assurance that there was no evidence to show that watercress was responsible for the present outbreak and that the public incurred no danger by eating watercress particularly when grown as in Hampshire a great distance from any known centre of infection Mr BERNAYS replied that the attention of the Minister had been drawn to Press statements on this matter While he could not properly express an opinion on the cause of the present outbreak pending the result of the forthcoming public inquiry the Minister had no evidence to suggest that it was in any way connected with the eating of watercress

Anti typhoid Inoculation

Mr WILFRID ROBERTS asked on November 25, whether in view of the successful suppression of an outbreak of typhoid at the Basque children's camp at Eastleigh in the summer by inoculation it was proposed to recommend inoculation as a preventive measure in the Croydon area Sir KINGSLEY WOOD replied that the circumstances of the two outbreaks were different and general anti typhoid inoculation in Croydon would not be beneficial The protection by inoculation or otherwise of individuals resident in houses in which cases of typhoid were being nursed was a matter for consideration by the medical practitioner in attendance in the light of the special circumstances of each case

Northumberland County Council and Anatomy Acts—Mr BERNAYS replying to Mr. Thorne on November 23, said that a request was made to the Northumberland County Council by the Inspector of Anatomy with the Minister of Health's authority that in the interests of medical education they should in exercise of their powers under the Anatomy Acts 1832 and 1871 permit the anatomical examination in the School of Medicine of the University of Durham at Newcastle upon Tyne of the bodies prior to interment of any persons under their charge who died without being claimed by relatives for immediate burial Arrangements of this kind were in operation in many areas but the matter lay within the discretion of the local authority The Northumberland County Council had after consideration decided not to exercise their powers in the manner suggested

Harefield Sanatorium—On November 23 Mr HORE BELISHA replying to Mr Messer said that the Harefield Sanatorium was visited by a medical staff officer of the Eastern Command on December 9 1936 Prior appointment for the visit was made with the superintendent of the sanatorium The purpose of the visit was to ascertain whether it was any use approaching the Middlesex County Council to earmark the sanatorium as one of the twenty nine Territorial Army General Hospitals required on mobilization The sanatorium was again visited at the beginning of last May by the Deputy Director of Medical Services Eastern Command after making prior appointment in writing with the superintendent to verify its suitability for the purpose in question

Deaf and Dumb and State Benefits—Mr BERNAYS replying to Mr Pilkington on November 23 said that the number of deaf and dumb persons in the United Kingdom had been estimated at about 40 000 but no accurate figures were available. The question of putting them on the same footing as the blind in regard to State benefits had been considered but for the reasons contained in the exhaustive report of the late Dr Eichholz published in 1932 the Minister of Health was not satisfied of the necessity for the legislation which would be required to give effect to this

Imported Butter Detection of Tuberculous Infection—Mr LAMBERT asked on November 25 whether imported butter made from the milk of tuberculous or diseased cows abroad could be detected by analysis at the ports of entry into Great

then the problem is the same as that of the Basque camp—that is, dissemination by contact—also that it is not always easy to locate a source of infection, which may be multiple Public opinion is very divided on the question of inoculations of any kind, and in these days it is not often that a large-scale preventive inoculation could be carried out under a medical dictatorship such as actually existed in this refugee camp In war time sewerage and water systems may be damaged daily, to the great danger of the uninoculated public at large It would not be untoward to suggest that a stock of T A B vaccine should be included in our air raid precautions armamentarium All available civil supplies were exhausted with the first inoculations at the Basque camp, and the Lister Institute kindly worked overtime to supply enough for the second dose—I am, etc,

London N W.2, Nov 27 RICHARD TAYLOR M B, B S

SIR,—I have recently been consulted by several of my patients as to what precautions they should take against typhoid Apart from the usual advice of keeping away from contacts, observing sanitary precautions, boiling milk and water, and not eating raw vegetables, I prescribed an oral anti-typhoid-paratyphoid vaccine (T A B) in the form sometimes known as Besredka's tablets Professor Besredka published his original papers on oral vaccination about twenty years ago His method of immunization has not become popular in the United Kingdom mainly owing to the low incidence of this disease here as compared with tropical and subtropical countries Actually, millions of people have been immunized by this method during epidemics of typhoid, dysentery, and cholera in Europe, America, India, and Africa The Health Department for Capetown distribute these tablets free of charge to doctors, and I have given them to my patients and taken them myself every year while in practice in South Africa The only symptoms they give rise to are slight headache, gastro intestinal discomfort, and possibly a slight rise of temperature Thousands of prophylactic doses of oral vaccine were distributed from 1923 to 1928 in Pretoria alone (Boyd)

Investigations conducted in Madras showed that the proportion attacked among persons given the full course of bilivaccine (three doses) was 1 per cent, compared with 6 per cent in the untreated controls Among 33,000 vaccinated persons in Tokyo there was a morbidity rate of 1 86 per 1,000, whereas among 46 000 non-vaccinated persons the rate was 8 5 per 1,000 The advantages of this method are (1) its efficacy is said to be equal to that of the injection method, (2) immunity is established within five days, and (3) large numbers of people, including children, can therefore be immunized (orally) rapidly, with little discomfort and pain, and at a very small cost to the administration Cluver (Union of South Africa) states that his patients, particularly the natives, were more willing to be vaccinated, and no malaise followed the ingestion of the antigens, whereas unpleasant reactions were often observed after subcutaneous vaccination

I firmly believe that this method of oral vaccination materially reduces the incidence of the disease when used in conjunction with the usual measures in sanitation and personal hygiene, and that where typhoid fever is epidemic or threatened Besredka's tablets should be distributed by the health authorities free of charge, to doctors for their patients Finally may I add that doctors throughout the country should be acquainted with this method of immunization It is not mentioned in several of the leading textbooks, but is referred to in Conybeare's *Text-book of Medicine*—I am, etc,

London, S W 4 Nov 29 J V PINCUS

*** In a leading article in the *Journal* of April 10, in which reference was made to the oral vaccine of Besredka, to formolized vaccine and to a vaccine which can be "rubbed into the skin in an ointment or vanishing cream," we stated 'The probability is that all these methods are useful, and it may be that where ordinary subcutaneous vaccination most signally fails either the individuals attacked were exposed to exceptionally heavy infection or the strains used in making the vaccine were unsuitable"—ED *B.M.J*

Safe Watercress

SIR,—Watercress has been much written about lately, and it is as well to know that it can be grown directly from seeds in small tanks or tubs, or openly in a sheltered place in our gardens Those who fear its contamination from water supplies not easily controlled when heavy rains suddenly wash undesirable organic matter into an otherwise perfectly pure water supply will be interested in the article on watercress, page 66, in the *Popular Encyclopaedia of Gardening* edited by H H Thomas, published by Amalgamated Press Ltd

Most of the watercress consumed by the public is now grown under perfectly safe conditions by firms who have spent much capital and great care in safeguarding this popular article of diet The real risk arises from the purchase of cheap watercress whose source is the stagnant pools and contaminated streams in urban areas—I am, etc,

Bournemouth, Nov 29 W JOHNSON SMYTH

Management of Typhoid Fever

SIR,—In 1936 there were 257 deaths from typhoid and paratyphoid fever in England and Wales—equivalent to a fatality of 10 3 per cent among the notified cases—and a repetition of somewhat extensive outbreaks in the last few years has drawn attention to the fact that these diseases are far from being extinct in this country A description of an experience of the management of typhoid fever about thirty years ago might be of interest, although few detailed statistics can be given, for the case papers were destroyed during the war

In the three years I was in charge of the typhoid wards of one of the hospitals of the late Metropolitan Asylums Board some 2 139 cases were treated in the Board's hospitals, with a mortality of 14 4 per cent among those in whom the diagnosis was confirmed In practically a quarter of the fatal cases perforation was the immediate cause of death, while haemorrhage which occurred in 11 per cent of all cases accounted for the fatal issue in nearly a quarter of the remainder Perforation and haemorrhage were thus formidable complications and I tried a number of variations on the usual management with a view to reducing their incidence It was unlikely that any modification of the then routine would have an appreciable effect on cases admitted in an advanced stage, and these unfortunately were relatively numerous but it was hoped that better results might be obtained in cases admitted earlier in the course of the disease

The mechanism of perforation is better studied on the operating table than in the post mortem room where the original state is apt to be hopelessly obscured by peritonitis I had been present as operator or assistant at twenty four laparotomies for perforation and had observed that these cases could be divided into two groups (1) Those in which the visceral peritoneum over an ulcer had become adherent to

Britain Sir KINGSLEY WOOD replied that it could if the milk had not been pasteurized and, in the case of tuberculosis if the cows actually yielded milk containing tubercle bacilli Practically all milk and cream used for making imported butter was pasteurized

School Dental Service—The present staff of the school dental service in England and Wales is equivalent to about 735 full time dentists On the assumption that the ratio of the number of children receiving dental treatment to the number recommended for such treatment remained as at present, a staff equivalent to about 1,100 full-time dentists would be required to provide for all children attending public elementary schools a service of the type now available Mr KENNETH LINDSAY, in giving this information, added that the percentage of parents who accepted dental treatment for their children was regrettably low, and efforts were being made to increase it If appreciation of the facilities provided, and particularly of the opportunities for conservative dental treatment were universal, an efficient service for all public elementary school children would necessitate the employment of slightly more than 2,000 full time dentists, or their equivalent in terms of part time service

Notes in Brief

About three million respirators have been placed in the regional depot in Liverpool

The number of notified cases of acute poliomyelitis and acute polio-encephalitis in England and Wales during the current year up to October 30 is approximately 705, as compared with an annual average of 698 for the last five years

A second anti gas school will open at Easingwold, near York, on December 27 The school at Falfield Gloucestershire, accommodates sixty students and on completion the Easingwold school will accommodate a similar number

Sir Samuel Hoare will consider a suggestion that he should draw the attention of the General Medical Council and similar bodies to the need for increased vigilance in the custody of poisons and drugs by medical practitioners and chemists Sir Samuel hopes, however, that the publicity given by broadcast warnings and otherwise will suffice to ensure the utmost care

A further experimental scheme for the supply of milk at cheap rates to expectant and nursing mothers and children under 5 years of age came into operation on October 1, at Whitehaven

Measures recommended to safeguard the inmates of mental hospitals against the effects of poison gas following an air raid will be those recommended for the civilian population as a whole, with such special arrangements as the condition of the patients may require Specially trained medical instructors will be available for lectures and practical demonstrations to the medical and nursing staffs

The estimated cost of providing free milk to all children under school age and to expectant mothers daily in England and Wales is about £18,000,000 per annum.

The Services

ARMY MEDICAL SERVICES

The War Office announces that Colonel W B Purdon, D S O, O B E. M C, late R.A.M C, Professor of Hygiene, Royal Army Medical College, has been selected for promotion to the rank of Major-General, and for the appointment of Commandant and Director of Studies Royal Army Medical College from March 1, 1938 in succession to Major General W P MacArthur, D S O O.B E, late R.A M C. who assumes the appointment of Director General Army Medical Services, on that date Colonel Purdon will be succeeded as Professor of Hygiene Royal Army Medical College by Lieut-Colonel D T Richardson M C R.A.M C., who at present holds the appointment of Assistant Director of Hygiene the War Office

DEATHS IN THE SERVICES

Deputy Inspector-General CHARLES WILLIAM SHARPLES R N (ret), died at Bognor on October 28 He was educated at the Middlesex Hospital, and took the L S.A. in 1878 and the L R C S Ed in 1881 after which he entered the Navy He attained the rank of Fleet Surgeon on August 25 1897, and retired as Deputy Inspector General on February 27, 1909

Lieut Colonel JAMES HENRY CURTIS R A.M C (ret.) died on September 27, aged 77 He was born at Cork on April 30 1860, educated at Queen s College, Cork and qualified L R C P and S Ed in 1883 He entered the Army as surgeon on May 30, 1885 became lieutenant-colonel after twenty years service, and retired on June 4 1910 He served in the South African war of 1899-1902, and took part in the relief of Ladysmith and was present at the actions of Colenso, Spion Kop, Vaal Krautz Tugela Heights, and Picker s Hill. Afterwards he served in operations in the Orange Free State the Transvaal, Natal, and Cape Colony He received the Queen s Medal with a clasp and the King s Medal with two clasps He rejoined on August 5, 1914, for service in the war of 1914-18

Medical News

A sessional meeting of the Royal Sanitary Institute will be held at 90, Buckingham Palace Road, S W, on Thurs day, December 9, at 4.30 p.m., when there will be a discussion on 'Public Health and the Factories Act, 1937,' to be opened by Dr A Massey and Mr Maurice Malins The chair will be taken by Sir Francis Fremantle, M.P, M D The Institute will also hold a sessional meeting at Oxford Town Hall on Friday, December 10, at 5 p m, when papers will be read by Dr F G Hobson on "What is Scarlet Fever?" and by Mr Stewart Swift on "Over crowding Standards A Comparative Study' On December 11 visits will be made to the Nuffield Institute for Clinical Research and the Oxford Corporation Waterworks

Sir Joseph Barcroft, F R S., will give an address on "Foetal Respiration" before the Listerian Society of King s College Hospital Medical School at the school, Denmark Hill, S.E, on Wednesday, December 8

A meeting of the Paddington Medical Society will be held at Paddington Tuberculosis Dispensary, Talbot Road, W, on Tuesday, December 14, at 9 p.m, when Dr H. L Marriott will give an address on "The Treatment of Cases of Acute Poisoning" Non-members are invited to attend and to take part in the discussion

A winter sports tour designed to interest medical students has been arranged for this Christmas by the National Union of Students in co-operation with the medical office of the International Confederation of Students and the director of the Swiss University Sanatorium It will provide opportunity to combine study of the leading Swiss sanatoria as the guests of the sanatorium authorities with a week at a winter sports centre in the Matterhorn district The party will leave England on December 27 and return on January 8 Particulars may be had from the National Union of Students, 3, Endsleigh Street, London, W C 1

On November 25 Lord Sankey accepted, on behalf of University College, London, a portrait bust in bronze of the late Henry Tonks, F R C S, who was Slade Professor of Fine Art in the University of London from 1917 to 1930 The bust is the work of Horace Gerrard, a former pupil and colleague of Tonks Wood engravings of Bath and its neighbourhood by Mr Gerrard adorned the *Book of Bath* which was presented to all members of the British Medical Association taking part in the Annual Meeting there in 1925 An inscribed tablet on Professor Tonks s house in the Vale, Chelsea and the founding of an annual prize for drawing in the Slade School complete the memorial.

something more fixed than itself so that peristalsis had produced a tearing through of part of the ulcer In one patient an ulcer adherent to the pubes had been partially torn across in another an ulcer adherent to an appendix epiploica had given way just beyond the adhesion in a third case the torn ulcer had been in part firmly glued to the peritoneum over the psoas muscle in yet another the tip of a Meckel s diverticulum adherent to the abdominal wall had been torn off In these cases the tear was larger than in the second group and faecal matter sometimes in considerable amount had escaped into the peritoneal cavity with a uniformly fatal result (2) Those in which the sloughing had extended up to the peritoneal coat and this had given way the usually minute opening allowing the escape of gas and perhaps a little fluid before being blocked by the slough or bowel contents In these cases too it seemed likely that peristalsis had acted as the immediate cause either by attempting to move a slough which had not quite separated or by increasing the tension in a part of the bowel weakened not only by ulceration but by distension The onset of symptoms in many of the cases confirmed the idea that the perforation had been associated with a more or less vigorous peristalsis since often it bore some relation to the giving of an enema or the patient had just passed a stool or what was equally suggestive had felt inclined to do so

It seemed likely that haemorrhage also was largely due to distension and peristalsis the former leading to a thinning of the bowel wall and the latter to premature separation of the slough The indication therefore was to reduce both to a minimum by the local application of cold assisted if necessary by intestinal sedatives removing at the same time the need for peristalsis by giving a diet which while sufficient to maintain the strength of the patient during this long illness gave a minimal residue Cold was applied continuously to the abdomen by means of a large coil of flexible aluminium tubing the terminals of which had attached to each a length of rubber tubing weighted at the end This had the advantage of being light and could be adjusted closely to the abdomen by means of a bandage tied round the waist the patient was thus enabled to lie on his side and so assist in the prevention of bedsores and hypostatic pneumonia Water was slowly siphoned from a toilet jug placed on a locker to a jug standing on the floor the siphon action being started with a ball syringe when the first jug was nearly empty the rubber tube was pinched and the jugs interchanged In hot weather or when the patient s temperature was high ice was added to the water The daily diet consisted of 2½ to 3 pints of whey with 6 to 8 teaspoonfuls of plasmon and the same quantity of lactose 4 to 5 oz. being given two-hourly The mixture was pasteurized in bulk and the feeders boiled A teaspoonful of lemon juice orange juice or raw meat juice was administered at intervals The fact that the plasmon did not entirely dissolve in the whey disturbed some patients other preparations now available are free from this objection and doubtless the dietary could now be improved in other respects An enema was given about twenty four hours after the diet had been started in order to evacuate thoroughly the lower bowel and thus start with an intestine as free from solid contents as possible Afterwards every effort was made to prevent the bowels being opened a starch and opium enema being given after each stool if this was not effective opium in some form was administered by mouth In the fourth or fifth week of constipation usually not before the patient complained of uneasiness in the rectum and a single enema was given to empty it

The results were more or less as had been anticipated As a rule in the moderately early cases no great difficulty was experienced in preventing action of the bowels the abdomen did not become distended and the general nutrition remained better than had been customary before this routine was instituted Contrary to the belief then prevailing no evidence was found that the action of the bowels was of service in limiting toxaemia indeed the reverse appeared to be the case and more than one patient s bowels remained unopened for five weeks without ill effect No instance of perforation or haemorrhage occurred among those whose bowels were brought under control The treatment probably made little difference on the other hand to those who had been admitted in the later stages of the disease and in whom it was often found impossible to arrest the diarrhoea all the fatalities occurred among these cases It was interesting to find however that although some of the latter had only been on the special diet for a few days at necropsy the lumen of the bowel was found to be markedly diminished as compared with cases treated in the usual way and its walls to be thickened and strengthened thereby Further the routine had the advantage that it very considerably reduced the work of the nurses, and incidentally the risk of their acquiring the disease

It is only right to conclude by remarking that in consequence of my transfer to another branch of the service I was able to apply the method during one season only I have heard from friends however that it has given satisfaction in a number of small outbreaks in this country and also in a more extensive one which occurred among the employees of an African mine where the nursing of enteric cases would otherwise have been extremely difficult under the primitive conditions prevailing—I am, etc,

W T GORDON PUGH M.D., F.R.C.S,
Late Medical Superintendent Queen Mary s Hospital Carshalton
Bournemouth Nov 29

Atelectasis and Bronchiectasis

SIR—Dr G H Jennings s interesting article (*Journal* November 13 p 963) on re expansion of the atelectatic lower lobe and the disappearance of bronchiectasis again calls attention to the important question of acute atelectasis and/or massive collapse a phenomenon concerning the aetiology of which we are learning a great deal and a condition which we realize may in some cases be cured by very simple measures Dr James Maxwell in the current number of *St Bartholomew s Hospital Reports* (1937, **70**, 183), has described three cases which were under the care of himself and Dr E R Cullinan and Dr Geoffrey Evans In one the lung re-expanded completely after bronchoscopy in another after attempting to give lipiodol which made the patient cough violently, so displacing the obstructing plug in the third after breathing exercises

It is however on the second part of the title 'the disappearance of bronchiectasis that I would venture a word of criticism In atelectasis the bronchi as Dr Jennings says are crowded together but they are also very much shortened When an elastic tube is made shorter by contraction or otherwise it must widen or become distorted and this to my mind is what the radiograph taken after the injection of lipiodol in the article shows Etymologically the author could justify the use of the word bronchiectasis as meaning merely dilatation of bronchi but this inevitable and transient dilatation is surely not what we mean anatomically by bronchiectasis There has been so much theoretical nonsense talked and written about the mechanism of the production of bronchiectasis that I think we cannot be too careful in our nomenclature and description If the implication is that this transient condition is potentially bronchiectatic one must regard it as mere hypothesis I admit the high negative pressure in the pleural cavity in these cases but I doubt if mere retraction produced enlargement of calibre without an infective process produces bronchiectasis It is this fact if such it be that may explain the contradictory observations quoted in the article

There are doubtless different types of bronchiectasis but they are not to be classified by the pattern which to my mind is as irrational and useless as classifying flowers by their colours The subdivision into obstructive and

Up to the time of going to press the number of known or suspected cases of typhoid fever at Croydon was 248, with 10 deaths

The annual dinner of the Old Epsomian Club will be held at the Café Royal Regent Street, London, on Thursday, December 9, at 7 for 7 30 p m

At the Swedish Church Harcourt Street, London, W, on November 24, Dr A Kellgren Cyriax, physician in charge of the mechano-therapeutic department of the Elizabeth Garrett Anderson Hospital, unveiled a bronze plaque to commemorate the hundredth anniversary of the birth of her father, Henrik Kellgren, a pioneer in medical gymnastics who came to London from Sweden in 1875

The object of the Children s Minimum Council, whose president is Sir Frederick Gowland Hopkins, is to ensure that no child shall, by reason of the poverty of its parents, be deprived of at least a minimum of food and other requirements necessary for full health' Steps taken by the council to extend its activities outside London include a conference on child nutrition to be held at University College, Cardiff, to-day Saturday, December 4 This is the first of a series of similar conferences in various localities with the object of arousing public interest and uniting all local organizations and individuals concerned with maternity and child welfare Resolutions calling upon the Government to put nutrition in the forefront of the physical fitness campaign, and putting forward specific proposals for implementing this by means of increased unemployment allowances free milk for all school children and free dinners for necessitous ones cheap milk for mothers and young children and asking that the major cost of such measures should be borne by the national Exchequer, will be moved

The Board of Registration of Medical Auxiliaries, the body responsible for the *National Register of Medical Auxiliary Services* proposes to issue a distinctive badge to be worn by registered medical auxiliaries and it has been decided to institute a competition and to offer a prize of five guineas to the person who submits the best design for such a badge The competition is open to any person Entry to the competition is free, and persons desiring to compete should apply in the first instance, to the Registrar Board of Registration of Medical Auxiliaries British Medical Association House, Tavistock Square, W C 1 when details of the competition will be sent

The October issue of the *Annals of Surgery* is devoted to the transactions of the American Surgical Association for 1937 followed by a memoir of Sir Alfred Keogh by Major General Sir Michael Russell

The issue of the *Archives de Médecine des Enfants* for November is devoted to diphtheria

The new building of London House in Bloomsbury, a hall of residence for British men students from all parts of the Empire is being opened to day (Friday December 3) by Queen Mary The new buildings designed by Sir Herbert Baker R.A occupy a third of a freehold island site of about 1¼ acres fronting Mecklenburgh Square Caroline Place Guilford Street and Doughty Street When rebuilding is completed on the site there will be accommodation for 250 men

Sir James Crichton Browne M D F R S celebrated his ninety seventh birthday on November 29

The Academic Senate of the University of Leyden on October 29 celebrated the 300th anniversary of the introduction of clinical instruction

Dr Ferdinand Sauerbruch professor of surgery at Berlin has been elected a member of the physical and mathematical section of the Prussian Academy of Sciences

According to recent statistics there were 14 000 more deaths than births in Vienna in 1936 and throughout the Austrian Republic there was a deficit of four births per 1 000 deaths

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL B.M.A HOUSE TAVISTOCK SQUARE, W C 1

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated Correspondents who wish notice to be taken of their communications should authenticate them with their names not necessarily for publication

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QUERIES AND ANSWERS

Rapid Method of Examining Urethral Discharge for Gonococci

Dr B R SANDIFORD (Cairo) writes With reference to Dr F G Morgan s query on this subject (*Journal* November 6 p 947) may I bring to his notice an improved method of staining which I recently published in the *Journal of Pathology and Bacteriology* 1937 45 467? The film is treated as in Gram s method up to the end point of decolorization Then instead of a red counter-stain, Unna-Pappenheim stain is left on for two minutes and then quickly washed off Gram positive and Gram negative organisms will be stained purple and pink respectively the cell nuclei however will be bluish instead of pink The Gram negative organisms are thus more easily detected than when the nuclei are also pink. The Unna-Pappenheim stain is made up of methyl green 0 15 gramme pyronin 0.5 gramme alcohol (95 per cent) 5 c cm glycerol 20 c cm and carbolic acid in water (2 per cent) up to 100 c cm. It seems to keep quite well

Persistent Uterine Discharge

M R C S ENG would be grateful for suggestions as to whether hormone therapy would be useful in the following case Nullipara aged 35 years fifteen years intermittent uterine discharge watery in character and brownish in colour lasting for seven to ten days before menstruation which is of regular twenty-eight-days type loss moderately severe for seven to eight days During attacks she is irritable and depressed and has intense pruritus Physical examination negative She is under-sexed and of allergic type being sensitive to certain foods and foreign proteins Curettage has relieved the spasmodic dysmenorrhoea from which she suffered in her early sexual life but has had no effect on the discharge which is sometimes absent for a few months but invariably returns There is no leucorrhoea General health good

Camphorated Oil for Intravenous Injections

Dr VICTOR DE RUETTE (Wépion lez Namur Belgium) writes I would like to use camphorated oil intravenously in cases of pulmonary tuberculosis with cardiac failure Such a method is referred to in French medical papers as being used in general practice I should be grateful to hear from my colleagues who might happen to have experience in the matter if they consider this practice to be without danger in such special cases also to have their suggestions as to the quantity to be injected at a time the interval between the injections and the rate of injection

Income Tax

Liability to Surtax

SUPER has been charged to surtax on the basis that the amount of income liable is calculated by adding the earnings

non-obstructive serves a useful clinical purpose, but again is probably not a natural classification It would seem probable that in every case, except in the congenital variety, an infective process is at work with destruction of the bronchial wall, and the question of the re-epithelialization of the resulting space in some cases cannot, I believe, be altogether dismissed We have had the coughing theory of bronchiectasis, the inspiratory theory, the expiratory theory, the weight of retained secretions theory, the specific infection theory, the pleural adhesion theory, and the fibrosis theory, all probably false, and now comes the high negative pressure and atelectasis theory, which probably has a great deal more of substance in it as an explanation of the occurrence of a proportion of cases, but we must proceed carefully, and especially so when we speak of the disappearance of bronchiectasis —I am, etc,

F G CHANDLER M.D, F.R.C.P

London N W 1, Nov 23

Disseminated Focal Pneumonia

SIR —After reading the comments by Dr L G Higgins (*Journal* November 20, p 1045) on the article by Dr J G Scadding (November 13, p 956) I feel I must express my regret at two of his remarks

First, 'the sputum, examined at the request of anxious relatives, shows no unusual organisms" So long as sputum is only examined for tubercle bacilli at the request of relatives, so long will many open cases of pulmonary tuberculosis be missed, or the diagnosis delayed Examination of sputum is second only in importance to the history and the symptoms of the patient Abnormal physical signs in the chest, which are notoriously misleading should take third place in importance Secondly, "I have never suggested an x-ray examination of the chest, partly because the resulting pictures would certainly frighten everybody" I can only think that Dr Higgins has had the misfortune in the past of being "let down' by his chest films—that is through their being technically faulty, or faultily interpreted Good serial films properly interpreted are again essential if doubtful or chronic chest cases are to be scientifically investigated and if tuberculosis is to be finally excluded —I am, etc,

Winsley Sanatorium, Bath, Nov 21 A. J P ALEXANDER.

Contact Lenses

SIR —The question of contact lenses has aroused considerable interest since the presentation of Dr Dallos's paper on the subject at the Oxford Ophthalmological Congress That correcting lenses worn in contact with the cornea offer, in theory the best means of correction has long been recognized, but the practical difficulties of making a glass which is optically perfect and at the same time wearable for long periods have been usually looked upon as almost insuperable As long ago as 1887 Muller succeeded in demonstrating that it was certainly possible to make such a glass but the technical difficulties remained great With the introduction of ground contact lenses fresh interest in the subject was aroused, and a certain number of patients benefited The disadvantages of the original ground contact lenses may be summed up by saying that since they all have a scleral portion ground to a spherical curve they are unsuitable for use in cases of scleral astigmatism (which are commoner than was formerly thought) and that as they exist only in a relatively small range of sizes it is not always, or indeed often, possible to find one which can be tolerated

Various attempts to overcome these difficulties have been made in recent years, and the most successful as well as the most scientific certainly appears to be that advocated and perfected by Dr Josef Dallos of Budapest In his method of fitting, a mould or cast of the anterior segment of the eye is first made and the glass then formed accurately to this The final fitting (which includes removal of pressure on the cornea and limbus region where close contact cannot be borne) is done by grinding away the glass by hand, with frequent controlling on the patient, until a perfectly even and light pressure is obtained Such glasses can be worn for long periods without discomfort or harm to the eye, and are of inestimable benefit in cases of conical cornea, irregular corneal astigmatism, aphakia, and high errors of refraction generally They give a retinal image of normal size, and an increased visual acuity over that obtainable by spectacle lenses in such cases, as well as a full field of vision Their use is greatest in cases in which full visual acuity cannot be obtained with spectacles, but they are also indicated for occupational reasons—for example, for stage and film work and in patients exposed to rain and steam where glasses would be likely to fog

Such contact lenses manufactured by the method and under the supervision of Dr Dallos are now obtainable in this country, and a centre is in existence in London to which patients can be referred for the processes of fitting Courses of instruction in the technique are also to be held, and a section dealing with hospital cases has been inaugurated The results obtained so far seem to justify a wider recognition of the value of Dr Dallos's work in this direction —We are, etc,

A RUGG-GUNN
F A WILLIAMSON-NOBLE.
IDA MANN

London, W 1, Nov 18

Unilateral Clubbing of Fingers

SIR —May I seek the help of your columns to ask any of your readers in the London area who may happen upon a clear case of unilateral clubbing of the fingers to place me in touch with the patient? Such cases would be very helpful to investigations that are being undertaken in my department, and I should be grateful for this assistance —I am, etc.,

Department of Clinical Research
University College Hospital
Medical School W C 1 Nov 29 THOMAS LEWIS

Antuitrin S Intradermal Pregnancy Test

SIR —I read with interest the article in the *Journal* of November 27 (p 1069) by Dr A Morton Gill and Mr John Howkins on their investigations into the antuitrin S intradermal test for pregnancy About a year ago a colleague, Dr W S Haynes, and myself, working at the General Lying in Hospital, York Road, investigated this test on a series of pregnant and non pregnant women Our conclusions were exactly the same as those of Dr Gill and Mr Howkins, and so hopelessly inaccurate were the results that, after applying the test to about twenty-five cases we abandoned it We also investigated the possibilities of using the bitterling fish for a pregnancy test These small fish when the urine of pregnant women is added to their water become red about the belly in the case of the males and produce an ovipositor in the case of the females We had great success until we

shown in his 1936–7 return to the dividends, etc, of himself and his wife shown in the 1937–8 return. Is that correct?

*** Yes The basis on which surtax is chargeable is laid down in Section 38 of the Finance Act, 1927 and in effect is the income of the actual year of assessment. The assessment referred to by "Super" is for the financial year 1936–7, and as the ordinary income tax is assessed on the basis of the previous year's earnings the amount he entered in his income tax declaration for 1937–8 would be the statutory income of the year 1936–7 The personal allowance, whether for a single or a married man applies only to "standard rate" tax and not to surtax.

LETTERS, NOTES, ETC.

Need for an X-Ray Museum

Dr J H DOUGLAS WEBSTER (London W 1) writes Though radiology in Britain has not been developed to the same extent as in Germany and the United States—for a number of reasons which it is unnecessary to detail here—it is very far from being in a state of inertia as Mr A P Bertwistle says (*Journal* November 20 p 1054) The British Institute of Radiology is in an active and flourishing condition as its annual congress in December will demonstrate, the new Section of Radiology of the Royal Society of Medicine has one of the highest average attendances of any of the twenty-three sections at its meetings, the new British Association of Radiologists is an active organization which is proceeding to hold examinations for a higher qualification in radiology than is represented by the diploma, and the new Society of Radiotherapists holds frequent and well attended meetings at which the many aspects of *x*-ray and radium therapy are discussed In every direction there are indeed such evidences of active and progressive vitality that his strictures seem singularly ill timed There is something, however, to be said for his suggestion of a central x-ray museum Most large hospitals have their own local museum collections in radiology as in other subjects A large central museum would correspond to the surgical museum of the Royal College of Surgeons, but years would be needed for such a collection to be formed Special endowment of some existing body such as the British Institute of Radiology or the British Association of Radiologists would attain in time such an end, which needs space, money, and an active enthusiastic, and gifted curator—conditions not easily fulfilled. It would be a great help in teaching the subject to have under one roof a museum representative of radiology in all its aspects historical, technical, and normal varieties with typical illustrations, clinical pathological and radiological of the various diagnostic and therapeutic uses of radiology Not only an *x* ray museum but an x ray and radium museum should be aimed at for the subject to be illustrated in all its bearings on medicine and industry

Strangulation of a Herniated Ovary

Dr C EDWARDS (Bournemouth) writes The note by Dr M H. Fridjohn and Mr Maurice Lee (*Journal* August 7, p 265) on a strangulated ovary in a hernia occurring in a child aged 3 months prompts me to record the case of another female child of the same age who was admitted by Dr R S Weir (my partner and now of Dunfermline) to the Andover Hospital on August 18 1924 At his request I operated on her and found a right strangulated ovarian hernia She was discharged on August 20 1924 since she was being breast-fed Beyond the fact of age there appears to be nothing unusual in these cases except the scarcity of recorded instances in the literature The late Dr A. E Farr of Andover told me at the time of another case of about the same age which was operated on by an assistant of his in the belief that it was a suppurating gland in the groin

Spontaneous Cures of Cancer?

Professor A GALBRAITH FAULDS (Glasgow) writes In the issue of the *Journal* for November 20 we have been entertained to all the gruesome horrors of cancer with its relentless toll of victims the certainty of gastric troubles leading to malignancy and of uterine mammary hepatic, and corpora striatal disease turning out to be cancerous May I ask if there is no hope that these awful conditions have on the obverse strange courses which not only defy the ken of man but demonstrate the hidden methods of Nature in favour of the patients? Are there no surgeons like myself who have advised certain kinds of patients at or over 70, to leave a malignant breast with enlarged glands refusing to operate and who have seen the whole thing dry up and disappear? Are there no pathologists who can come forward and claim to have found at necropsy such evidence of obsolete cancer and obsolete tubercle as I have seen myself? No physicians who have seen malignant osteo sarcomas, which started at the body of the sphenoid, grew forwards pushing one eye out, and had to be extirpated, disappear like magic or chronic dyspepsias of over twenty or thirty years standing clear up under such simple treatment as fresh taraxacum without becoming malignant? All experienced physicians will corroborate this There are endless lists of such cases that can be quoted to prove that Nature can achieve even in malignancy remedies that stagger and humiliate the efforts of our great profession

Heavy Twins

Dr G GRIMSON (Finchley) writes A patient of mine recently gave birth to live full term twins each weighing 9¼ lb I would be interested to know if their weights are a record It was her third pregnancy, and the labour lasted seven hours the interval between the births being twenty minutes The first twin was a breech presentation and the second a vertex.

Medical Register Office Edition

The Registrar of the General Medical Council informs us that orders for the office edition of the *Medical Register* 1938 published by the Council at the special price of 10s a copy post free must be received, with a remittance at the office of the Council not later than December 31 1937 The office edition differs from the ordinary edition to the extent that it does not contain reprints of the Medical and Dentists Acts and other preliminary matter and is printed on less expensive paper and bound in boards It includes however the same entries relating to registered medical practitioners as are included in the ordinary edition, and is therefore equally serviceable to public authorities and others who find it necessary to ascertain whether particular persons are registered medical practitioners or not. The Council also prepares monthly lists of names added to and removed from, the *Register*, and particulars of the terms and conditions upon which copies of these lists may be made available can be obtained on application to the office of the Council, 44, Hallam Street, Portland Place London, W 1

Medical Products

Allen and Hanburys Ltd have published in book form their *Medical and Dietetic Products Price List* replacing *Medicamenta Recentia* the small book of notes on preparations which has been issued at irregular intervals in the past It gives concise descriptions of the specialties marketed by this firm, a list of sera and vaccines prepared at the Lister Institute and a therapeutic index.

B D H Medical Products is the title of a bound volume comprising the medical price list of British Drug Houses Ltd Besides a full list of names and prices there are included descriptive notes on highly specialized preparations which make up the series of B D H medical products Any reader who has not received a copy can have one free of charge by writing to the manufacturers, Graham Street, City Road, London N 1

Rayner and Co Ltd (Edmonton N 18) have issued a booklet for medical men on the subject of their preparation Lembar which consists of natural lemon juice and a solution of extracts of barley with cane sugar and dextrose. In a pocket at the end of the booklet are diet sheets prepared by a hospital dietitian Copies may be had from the makers.

Corrigendum

In Dr Hector Maclean's reply to an inquiry on the subject of buccal and lingual ulcers on page 1102 of our issue for November 27 he through a printer's error is made to refer to *Staphylococcus viridans* The sentence in its correct form ends each case was swabbed and yielded a growth of *Streptococcus viridans* in pure culture or as the predominant organism"

Disclaimer

Mr R STUPPEL (resident surgeon Mexborough Montagu Hospital) writes A considerable amount of very undesirable publicity has been given me in the Press recently I wish to say that it was entirely without my knowledge or consent.

bought a batch which were already in oestrus, and were giving positive results when we got them from the dealer The female fish is the most useful but until oestrus takes place they cannot be differentiated from the males, they are a great nuisance to look after, and one can never be sure that they are not having an oestrus of their own These facts caused us to abandon this test also, although other workers have written enthusiastically about it—I am, etc,

Portsmouth Nov 27 STANLEY WAY

Puerperal Fever in General Practice

SIR—It seems to me that the future general practitioner will be quite satisfied if he wears a mask and injects sulphanilamide into his patient His midwifery will not matter The fatal issue in the case reported by Dr Price Williams (*Journal* November 27, p 1094) might just as easily have been brought about by bad asepsis—dirty needles badly sterilized gloves or septic sutures—as by throat infection Let the general practitioner be taught to use masks let him be taught to use sulphanilamide but let good practical obstetrics be in the foreground of his technique This aspect of the subject seems likely to be forgotten—I am etc,

Dublin Nov 27 BETHEL SOLOMONS

Expulsion of Placenta in Advance of Foetus

SIR,—The case reported by Dr J W Nankivell in the *Journal* of September 11 (p 527) reminds us of a similar one admitted into the Government Civil Hospital recently The patient was an Indian aged 35 years and in her eleventh pregnancy She was admitted at 3 a m on August 8 coming from the country with a history of profuse vaginal haemorrhage at 9 p m the previous day

On examination the fundus was at the level of the umbilicus Per vaginam it was found that the placenta was almost completely extruded into the vagina the cervix was three quarters dilated and the foetus occupied a transverse lie Without much difficulty an internal version was performed and a leg pulled down An hour and a half later the patient delivered herself of a stillborn female child of about six months gestation Notwithstanding the abundance of the haemorrhage the patient's condition on admission was fairly good and she stood the necessary manipulations well without any anaesthetic Her pulse was somewhat rapid but it rallied soon after the subcutaneous injection of one litre of normal saline No further haemorrhage occurred from the time of her admission until her delivery The puerperium was uneventful and the patient was discharged a week later

We did not think of publishing this case, as we were not aware of its extreme rarity In this remote corner of the globe reference literature is sadly lacking and we had no means of gauging the frequency of this anomaly—We are etc

YVES CANTIN
Medical Superintendent
M SHUN SHIN
Resident Medical Officer

Civil Hospital Port Louis Mauritius Nov 5

Prophylaxis of Ophthalmia Neonatorum

SIR—The following note may be of use to Lieut-Colonel H Williamson (*Journal* November 13 p 995) During the past twelve months (November 1936 to November 1937) there were 2 701 babies born in the Rotunda Hospital Of these two developed ophthalmia neonatorum, and in both the gonococcus was present in the smear In each case, however, all discharge had ceased after four days treatment, and no corneal ulceration developed The prophylactic routine in the Rotunda Hospital consists of two essentials First, the cleansing of the lids before they are opened with dry sterile cotton wool This should never be omitted and reliance placed solely on the use of drops Secondly drops of 1 per cent silver nitrate are instilled into each eye immediately after the cleansing As I have never known a severe attack of ophthalmia neonatorum to follow the use of 1 per cent silver nitrate, and have never seen any ocular damage result from its use I do not consider it wise to substitute another drug for one so well proven—I am etc,

Dublin Nov 24 L B SOMERVILLE-LARGE

Spinal Anaesthesia for Caesarean Section

SIR—We have been interested in the differences of opinion that have arisen on the subject of spinal anaesthesia for Caesarean section since the appearance of Dr H K Ashworth's article (*Journal* October 2 p 671) The last fifty cases requiring Caesarean section in the obstetrical department of this hospital have been given spinal anaesthesia as a routine measure No deaths resulting directly from the anaesthetic have occurred in this series The anaesthetic used has been tutocaine dissolved in the patient's own cerebrospinal fluid The ages of the patients have ranged from 18 to 40 years—We are etc,

FOUAD MURAD
A PARHAD
Obstetrical Department, Royal Hospital

Baghdad Nov 16

Protection against Ether Vapour

SIR—I have followed with interest your excellent series of articles on anaesthesia The medico-legal points have been admirably dealt with in the *Journal* of November 13 (p 976) but there is one point which, in the interests of both law and medicine requires clarification Mr Harcourt Kitchin states that some anaesthetists protect the patient's face with vaseline or oil It should, I think be made very clear that vaseline or oil should never be used on the patient's face until the administration of the anaesthetic has been brought to a close Quite low concentration of ether vapour will if the face is smeared with vaseline cause great irritation to the conjunctiva Actually such a procedure is probably the most certain way to produce an anaesthetic eye and I mention this fact as anaesthetists may be tempted to use vaseline to make a more gas tight junction between mask and face when giving gas and oxygen then if a little ether vapour has to be given the ether dissolves in the oil enters the eye and the damage is done—I am etc

R K ROBERTSON
Hon Anaesthetist, Sheffield Royal Hospital.

Sheffield Nov 22.

Technique of Cataract Extraction during Narcosis

SIR—Mr Basil Graves's reply (*Journal* November 20 p 1047) to my letter (October 2 p 681) calls for a rejoinder It is gratifying to know that the difficulties as regards feeding and evacuation of the bowels and bladder that I visualized do not arise in his unconscious patients As in his reply there is no mention of the diseases that sometimes complicate cases is one to assume that all his patients have been old people in sound health, or that there

EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

444 **Experimental Agranulocytosis**

In support of the view that agranulocytosis following medication is of allergic or anaphylactic origin G KRAUEL (*Klin Wschr* September 4 1937, p 1245) records the case of a man aged 26 who six years after eight weeks treatment with pyramidon for acute rheumatism took 0·3 gramme for toothache, and was next day sent to hospital as a case of diphtheria there was tonsillar swelling and pharyngeal ulceration and the blood picture was typical of acute agranulocytosis (white cells 600 per c.mm., 94 per cent being lymphocytes granular cells practically absent on sternal puncture) Recovery was complicated by a transitory pleurisy and a small pulmonary inflammatory focus To confirm the causation of the condition 2 mg of pyramidon was given six weeks later a general reaction with pyrexia cyanosis and the diminution of leucocytes from 12,000 to 7 200 per c mm was noted within two hours This test despite the minute dosage had serious results for a subacute pulmonary abscess formed which required thoracoplasty and nine months stay in hospital

445 **Pleural Adhesions**

D MICHETTI (*Arch med chir Appar resp* 1937 **12** 2 145) draws attention to the fact that pleural adhesions which may be present in cases of pulmonary tuberculosis may defeat the purpose of an induced artificial pneumothorax which is primarily to set the lung at rest If the lung is attached by adhesions to the chest wall it must move during respiration at the site of the adhesions while the free portion of the lung is collapsed The shorter the adhesion the greater is the traction on the lung and the smaller the band is in diameter the greater the potential danger A case is described in which a young man was suffering from pulmonary tuberculosis A left pneumothorax was induced and brought about the complete relief of symptoms Unfortunately a long adhesion developed opposite to the principal lesion but as it did not appear to be hindering recovery it was not divided For six years the patient appeared to be in comparatively good health although there were periods when some symptoms recurred But at the end of that time there was a flare up with fever cough and expectoration *X* ray examination showed a cavity under the left clavicle It was assumed that the original lesion had never completely healed owing to the presence of the adhesion which had made the pneumothorax incomplete It is also suggested that if this band had been divided during the first few months of collapse therapy a permanent cure might have been effected From this and other cases described the conclusions are drawn that adhesions should be divided whenever they are in the neighbourhood of a tuberculous focus whether they appear to interfere with the effect of the pneumothorax or not and that intervention should be carried out at an early date as delay only increases the danger of the procedure

446 **Calcinosis**

H A SALVESEN and J BOE (*Acta med scand* 1937 **92** 4–5 389) give a detailed account of two cases of calcinosis with which they illustrate their general survey of a disease which is so rare that in 1931 Steinitz could collect only thirty four published cases of universal calcinosis and seventy one of circumscribed calcinosis In the circumscribed form the calcium deposits are limited to the skin and subcutaneous tissues usually in the upper limbs of elderly women who have long suffered from cold hands and acrocyanosis Universal calcinosis is a much more serious disease of comparatively young folk and even children The calcium deposits may be so general that the patient is very stiff There is atrophy of the muscles with cachexia which often terminates fatally The difference between universal calcinosis and myositis ossificans is that while calcinosis is localized to the interstitial tissues of the muscles which undergo secondary atrophy myositis ossificans is a condition in which the muscles themselves become the seat of bone formation The authors patients were a girl aged 18 and a man aged 22 both of whom suffered from the universal form of calcinosis In both cases the calcium and phosphorus metabolism was normal and in the first case there was a complete calcium and phosphorus balance on a diet containing ordinary amounts of these substances On a diet poor in calcium and phosphorus but otherwise adequate there was a negative balance and the x ray investigation showed that the extra calcium excreted was taken from the pathological deposits At the same time there was a marked clinical improvement which enabled the patient to return to work Although the authors admit that the pathology of calcinosis is still in dispute they conclude that universal calcinosis is a dystrophic condition depending on the precipitation of calcium in tissues previously attacked by some inflammatory process

Surgery

447 **Fractures of the Pelvis**

L M RANKIN (*Ann Surg* August 1937 p 266) has reviewed a series of 449 cases of fractures of the pelvis collected from four different hospitals It was noticed that the incidence of this type of fracture has greatly increased and it is significant that 36 per cent of the cases followed motor car accidents while industrial accidents were responsible for a further 33 per cent Most of the patients were between 17 and 40 years of age and men were affected nearly twice as often as women Pain was the predominating symptom with difficulty in walking abdominal tenderness and crepitus as other common symptoms Multiple fractures of the pelvis occurred more often than single fractures The left pubic bone was fractured in 163 cases the right pubic bone in 149 The right ilium was fractured in ninety five cases the left ilium in eighty nine the right ischium in seventy cases the left ischium in seventy-two The left acetabulum was fractured in forty one cases and the right acetabulum in thirty two cases In the series there were forty one deaths Of the remaining cases 144 were discharged as cured and 249 were improved The average period of total disability for uncomplicated cases was sixteen weeks and it was twenty three weeks before regular work could be resumed Genito urinary and other complications were rare Physical therapy was of great value in treatment and if started early shortened the period of hospitalization

448 **Pyosalpinx Strangulated in a Hernia**

ABBELOOS and POHL (*Scalpel* Liege August 21 1937 p 1200) report an unusual case of strangulation of a pyosalpinx in an undetected ventral hernia This occurred in a very fat woman aged 40 who for several years had suffered from attacks of abdominal pain localized in the left iliac fossa and accompanied by fever and uterine discharge For twelve months menstruation had been irregular and more profuse than usual and at the time of admission to hospital there had been bleeding for the last fifteen days with intermittent pain in the epigastrium and left iliac fossa during the previous three days The

is no contraindication to his method of narcosis? The dread of operation is all the greater in ailing patients, hence the need for making them care-free is also greater When a new method involves the employment of such large doses as he uses, especially of more than one narcotic, trial in a large number of cases is necessary to ascertain its freedom from danger I do not know how often Mr Graves has used his method of narcosis, but if further experience proves it to be safe it would be of help in exceptional cases even to surgeons who prefer retaining the co-operation of the patient, and we shall have cause to be thankful to Mr Graves for his bold venture

As regards sitting the patient out of bed the next day, this has been my practice from the beginning of my ophthalmic career, irrespective of the technique of the operation Provided the patient is instructed to keep his head up and be gentle in all his movements no harm results My operations are mostly simple intracapsular extractions with retention of a conjunctival bridge, this is practicable as I extract the lens laterally with Elschnig's toothless capsule forceps But the conjunctival bridge is not essential to enable the patient to sit out of bed the next day, as before 1929 I only cut out a conjunctival flap, at the same time retention of a bridge is certainly preferable Unless under a mydriatic the pupil does not dilate sufficiently for the manipulation of the capsule forceps and the delivery of the lens, I never do an iridectomy I see no justification for mutilating the iris in a hundred cases to avoid a possible prolapse in one or two patients, especially as the process of mutilation is liable to produce complications that need not otherwise arise, quite apart from the cosmetic and optical advantages of an intact iris —I am, etc,

Eastbourne Nov 25 D V GIRI

Research in Rheumatism

SIR —*In 1925 the Chief Medical Officer in the Ministry* of Health defined the arthritic unit as an institution situated near and working in the closest co-operation with a large teaching school of *medicine or a university, which* would enable it to fulfil the purpose of research and observation, as well as treatment Here patients would come at the early stages of their disease for thorough examination by modern methods, diagnosis, and record, here the focus of infection would, if possible be found and removed, here the bacteriological and biochemical investigation of each case would be completed before the patient was passed on to other institutions, here orthopaedic surgery, if necessary, would be performed This is what I had in mind in saying that the St John Clinic through the help of Sir Frederick Menzies and the L C C, had at St Stephen's Hospital the first rheumatic unit

I fully value the individual research work done by Dr Poynton and do not fail to recognize that of the co operative work done by Dr Buckley and the bacteriologist, chemist, and radiographer at the Devonshire Royal Hospital in Buxton which approaches near to that of a rheumatic unit but fails in close association of orthopaedic surgery and postgraduate teaching The St John Clinic and L C C Unit does fulfil all the conditions laid down by Sir George Newman and elaborated by Mr Timbrell Fisher, who pointed out in his book on chronic arthritis (1929)

There must be a physician thoroughly experienced in such cases a surgeon with official knowledge and interest in the orthopaedic problems concerned a bacteriologist a biochemist specialist skilled in metabolic investigations experts in the various forms of physiotherapy a radiologist, a dentist and a nose and throat specialist There should be a modern operating theatre where open operations upon joints can be performed and a smaller one for manipulations or other minor operations '

—I am, etc,

St John Clinic, London, S W 1, Nov 29 LEONARD HILL.

SIR —My attention has been drawn to the letter from Sir Leonard Hill in the *Journal* of November 20 (p 1045), in which he mentioned statements in the Press to the effect that the new department for rheumatism and arthritis, now in course of construction, at the Hospital of St John and St Elizabeth is the first of such units, and pointed out that the St John Clinic and Institute of Physical Medicine has already been carrying out research work in rheumatism and arthritis for the past two or three years While agreeing with Sir Leonard Hill I should like to point out that the new department at the Hospital of St John and St Elizabeth is, however, the first unit to be founded under the auspices of the Empire Rheumatism Council, and the first department solely devoted to research into rheumatism and arthritis to be attached to a general hospital —I am, etc,

F DUDLEY HOBBS
Secretary Hospital of St John and St Elizabeth

London, N W 8 Nov 22

Legacies for Medical Charities

SIR,—The figures submitted by Dr Henry Robinson in your last issue as to the considerable number of large estates left by members of our profession, and the infrequency amongst them of bequests to the medical charities, are really heartbreaking I am reminded by them that some three or four years ago one of your readers wrote proposing that if nineteen others would do the same he would engage to leave £100 in his will to a medical charity I had the curiosity some time later to inquire how many responses had been received to this offer the answer was one We most certainly need waking up, and I trust that Dr Robinson's article will evoke better results than were obtained four years ago Incidentally, I have recently heard on good authority of a member of our profession who died a few months ago and left upwards of £70,000 He had subscribed a guinea to one of the charities for a number of years, but when, after a decent interval, his widow was approached to continue this subscription she replied that she could not afford to do so —I am, etc,

Nov 30 EX-CHARITIES DIVISIONAL SECRETARY

New Clinical Opportunities fo omen Students

SIR —There are twelve medical schools in London at the present time To the superstitious the addition of another may seem ill omened, but I hope that the majority of your readers will welcome the fact that the University of London has recently approved the West London Hospital as an institution for the purposes of the M B, B S degrees for external students

Nine of the London medical schools exclude women entirely, and I imagine that London is the only city in the world where such a state of affairs exists Women who wish to study medicine in London have great difficulty in finding the necessary accommodation at the three hospitals which will accept them Many are driven to the provinces and not a few have to give up all thoughts of following a profession which is offering increased scope to women of the right type

patient was very constipated, the abdomen was distended, and there was some nausea After an enema the pain became more severe A mass could be felt in the left iliac fossa, and since rectal and pelvic examinations proved negative a diagnosis of strangulated ventral hernia was made Operation was carried out under spinal anaesthesia and disclosed a tumour the size of a large egg, which had herniated through the thin and weak abdominal muscles Incision of the hernial sac showed that it contained a left-sided pyosalpinx and omentum and a loop of sigmoid A quantity of fetid pus was evacuated from the pyosalpinx and the tube was removed, the other contents being returned to the abdomen Radical cure of the hernia was carried out Convalescence was normal and the patient left hospital completely cured It would appear from the operative findings that the patient must have been suffering from salpingitis for many years, having also a hernia which was not observed, owing to the adiposity of the abdominal wall, until the strangulation of the pyosalpinx made operation necessary

449 Serum Treatment of Appendicitis

C D Bartels and C Dalsgaard (*Ugeskr Laeg*, September 2, 1937, p 906) compare the mortalities from appendicitis in a Danish hospital according to whether the patients were or were not given intravenous injections of certain sera prepared at the State Serum Institute in Copenhagen or obtained from abroad The 703 patients operated on for appendicitis in the period 1921–30 were not given serum, and the mortality was 7 per cent. (fifty deaths) The 544 patients operated on for appendicitis in the period 1931–6 were given serum whenever diffuse or limited peritonitis or gangrene of the appendix was diagnosed, or when the interval between the onset of symptoms and the operation was longer than forty-eight hours The mortality was 2 3 per cent (thirteen deaths) To make their comparison as fair as possible the authors classify their cases in the two series according to the condition of the appendix and peritoneum at the time of operation, and the length of the interval between the onset of the disease and the operation They come to the conclusion that the remarkable decline in the mortality from 7 to 2 3 per cent cannot be credited only to the serum treatment, but they attach considerable importance to it, not only on account of the statistical evidence but also because clinical observation has taught them that the serum, given at the end of the operation and usually in a single dose, has a remarkably beneficial effect in hastening the fall of temperature and restoring the normal action of the bowels Details of the composition of the State Serum Institute's serum are given

450 Sterilization of Males

M Mennenga (*Beit klin Chir* 1937, **166**, 3, 360) describes the technical difficulties encountered in nine cases among 476 sterilizations carried out on eugenic grounds In two cases there was an aplasia of the vas deferens, although the testicles were normal In one case the vas could not be found because, as it transpired later, it was cut through during an operation for inguinal hernia in childhood In another case the vas was very thin on one side but of normal thickness on the opposite side although the two testicles were of equal size In another case again one testicle was hypoplastic and the corresponding vas missing, while in two further cases of cryptorchism no vas deferens could be detected In cases in which the vas cannot be found the author advises exposure and resection of the epididymis An undescended testicle situated in the inguinal canal is best resected provided the other testicle is normal Ligature alone of the vas is insufficient as there is always the danger of recanalization It is therefore advisable to resect 5 to 6 cm without tying the two ends Finally the author urges the importance of the histological examination and conservation of the resected part.

Therapeutics

451 Parenteral Administration of Vitamin A

G Lodi (*Rass Clin Terap* September 17, 1937, p 206) alludes to recent reports in coeliac disease of excessive faecal excretion of vitamin A and of an absence of its increase in the serum (or of clinical improvement) after its oral administration The biological test of ocular photosensitivity has shown some degree of latent A-avitaminosis and xerophthalmia is an occasional complication In a typical case of coeliac disease and in one of xerophthalmia with spasmus nutans (salaam convulsions), both complicated by gastro-intestinal disturbances rendering utilization of orally given preparations impossible, Lodi saw prompt and pronounced improvement follow parenteral administration of vitamin A in combination with cholesterol

452 Angina Pectoris

M Hochrein (*Med Klinik*, October 15, 1937, p 1385) states that every case of angina pectoris demands individual measures of treatment adapted to the organic lesions present, to the patient s personal peculiarities, and to extra-cardiac conditions in the gastro-intestinal tract or in foci of sepsis It must be borne in mind that while angina pectoris is an expression of coronary insufficiency in relation to cardiac work, other factors must be concerned since, as Hochrein has shown, coronary occlusion occurs without pain in about 40 per cent of cases, and only about 15 per cent of patients with calcification of the coronary arteries report angina These other factors are to be found in a hyperexcitability of the nervous system, which may be constitutional, familial, or acquired—for example, by excessive indulgence in games in youth or excessive mental strain in middle life It is important in treatment to decide, if possible, whether the angina is chiefly due to coronary insufficiency of organic basis or to vasomotor insufficiency In a series of 163 recent cases Hochrein found necessary treatment for gastritis in eighty-nine, for adiposity in thirty four, and for dental or tonsillar infection in twenty two Treatment by reduction of bodily and mental exertion is essential, especially when organic coronary disease is present Nitrites have not been used by Hochrein for many years, he finds them seldom effective, and productive of stupor, vertigo, reactive hyperexcitability, and a 'nitrite habit' comparable with the morphine habit Adrenaline, in spite of dilating the coronary arteries, is unsuitable, it raises aortic pressure and thus increases the demands on the heart Hochrein prefers (1) in slight cases, caffeine and barbiturates, (2) in severe cases, dextrose (daily intravenous injections of 20 c cm of 30 per cent solution), and calcium gluconate or organ extracts such as Jacarnol Sometimes good results follow inhalations of 4 to 5 per cent carbon dioxide, or short-wave irradiation of the heart Treatment of the nervous factor is as important as, but more difficult than, that of the haemodynamic component it comprises, in addition to psychotherapeutic measures, exhibition of bromides and barbiturates, and is often helped by hydrotherapy, massage, and gymnastic treatment Hochrein does not advise operation for the relief of anginal pain, which he believes is of value as a warning sign

453 Ergotamine Tartrate for Migraine

A Guldager (*Ugeskr Laeg* September 23, 1937, p 999) has found in his hospital practice that attacks of migraine invariably yield to subcutaneous or intravenous injections of from 0.25 to 1 mg of ergotamine tartrate This drug was isolated in 1918 by Stoll, and for several years, since it is more soluble and stable than the alkaloid itself, was employed as gynergen almost exclusively by gynaecologists The subsequent discovery that the drug had a

The University of London, in conjunction with the West London Post-Graduate College, has been exploring the possibility of remedying this situation for over three years, and the present recognition is the first step The sister Universities of Oxford and Cambridge have also granted recognition, and it is hoped that the other examining bodies will follow suit

A small number of undergraduate students is already at work at the West London Hospital, where the clinical facilities should be in no way inferior to those available at other and older schools A considerable number of applications for next year has already been received, and it is hoped that this letter may bring the matter to the notice of many who are at present ignorant of this important new development

While it is anticipated that the new school will be patronized largely by women whose difficulties it has been designed to meet it is not proposed that it should necessarily be confined to the one sex We have been accustomed to cater for postgraduate students of both sexes for the past forty years, and it seems desirable that the principle of sex equality should be preserved Moreover, there is no immediate intention of giving up the postgraduate side of the work of this college although that may ultimately be necessary—I am, etc,

MAURICE SHAW
Dean of the West London Post Graduate College

Nov 23

Conscious Behaviour

SIR—In the account of the Huxley Lecture in the *Journal* of November 27 (p 1082) Professor E D Adrian is reported as saying that there was general acceptance of the idea that conscious behaviour was guided by a balance of unconscious forces and would be impossible without them ' Would it not be more correct to say that conscious behaviour was built upon ' or ' energized by, or impulsed by " unconscious forces, rather than guided? Surely the neocortex or neopallium is the distinctively human organ of a personal intelligence and discriminative power—*without which we should be reduced to irresponsible robots*—I am, etc,

Beckenham, Nov 28 COURTENAY C WEEKS

The Sex Ratio

SIR—There has appeared some correspondence in your columns (*Journal* November 6, p 936) regarding the ratio of males to females from childhood to old age Statistics show that 105 to 106 males are born to every 100 females but in old age the females outnumber the males The number of male children actually conceived is much higher, being about 120 to every 100 females The number of male foetuses that die before birth owing to miscarriages and stillbirths accounts for the reduction of the figure As the number of sperms bearing the X chromosome (female begetting) and the Y chromosome (male begetting) are produced in exactly equal numbers there should be an exactly equal number of male and female children born This is not so Figures for all countries show the male preponderance The reason is that excessive vaginal acidity hinders conception—the basis of practically all chemical contraceptives is acid in one form or another Therefore in order that the woman should conceive at all the vagina must be alkaline or less acid This favours the male begetting sperms, hence the male preponderance—I am, etc.,

London, W 1, Nov 21 D H SANDELL.

Obituary

O CHARNOCK BRADLEY, M D, D Sc

Principal Royal Veterinary College, Edinburgh

The death took place at a nursing home in Edinburgh on November 21 of Principal Orlando Charnock Bradley, head of the Royal (Dick) Veterinary College, Edinburgh Dr Bradley was born in 1871 in Lancashire, and after studying for the veterinary profession qualified M R C V S in 1892 Being specially interested in anatomy, he became assistant to the late Professor Williams in the Veterinary College, and at the same time prosecuted the study of medicine at the University of Edinburgh, where he graduated M B., Ch B in 1900 He was appointed Goodsir Memorial Fellow in that University in 1903, and as the result of his research work gained the degree of D Sc in 1905 In 1907 he took the M.D He joined the staff of the Royal (Dick) Veterinary College in 1900 as professor of anatomy, and at the same time was appointed lecturer on comparative anatomy in the University of Edinburgh

In 1911 he was appointed Principal of the Royal (Dick) Veterinary College, and conducted the transfer of the college from its old premises in Clyde Street to the new building which it at present occupies The erection of the College was considerably delayed by the war but Principal Bradley s strenuous efforts were effective both in raising funds for it and in completing the buildings Under his direction the College has made remarkable progress, its students increasing from some seventy or eighty in 1911 to over 300 at the present time His eminent services were recognized last year when he celebrated his semi jubilee as principal and was presented with his portrait Dr Bradley became a member of Council of the Royal College of Veterinary Surgeons in 1911, and was its president in 1920–2, while from 1914 to 1919 he was chairman of its Parliamentary Committee He took a prominent part in the formation of the National Veterinary Medical Association, and was president of that body for several years up to 1922 He was a distinguished member of the British Medical Association, which he joined in 1903, and he acted as president of its Section for Comparative Medicine at the Annual Meeting in Edinburgh in 1927 He was also a Fellow of the Royal Society of Edinburgh

Dr Bradley conducted much research work, and his published papers in connexion with veterinary medicine number over one hundred He was also the author of a *History of the Edinburgh Veterinary College* (1923), *The Topographical Anatomy of the Horse* (1920) *The Structure of the Fowl* (1915) and *The Topographical Anatomy of the Dog* (1927) Dr Bradley was also an ardent horticulturist, and was well known for his cultivation of new varieties of delphinium and other flowers at his country house near Gifford He had a world wide reputation not only for the research which he carried out but also as an organizer of the veterinary profession and much of the advancement that has taken place in veterinary medicine in recent years is attributable to his efforts

The funeral took place on November 24 at the Edinburgh Crematorium, and a memorial service was held in Hope Park Church which was attended by large numbers of the staff and students of the Royal (Dick) Veterinary College, as well as by representatives of other bodies with

marked effect on the sympathetic system in experimental animals led to its employment in other conditions Its failure when first given in cases of migraine must be traced to its administration by the mouth, and it is thanks to American observers that the merits of this drug when given by injection in migraine have been demonstrated When the most suitable dosage has been found for any patient there is no need to change it as it remains equally effective Even when it has been taken for more than a year and more than 100 injections have been given no ill effects have been observed But the action of the drug is only symptomatic As the injections (most of the author's patients received subcutaneous injections) raise the blood pressure this treatment is contraindicated by the co existence of arteriosclerosis or hyperpiesis Gynergen is put up in ampoules containing 0.25 to 0 5 mg of ergotamine tartrate If the migraine does not cease in two to three hours after the injection of 0 5 or 0 25 mg the injection can be repeated with one or other of these doses The patient should go to bed after treatment as an injection is apt to be followed by lassitude and drowsiness

Anaesthesia

454 New Hypertensive Agent

E DESMAREST (*Anesth et Analgés* June 1937 p 391) recommends the use of a new preparation—pressyl—for the treatment of hypotension before during and after operation and particularly in spinal analgesia It is a combination of camphramine or beta-diethylcarbonamide of camphosulphonyl N methylpyridine a cardiac and respiratory stimulant and of pressedrine, or alpha amino phenylethylcarbinol sulphate whose action resembles that of adrenaline and ephedrine Pressyl may be administered orally subcutaneously or, in emergency intravenously It elicits a rise of blood pressure as great as that caused by adrenaline though not quite so rapidly while its effect lasts about twice as long as that of ephedrine

455 Anoxia in Anaesthesia

T A B HARRIS (*Brit J Anaesth* July 1937 p 141) discusses the physiology of the oxygen supply to the tissues and emphasizes the importance of maintaining complete saturation of the arterial blood with oxygen during anaesthesia for upon this depend the life and functioning of all cells and the physiochemical activities which go to maintain the normal acid base equilibrium of the body He admits the advantages of nitrous oxide as an anaesthetic but considers that no attempt should be made to reinforce it by producing anoxia which must be unphysiological and harmful He particularly condemns the secondary saturation of McKesson

456 Evipan in Cocaine Poisoning

H J DALY (*Anesth and Analges* September–October 1937 p 293) reports a case which illustrates the antagonism to cocaine and its substitutes commonly attributed to the barbiturates A man of nearly 70 was accidentally given a hypodermic injection of 3 grains of cocaine hydrochloride and soon showed pallor rapid pulse and generalized muscular twitchings particularly of the extremities As his condition was deteriorating in spite of oxygen and carbon dioxide inhalations and the injection of 1/30 grain of strychnine 3 c cm of evipan solution were given intravenously forty five minutes after the cocaine was injected The convulsions ceased the pulse rate dropped and the patient slept for about fifteen minutes Forty minutes later as severe spasms with pain and dyspnoea had returned a further 3 c cm of evipan was given resulting in ten minutes sleep and improvement on awakening Half an hour later as breathing had again become difficult a further 2 c cm was given and a short sleep was again followed by improvement and a slower pulse Four hours after the injection of cocaine he had apparently recovered completely he slept well after a hypodermic injection of morphine, and showed no ill effects next day

457 Comparative Anaesthetic Mortalities

H WEESE (*Wien klin Wschr* September 10, 1937 p 1267) compares the advantages and disadvantages of the volatile general anaesthetics such as ether, and of the liquid anaesthetics such as evipan pernocton and avertin He records that there have been forty two fatal accidents in 1 000,000 administrations of evipan, roughly one fatal accident in every 20 000 to 25,000 cases This is better than the figures for ether, which show one fatal accident in every 14 000 cases More recent statistics give one fatal accident in 65,000 administrations of evipan and one fatal accident in 30 000 for ether and oxygen anaesthesia

458 Microspinal Anaesthesia for Cystoscopy

P FJELDBORG (*Ugeskr Laeg* August 19 1937 p 872) reports from his hospital in Denmark his encouraging experiences with the system of so-called microspinal anaesthesia introduced in 1934 by the Hungarian surgeon Bugyi It is an intradural anaesthesia effected by the injection of only 1 c cm of a solution containing 16 mg of novocain and 0.2 c cm of a 0 1 per cent solution of adrenaline (about 4 drops) The anaesthesia affects the three lowest sacral nerves supplying the external genitals urethra prostate, bladder anus and lower part of the rectum The duration of the anaesthesia is from one to one and a half hours and there is no paresis of the legs to hamper the patient's movements Since March 1934 the author has tested this method in 140 cases in 108 of which cystoscopy was undertaken with or without catheterization of the ureters or pyelography In the remaining cases some operation was performed, such as electrocoagulation of a tumour of the bladder excision of fistula in ano removal of a cervical polyp or resection of the prostate *according to the Bumpus technique* Only in two cases did the anaesthesia prove ineffective, and its failure in one of these cases may have been connected with the fact that the cerebrospinal fluid was macroscopically blood stained on lumbar puncture The author considers microspinal anaesthesia a very useful substitute for general anaesthesia in these cases

459 Spinal Anaesthesia

A W ADAMS (*Bristol med chir J* 1937 **54** 204, 143) describes his experiences of spinal anaesthesia with spinocain in 1 529 cases of all varieties of which about 90 per cent required no additional anaesthesia He employs small doses and controls the area of anaesthesia by varying the site of injection and the tilt of the table For the perineal region 0 5 c cm is injected between the third and fourth lumbar vertebrae with the table sloped 20 head downwards for the leg 1 c cm injected between the second and third lumbar vertebrae for the abdomen 1 35 c cm injected between the first and second lumbar vertebrae with the table tilted 5 head upwards and for the kidney 1 3 to 1 4 c cm The spinocain is mixed with an equal volume of cerebrospinal fluid and reinjected Ephedrine is given as a routine beforehand but the author is not in favour of morphine or other hypnotics or of additional general anaesthesia If the latter is required nitrous oxide and oxygen is probably best The value of spinal anaesthesia in upper abdominal operations is more debatable and here additional general or local anaesthesia is more often necessary It is particularly valuable for cystoscopy since out-patients can leave hospital after a few hours rest. Contraindications are low blood pressure severe haemorrhage chronic asthma or bronchitis and poor surgical risks in general

which the late principal had been associated, including the Corporation and University of Edinburgh and various veterinary associations

DR IVOR NICHOLAS LEWIS died at his home in London on November 20 Born in 1905, he was educated at Christ's College, Brecon, and St George's Hospital He qualified M R C S, L R C P in 1927, and was casualty officer, house-surgeon, and house-physician at St George's, and afterwards resident medical officer at St Andrew's Hospital, Dollis Hill He returned to St George's as a resident anaesthetist, and in 1930 was appointed assistant anaesthetist, and in 1931 anaesthetist, to the hospital His other appointments were those of honorary anaesthetist to the Metropolitan and Brompton Hospitals, and to St Andrew's Hospital, Dollis Hill, and he was on the consulting anaesthetists rota of the London County Council Ivor Lewis, although only 32 years old at the time of his death, had been well known for some years for his skill and ability He qualified at the period when the science of anaesthesia was making rapid strides, and he was always a pioneer in the introduction of new methods In 1931 he devised the gas and-oxygen machine which is known by his name, and which combined portability with great efficiency In 1930 he published an article in the *British Journal of Anaesthesia* on avertin technique in thyroid surgery From its earliest days he had been a great advocate of the use of avertin In September of this year his contribution on endotracheal anaesthesia to a series of invited articles then being published in the *British Medical Journal* evoked a lively correspondence Apart from his professional interests he was a keen yachtsman, and a prominent member of the United Hospitals Sailing Club, of which he was for several years honorary treasurer At the time of his taking over that office the club was in a serious position financially when he retired a short time ago it was established on a firm financial basis His tragic death will be deeply regretted by many friends and colleagues

Colonel ERNEST ARNOLD WRAITH, C B.E, D S O, T.D, who died at Queen Mary's Hospital, Roehampton, on October 30, at the age of 61, was the younger son of the late Alfred Wraith of Ossett, Yorks He was educated at Wakefield Grammar School and the Leeds School of Medicine, and qualified as M R C S, L R C P in 1899 After holding appointments as house-physician at Leeds General Infirmary and the Clayton Hospital, Wakefield, he served throughout the South African war as a civil surgeon During the great war he was in command of the 1st North Midland Field Ambulance, 46th Division, and later was A D M S, 58th Division He received the D S O and C B.E and was mentioned in dispatches After the war he became D C M S in the Ministry of Pensions, and in that capacity was widely known and esteemed He had been a member of the British Medical Association for twenty-four years, and was assistant honorary secretary of the Shropshire and Mid-Wales Branch from December, 1924, to October, 1926

DR WILLIAM BLACKLEY DRUMMOND died on November 16 at Dunfermline He graduated in medicine at Edinburgh University in 1891, with first class honours, and proceeded M D in 1918 After filling the post of house-physician at the Royal Infirmary and the Royal Sick Children's Hospital he engaged in private practice He became a Member of the Royal College of Physicians of Edinburgh in 1899, and was later elected to the Fellowship He was a man of wide interests being specially conversant with diseases of children and with the mental development of the child, while he maintained his leaning towards Natural Sciences and was an examiner for the Royal College of Physicians in biology He was elected medical superintendent at Baldovan Institution in Dundee, where he was able to pursue his investigations of the Psychology of Child Life and its aberrant manifestations Dr Drummond was a man of gentle and amiable disposition, with a fund of quiet humour and although for a few years he had been out of touch with his former colleagues, on account of his indifferent health, he was always remembered by them for his attractive personality He joined the British Medical Association in 1896

We regret to record the death at Newton Abbot on November 13 of Mr JOSEPH JOPLING BROWN, at the age of 51 A native of Darlington, he received his early education at Bootham, York, and Dalton Park, Manchester, and was for two years a schoolmaster before beginning medical study at Newcastle-on-Tyne He graduated M B, B S of the University of Durham in 1911, and obtained the M S degree and the F R C S Ed in 1914 He had been a house-surgeon to the Greenbank Hospital, Darlington, and the Royal United Hospital, Bath, before serving as a temporary surgeon in the Royal Navy during the war On returning to civil life he practised at Barnsley, and in 1921–2 was honorary secretary of the Barnsley Division of the British Medical Association Fifteen years ago he moved to Newton Abbot, and became district medical officer and public vaccinator, and was appointed honorary surgeon to the Newton Abbot Hospital He leaves a widow, one son, and two daughters

We regret to announce that Colonel WILLIAM KITSON CLAYTON C M G, R.A M C, T.A (ret), died at Wakefield on November 12, aged 77 He was educated at Yorkshire College, Edinburgh, and Brussels, and took the L R C P and S Ed in 1884, and subsequently the M D at Brussels in 1892 He served for many years in the R.A M C, T.A, in which he rose to the rank of colonel During the war of 1914–18 he served in France and Flanders, where he was commanding officer of No 57 West Lancashire Casualty Clearing Station, and later A.D M.S of the 61st Division He was mentioned in dispatches in the *London Gazette* of January 1, 1916, January 4, 1917, and December 30, 1918, and received the C M G as well as the medals He was also a Commander of the Order of St John of Jerusalem In civil life he was one of the best known medical men in Wakefield He had been a member of the British Medical Association since 1889

We have to announce with regret the sudden death of DR DAVID ANDERSON FARQUHARSON on November 16 at the age of 64 The third son of Dr Farquharson of Dollar, he was educated at Dollar Academy and George Watson's, Edinburgh He graduated at Edinburgh University as M B, C M in 1894, and obtained the F R F P S Glasg in 1904 and the D P H Calcutta in 1921 Soon after qualifying Dr Farquharson became one of the most successful coaches in physiology for the University and the Royal College of Surgeons of Edinburgh, and later became professor of physiology at St Mungo's College, Glasgow During the war he served as captain, R A M C, at Gallipoli and in India He was then appointed senior medical officer to the Darjeeling District Medical Association, and was medical officer of health for that district He retired three years ago to take up his residence at Magdala Road, Nottingham He was joint author of Clarkson and Farquharson's *Textbook of Physiology* An accomplished pianist, a great reader and student, a man of generous good-heartedness, he has left many friends, who with his old students and colleagues sincerely regret his sudden death

DR ALEXANDER HILL GRIFFITH died in a nursing home at Woking on November 25 Dr Hill Griffith was 77, and for some time past had been in poor health He was born in Aberdeen the seventh son of Charles Fox Griffith, J P and was educated at the Grammar School and University of Aberdeen, where he graduated M B, C M in 1880, going on to the M D in 1883 He then began at the Manchester Royal Eye Hospital, as house surgeon

such as sufferers from chronic sepsis or advanced malignant disease In the series the only complications were a few cases of headache and two cranial nerve palsies Three deaths occurred For the treatment of collapse 1 c cm of 1 in 1,000 adrenaline is given subcutaneously or intravenously, the table is tilted into the Trendelenburg position, and, if necessary, artificial respiration is begun

Obstetrics and Gynaecology

460 Heart Disease in Pregnancy and Labour

According to W Hagedorn (*Münch med Wschr* August 6, 1937, p 1246) the prognosis of heart disease during pregnancy is largely dependent, apart from the degree of decompensation, on the time at which efficient treatment is instituted Differentiation of slight decompensation from the physiological cardiac changes of gestation is difficult, either by clinical or by radiological examination a careful clinical history is of the greatest value In a series of 8,572 pregnant patients 10 17 per cent had cardiac murmurs, 9 45 per cent being judged "accidental" and the remaining 0 72 per cent found to indicate valvular or myocardial defects Apical were more significant than basal murmurs Mitral regurgitation led usually to cardiac failure in the later months of pregnancy, mitral stenosis and myocardial disease to failure in the early months In four-fifths of a series of sixty-two severe cases of heart disease during pregnancy labour went to term. There were seven deaths from heart failure, five during the puerperium and two within five weeks, but three patients who died were in labour on admission and had not had treatment, which is strictly conservative and never includes Caesarean section Even in compensated cases digitalis and dextrose are given for a few days before labour, which is usually terminated by the application of forceps at the outlet under local anaesthesia As the head is delivered a weight is applied to the abdomen to compensate for the sudden fall in abdominal pressure As a vasomotor stimulant in labour strychnine is used, adrenaline being regarded as dangerous because it causes resistance in the splanchnic vessels Before and during labour cardiazol, caffeine, or intravenous strophanthin may be given digitalis is invariably administered during the first days after labour In only about 10 per cent of cases is pregnancy voluntarily interrupted—after the failure of strophanthin and dextrose treatment Abortion is then induced in the early months by dilatation and curetting or by anterior colpohysterotomy, sometimes followed by tubal sterilization.

461 Resection of the Hypogastric Nerves

A Spreng (*Schweiz med Wschr* September 18, 1937, p 897) considers dysmenorrhoea as a form of hypogastric plexalgia characterized by pelvic pain, which is either constant or occurs only in attacks during the menstrual periods Micturition is frequently painful, and there may also be frequency, defaecation may be painful There is usually a vaginal discharge, and intercourse is often painful, vaginal examination is almost unbearable The usual therapeutic measures are almost always without effect The author advocates the resection of the hypogastric plexus as practised by Cotte, and describes the operative technique Of fifteen cases of primary dysmenorrhoea treated in this way, eleven were completely cured and three improved Of fifteen cases of secondary dysmenorrhoea, eight were cured, one improved and six remained uninfluenced Metrorrhagia was relieved in twenty out of thirty-two cases and in four cases of scanty menstruation the flow was increased In seven cases of irregular menstruation the flow became regular In two-thirds of the cases the headache and vomiting which previously accompanied menstruation were relieved, there was also relief of dyspareunia In some cases even partial resection of the plexus may give relief

462 Galvanocauterization for Cervical Gonorrhoea

M Weinkamm (*Zbl Gynäk* September 4, 1937, p 2117) recommends the galvanocautery for acute and chronic gonorrhoeal cervicitis The cautery, which is about 2 cm long, consists of a thin platinum wire bent in the shape of a hairpin, and has at its end a small ball, which protects the internal os of the uterus The cautery is moved up and down the cervical canal until the whole of the mucous membrane is gradually coagulated The best time for the treatment is about eight to ten days after the beginning of the menstruation The coagulum, which is in the form of a cylinder 5 to 7 mm thick, separates after three to five days, while the regeneration of the tissues takes about fourteen to eighteen days Eighteen out of twenty cases of gonorrhoeal cervicitis treated by this method have been permanently cured

Pathology

463 Haemophilia in Women

S Löfgren (*Nord med Tidskr August 21, 1937, p 1373*) has examined four generations of a haemophilic family in Stockholm with special reference to the teaching advanced in 1925 by Schloessmann He maintained that, although there may be no fatal cases of haemophilia on the distaff side, certain female members of haemophilic stock may have a delayed rate of coagulation of the blood, examination of their blood may allow some estimate to be made of the probability of haemophilic tendencies appearing in their offspring Löfgren's investigation deals with nine females whose blood was examined with special reference to the rate of coagulation, capillary resistance, the blood calcium content, the thrombocyte count of capillary blood, etc In five cases he found an increased tendency to bleeding and a prolonged coagulation period While none of these cases could be considered haemophilic in the strict sense of the term, the author is inclined to agree with Schloessmann in interpreting the abnormal conditions found as a sign that the females concerned were capable of transmitting genuine haemophilic properties to their male offspring On the other hand, the author does not go so far as to argue that if a female member of a haemophilic family shows none of the slight abnormalities already referred to, she cannot transmit haemophilia to her male issue It would seem from these observations that various blood tests of female members of a haemophilic family will show which of them are the most likely to transmit haemophilic properties to their male offspring, but will not, if perfectly normal blood conditions are found, definitely exclude this possibility

464 Cell Forms in Seminal Emissions

M Michael and K Joel (*Schweiz med Wschr* August 14, 1937, p 757) investigated several seminal emissions from each of 130 men After suitable staining, preparations were microscopically examined for their cell content In normal ejaculations they found from 100,000 to 800,000 cells per c cm—that is, 1/4 to 1 per cent of an ejaculation consists of cells In healthy emissions they discovered two types of cell arising from the testicular tubules—spermatides without a nucleus and spermatides with one eccentric nucleus or three to eight nuclei, and spermatocytes, there were also polygonal epithelial cells arising from the epididymis In pathological emissions they found spermatogonia, Sertoli, and giant cells from the walls of the testis an increase of normal polygonal cells from the epididymis, and a number of miscellaneous cells, including leucocytes and urethral cells Clinically, microscopical examination of a seminal emission is an aid in the diagnosis of (1) degenerative or regenerative changes in the testis (2) atrophic changes in the testis, (3) changes in the efferent ducts, and (4) changes in the ejaculatory or urinary tracts

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5 LANCASHIRE COAST—NUCLEUS OF PRACTICE averaging £245 p.a offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms), for sale Suit either medical man or woman Premium £500, to include instruments drugs and surgery furniture etc

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10 MIDDLESEX—PRACTICE in residential district Receipts last year over £2 000 Panel about 1 600 Visits 3/6 to 10/6 Nice residence (4 bedrooms dressing room etc) good garage and garden for sale or rent Premium £4 250

11 S OF ENGLAND—PRACTICE averaging £834 p.a in rapidly growing residential district near important coast town (appointments and panel worth about £400 p.a) Semi-detached corner house (3 bedrooms and attic) with garage for sale or rent Scope Premium £1 450

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13 LONDON, W.C. DISTRICT—Increasing PRACTICE doing £1 460 (including a branch surgery in N.7 area) Panel over 1,560 Private residence to rent at £210 p.a on lease also branch surgery rented on lease Good scope Premium two years purchase

14 W OF ENGLAND—Old established non panel PRACTICE at well known inland spa Cash receipts £830 p.a Suitable houses or flats obtainable Extensive building taking place in neighbourhood with excellent opportunity for panel if desired Premium one and a half years purchase

15 S.W. OF ENGLAND COUNTY TOWN—Middle-class non-dispensing PRACTICE averaging £1 147 p.a Panel 500 Good house (4 bedrooms and dressing room), garden and large garage Price £2,200 Freehold Very good scope for energetic well-qualified man Premium one and a half years purchase

16 CARMARTHENSHIRE—Country PRACTICE in beautiful district Receipts 1936 £619 Appointments £70 and panel nearly 200 Nice country house (6 bedrooms) rent £35 p.a Fishing shooting etc Premium £650 or near offer

17 S MIDLANDS—PARTNERSHIP in first rate county town Practice about £5 670 within 40 miles of London Panel 3 500 Suitable house obtainable Premium ONE FOURTH share two years purchase Applicant must be Scottish or English and have held hospital appointments

18 YORKSHIRE (N.R.)—Steadily increasing country PRACTICE between £1 400/£1 500 including appointments and panel worth £400 p.a Extremely attractive house (5 or more bedrooms) garage and small garden for sale Good schools and sport Premium one and a half years purchase

19 S MIDLANDS—PARTNERSHIP (with succession in three years) in old-established Practice in good town Receipts, 1936 £1,433 Panel about 900 Visits 5/ upwards medicine extra Premium one half share (including one half share of fittings, drugs etc etc) £1 400

20 CHANNEL ISLANDS—Well established mixed class PRACTICE averaging nearly £1,250 p.a No midwifery Good house (6 bedrooms etc) in best residential part for sale or rent Good introduction Premium £2 000 Hospital

21 S WALES—Old-established PRACTICE £765 p.a, in country district near coast Appointments worth nearly £100 p.a and panel about 360 Specially built house (5 bedrooms etc) with garage and garden, for sale Very good prospects of increase Prem one and a half years purchase

22 NEW ZEALAND—S ISLAND—Old established PRACTICE in prosperous coast town Receipts average £1,450 p.a Appointments about £450 Suitable house (3 bedrooms) for sale Also interest in X ray plant Surgery on lease Rent 30/ per week Premium £1 250

23 S MIDLANDS—Old established PRACTICE averaging over £1 060 p.a in rapidly growing and prosperous market town Panel 1 318 Choice of houses Ample scope Premium two years purchase

24 EASTERN COUNTIES—PARTNERSHIP in good middle-class Practice £2 450 p.a in county town Panel 1 200 Good house (5 bedrooms) in perfect condition to rent Premium one half share two years purchase

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The "Malnutrition" controversy

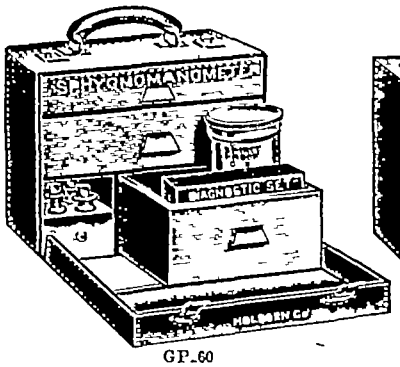
"Ordinary mixed diet" unreliable as a source of Vitamin B_1

An editorial statement in the B M J, 16th Oct, 1937, page 753, that "Vitamin B_1 deficiency [is] an outstanding fault in the diet of many millions of people" gives added weight to the result of a large scale investigation in which 90 1% out of 2,000 patients showed improvement in health when their diets were supplemented with Bemax

> In Constipation 88 8% in Anorexia 80 0% in Malnutrition 78 4%, in Colitis 79 5% in Indigestion 82 5% in Intestinal Toxemia 80 6% in Asthenia 87 3% showed improvement *Of supposedly normal subjects mostly physicians themselves or members of their families 86 4% showed definite benefit in health from the use of Bemax*

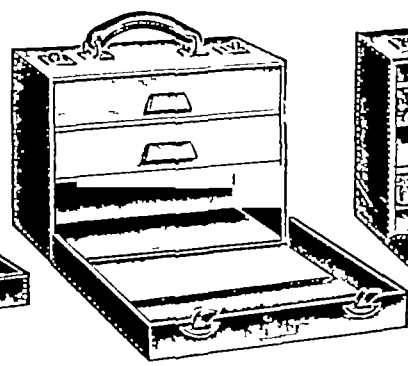
It is impossible to escape the conclusion that chronic Vitamin B_1 deficiency is a frequent but often unrecognised cause of these conditions even in supposedly normal health it may be present but not suspected until the benefit from a higher Vitamin B_1 intake is observed

Clinical sample of Bemax and literature on request The Bemax Laboratories (Dept B 50), 23, Upper Mall, London, W 6



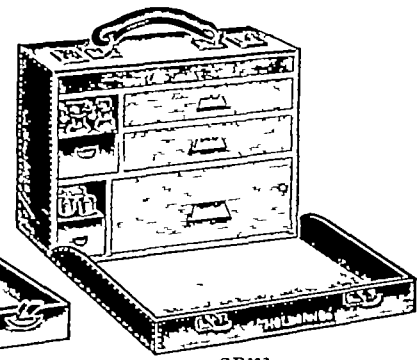
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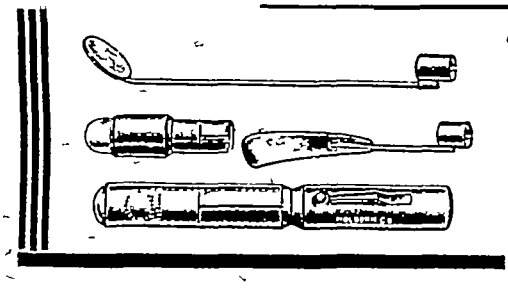
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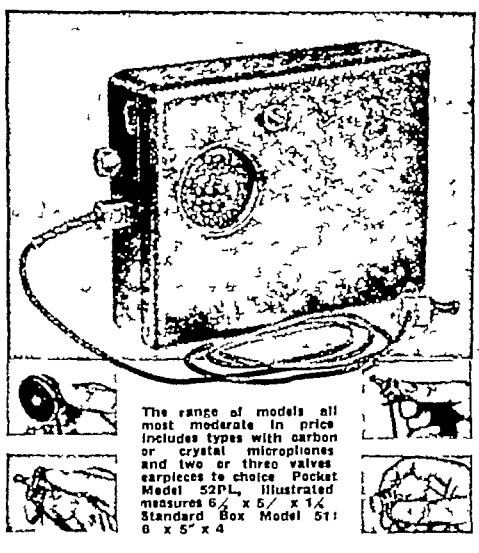
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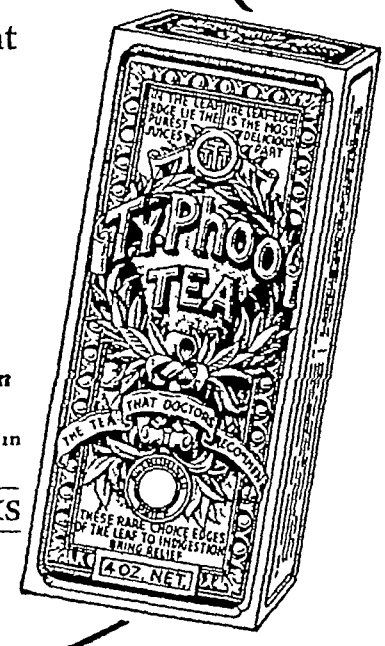
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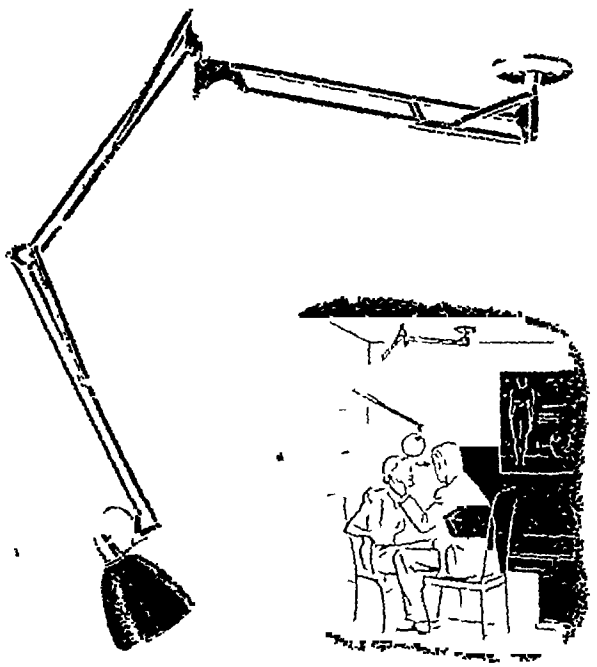
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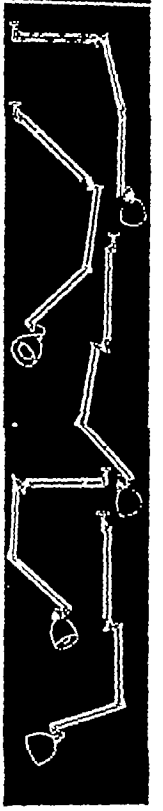
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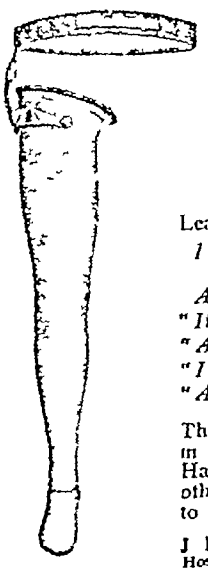
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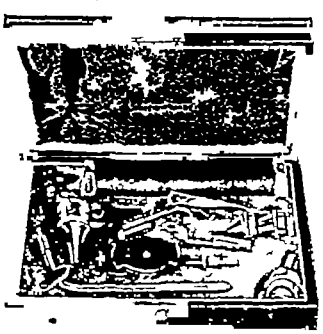
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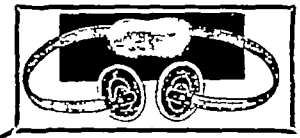
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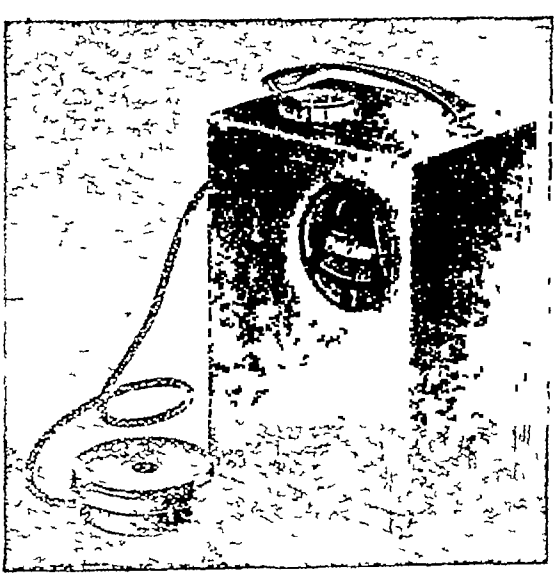
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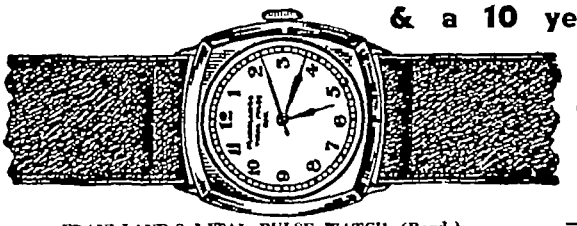
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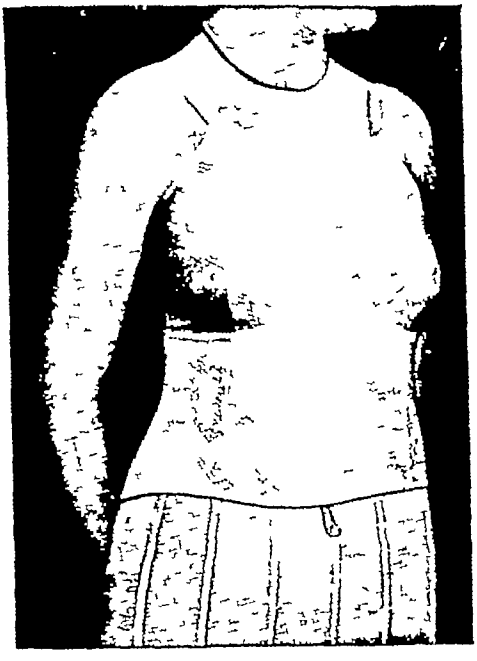
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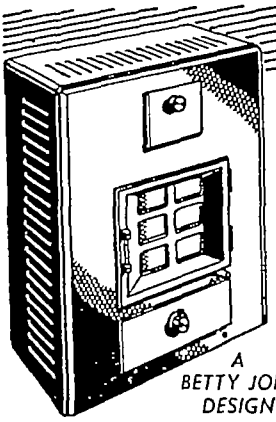
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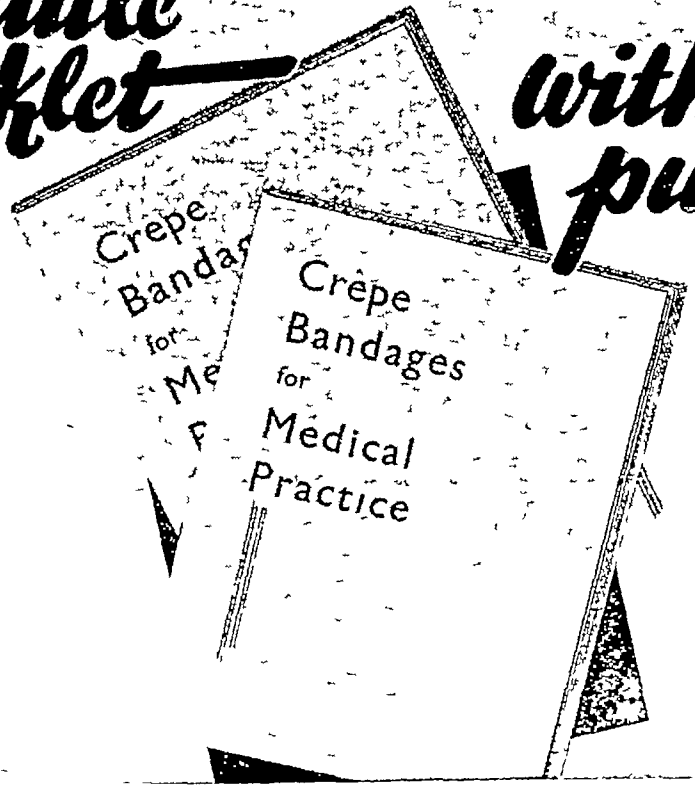
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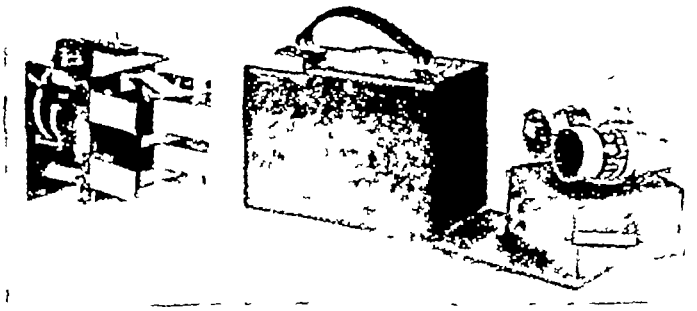
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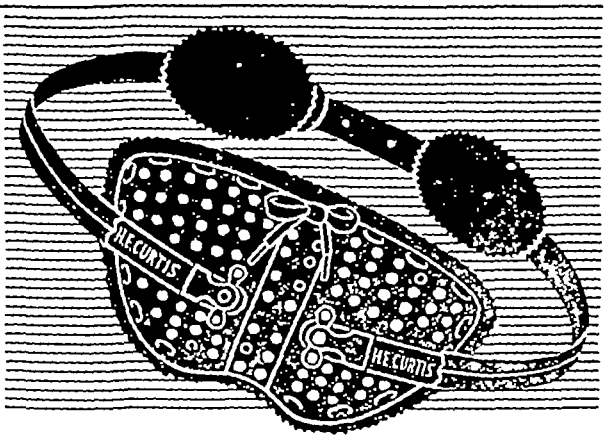
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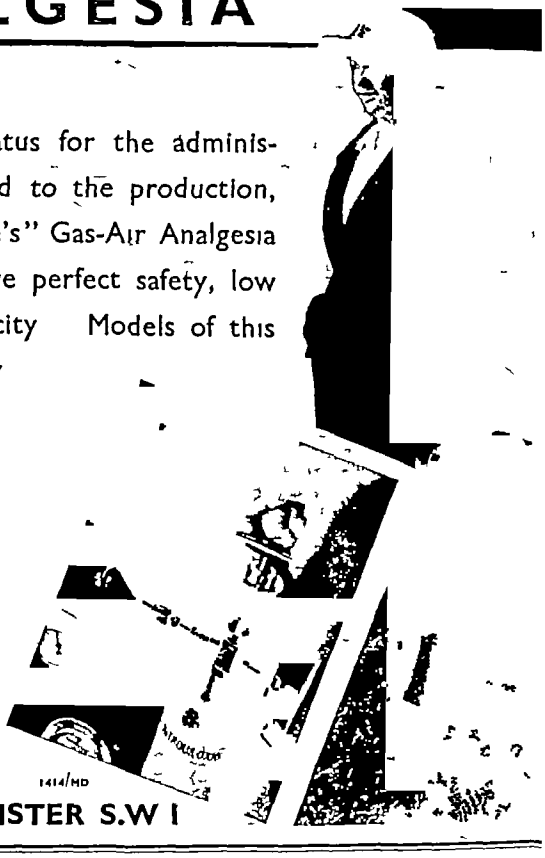
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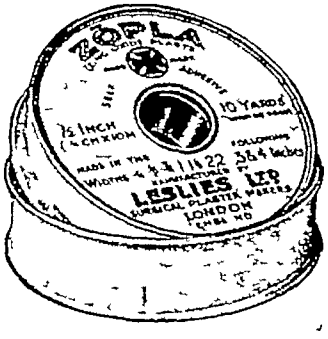
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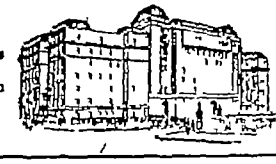
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A Private Home for the Care and Treatment of a limited number of Ladies with Mental and Nervous Disorders Certified Voluntary and Temporary Patients received Large Mansion with 12 acres of grounds (See *Medical Directory* p. 2312.) Apply Resident Physician. *Telephone* Tulse Hill 7181

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(Founded 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W.C.1

Tele. Address Triform, Westcent—London
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Practices and Partnerships for Disposal (continued)

26 NORTHERN IRELAND.—Middle and working-class PRACTICE over £900 p.a. in suburb of important seaport. Panel nearly 1,200. Visits 2/6 to 10/- without medicine. Well situated house (5 bedrooms) garage etc., to rent. Scope for increase. Premium £1 400.

27 S. MIDLANDS.—PARTNERSHIP in steadily increasing Practice, £2 500 p.a. in good town. Panel 1 846. Good house (3 bed and dressing rooms) to rent. Partner should be aged about 35, experienced in gynaecology and preferably hold the F.R.C.S. or M.C.O.G. Premium one third share two years' purchase.

28 N.E. COAST.—Old-established and easily worked middle-class PRACTICE over £1 150 p.a. in seaport town. No panel. Residence facing sea, for sale. Premium (to include furnishings and fittings of consulting rooms small X-ray plant etc.) £1 000.

29 LONDON, N.W.—Increasing PRACTICE in growing district 30 minutes from Piccadilly. Receipts last year £764 (new appointment value £40 p.a. not included). Panel 560. No midwifery. Semi-detached double fronted freehold corner residence (4 bedrooms), garage and garden for sale. Scope. Premium £1 200.

30 KENT AND SUSSEX BORDER.—Old-established and steadily increasing PRACTICE in beautiful country district. Cash receipts 1936 £628. Panel over 500. House (4 bedrooms etc.) garage and good garden, main drainage etc. to rent. Scope. Premium two years' purchase.

31 ISLE OF WIGHT.—PARTNERSHIP in well-established middle-class Practice of nearly £2 650 p.a. Panel 1 200. Visits 3/6 to £1 1s. medicine extra. House with 4 bedrooms etc. garage and garden. Good society and sport of all kinds. Premium one half share two years' purchase.

32 N.E. COAST.—PARTNERSHIP (after preliminary Assistantship) in mixed Practice about £3,300 p.a. in seaport town. Panel 2 600. A suitable house could be obtained. One third share at first to suitable man at two years' purchase (or near offer) with option to increase to two fifths in three years and to four ninths later.

33 LONDON W.1.—DEATH VACANCY.—SPECIAL PRACTICE in SKIN DISEASES. Cash receipts year ended 31st March 1937 £1 815. Consultations two and three guineas. Accommodation for professional and residential purposes if required to rent.

34 S.E. COAST.—PARTNERSHIP in old established Practice averaging £4 100 p.a. in growing resort. Panel 3 000. Modern corner house (3 bedrooms etc.) for sale or to rent. Premium for one fourth share two years' purchase.

35 LONDON E.—Old-established PRACTICE of £1 793 p.a. in populous district. Panel 2,500. House (6 bed rooms etc.) to rent. Premium two years' purchase.

36 S. OF ENGLAND.—PHYSIO-THERAPY PRACTICE of £1 000 p.a. in an important town. Fees 10/6 to £1 1s. Premium £1,250 (including certain equipment).

37 E. ANGLIA.—PARTNERSHIP in an old-established Practice of £2 800/£2 900 p.a. in prosperous country district. Panel 1 530. Double fronted house (6 bedrooms) garage and garden. Freehold for sale or to rent. Premium for one-third share one and three-quarter years' purchase.

38 LONDON E.—Middle-class PRACTICE of over £2 400 p.a. in outlying district. Panel 2 870. House in good repair. Garage and garden. Freehold for sale. Premium two and one-quarter years.

39 MIDDLESEX.—PARTNERSHIP (with preliminary Assistantship) in a steadily increasing Practice in a very good residential district on the Thames. Cash receipts, 1935 £4 844. 1936 £5 465. 1937 £6 264. Panel 2 700 and appointments £727 p.a. Premium for one fifth share two and a half years' purchase.

40 LONDON, S.E.—PRACTICE of about £500 p.a. Panel 533. House with surgery accommodation to rent or rooms next door. Premium one year's purchase or offer.

41 W. OF ENGLAND.—Country PRACTICE doing about £1 400 p.a. in picturesquely situated village. Panel over 600. Good stone built slate roof house (4 bedrooms dressing room etc.), garage and charming garden about ¾ acre for sale. Hunting, fishing, shooting. Premium £2 800.

42 LONDON W.2.—Old-established PRACTICE in residential district. Receipts last year £1 440. Panel 1 000 about. Good house to rent at £130 p.a. Premium two years' purchase.

43 MID DEVON.—Increasing Country PRACTICE about £800 a year in delightful part. Appointments and panel return over £350 p.a. Excellent house (6 bedrooms dressing room etc.), in 1¼ acres of grounds. Separate surgery accommodation. Electric light and main water. Garage and stabling. Freehold for sale. Scope. Premium £1 200.

44 LONDON, E.15.—Old-established PRACTICE averaging £1 670 p.a. in populous suburban district. Panel 1 990. Small house in excellent repair. Rent £50 p.a. Good scope. Premium two and a quarter years' purchase.

45 S. MIDLANDS.—PARTNERSHIP (short preliminary Assistantship) in Practice over £5 000 p.a., in first rate town. Panel nearly 5 000. House with 4 bedrooms garage and garden to rent. One fifth share at first at two years' purchase.

46 S. OF ENGLAND.—PRACTICE of about £300 p.a. carried on by a medical woman in a cathedral town. Panel 100. House (2 bedrooms etc.) to rent. Premium £500.

47 AUSTRALIA.—Old established PRACTICE of £1 400 p.a. in agricultural township. Good house (3 bed rooms etc.) for sale. Prem. £1 600 and £250 for X-ray plant.

48 MIDLANDS.—Old-established PRACTICE in beautiful country district. Cash Receipts last year £1,280 including appointments worth about £60 and a panel between 650 and 700. Visits 2/6 to £1 1s. without medicine. Nicely situated house (4 bedrooms, dressing room etc.) with nice garden and two garages. Rent about £80 p.a. Premium two years' purchase.

49 N. WALES BORDER.—PARTNERSHIP (with early succession) in old-established County Practice about £2,500 p.a. in important town. No panel. Surgery premises could be purchased or rented. The private residence is available if required. A share up to one half would be sold at first with early succession. Premium two years' purchase.

Purchasers can raise additional capital for the purchase of approved practices or shares
Particulars will be forwarded on application

RELIABLE LOCUMS AND ASSISTANTS ARE URGENTLY REQUIRED

All communications to be addressed to The Manager

SCOTTISH BRANCH, 21, Alva Street, Edinburgh, 2

Manager W. M. Scobie. **FOR DISPOSAL** *Telephone Edinburgh 23969*

A PERTHSHIRE.—Country PRACTICE in beautiful district. Receipts 1937/38 £1 045. Panel 677. Suitable house large garden and garage. Assessed rent £45. Feu duty £4 6s. 3d. Price £800. Premium for Practice £1,500.

B NORTHUMBERLAND.—County Town.—Middle working-class non-dispensing PRACTICE, averaging £700 per annum. Panel 640. Suitable house garden and garage. Price £1 150. Premium for Practice one and a half years' purchase.

C LONDON N.—CONSULTING ROOMS with SMALL NUCLEUS in large residence along with if required, part of the house. Excellent opportunity for Doctor to build up practice. Moderate rent.

For further details apply The Manager 21 Alva Street, Edinburgh
Terms on which the business of the Branch is transacted will be submitted on application to the Branch Manager to whom all communications should be addressed

BRITISH MEDICAL BUREAU

(The Scholastic, Clerical and Medical Association Ltd.)

(*FOUNDED* 1880)

NORTHERN BRANCH

33, CROSS ST., MANCHESTER, 2.

Telephones: {Manchester - Blackfriars 3925 / Manchester - Rusholme 2549 (*Night Calls*)

Telegrams: "Locum, Manchester"

Branch Offices at Leeds and Belfast

Recommended with every confidence to the profession by the BRITISH MEDICAL ASSOCIATION as a thoroughly trustworthy medium for the transaction of all Medical Agency business

TRANSFER OF PRACTICES AND PARTNERSHIPS INTRODUCTION OF RELIABLE ASSISTANTS AND LOCUM TENENS at Short Notice VALUATION and INVESTIGATION OF PRACTICES, Etc

FOR DISPOSAL
Full particulars free on request.

Practices and Partnerships wanted Large list of bona fide purchasers with ample capital available Enquiries invited from prospective vendors All information treated in strict confidence

MANCHESTER —Well-established Private and Panel PRACTICE in suburb Cash receipts last year £1 222 Panel 800 Scope for increase Good house 2 reception 5 bedrooms, 2 Professional rooms Premium—Practice and house —best offer —No 1009

DERBYSHIRE/CHESHIRE BORDER —Old-established PRACTICE capable of great increase Cash receipts last year £700 (increasing) Panel 862 Excellent house 2 reception 4 bedrooms 3 Professional rooms (separate entrance) garage and good garden Premium—Practice and house—best offer —No 989

NORTHUMBERLAND —Very old-established PRACTICE in country district near to sea Cash receipts last year £1 827 Panel 971 and transferable appointments £230 p a Excellent house 2 reception 5 bedrooms, 3 Professional rooms (separate entrance) garage and ¼ acre garden Premium—Practice—2 years purchase —No 1022

LANCS TOWN —Old-established mixed class PRACTICE in large town Cash receipts approximately £1 300 p a Panel 800 Scope Good house 2 reception 5 bedrooms 3 Professional rooms garage and garden Premium—1½ years purchase —No 1010

MIDLANDS —Old-established mixed Panel and Private (non-dispensing) PRACTICE Cash receipts approximately £1 900 p a Panel 1 950 Scope Excellent house with nice garden garage etc Premium—Practice—2 years purchase —No 983

LANCS TOWN —Very old established PRACTICE Income £1 500 p a Panel 1 500 Scope Good house to rent at £50 p a Premium —best offer —No 945

NOTTINGHAM —PARTNERSHIP in old established Practice Cash receipts £2,500 p a Panel 3 000 Nice house Premium—half-share—£2,400 —No 975

CHESHIRE TOWN —PARTNERSHIP (after preliminary Assistantship) in mixed-class Practice Cash receipts last year £3 293 Panel 3 000 Scope especially for a surgeon Good house available Premium—one third share—2 years purchase —No 992.

LANCS TOWN —PARTNERSHIP in middle and working-class Practice in clean town close to country Cash receipts last year £2 481 Panel 2 115 Nice detached house 2 reception 4 bedrooms garage and garden Premium—one-half share—2 years purchase or near offer —No 1015

CHESHIRE TOWN —PARTNERSHIP in old-established middle and better working-class Practice in residential town near Manchester Cash receipts last year £2 900 approximately Appointments £345 p a and Panel 2,200 Scope for great increase as district rapidly developing New modern house available 2 reception 4 bedrooms with separate surgery premises garage and nice garden Premium—one half share—2 years purchase —No 1021

SUFFOLK —Old-established Country PRACTICE practically unopposed Cash receipts last year £1 081 Panel 835 (yields £582 p a) Scope Good house 2 reception 3 bedrooms, garage and nice garden Rent £40 p.a Premium —best offer —No 993

NEAR MANCHESTER —Sound middle and working-class PRACTICE. Average cash receipts £2,692 p a Panel over 2 500 Scope Detached corner house 2 reception 4 bedrooms, 3 Professional rooms garage and garden Premium—1½ years purchase —No 952.

DERBYSHIRE.—Old-established mixed-class PRACTICE, near beautiful country and within easy reach of large town Average cash receipts £1 100 p a Panel 970 and transferable appointments £200 p a Scope Nice detached house, 2 reception 6/7 bedrooms garage and large garden Freehold Premium—1½ years purchase —No 991

MANCHESTER — PARTNERSHIP in sound old-established mixed Panel and Private Practice Average cash receipts £5 500 p a Panel over 4,500 and appointments £760 p a Good house available to rent Premium—2/9th share—2 years purchase (to include share of book debts, drugs, etc) —No 1001

LIVERPOOL.—Well-established PRACTICE in pleasant district Receipts £800 p a. Panel 650 Good house 5 bedrooms, garden and garage Premium—1 year's purchase —No 928

CUMBERLAND.—Old-established and practically unopposed Seaside and Country PRACTICE in delightful district Cash receipts last year £863 Panel 225 and transferable appointments £255 p.a Excellent house 3 reception 8 bedrooms, electric light and gas, garage and garden For sale freehold Premium—Practice—1½ years purchase —No 998

MANCHESTER —Old-established mixed PRACTICE in Industrial district. Cash receipts last year £580 Panel 904 Scope for great increase Corner house with ample accommodation to rent at £60 p a Vendor retiring.—Premium best offer —No 855

DERBYSHIRE.—Old-e[illegible] offering great scope for two men in partnership houses with ample accommodation and modern conveniences, each with garage garden and tennis court. Premium—2 years purchase —No 955

LANCS TOWN —Old-established mixed-class PRACTICE. Cash receipts last year £1 136 Panel 975 Good house and surgery premises to rent. Premium—£1 500 Vendor retiring.—No 1 007

SOUTH YORKSHIRE.—Old-established Private PRACTICE in present hands 35 years Cash receipts last year £1 240 No Panel Clubs or appointments. Scope especially for Panel Detached modern house garage and garden Premium best offer —No 1017

MANCHESTER —Very old-established mixed Panel and Private PRACTICE. Cash receipts last year £2,100 Panel 2 800 Scope Good house 2 reception, 4 bedrooms 3 Professional rooms, garage Rent £75 p a Premium—2 years purchase or near offer —No 990

— WANTED —

ASSISTANTS - INDOOR & OUTDOOR

For Immediate Engagements

Apply, with full particulars, to above address

LANCS TOWN —PARTNERSHIP in well established mixed Panel and Private Practice Cash receipts over £3 000 p.a Panel over 2,000 Scope for increase Good house available to rent. Premium—one-third share—2 years purchase —No 931

LANCS TOWN —Very old-established mixed Panel and Private PRACTICE in present hands 35 years Cash receipts last year £916 Panel 1 223 Scope Excellent detached house 2 reception, 5 bedrooms, garage and small garden For sale or would rent on lease Premium—1½ years purchase Vendor retiring.—No 1004

NORTH WALES — Old-established PRACTICE near Sea and Country capable of great increase Cash receipts last year £1 026. Panel 800 Nice surgery premises. Premium best offer —No 905

LANCS TOWN —Old-established mixed-class PRACTICE in large town about 6 miles from Manchester Cash receipts £1 800 p.a Panel 1,500 Scope Good house 3 reception, 6 bedrooms, 3 Professional rooms, garage. Rent £72 p a. Premium—1½ years purchase —No 996

LEEDS —Small PRACTICE in present hands 54 years Cash receipts over £500 p a Panel 400 Scope for energetic man. Suitable house for sale or rent. Premium—1 year's purchase —No 1014

LANCS TOWN —Mixed-class PRACTICE Cash receipts £1 010 Panel 1 050 Good house Premium—1½ years purchase —No 951

WELSH BORDER —PARTNERSHIP in old-established Practice in Country district Panel 2,432. Good house garage and large garden. Premium —share worth £800 p a best offer —No 956

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town Average cash receipts £2,450 p a Panel 1,200 Appointments £190 p.a. Scope Nice house in good condition 2 reception 5 bedrooms, garden. Rent £68 p a Premium—half share—2 years purchase —No 1013

NORTH WEST COAST —Well-established PRACTICE in Seaside town Cash receipts £500-£550 p.a. Panel 450 Modern flat to rent at £80 p.a inclusive of rates. Premium—1½ years purchase.—No 1 005

NORTH WALES COAST —Middle-class PRACTICE. Receipts £1 417 p.a. Panel 415 Excellent house with ample accommodation garage and garden Premium—£1 800 —No 929

NORTH WEST COAST —Old-established middle-class PRACTICE in Seaside town Cash receipts £1 100 Panel 350 Nice house garage and garden. Premium—1½ years purchase —No 961

ASSISTANTS WANTED —OUTDOOR —MIDLANDS LANCS AND YORKS TOWNS —£400/500 p.a., with House and Car allowance INDOOR. —LANCS YORKS, MIDLANDS AND N E. COAST —£300/350 p.a. all found Many vacancies. Details on request. Locums also required

All communications to be addressed to the Branch Manager BRITISH MEDICAL BUREAU 33 CROSS STREET MANCHESTER 2

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BARNWOOD HOUSE
GLOUCESTER

A REGISTERED HOSPITAL for the CARE and TREATMENT OF LADIES and GENTLEMEN suffering from NERVOUS and MENTAL DISORDERS Within two miles of the G W Railway and L M & S Railway Stations at Gloucester the Hospital is easily accessible by rail from London and all parts of the United Kingdom It is beautifully situated at the foot of the Cotswold Hills, and stands in its own grounds of over 300 acres. Voluntary Patients of both sexes are also received for treatment. Special accommodation for Lady Voluntary Patients is also provided at the MANOR HOUSE, which has its own private grounds and is entirely separate from the Main Hospital. For particulars as to terms etc apply to G W T H FLEMING M R C S L R C P D P M., Medical Supt.
Telephone No 6207 Barnwood

TYKEFORD ABBEY,
NEWPORT PAGNELL, BUCKS.
FUNCTIONAL NERVOUS DISORDERS MEDICAL AND CONVALESCENT CASES

The Home is a Mansion of Historical Interest standing in 15 acres of garden and grounds and is situated 14 miles from Northampton and 12 miles from Bedford on the main London to Northampton Road fifty miles from London Both sexes are accommodated Psycho-therapeutic Treatment is used extensively in suitable cases Radiant Heat, X Ray and Ultra Violet Light Diathermy and Foam Baths Billiards Tennis etc
Apply Dr D E. M DOUGLAS-MORRIS
Telephone Newport Pagnell 121

CHISWICK HOUSE, PINNER, MIDDLESEX
Telephone: PINNER 234

A Private Hospital for the Treatment and Care of Mental and Nervous Illnesses in both Sexes

A modern country house 12 miles from Marble Arch in beautiful secluded grounds. Fees from 10 guineas per week inclusive Cases under Certificate Voluntary and Temporary patients received for treatment
Douglas Macaulay M D D P M

HILL END HOSPITAL AND CLINIC
FOR THE PREVENTION AND TREATMENT OF MENTAL AND NERVOUS DISORDERS
(20 miles from London)

Ladies suffering from all forms of MENTAL ILLNESS are received for treatment, on modern lines as Voluntary Temporary or Certified Private Patients at the Hill End Hospital Convalescent or mild cases can be treated in a delightful country mansion with extensive grounds known as
HIGHFIELD HALL,
situate about a mile away from the Hospital FEES TWO TO THREE GUINEAS PER WEEK
For further particulars apply to the Medical Supt W J T KIMBER, L R C P D P M
ST ALBANS, HERTS

STRETTON HOUSE,
Church Stretton, Shropshire.
A PRIVATE HOME for the treatment of Gentlemen suffering from Mental and Nervous Illness including the allied disorders of Alcoholism and the Drug Habit. All types of early Mental and Nervous cases are received without certificates as Voluntary Patients under the provisions of the Mental Treatment Act, 1930 Bracing hill country See *Medical Directory* p 23.8 —Apply to the Medical Superintendent. Phone 10 P O Church Stretton

"ECCLESFIELD,' Staplehurst Kent
(Removed from Ashford Middlesex)

PRIVATE HOME for the CARE and CURE of ALCOHOLIC PATIENTS (Ladies) Large mansion beautifully situated in 100 acres of park land Extensive views. Home farm R C Chapel Under the management of the Sisters of the Good Shepherd Apply Rev Mother Tel Staplehurst 61

WYE HOUSE, BUXTON

For the treatment of Ladies and Gentlemen mentally afflicted Voluntary Boarders received Situated 1,.00 ft. above sea-level facing S 14 acres of grounds —For terms apply to the Resident Medical Sup., W W HOXTON, M D Nat. Tel 130

ST. ANDREW'S HOSPITAL
FOR MENTAL DISORDERS
NORTHAMPTON

FOR THE UPPER AND MIDDLE CLASSES ONLY

President THE MOST HON THE MARQUESS OF EXETER C M G., A.D C

Medical Superintendent DANIEL F RAMBAUT M A M D

This registered Hospital is situated in 120 acres of park and pleasure grounds Voluntary patients who are suffering from incipient mental disorders or wish to prevent recurrent attacks of mental trouble, temporary patients, and certified patients of both sexes are received for treatment. Careful clinical biochemical bacteriological and pathological examinations Private rooms, with special nurses male or female in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance, to which patients can be admitted It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorders It contains special departments for hydrotherapy by various methods including Turkish and Russian baths, the prolonged immersion bath Vichy Douche Scotch Douche, Electrical bath Plombières treatment, etc There is an Operating Theatre, a Dental Surgery and X ray room an Ultra Violet Apparatus and a Department for Diathermy and High Frequency treatment. It also contains Laboratories for biochemical bacteriological and pathological research

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk meat fruit and vegetables are supplied to the Hospital from the farm gardens and orchards of Moulton Park. Occupational Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming gardening and fruit growing.

BRYN-Y-NEUADD HALL

The seaside house of St. Andrew's Hospital is beautifully situated in a park of 330 acres Llanfairfechan amidst the finest scenery in North Wales. On the North West side of the Estate, a mile of sea coast forms the boundary Patients may visit this Branch for a short seaside change or for longer periods The Hospital has its own private bathing house on the seashore There is trout-fishing in the park

At all the branches of the Hospital there are cricket grounds football and hockey grounds lawn tennis courts (grass and hard courts) croquet grounds golf courses and bowling greens. Ladies and gentlemen have their own gardens and facilities are provided for handicrafts such as carpentry etc

For terms and further particulars apply to the Medical Superintendent (Telephone Nos 2356 and 2357 Northampton) who can be seen in London by appointment.

COURT HALL, KENTON, near EXETER,
for the treatment of eight Ladies, voluntary, temporary, or certified patients Large gardens and own dairy

CLIFFDEN TEIGNMOUTH for early and convalescent cases A well appointed house with spacious balconies and extensive views of the South Devon coast Sub-tropical gardens own dairy in 25 acres Private road to beach

		Telephones
Resident Physicians	BERTHA M MULES M D B S	Starcross 59
	ANNE S MULES M R C.S L R C P	Teignmouth 289

NORTHUMBERLAND HOUSE,
GREEN LANES, FINSBURY PARK, N 4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses Conveniently situated and easy of access from all parts. Six acres of ground highly situated facing Finsbury Park Voluntary and Temporary Patients received without certification Occupational Therapy Psychotherapy and other modern forms of treatment
Telephone STAMFORD HILL 2688 *Telegrams* SUBSIDIARY LONDON
Convalescent Home KEARSNEY COURT DOVER For further particulars apply to the Medical Sup

THE COPPICE, NOTTINGHAM
HOSPITAL FOR MENTAL DISEASES

This Institution is exclusively for the reception of a limited number of Private Patients of both sexes of the Upper and Middle Classes at moderate rates of payment. It is beautifully situated in its own grounds on an eminence a short distance from Nottingham and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted Occupational Therapy Voluntary and Temporary Patients received
Tel 64117 *For terms etc apply to the Medical Superintendent*

HAYDOCK LODGE
NEWTON-LE-WILLOWS LANCASHIRE
Telex Street, Ashton-in-Makerfield *Phone* Ashton-in Makerfield 7311

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from mental and nervous diseases, either voluntarily temporarily or under Certificate. Patients are classified in separate buildings according to their mental condition.

Situated in park and grounds of 400 acres Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation For terms prospectus etc., apply MEDICAL SUPERINTENDENT

APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A. House, Tavistock Square, W C. 1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.
CONTRACT PRACTICE
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*
GILFACH GOCH, GLAMORGAN *(Workmen's Medical Scheme)*
LLWYNYPIA CLYDACH VALE, PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*
MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*
NEATH AND DISTRICT *(Medical Aid Association)*
OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*
OAKDALE, MON *(Medical Officer for Medical Aid Association)*
PUBLIC HEALTH
FIFE AND KINROSS JOINT SANATORIUM BOARD *(Resident Medical Officer)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M.A House, Tavistock Square, W C. 1

Town or District.	Hon Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St. Sydney N.S W
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec. Queensland Branch British Medical Association, B M.A. House, 225 Wickham Terrace, Brisbane, B 17
VICTORIA *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St. East Melbourne Victoria.
WESTERN AUSTRALIA *(Contract and Lodge Practices)*	Hon Sec. Western Australian Branch British Medical Association Shell House," 205 St. George's Terrace Perth Western Australia

December 1, 1937 By Order of the Council G C ANDERSON, *Secretary*

EXETER CITY MENTAL HOSPITAL.

The Visiting Committee invite applications for the appointment of ASSISTANT MEDICAL OFFICER (Male) at a salary of £400 per annum rising by annual increments of £25 to £500 per annum with furnished apartments board attendance, and laundry valued at £150 per annum £50 per annum will be paid in addition if the successful candidate has a Diploma in Psychological Medicine, or when he obtains the same The appointment is subject to deductions under the Asylum Officers Superannuation Act Post-graduate experience in a General Hospital desirable. Opportunity for research and study

Forms of application and further particulars may be obtained from my office, 10 Southernhay West, Exeter

Application endorsed "Assistant Medical Officer" together with copies of not more than three recent testimonials must reach me not later than the first post on Monday December 13th 1937 C J NEWMAN

Town Clerk and Clerk to the Visiting Committee.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL. (85 Beds.)

Applications are invited from registered Medical Practitioners for the following appointments

HOUSE SURGEON (male and unmarried) Salary £150 per annum HOUSE PHYSICIAN (male and unmarried) Salary £125 per annum with board apartments and laundry

Appointments to commence on January 1st, 1938 for a term of six months renewable for a further term

The House Surgeon must have had previous experience and the House Physician must have had practical experience in the administration of anaesthetics

Applications stating age nationality and previous experience, together with copies of testimonials, to be sent to me not later than December 8th

FRANK H. TOONE, Secretary

9 Leicester Road Loughborough.

EAST SUFFOLK AND IPSWICH HOSPITAL. 350 Beds. 8 Residents

Wanted January 6th HOUSE SURGEON (male—British) to a General Surgeon and Genito-Urinary Surgeon The Hospital is recognised by the Royal College of Surgeons in respect of this post

Salary at the rate of £144 per annum with board apartments and laundry

Applications stating age qualifications and experience to be sent to the undersigned together with copies of three recent testimonials on or before December 9th

ARTHUR GRIFFITHS Secretary

The Hospital Ipswich November 27th, 1937

DERBYSHIRE ROYAL INFIRMARY Derby (General Hospital 362 Beds)

Applications are invited for the post of HOUSE SURGEON for General Surgery (male single)

Candidates must be qualified and registered under the Medical Acts

Salary will be £150 per annum with apartments board etc

Applications, with copies of testimonials to be sent to the undersigned

ARTHUR TAYLOR Superintendent and Secretary

November 23rd, 1937

DARLINGTON MEMORIAL HOSPITAL. (200 Beds.)

Applications are invited for the post of HOUSE SURGEON (vacant February 1st 1938) male British fully qualified for the Children's Surgical Eye, Ear Nose and Throat Depts Salary £150 per annum with board residence and laundry Applications, stating age, qualifications together with copies of recent testimonials to be addressed to the undersigned

ARTHUR RIDDLE, Secretary Superintendent.

ANCOATS HOSPITAL, MANCHESTER

ASSISTANT PATHOLOGIST Lady or Gentleman, whole-time appointment—no private work allowed Salary £350 to £400 per annum according to experience live out. Luncheon and tea provided The appointment is for twelve months and is renewable *During the first six months* a certain amount of research work will be conducted

RADIOLOGICAL OFFICER Lady or Gentleman, whole-time appointment non-resident no private work allowed Salary £300 per annum with luncheon and tea The appointment is for twelve months and is renewable Candidates must hold the D M R E. diploma

Applications for the above posts stating age and particulars of qualifications and experience to be forwarded to the undersigned on or before December 8th 1937 together with copies of three recent testimonials

By Order of the Board HERBERT J DAFFORNE General Supt and Secretary

COSSHAM MEMORIAL HOSPITAL, Kingswood Bristol.

A vacancy will occur at the end of the year for a JUNIOR RESIDENT MEDICAL OFFICER

Salary £100 per annum with board and laundry to remain for six months in the first instance. Applicants (male) should be British nationality fully qualified and registered

Applications with copies of recent testimonials, to be sent to the Secretary

CAERNARVONSHIRE AND ANGLESEY INFIRMARY Bangor (a General Hospital)

Wanted a SENIOR HOUSE SURGEON (male) Salary £170 p.a with residence board and laundry Duties to commence January 1st

Applications stating age nationality and experience, with copies of three recent testimonials to reach the Secretary not later than December 15th

(Advertisements continued on p 76.)

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Apply FELLOWSHIP OF MEDICINE 1, Wimpole Street London W 1 (Langham 4266)

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EAST SUSSEX COUNTY COUNCIL.

SOUTHLANDS HOSPITAL, SHOREHAM BY SEA.

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from fully qualified male registered medical practitioners (unmarried) for the post of Assistant Resident Medical Officer at Southlands Hospital Shoreham-by Sea near Brighton. The appointment is for one year Salary £300 per annum with board residence and laundry The hospital (350 beds) is a general hospital under the administration of the East Sussex County Council The duties of the post will be mainly concerned with medical cases (including children) and the administration of anaesthetics but there are also opportunities for surgical and obstetrical experience
Application should be made on a form obtainable from the undersigned at the County Hall Lewes and must be returned to him by Tuesday December 21st 1937
County Hall HUGH J T McILVEEN
Lewes. Clerk of the County Council
November 27th 1937

ADDENBROOKE'S HOSPITAL, Cambridge.

The General Committee invite applications for the appointment of a whole-time NON RESIDENT ASSISTANT RADIOLOGIST for a period of one year at a salary at the rate of £500 per annum Candidates should possess the D M.R.E. qualification.
Applications accompanied by sixteen copies of each of three recent testimonials, to be sent to the undersigned on or before December 31st 1937
Personal canvass of the Committee is expressly forbidden.

CITY OF LIVERPOOL

RESIDENT SURGICAL OFFICER.

Applications are invited for the above appointment at the Mill Road Infirmary Liverpool
The Hospital has 762 beds and over 3 000 operations are performed annually The appointment offers wide experience in general surgery
Candidates must be single, fully qualified and registered have had at least two years continuous Hospital experience since qualification and possess special experience in surgery—preferably holding a higher surgical degree
Salary at the rate of £350 rising by annual increments of £25 to £450 per annum together with the usual residential allowances All fees received in connection with the appointment to be handed over to the City Council
The appointment will be made in accordance with the Standing Orders of the City Council and will be determinable by one calendar month's notice on either side
Canvassing either directly or indirectly will be deemed a disqualification
Applications upon forms to be obtained from the Medical Officer of Health Municipal Annexe Liverpool to be endorsed Resident Surgical Officer and returned to the undersigned so as to be received not later than Saturday December 11th 1937
W H BAINES
Town Clerk.
Municipal Buildings
Dale Street, Liverpool 2.
November 1937

WOMEN'S HOSPITAL, AMMAN TRANS-JORDAN
JERUSALEM AND THE EAST MISSION

Required immediately RESIDENT MEDICAL OFFICER (Lady) to take charge of hospital Experience necessary
Salary £200 with free quarters cost of living small
Mission Hospital under the general control of the Bishop in Jerusalem 14 beds.
Apply Secretary Jerusalem and the East Mission 12 Warwick Square S.W 1

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APPOINTMENTS.—Contd.

THE PRINCE OF WALES'S GENERAL HOSPITAL, London N 15 (238 Beds)

The Governors of the Prince of Wales s General Hospital will shortly proceed to the election of an HONORARY ASSISTANT SURGEON to the Ear Nose and Throat Department, for which post applications are invited.

Candidates must be Fellows of one of the Royal Colleges of Surgeons and engaged in the practice of this special department of Surgery

Applications, together with copies of three recent testimonials should be lodged with the undersigned on or before Tuesday December 7th 1937

J C. BURDETT
Director and House Governor

November 11th 1937

KING EDWARD MEMORIAL HOSPITAL
Ealing W 13
(145 Beds)

APPOINTMENT OF SECOND CONSULTING LARYNGOLOGIST

Applications are invited for the above appointment and should be sent by December 31st 1937 to the undersigned, from whom details may be obtained

R A MICKELWRIGHT
House Governor

INVERNESS COUNTY COUNCIL

PUBLIC HEALTH DEPARTMENT

Applications are invited for the post of ASSISTANT MEDICAL OFFICER OF HEALTH for the County of Inverness (with duties primarily relating to the Outer Island Division of the County) Applicants must be Registered Medical Practitioners and hold a qualification in Public Health Infectious Diseases Hospital experience is essential

Salary at the rate of £600 per annum

Applications with copies of three testimonials, to be lodged with the undersigned not later than December 13th 1937

County Buildings J W McKILLOP
Inverness County Clerk
November 27th 1937

THE ROYAL CANCER HOSPITAL (FREE)
(Incorporated under Royal Charter)
Fulham Road London S W.3

Applications are invited for the post of HOUSE SURGEON (resident) to be attached to the Radium Department. Candidates must be registered medical practitioners. Facilities afforded for postgraduate study The appointment is for six months commencing January 1st 1938

Applications to be made on a form which will be supplied by the Secretary with copies only of not more than three recent testimonials to be sent to the Secretary not later than the first post on Monday December 13th 1937

CLEMENT COBBOLD
Secretary

THE GORDON HOSPITAL FOR RECTAL DISEASES
Vauxhall Bridge Road S W 1 (62 Beds)

Applications are invited for the post of RESIDENT SURGICAL OFFICER at the above hospital The appointment is from January 1st *1938* for a period of *six months.* Salary is at the rate of £150 p.a (plus £25 for the six months to cover all duties relating to private patients) together with board residence and laundry Applications accompanied by copies of three recent testimonials should be received not later than Tuesday December 14th by the Secretary at the Hospital from whom full particulars may be obtained

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HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE.

It is anticipated that not less than 10 vacancies for Medical Officers will occur before the end of 1937 The majority of these will occur in Tropical Africa and in Malaya

QUALIFICATIONS —Candidates must be British subjects of European parentage, under 35 years of age and must possess a medical qualification registrable in the United Kingdom Preference will be given to candidates who have held Hospital or Public Health appointments or who have special knowledge of anaesthetics radiology surgery medicine ophthalmology gynaecology and midwifery diseases of the ear nose and throat, venereal diseases etc

SALARY —Initial salaries vary from £600 to £700 and rise by increments to a maximum of between £1 000 and £1 200

PRIVATE PRACTICE —Private practice is not allowed as of right but in the case of some appointments it is permitted on certain conditions

QUARTERS —In Tropical Africa free quarters or an allowance in lieu are provided In Malaya quarters are provided at an annual rental not exceeding 6% of an officer s salary

PASSAGES —Free first class passages are provided on first appointment and when returning from leave Assistance is also given towards family passages

TERMS OF APPOINTMENT —The appointments are pensionable subject to a probationary period which varies from two to three years

COURSES OF INSTRUCTION IN TROPICAL MEDICINE AND HYGIENE —Selected candidates will normally be required to attend a course of instruction leading to the Diploma in Tropical Medicine and Hygiene before proceeding overseas

DUTIES —Although Medical Officers are appointed in the first instance for general service there are opportunities for work in special branches of medicine and surgery in public health and in medical research

Further particulars and forms of application may be obtained from the **Director of Recruitment (Colonial Service), 2, Richmond Terrace, Whitehall, London, S W 1**

ROYAL NAVAL DENTAL SERVICE

Vacancies exist for DENTAL OFFICERS in the ROYAL NAVY and applications for entry are invited from Registered Dental Surgeons

Candidates must be British subjects of pure European descent below 28 years of age on the day of entry and physically fit for service in any part of the world Unmarried candidates are preferred Candidates will be required to attend at the Admiralty for physical examination and interview by a Selection Board

Copies of the regulations for entry and conditions of Service including rates of pay and allowances may be obtained from the Medical Director General of the Navy Admiralty S W 1 and from the Deans of Dental Schools

CARMARTHENSHIRE COUNTY COUNCIL.

APPOINTMENT OF ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from registered medical practitioners for the post of whole time Assistant County Medical Officer of Health (male) Applicants must not be over 35 years of age and must possess the Diploma in Public Health

Salary £500 per annum rising by annual increments of £_5 to a maximum of £700 per annum plus £100 per annum for travelling expenses The post is subject to the provisions of the Local Government and Other Officers Superannuation Act 19 and to the successful candidate passing a medical examination

The successful candidate who will be under the direction and control of the County Medical Officer of Health will be required to reside at Carmarthen and to carry out such duties as may from time to time be imposed upon him by the County Medical Officer The duties for the present will comprise those in connexion with the School Medical Service but general public health work will be allocated later on

The appointment will be held during the pleasure of the Council and will be determinable by the Officer by three months notice in writing

A form of application can be obtained from the undersigned which must be returned together with copies of three recent testimonials not later than January 2nd 1938

DANIEL JOHNS
County Offices, Clerk of the County Council
Carmarthen
December 1 t, 1937

BOROUGH OF BROMLEY

ASSISTANT MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER (MALE)

Applications are invited from male registered medical practitioners of not more than 40 years of age. The salary will be at the rate of £550 rising by annual increments of £30 to £750 per annum in accordance with the Town Council s Salaries and Grading Scheme. Applicants should have had experience in the diseases of children maternity and child welfare and school medical services *and must possess the Diploma in Public Health*

The person appointed will be required to devote the whole o his time to the duties and may not engage in private practice such duties to be performed under the direction of the Medical Officer of Health

The successful candidate will be required to pass a medical examination and to contribute to the Superannuation Scheme under the Local Government and Other Officers Superannuation Act 19—

Applications must be made on forms to be obtained from the Medical Officer of Health Municipal Offices Bromley Kent to whom they must be returned (accompanied by copies of three recent testimonials) not later than December 14th 1937

Canvassing directly or indirectly will be a disqualification

S CRITCHLEY AUTY
Municipal Offices Town Clerk
Bromley Kent
November 4th 1937

LUTON EDUCATION COMMITTEE

CONSULTING AURAL SURGEON

Applications are invited for the position of Consulting Aural Surgeon The person appointed will be required to visit the School Clinic one half-day session each quarter on dates to be arranged for the purpose of investigating and advising upon children suffering from ear nose and throat defects

The fee payable will be £ 1_s 6d per session.

Further particulars and conditions of appointment may be obtained from the undersigned to whom applications should be forwarded not later than Wednesday December 8th 1937

H. R B WOOD
Director of Education.
Education Office,
Town Hall Luton.
November 15th 1937

BOARD OF CONTROL ENGLAND AND WALES

The Board of Control (Lunacy and Mental Deficiency) invite applications from Registered Medical Practitioners (men and women) for a vacant appointment as COMMISSIONER on the Board s staff

The salary commences at £850 per annum and rises by eleven annual increments of £30 to £1 180 and then to £1 200 per annum

The appointment will be subject to the usual Civil Service conditions as to pension holidays etc and also in the case of women marriage. Subject to certain conditions previous established service in a Mental Hospital or Mental Deficiency Institution can be aggregated with Civil Service for superannuation purposes

Candidates should be experienced in the care and treatment of persons suffering from mental disorder or mental defect

Commissioners are required to devote their whole time to the Public Service

Canvassing through Members of Parliament or in other ways will render a candidate liable to disqualification

Forms of application with further particulars of the appointment, may be obtained from the Secretary Board of Control Metropole Buildings Northumberland Avenue London W C 2

No application can be considered unless received *on the p ever bed fo m* not later than January 1.t.

PETERBOROUGH AND DISTRICT MEMORIAL HOSPITAL.

(1 4 Beds.)

APPOINTMENT OF SENIOR RESIDENT HOUSE SURGEON

(3 Residents on Staff)

Applications are invited from fully qualified male practitioners for the above post which becomes vacant on January 1st next

Applicants must have held a Hospital appointment previously for at least six months and have had experience in Fracture work

Salary at the rate of £175 per annum for the first six months and £_00 per annum afterwards

Application stating age qualifications and experience with copies of recent testimonials to be sent to the undersigned from whom further particulars may be obtained

FRANK A C TAYLOR
Secretary Superintendent

BRISTOL GENERAL HOSPITAL

The Committee invites applications for the following appointments which become vacant on February 1st next —

Two HOUSE PHYSICIANS Three HOUSE SURGEONS RESIDENT OBSTETRIC OFFICER HOUSE SURGEON to the Special Departments and 1 CASUALTY HOUSE SURGEON

The appointments will be for six months at salaries at the rate of £80 per annum and at the rate of £100 per annum for the Casualty House Surgeon and in the event of a second appointment being held at the rate of £100 per annum in each case with board residence, etc provided in the hospital

Candidates must be registered under the Medical Acts and produce testimonials of good personal character and ability and must have recent experience in the administration of anaesthetics.

Forms of application etc. to be obtained from the Secretary must be returned completed with copies of testimonials, addressed to the undersigned on or before Saturday January 1st, 1938 from whom further particulars may be obtained

THOMAS W GREGG F C C.S
Secretary

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY

HOUSE SURGEON wanted Ophthalmic experience preferred Duties to commence February 1st 1938 There are fifty beds for In-Patients and large Out Patient Department. Salary £150 a year with furnished apartments, board and laundry Ladies and gentlemen applying should state age and experience, and send copies of three recent testimonials to reach the Secretary not later than first post December 21st.

EUSTACE LEES
December 1st, 1937 Secretary

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL

RESIDENT SURGICAL OFFICER

Applications are invited for the above post which will become vacant on January 1st 1938 Salary £300 per annum

The duties include much operative work and preference will be given to a candidate holding the F R C.S England diploma

Applications with copies of recent testimonials should be sent to the undersigned immediately

JOSEPH E SEARJEANT F C C.S
House Governor and Secretary

MANCHESTER VICTORIA MEMORIAL JEWISH HOSPITAL CHEETHAM

(Non-Sectarian—102 Beds.)

Applications are invited for the post of JUNIOR HOUSE SURGEON AND CASUALTY OFFICER The appointment is for six months commencing from January 1st 1938 and includes board residence and laundry Salary £125 per annum Applications stating age and qualifications together with copies of three recent testimonials to be forwarded to the undersigned not later than December 13th 1937

By order of the Board of Management
H EWART MITCHELL,
Superintendent and Secretary

MONTAGU HOSPITAL MEXBOROUGH

(113 Beds)

Applications are invited for the following Resident posts

(1) HOUSE SURGEON (male) must have post graduate experience commencing salary £175 per annum The Hospital affords excellent experience in fractures (Bohler)

(2) HOUSE PHYSICIAN (either sex) commencing salary £125 per annum

Both posts carry the usual residential emoluments Applications with full particulars, together with copy testimonials to be received by the Secretary Superintendent by first post Wednesday December 8th 1937

WATFORD AND DISTRICT PEACE MEMORIAL HOSPITAL (144 Beds)

Applications are invited for the post of HOUSE SURGEON (female) for a period of six months commencing February 1st, 1938 Salary at the rate of £150 per annum with board and laundry Applications stating age nationality and qualifications together with three testimonials to be forwarded to the undersigned not later than December 18th 1937

T H FLETCHER
Secretary

DURHAM COUNTY AND SUNDERLAND EYE INFIRMARY

HOUSE SURGEON required male or female Non resident. Salary £150 Increasing £ 0 per annum for two years. Duties to commence January 3rd 1938 Applications with testimonials to
Secretary JOHN BUTTERFIELD

THE CORBETT HOSPITAL, Stourbridge

(96 Beds and Special Departments)

Applications are invited for the post of HOUSE SURGEON which will become vacant on January 7th, 1938. The appointment will be for a period of six months terminable by six weeks notice, and carries a salary at the rate of £100 per annum with board laundry etc

The hospital has a Specialist Visiting Staff and Resident Surgical Officer

Applications giving full details of qualifications, age and experience accompanied by three copies of testimonials, should be addressed to the undersigned forthwith

W G H WESTON
Secretary

THE ROYAL HOSPITAL, Wolverhampton

(Incorporated under Charter)

HOUSE SURGEON required (General Surgery) duties to commence January 1st 1938 The hospital contains 300 beds includes the usual special departments and is recognized by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice Candidates must be registered under the Medical Acts and unmarried

The appointment is for six months. Salary at the rate of £100 per annum Board furnished rooms and laundry provided

Applications with copies of testimonials to be forwarded to the undersigned

W H HARPER
Wolverhampton. House Governor
November 30th 1937

HOUNSLOW HOSPITAL MIDDLESEX

APPOINTMENT OF CASUALTY OFFICER

Applications are invited from registered medical practitioners (male) for Casualty Officer Salary £100 per annum with full board etc and extras A panel of five Anaesthetists is upon the staff of the hospital

Fourteen copies of the application stating age nationality qualifications and previous experience together with fourteen copies of three recent testimonials should be forwarded to the Secretary endorsed Appointment immediately and in any case before December 30th 1937

WORCESTER ROYAL INFIRMARY

(165 Beds)

Applications are invited for the posts of HOUSE PHYSICIAN Salary at the rate of £160 per annum with board residence and laundry HOUSE SURGEON to the Gynaecological Department with casualty and anaesthetics Salary at the rate of £140 per annum with board residence and laundry

Applications, stating full particulars as to age whether married or single qualifications etc and accompanied by copies of three recent testimonials should be sent to the undersigned by December 11th 1937

A R WISE,
Superintendent Secretary

CITY OF LONDON MATERNITY HOSPITAL City Road E.C.1

Applications are invited for the post of MALE ASSISTANT RESIDENT MEDICAL OFFICER for three months from January 1st. Salary at the rate of £80 p a At the end of the period the candidate will if satisfactory be appointed Senior for three months at £100 p a

Forms of application returnable not later than December 7th may be obtained from the under signed

RALPH B CANNINGS
Secretary

GENERAL HOSPITAL NOTTINGHAM

(389 Beds)

A HOUSE SURGEON (Male) is required at the above Institution. The appointment is for six months with salary at the rate of £150 a year with board residence and laundry

Applications, stating age qualifications and experience together with copies of testimonials, to be sent to the undersigned at once. Duties to commence on or about January 1st, 1938

PETER M MacCOLL
House Governor and Secretary

BIRMINGHAM MATERNITY HOSPITAL

HOUSE SURGEON (man or woman) wanted for nine months from February 1st, 1938 (3 months in Hospital 3 months on District and 3 months in Hospital) Salary to be at the rate of £75 per annum.—Applications with full particulars and copies of testimonials to be sent not later than December 10th to HUGH C. ASTON 45 Newhall [illegible] 3

EAST SUSSEX COUNTY MENTAL HOSPITAL, Hellingly

JUNIOR ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited for the above post from duly qualified registered medical practitioners (unmarried)

Salary £350 a year rising by four annual increments of £25 to £450 together with board lodging washing and attendance, valued for superannuation purposes at £90 a year an additional £50 a year will be paid to any candidate appointed who holds the Diploma in Psychological Medicine or a similar Diploma

The appointment is subject to one month's notice on either side and to the provisions of the Asylums Officers Superannuation Act 1909

Applications marked "A M O" giving particulars of previous experience and copies of not more than three recent testimonials should be addressed to the Medical Superintendent not later than December 20th 1937

KING GEORGE HOSPITAL ILFORD

(near London—207 Beds)

HOUSE SURGEON (Male) required for six months from January 1st 1938 Salary £100 p a Forms of application may be obtained from the undersigned to whom they should be returned duly completed by December 0th

G AUSTIN HEPWORTH
Secretary and Superintendent

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LANCASHIRE COUNTY COUNCIL.

SCHOOL MEDICAL AND CHILD WELFARE DEPARTMENT

APPOINTMENT OF AN ASSISTANT COUNTY MEDICAL OFFICER.

The Lancashire County Council invite applications from registered Medical Practitioners for the post of an Assistant County Medical Officer

Applicants must not be over 40 years of age and must possess the Diploma in Public Health

The duties of the post include the Medical Inspection of school children work under the Maternity and Child Welfare Acts general Public Health work and such other duties as may from time to time be imposed by the County Council

The candidate appointed will be required to devote his whole time to the service of the County Council to pass a medical examination and to contribute to the Council's Superannuation Fund The salary will be £800 a year rising subject to satisfactory service, by annual increments of £50 to a maximum of £1 000 a year together with travelling expenses

Applications must be made upon a form which can be obtained together with further particulars from the County Medical Officer of Health School Medical and Child Welfare Department, County Offices Preston, to whom the completed forms should be returned not later than December 11th 1937 All communications must be endorsed "Assistant County Medical Officer"

Any form of canvassing is strictly forbidden, and will disqualify

GEORGE ETHERTON
Clerk of the County Council

County Offices Preston
November 1937

COUNTY BOROUGH OF BURNLEY

ASSISTANT MEDICAL OFFICER.

(Bacteriology Pathology and Venereal Diseases)

Applications are invited from duly qualified and registered Medical Practitioners (male) for the appointment of Assistant Medical Officer at a salary of £850 per annum The duties will be mainly in connection with Bacteriology and Pathology and treatment of Venereal Diseases

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922

Further particulars of duties conditions of appointment and forms of application may be obtained from the Medical Officer of Health 27 St. James Street, Burnley to whom applications together with three recent testimonials, should be sent not later than December 15th 1937

Canvassing, either directly or indirectly will be a disqualification.

HARRY PLOWMAN
Town Hall Burnley Town Clerk.
November 20th 1937

BRITISH POSTGRADUATE MEDICAL SCHOOL.

There are three vacancies for HOUSE SURGEONS in the Surgical Unit British Postgraduate Medical School Hammersmith Hospital Ducane Road W 12.

The appointments are for six months in the first instance, and the holder may apply for a further period of six months Salary at the rate of £105 per annum with board lodging and laundry Duties to commence on January 1st 1938

Duties are mainly in General Surgery but one appointment is to the Department of Traumatic and Orthopaedic Surgery It is desirable that applicants should have held a previous House appointment

Applications with copies of testimonials, should be sent to the Dean of the School not later than December 13th 1937

BRITISH POSTGRADUATE MEDICAL SCHOOL.

There will be a vacancy for an OBSTETRIC HOUSE SURGEON on the staff of the British Postgraduate Medical School from January 1st 1938

The appointment will be for six months and salary will be at the rate of £105 per annum with board lodging and laundry

Applications with copies of testimonials should be sent to the Dean of the School Ducane Road W 12 not later than December 13th 1937

BRITISH RED CROSS SOCIETY

CLINIC FOR RHEUMATISM
Peto Place Marylebone Road N W 1

The British Red Cross Society invite applications for the appointment to the Clinic for Rheumatism Peto Place, Marylebone Road N W 1 of an HONORARY ASSISTANT LARYNGOLOGIST

Applications, stating qualifications and present appointments should be sent in not later than December 20th addressed to —

The Secretary of the Medical Board Clinic for Rheumatism British Red Cross Society 14 Grosvenor Crescent S W 1

COUNTY COUNCIL OF MIDDLESEX.

RESIDENT ASSISTANT MEDICAL OFFICER MIDDLESEX COUNTY HOSPITAL BUSHEY

Applications are invited for the appointment of Resident Assistant Medical Officer (woman) Candidates must be registered medical practitioners who have held resident appointments in a general hospital and have special knowledge and experience of obstetrics.

The hospital contains some 36 maternity beds and is administered as an annexe to Redhill County Hospital Edgware

The officer appointed who will be required to devote her whole time to official duties will be in medical charge of these beds will reside at the Bushey Hospital and work under the direction of the Medical Superintendent and of the Obstetric Surgeon of Redhill County Hospital In addition to her duties at Bushey she will be required to attend the ante natal clinics at Redhill County Hospital and undertake such other work as may be allotted to her

Salary £400 per annum, rising by annual increments of £25 to £475 per annum with board lodging and laundry

The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by one month's notice on either side

The appointment which does not at present carry any superannuation rights will not exceed four years at the end of which period the officer will leave the Council's service. In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications, stating age qualifications and experience, together with copies of not more than three recent testimonials must be received by the undersigned not later than December 18th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Assistant Medical Officer Middlesex County Hospital Bushey

Canvassing directly or indirectly will be a disqualification C W RADCLIFFE Z
Clerk of the County Council

Middlesex Guildhall Westminster S W 1
November 30th 1937

COUNTY COUNCIL OF MIDDLESEX

VISITING DENTAL SURGEONS

Applications are invited from fully qualified and registered dental surgeons for the appointments of Visiting Dental Surgeon at the County Sanatoria at Harefield and at Clare Hall South Mimms

The dentist appointed to each sanatorium will be required to attend one session of approximately 2½ hours per week at a fee of £2 2s per session The appointments which do not carry any superannuation rights will be held during the pleasure of the Council and are terminable by one month's notice on either side

Applications for either or both appointments stating age qualifications, and experience, together with copies of not more than three recent testimonials must be received by the undersigned not later than December 10th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Dental Surgeon County Sanatoria"

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE, Z."
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
November 20th 1937

SURREY COUNTY COUNCIL.
Public Health Department.

Surrey County Hospital Dorking (200 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from Registered Medical Practitioners for the post of Resident Assistant Medical Officer at the Surrey County Hospital Dorking

The Medical Officer appointed should preferably have had previous experience as House Surgeon or House Physician

The appointment is for a period of six months renewable for a further period of six months and the gross salary is at the rate of £375 per annum less a deduction of £125 in respect of full residential allowances

Applications stating age qualifications and experience and enclosing copies of not more than three recent testimonials, should be endorsed Resident Assistant Medical Officer and sent to the County Medical Officer County Hall Kingston-upon-Thames so as to be received not later than December 8th 1937

County Hall DUDLEY AUKLAND
Kingston-upon-Thames Clerk to the Council
November 25th 1937

SURREY COUNTY COUNCIL.
Public Health Department

Surrey County Hospital Kingston (530 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from Registered Medical Practitioners for the appointment of Resident Assistant Medical Officer at the Surrey County Hospital Kingston-upon-Thames which will be vacant on January 1st 1938 The Medical Officer appointed must have had Postgraduate Hospital experience in the administration of anaesthetics as his duties will be largely those of Anaesthetist.

The appointment is for a period of six months renewable for a further period of six months and the gross salary is at the rate of £375 per annum less a deduction of £125 in respect of full residential emoluments.

Applications stating age qualifications and experience, and enclosing copies of not more than three recent testimonials should be addressed to the Medical Superintendent, Surrey County Hospital Wolverton Avenue Kingston-upon-Thames so as to be received not later than December 8th 1937

County Hall DUDLEY AUKLAND
Kingston-upon-Thames Clerk to the Council
November 25th 1937

COUNTY BOROUGH OF WEST HAM

PUBLIC ASSISTANCE COMMITTEE.

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) at Whipps Cross Hospital Leytonstone E.11 Salary £350 per annum rising by annual increments of £25 to a maximum of £450 per annum with apartments board and laundry valued for superannuation purposes at £150 per annum The salary is inclusive, and all fees received from whatever source must be paid to the Council

Candidates must be fully qualified registered medical practitioners and should have held a previous resident hospital appointment Preference will be given to candidates with practical experience of surgical operations and the person appointed must give his whole time to the service of the Council and will be required should the occasion arise, to act in any of the Council's other institutions

The successful candidate will be required to pass a medical examination and the appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922, or the Poor Law Officers Superannuation Act, 1896 and the statutory contributions will be deducted from the salary

Forms of application can be obtained from the Medical Officer of Health Public Health Department 88 Romford Road London E.15 and will be forwarded upon receipt of a stamped addressed foolscap envelope and must be returned to the undersigned not later than December 15th 1937

Canvassing members of the Council is prohibited and will disqualify

CHARLES E. CRANFIELD
Town Clerk.

Public Assistance Offices
Union Road Leytonstone E 11
November 24th 1937

BOROUGH OF MAIDSTONE.

ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified lady medical practitioners for the whole-time appointment of Assistant Medical Officer of Health at a commencing salary of £500 per annum rising by £25 annually to a maximum of £700 per annum with a car allowance of £25 a year

The terms and conditions of the appointment together with application forms can be obtained from the undersigned by whom applications should be received not later than December 31st, 1937

13 Tonbridge Road GRAHAM WILSON
Maidstone. Town Clerk

COUNTY BOROUGH OF NEWPORT

JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited from Registered Medical Practitioners for the above appointment at the Public Assistance Hospital Newport Mon

Salary £150 with the usual residential emoluments (Annual appointment)

Appointment terminable by one month's notice on either side

The Hospital is a Training School for Nurses further particulars of which will be supplied on application to the Public Assistance Officer Town Hall Newport, to whom applications stating age experience and qualifications with copies of three recent testimonials must be forwarded not later than December 10th 1937

Town Hall O TREHARNE MORGAN
Newport Mon Town Clerk
November 1937

Established in 1893 by J A. Reaside.

THE MEDICAL AGENCY, Ltd.

DUDLEY HOUSE, 36-38, SOUTHAMPTON ST., STRAND, W C.2

Telephone—Temple Bar 1054

LONDON E.3.—Old-established middle and working-class PRACTICE Shop-fronted accommodation held on lease at £90 p.a Receipts average £1 400 p.a Panel 2 060 Premium £3 250 to include drugs surgery fittings and furniture

LONDON (Eastern Environ)—PARTNERSHIP in middle and working-class Practice Receipts £4 200 p a Panel 4 600 House to rent Premium 2½ years purchase for One-third Share with view to One half Share Part of purchase price may remain

LONDON S E.—Old-established middle-class PRACTICE in residential district Corner house. Receipts £800 p a Panel 757 Premium £2,800 for Practice and House or near offer

MIDDLESEX (Riverside)—PARTNERSHIP after preliminary Assistantship in good class Practice Receipts £6 000 p.a Panel 3,500 One-fifth Share with view to One third Share at 2½ years purchase, or near offer

HOME COUNTIES.—Excellent opportunity for young Practitioner (Protestant) with experience to acquire SHARE in growing Practice with definite scope Guaranteed Share at 2 years purchase Personal application essential

WEST END (Nr Piccadilly Circus)—NUCLEUS PRACTICE, with scope for further development. Suitable for one with knowledge of V D Receipts at the rate of £450 p.a Premium for goodwill and lease, £200

We have numerous small Practices and Assistantships with view Full details on request.

Financial Assistance arranged Reliable Locums always available.

Established 1877

LEE & MARTIN, LTD.

The Birmingham Medical Agency, 71, TEMPLE ROW, BIRMINGHAM.

Telegrams "Locum Birmingham" *Telephone* 5963 Midland B ham

TRANSFER OF PRACTICES AND PARTNERSHIPS ARRANGED

MAXIMUM FEE £50 if exclusively entrusted to us

ACCOUNTS INVESTIGATED AND INCOME TAX RETURNS PREPARED

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORT NOTICE also ASSISTANTS

WANTED TO PURCHASE

1 BIRMINGHAM (or within 50 miles thereof)—Good Mixed PRACTICE with a Panel of 1 000 over and receipts of from £1,500–£3 000 URGENTLY REQUIRED CAPITAL AVAILABLE

2 NORTH WEST MIDLANDS.—Good Mixed PRACTICE with substantial Panel and income from £1 000 upwards Good House required PURCHASER OFFERS CASH

3 LIVERPOOL ST ANNES (or within 35 miles of Liverpool)—PARTNERSHIP worth about £1 100 or more in chiefly better-class residential Practice with one man

FOR DISPOSAL

1 WEST COUNTRY.—Old-established Industrial PRACTICE Receipts av £1 506 p.a and Panel 1 000 over Good accommodation and

2 MIDLANDS.—Well-established Panel and good middle-class country PRACTICE. Receipts av £1 644 p a Panel 561 Excellent house all services

3 NORTH MIDLANDS.—Old-established industrial and middle-class PRACTICE Receipts average for last three years £1 090 p a Panel 962 with excellent house and good scope to increase

4 LANCS.—Well-established industrial country PRACTICE. Receipts av £780 p.a. Panel 870 Excellent scope little opposition Good house

5 YORKS.—Well-established rural PRACTICE Receipts av £1,500 p.a Panel of 701 Excellent house to rent with good accommodation

FINANCIAL ASSISTANCE afforded to approved applicants for the purchase of Practices or Partnerships on very reasonable terms Full particulars on application

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORTEST NOTICE

Telephone Welbeck 2728
Telegrams Assistiamo London

NURSES

MALE OR FEMALE

TRAINED NURSES FOR MENTAL MEDICAL SURGICAL AND FEVER CASES

Nurses reside on the premises and are available for urgent calls Day and Night

THE NURSES' ASSOCIATION
(In conjunction with the MALE NURSES ASSOCIATION)
29 York St., Baker St., London, W.1
Mrs MILLICENT HICKS *Supt*
W J HICKS *Secretary*

THE WESTERN MEDICAL AGENCY

LONDON and BRISTOL

Dr K H Bennett and Dr W J Paramore, who give personal attention to every client.

Financial Assistance for Purchasers and all Classes of Medical Insurance arranged

LOCUMS AND ASSISTANTS SUPPLIED WITHOUT CHARGE TO PRINCIPALS

For exclusive Agency maximum commission is £50 which includes everything sold except house property

1 BRISTOL.—Good scope Panel 2,200 £2 125 last year steadily increasing Half share at £2 000 House £60 p a

2 CORNWALL — PRACTICE in beautiful country All sports Panel 500 £850 p a 2 years purchase Good house £80 p a

3 LINCS.—PARTNERSHIP in favourite part Panel 1 200 About £2,450 p.a Half share at 2 years purchase. House, £68 p.a

4 S WALES.—Growing PRACTICE in country district About £450 p a 1 year's purchase Modern house sale or rent.

5 BRISTOL.—PRACTICE with good scope. Panel 1,360 Receipts £1 360 p.a Premium £2 700 House £78 p a

6 LANCS.—Mixed better-class PRACTICE Panel 745 £1 200 last year Premium £1,350 House sale or rent.

7 MIDDLESEX.—Country district within easy reach of London Panel 1 600 £1 800 p a £5 750 for Practice and attractive house

8 SOMERSET — PARTNERSHIP in country district. Total receipts over £6 000 p a Large panel Nett share offering £1 200 p a at £2 700 House at moderate premium

9 S DEVON.—Country near coast Panel 1 050 £1 750 p a Half share at 2 years purchase House with accommodation for patients if required to rent.

10 BRISTOL.—Good district About £800 p a Price 1½ years purchase Good house sale or rent Good scope

22 CLARE STREET, BRISTOL, 1.
Teleg Medgen Bristol *Tel* Bristol 22689
15, BEDFORD ST., STRAND, W C.2
Tel Temple Bar 2532

Established 1868

PEACOCK & HADLEY, Ltd

MEDICAL TRANSFER AGENCY,
67 68, Chandos St Bedford St.Strand, W C.2

Telegrams Herbaria Lesquare, London.
Telephone Temple Bar 5564

This old-established Agency negotiates the Sale of PRACTICES and PARTNERSHIPS on reasonable terms which can be obtained on application LOCUM TENENS and ASSISTANTS supplied free of charge to principals

CAVENDISH NURSES

★ **MALE AND FEMALE**

Head Office
54 BEAUMONT STREET LONDON W 1
Branches *MANCHESTER* 176 *Oxford Road*
GLASGOW 28 *Windsor Terrace*
DUBLIN 23 *Upper Baggot St*
Telephones London 1277 Welbeck (2 lines)
Manchester 3152 Ardwick
Dublin 62006 Glas 477 Douglas
Telegrams Tactear London Surgical Glasgow
Tactear Manchester Tactear Dublin

THE OLDEST AND LEADING MEDICAL AGENCY

ESTABLISHED 60 YEARS

PERCIVAL TURNER LTD.

4 & 5, ADAM ST., STRAND, W C.2

Telegrams: Epsomian, London
Phone: Temple Bar 9011 (3 lines)

After office hours Walton-on-Thames 1785

Assistants and Locums Provided without fee Principals Practices investigated. Book kept Debt Collecting etc.

The maximum commission charged on the sale of any practice or share placed exclusively in our hands is £50 No commission is charged on the sale of anything else except house property Scale of charges sent on application.

FOR DISPOSAL.

SOUTH DEVON COAST TOWN—ASSISTANTSHIP with view to Partnership in 6 months or earlier Mixed practice with large panel Share guaranteed at £850 p a Excell prospects.—1

BUCKS — COUNTRY DISTRICT NUCLEUS OF PRACTICE with good scope and co-operation of neighbouring practitioner No prem But excellent house for sale at only £900.—2

NEAR SWANSEA — DEATH VACANCY About £1 050 p a Panel 1 063 House in own grounds with 5 bed 2 recep Surgery etc. £2 500 freehold or let at about £100 p.a —3

CENTRAL WALES — BEAUTIFUL COUNTRY Assy with view to share in 6 months Salary £350 all found Must be single 25 to 35 Share approx £700 p.a —4

KENT, NEAR LONDON — HALF SHARE of £1,300 p.a Panel 1,500 rapidly increasing Visits 3/6 to 5/ Premium £1,300 House to rent 25/ p w —5

NEAR CARDIFF — RESIDENTIAL AREA with ample scope. Over £400 p.a Visiting fees 5/ to 10/- Premium one year's purchase Comfortable house —6

OPHTHALMIC PRACTICE.—£600 P A., with scope. Within easy access of London near sea Nominal premium Ill-health cause of sale —7

MIDDX. SUBURB.—HALF SHARE OF £1 600 p.a increasing with ample scope Panel 2,200 Premium 2 years purchase House (4 bed) to rent —8.

YORKS—COAST RESORT TWO FIFTH SHARE of £2 400 p a after prelim Assy with early option to half Panel 1 700 Detached house or flat —9

LINCS—SMALL TOWN NEAR SEA. £1 400 p.a. incl panel worth £230 Good class. Fees 5/6 to 21/ 2 years purchase. House (6 bed etc) for sale £1 550 —10

YORKSHIRE DALES—UNOPPOSED £1 000 p.a Panel £340 p.a. Commodious house with large garden. Price for house and goodwill, £3 000 or would let.—11

SUSSEX RESORT—ABOUT £650 P.A Panel 200 Visits 4/ to 10/6 Premium £1,200 Freehold house 6 bed etc £2 300 —12

MIDLAND CATHEDRAL CITY Half share of £2 470 Panel 1 200 Prem 2 purchase Corner house (4 bed) to rent at £6

NUCLEUS SURREY — £160 Panel 54 Small house to rent Any offer A Middlesex £300 p a Panel 165 Premium House to rent.—14

DERBYSHIRE — COUNTRY OPPOSED Nearly £1 100 p.a Panel 960 A £200 p.a Premium only 1½ years purchase. G house 6 bed etc £1,500 freehold —15

SUSSEX — COUNTRY PRACTIC About £700 p.a Panel over 500 increasing Ap £20 p a Visits 5/ up Small house, nice gard garage etc. to rent —16

WITHIN 30 MILES OF LONDON WEST SIDE ¼ SHARE of about £3,200 p Panel about 2,500 Very good prospects. Excellen house can be purchased or rented —17

LONDON S W —£400 P.A SMALL PANEL Vendor lives away Good scope if resident Price of practice and house £1,600 Part of house let at 30/ —18

WEST COUNTRY—OLD EST UN OPPOSED country PRACTICE £900 p.a Panel 500 and appts Nice house garden and garage rent £80 p a Premium 2 years purchase.—19

LANCS TOWN—OLD EST £1 100 p.a Panel 325 not encouraged good scope Nice house, large garden and garage for sale or let. Premium 1½ years purchase —20

LONDON N —ABOUT £1 000 P.A. Panel 1 050 Fees 3/ to 5/ Lock-up Premises. House available, if required —21

MANCHESTER — PLEASANT DISTRICT About £1 200 p.a. Panel 750 Ample scope. Well-built detached house, 5 bed., garden, and tennis lawn etc —22

NO CHARGE TO PURCHASERS
FINANCIAL ASSISTANCE ARRANGED
ASSISTANTS—VACANCIES IN TOWN and Country Indoor and Outdoor List on application.

COUNTY BOROUGH OF BARNSLEY

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

The Barnsley County Borough Council invite applications for the position of Assistant Medical Officer of Health and Assistant School Medical Officer

The commencing salary will be £500 per annum rising by annual increments of £25 (subject to satisfactory service) to a maximum of £700 per annum

Candidates must be registered medical practitioners of either sex under 40 years of age of at least three years standing and should have had experience in the work of school medical inspection and maternity and child welfare Experience in the treatment of infectious disease is necessary

Applicants must also possess the Diploma in Public Health or an equivalent qualification

The person appointed will be required to devote his or her whole time to the duties of the office and will not be allowed to engage in private or consulting practice, and will work under the supervision of the Medical Officer of Health who is also School Medical Officer

The Corporation are proposing to introduce a superannuation scheme as from April 1st 1938

The appointment will be determinable by three months notice on either side

Applications, accompanied by copies of not more than three recent testimonials must be sent to me on or before December 16th 1937 endorsed Assistant Medical Officer of Health

A E. GILFILLAN
Town Hall Barnsley Town Clerk.
November 29th, 1937

COUNTY BOROUGH OF GRIMSBY

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the post of Male Assistant Medical Officer of Health at the Grimsby Corporation Hospital This Institution has 98 beds for Pulmonary and Surgical Tuberculosis, and 74 for Infectious Diseases

Candidates must be unmarried and have held a resident post in a General Hospital The possession of a Diploma in Public Health is essential and Hospital experience in regard to infectious diseases will be deemed an additional qualification

The salary is £500 per annum rising by annual increments of £25 to £700 per annum £1 0 per annum will be deducted for board residence and laundry

Forms of application and any further information desired may be obtained from the Medical Officer of Health 184 Victoria Street Grimsby Applications, endorsed Assistant Medical Officer must reach me not later than Wednesday December 15th 1937

JOHN W JACKSON
Municipal Buildings Town Clerk
170 Victoria Street Grimsby

THE WELSH NATIONAL SCHOOL OF MEDICINE (UNIVERSITY OF WALES)

ASSISTANT LECTURER IN THE DEPARTMENT OF MATERIA MEDICA AND PHARMACOLOGY

Applications are invited for the full-time post of Assistant Lecturer in the Department of Materia Medica and Pharmacology in The Welsh National School of Medicine Cardiff at a salary of £500 per annum

Further particulars of the appointment may be obtained from the undersigned by whom six copies of application with the names of three referees must be received not later than January 3rd 1938

S C EDWARDS
Secretary
The Welsh National School of Medicine
The Parade Cardiff

SOUTHEND-ON-SEA GENERAL HOSPITAL

(235 Beds)

Hon Specialist Staff of 19 Members—8 Residents.

Applications are invited for the post of RESIDENT ANAESTHETIST (male) Previous experience in administration of anaesthetics essential The appointment is for six months (renewable) from January 1st 1938 Salary £125 p.a. with board residence and laundry

Applications with copies of three recent testimonials should be sent to the undersigned not later than December 16th, 1937

P H CONSTABLE
Secretary

HUNTINGDON COUNTY HOSPITAL

HOUSE SURGEON required on December 11th Salary £170 p.a. with board and residence Applications with copies of three testimonials, stating age and nationality and height, and photograph if available to D C L Hall, Hertingfordbury County Hospital, Hertingford.

BOROUGH OF EALING

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified medical men (single) with a Public Health qualification for the position of RESIDENT ASSISTANT MEDICAL OFFICER

The duties will include the medical care of patients in the Chiswick and Ealing Isolation Hospital South Ealing and the medical inspection and treatment of school children at schools and health centres in the borough of Ealing

The person appointed will reside at the Isolation Hospital where furnished rooms and board will be provided

The person appointed will be required to devote his whole time to the duties and will not be allowed to engage in private practice The salary will be at the rate of £350 per annum rising by £25 per annum to a maximum of £550 plus board and residence as indicated above and valued at £150 per annum A deduction of 5 per cent will be made from the salary in accordance with the provisions of the Local Government and Other Officers Superannuation Act 192- which has been adopted by the Council, and the appointment will be subject to passing the Council's medical examination in connection therewith Canvassing will be a disqualification

Copies of the application form and terms of appointment can be obtained from Dr Thomas Orr Medical Officer of Health Town Hall Ealing W.5 to whom applications accompanied by copies of not more than three recent testimonials, must be delivered not later than December 16th

R. H WANKLYN
Town Hall Town Clerk
Ealing W 5

THE WEST RIDING OF YORKSHIRE MENTAL HOSPITALS BOARD

Menston Mental Hospital near Leeds

APPOINTMENT OF FIFTH ASSISTANT MEDICAL OFFICER

Applications are invited for the appointment of Fifth Assistant Medical Officer in the Board's service at the above Mental Hospital at a commencing salary of £350 per annum rising by annual increments of £25 to a maximum of £450 together with emoluments (board apartments and laundry) valued at £120 per annum The Board will allow an extra £50 per annum to the successful candidate who (whilst on this scale) holds or obtains the Diploma in Psychological Medicine for which this Hospital affords special study facilities

It will be an advantage if candidates have had at least one year's experience in general medicine after qualification

The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909 Class I

Applications with copies of not more than two recent testimonials stating age and full particulars to reach the Medical Superintendent West Riding Mental Hospital Menston near Leeds not later than December 18th 1937

There is no printed form of application

G L BANNER
Board Offices Clerk of the Board
Wakefield
November 1937

COUNTY OF THE CITY OF WORCESTER

ASSISTANT MEDICAL OFFICER (Male)

Applications are invited for the above appointment. Applicants must hold a Diploma in Public Health have had experience in Tuberculosis and have held resident hospital appointments

Experience in the Poor Law Medical Service will be an advantage Age not to exceed 35 years.

The commencing salary is £500 rising by annual increments of £50 to £700 and the post is designated for purposes of superannuation

The Officer appointed will work under the direction of the Medical Officer of Health and will be required to assist him in other duties as directed

A form of application and further particulars may be obtained from the Medical Officer of Health to whom applications should be returned not later than December 11th

Canvassing, directly or indirectly, will be a disqualification

C H DIGBY SEYMOUR
Guildhall Town Clerk
Worcester
November 1937

CONNAUGHT HOSPITAL,

Orford Road E.17

118 Beds with four Resident Medical Officers

SENIOR RESIDENT MEDICAL OFFICER (male) required Surgical work will predominate. Salary £175 per annum with residence board and laundry Appointment for six months from January 1st, 1938

Applicants stating age nationality qualifications and experience accompanied by copies of not more than three recent testimonials should be received on or before first post on Thursday December 9th

KENELM S ELLISON
General Secretary

ESSEX COUNTY COUNCIL

LADY ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

The County Council of the administrative County of Essex invite applications for the above appointment from duly qualified registered medical practitioners not over 45 years of age Preference will be given to candidates holding a Diploma of Public Health

The officer appointed must have had experience as a medical officer of an ante-natal clinic.

The salary will be £500 per annum and will rise subject to satisfactory service by annual increments of £25 to £700 per annum and travelling expenses will be allowed

The appointment will be held by the successful candidate during the pleasure of the Council and will be determinable by the officer by three months notice in writing

The person appointed will be required to pass a medical examination and to contribute to the fund established by the County Council under the Local Government and Other Officers Superannuation Act 1922

The appointment will be subject to the Council's Sick Pay Rules and Regulations, a copy of which will be forwarded on application

Applications on the prescribed form obtainable from the undersigned accompanied by copies of not more than three recent testimonials (which *will not be returned*) *should be addressed to me* and delivered at the County Hall Chelmsford not later than 10 a.m on Monday December 13th 1937

E. S HOLCROFT
County Hall Clerk of the County Council
Chelmsford
November 30th 1937

THE WILLESDEN GENERAL HOSPITAL, Harlesden Road N.W.10

OUT PATIENT DEPARTMENT CLINICAL ASSISTANTS (HONORARY)

Applications are invited for appointment to the following sessions —

Medical Tuesday afternoons
Medical Friday mornings
Ear Nose and Throat Wednesday afternoons.
Surgical Friday afternoons
Skin, Saturday mornings
Gynaecological Thursday mornings

Applications should be forwarded to the Secretary from whom further details of the appointments may be obtained and should be received not later than first post on Monday December 13th 1937

November 29th 1937

THE WILLESDEN GENERAL HOSPITAL Harlesden Road N.W.10

The Council of Management invites applications for the appointment of MEDICAL REGISTRAR (part time) Candidates must possess a registrable University Degree of Doctor of Medicine or be Members of the Royal College of Physicians of London Honorarium at the rate of £50 per annum is attached to this appointment

Five copies of application, with names of three referees (testimonials should not be sent) should be forwarded to the Secretary not later than 1st post on Tuesday December 14th 1937

THE WILLESDEN GENERAL HOSPITAL Harlesden Road N.W.10

Applications are invited from fully qualified and registered candidates (unmarried) for the appointment of a Resident Officer to hold the appointment of CASUALTY OFFICER for a period of three months from January 1st 1938 followed by a six months appointment as HOUSE SURGEON (total nine months)

Salary at the rate of £100 per annum

Applications to be received by the Secretary not later than first post on Tuesday December 14th 1937

November 29th 1937

WEMBLEY HOSPITAL

(A Voluntary Hospital extending to 83 beds of which 20 will be Private)

HONORARY SURGEON TO EAR NOSE AND THROAT DEPT

Applications are invited for the above appointment from Surgeons possessing the F.R.C.S. (Eng.) and who are members of the Staff of a recognised General or Special Hospital

Any enquiry respecting this appointment should be made to the Honorary Secretary of the Medical Committee (APPointed 1930)

Applications with all particulars together with twelve copies of at least three testimonials should be sent to the undersigned not later than Thursday December 9th

GEORGE A PAINES
House Governor

BRITISH MEDICAL BUREAU

(The Scholastic, Clerical and Medical Association Ltd)

(*FOUNDED* 1880)

NORTHERN BRANCH

33, CROSS ST., MANCHESTER, 2.

Telephones: Manchester - Blackfriars 3925; Manchester - Rusholme 2549 (*Night Calls*)

Telegrams "Locum, Manchester"

Branch Offices at Leeds and Belfast

Recommended with every confidence to the profession by the BRITISH MEDICAL ASSOCIATION as a thoroughly trustworthy medium for the transaction of all Medical Agency business

TRANSFER OF PRACTICES AND PARTNERSHIPS INTRODUCTION OF RELIABLE ASSISTANTS AND LOCUM TENENS at Short Notice VALUATION and INVESTIGATION OF PRACTICES, Etc

FOR DISPOSAL
Full particulars free on request.

Practices and Partnerships wanted Large list of bona fide purchasers with ample capital available Enquiries invited from prospective vendors All information treated in strict confidence

NORTH WALES.—Good-class long established PRACTICE in attractive and residential seaside resort. Cash receipts last 16 years over £1,200 p.a. Panel 425 Good house, with two small gardens, to rent or purchase freehold Socially a very pleasant Premium—£1 800 —Vendor going abroad —No 929

LIVERPOOL.—Very old-established middle-class PRACTICE in residential district Cash receipts £1 100 p.a. Panel 599 Good scope for energetic man Excellent house, 3 reception, 5 bedrooms, etc. Price £700 Premium—£1 600 Vendor retiring —No 1046

SOUTH COAST —Old-established PRACTICE in popular watering place Cash receipts £1 468 p.a. Panel 825 and P M S £65 p.a Good corner house 2 reception 5 bedrooms, garage and small garden Premium—2 years purchase —No 1047

YORKSHIRE.—Old-established UNOPPOSED COUNTRY PRACTICE in delightful district. Cash receipts last year £1 300 Panel 700 yields £450 p.a Transferable appointments over £200 p.a Excellent house 2 reception, 5 bedrooms, garage and garden with tennis court electric light etc. Rent £50 p.a. Premium—2 years purchase or near offer —No 1048

MANCHESTER.—Middle-class PRACTICE in present hands 44 years. Income over £1,200 p.a Select Panel 470 Scope for energetic man Detached house 3 reception 4 bedrooms, garage and garden Rent £80 p.a Premium—1½ years purchase Good introduction Vendor retiring.—No 1049

SOUTH COAST —Well-established PRACTICE in suburb of large town Cash receipts last year £694 Panel 740 Scope for great increase Excellent detached house 2 reception, 4 bedrooms separate Professional rooms garage and good garden Price £1,200 Premium—Practice—£1 000 —No 1044

NEAR MANCHESTER. — PARTNERSHIP (after six months Assistantship) in good PRACTICE in residential district Cash receipts £4 000 p.a Panel 2,500 Applicants should be English or Scottish about 30 Good house available to rent Salary £400 p.a., plus Car allowance and free house Premium—one third share—to be arranged.—No 1045

YORKSHIRE (W R.)—PARTNERSHIP (after preliminary Assistantship in good-class Practice in Cathedral City Cash receipts £3 000 p.a Panel 1 400 Good house available for incoming partner who should be English or Scottish and married or about to be Local hospital Premium one third share—2 years purchase —No 1043

DERBYSHIRE.—Old-established mixed-class PRACTICE, near beautiful country and within easy reach of large town Average cash receipts £1 100 p.a Panel 970 and transferable appointments £200 p.a Scope Nice detached house 2 reception 6 7 bedrooms garage and large garden. Freehold Premium—1½ years purchase —No 991

MANCHESTER.—Well-established mixed Panel and private PRACTICE, offering scope for increase Cash receipts last year £1,222. Panel 800 Good house 2 reception 5 bedrooms, 2 Professional rooms. Premium—1½ years purchase —No. 1009

LANCS TOWN —Old-established mixed-class PRACTICE in large town Cash receipts approximately £1 300 p.a. Panel 800 Scope Good house 2 reception, 5 bedrooms, 3 Professional rooms, garage and garden. Premium—£1 350 —No 1010

NEAR BUXTON —Old-established PRACTICE capable of great increase Cash receipts last year £700 (increasing) Panel 862. Excellent house 2 reception 4 bedrooms 3 Professional rooms (separate entrance), garage and good garden Premium—Practice and house—best offer —No 989

NORTH WEST COAST —Well-established PRACTICE in Seaside town Cash receipts £500-£550 p.a. Panel 450 Modern flat to rent at £80 p.a inclusive of rates. Premium—1 year's purchase —No 1005

LANCS TOWN —PARTNERSHIP in middle and working-class Practice in clean town, close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception, 4 bedrooms, garage and garden. Premium—one half share—2 years purchase or near offer —No 1015

MIDLANDS —Old-established mixed Panel and Private (non-dispensing) PRACTICE. Cash receipts approximately £1 900 p.a Panel 1,950 Scope Excellent house with nice garden garage etc. Premium—Practice—2 years purchase —No 985

CUMBERLAND —Old-established and practically unopposed Seaside and Country PRACTICE in delightful district. Cash receipts last year £868 Panel 225 and transferable appointments £255 p.a. Excellent house 3 reception 8 bedrooms, electric light and gas, garage and garden. For sale, freehold Premium—Practice—1½ years purchase —No 998

LIVERPOOL.—Well-established PRACTICE in pleasant district Receipts £800 p.a Panel 650 Good house, 5 bedrooms, garden and garage Premium—1 year's purchase.—No 928

MANCHESTER.—PARTNERSHIP in mixed Panel and Private Practice. Average cash receipts £2,875 p.a Panel over 2,500 Scope Excellent house 3 reception, 4 bedrooms, small garden Rent £52 p.a Premium—one half share—2 years purchase —No 1038

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town Average cash receipts £2,450 p.a. Panel 1 200 Appointments £190 p.a Scope Nice house in good condition, 2 reception 5 bedrooms, garden Rent £68 p.a Premium—half share—2 years purchase.—No 1013

NORTH WALES —Old-established PRACTICE near Sea and Country capable of great increase Cash receipts last year £1 026 Panel 800 Nice surgery premises. Premium best offer —No 905

LANCS TOWN —Old-established mixed-class PRACTICE Cash receipts last year £1 136 Panel 975 Good house and surgery premises to rent Premium—£1 500 Vendor retiring —No 1007

WESTMORLAND —Old-established PRACTICE in beautiful Country town Cash receipts last year £1 169 Panel 293 Excellent house 2 reception, 6 bedrooms, nice garden, and two garages. Separate professional quarters, electric light, gas, main water etc For sale Premium—2 years purchase Vendor retiring —No 1040

DERBYSHIRE. — Old-established PRACTICE in pleasant district near large town offering great scope for increase owing to building developments Suitable for two men in partnership Cash receipts last year £3 436 Panel 3 394 Two good houses with ample accommodation and modern conveniences, each with garage garden and tennis court. Premium—2 years' purchase —No 955

— WANTED —

ASSISTANTS - INDOOR & OUTDOOR

For Immediate Engagements

Apply, with full particulars to above address

LANCS TOWN —Old-established mixed Panel and Private PRACTICE in good town Cash receipts last year £940 Panel 1,225 Scope for increase Corner house 6 bedrooms, separate entrance to Surgery Rent £75 p.a. Premium—£1 500 —No 1033

LANCS TOWN —Very old-established mixed Panel and Private PRACTICE, in present hands 35 years. Cash receipts last year £916 Panel 1,223 Scope Excellent detached house 2 reception 5 bedrooms garage and small garden For sale or would rent on lease Prem —1½ years pur Vendor retiring —No 1004

SCOTTISH BORDER —Well-established unopposed PRACTICE in pleasant country and seaside town Cash receipts £700 p.a. Panel 640 Good house nine rooms, nice garden etc Premium—1½ years purchase —No 1041

LIVERPOOL.—Steadily increasing mixed Panel and Private PRACTICE in suburbs. Cash receipts last year £740 Panel 625 Excellent detached house 2 reception 6 bedrooms, garage and good garden. Premium—Practice—£1 250 —No 1036

LEEDS —Well-established mixed Panel and Private PRACTICE. Cash receipts £900 p.a. Panel 1 000 Good house with ample accommodation, and garage for sale or rent on lease Premium—1½ years purchase —No 1039

YORKSHIRE (W R) — Old-established mixed PRACTICE, averaging £860 p.a. Panel 701 Scope for increase Good house with excellent garden to rent at £30 p.a Premium—£1,350 (to include drugs and fittings) —No 1037

NORTH EAST COAST —Easily worked middle-class PRACTICE in present hands 33 years Cash receipts £1 159 p.a. No Panel. Great scope as district developing Rent of Surgery premises £26 p.a Premium—£1 000 (to include Surgery fittings, etc and small X ray plant) —No 1028

CHESHIRE TOWN —PARTNERSHIP (after preliminary Assistantship) in mixed-class Practice Cash receipts last year £3,293 Panel 3 000 Scope Incoming partner may choose own residence Local hospital and scope for surgery Premium—one-third share—2 years purchase —No 992

NORTH WEST COAST —Old-established middle-class PRACTICE in Seaside town Cash receipts £1 100 Panel 350 Nice house garage and garden. Premium—1½ years purchase —No 961

ASSISTANTS WANTED —OUTDOOR.—MIDLANDS LANCS AND YORKS TOWNS —£400 500 p.a., with House and Car allowance. INDOOR. —LANCS YORKS MIDLANDS and N E. COAST —£300/350 p.a., all found Many vacancies. Details on request. LOCUMS ALSO REQUIRED

All communications to be addressed to the Branch Manager BRITISH MEDICAL BUREAU 33 CROSS STREET MANCHESTER 2

CITY OF BIRMINGHAM MENTAL HOSPITAL.

JUNIOR FEMALE ASSISTANT MEDICAL OFFICER.

The Committee of Visitors invite applications for the above whole time appointment from single ladies under thirty-six years of age who are duly qualified and registered Medical Practitioners A person who has held for at least six months a medical or surgical residential post in a general hospital will be regarded as having an additional qualification

The successful candidate should be a good anaesthetist She will be required to reside in the hospital The commencing salary will be £350 per annum plus the usual residential emoluments of board lodging laundry and attendance. Subject to twelve months satisfactory service to the Committee an increase of £50 will be granted and thereafter increases of £25 per annum up to a maximum salary of £450 per annum An additional £50 per annum will be paid to the holder of the D P M qualification or to a person obtaining the D.P M after appointment The salary is inclusive of all fees received and any such fees must be accounted for and paid into the hospital account

The successful candidate will be placed on the permanent staff after one year s satisfactory service and medical examination and will then be required to contribute under the Asylums Officers Superannuation Act 1909 She will be required to serve in such institution belonging to the Mental Hospitals Committee as they may from time to time direct. The appointment is subject to one month s notice on either side

Applications stating full particulars of qualifications experience and appointments held accompanied by copies of three recent testimonials must be addressed to the undersigned so as to be received not later than December 18th 1937

F H C WILTSHIRE,
Clerk to the Committee of Visitors

Town Clerk s Office
Council House, Birmingham 1

ROYAL MANCHESTER CHILDREN S HOSPITAL Pendlebury near Manchester (232 Beds)

RESIDENT HOUSE SURGEON

Applications are invited for the post of Resident House Surgeon for a period of six months commencing February 1st, 1938 Salary £100 per annum Candidates having previous experience in the administration of anaesthetics will be given preference

Applications stating qualifications and past experience, together with testimonials to be sent to the undersigned not later than Thursday December 23rd 1937 Canvassing, directly or indirectly may disqualify

By Order
H HEARDMAN
Secretary

LIVERPOOL HAHNEMANN HOSPITAL Hope Street.

Applications are invited for the post of RESIDENT MEDICAL OFFICER to the above institution which falls vacant on January 1st next. Only one R M O kept.

Duties include occasional anaesthetics and assisting at operations, general aural and ophthalmic.

Appointment is for six months renewable. Salary at the rate of £120 per annum.

Knowledge of Homoeopathy desirable, but not essential

Apply stating age, sex nationality and previous experience and enclosing copies of recent testimonials to THE REGISTRAR. on or before December 8th next.

ROYAL EAST SUSSEX HOSPITAL, Hastings

Applications are invited for the post of SENIOR HOUSE SURGEON (female) vacant January 1st, 1938 The appointment is for a period of six months

Salary at the rate of £200 per annum with board and residence

Candidates must be duly registered Medical Practitioners.

Applications with copies of recent testimonials to be addressed to the Secretary

WILFRID G KEMSLEY
Secretary

TAUNTON AND SOMERSET HOSPITAL, TAUNTON

HOUSE SURGEON (male) required end of December Senior H M O and a House Physician also in residence Three or six months appointment. Salary rate of £100 p.a board residence and laundry and retention of certain fees.

Applications with copies of not more than three recent testimonials to be sent by December 11th to F J J STACEY Secretary

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THE CHESTER ROYAL INFIRMARY (225 Beds)

The Council of Management propose to establish an ORTHOPAEDIC DEPARTMENT at the Chester Royal Infirmary and to appoint a SURGEON to found and to take charge of the Department

Applications are invited from Surgeons holding a higher qualification in Surgery and who have also had special Orthopaedic experience

The Surgeon appointed will be required to limit his practice to Orthopaedic Surgery

An Honorarium of £350 per annum will be paid for the first five years of the tenure of the office.

Applications stating age and qualifications and copies of not more than three recent testimonials with sixty copies thereof should be delivered addressed to the Chairman of the Council of Management Royal Infirmary Chester on or before Saturday December 11th 1937

Canvassing is prohibited

J ROWSE MITCHELL,
November 9th 1937 Secretary

MANCHESTER ROYAL INFIRMARY

RESIDENT MEDICAL OFFICER.

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointment, which will become vacant on February 1st 1938

Applicants must not be less than twenty five years of age They must be registered and hold a Medical and Surgical qualification

The appointment is for twelve months renewable for a period of one year

Salary £200 per annum with board residence and laundry allowance.

Full information is obtainable from the undersigned to whom applicants must send twelve copies of their application and testimonials on or before 9 a m on Thursday December 9th 1937

By Order
W R. TINDALE
General Supt and Secretary

November 17th

CITY MENTAL HOSPITAL Humberstone Leicester

THIRD ASSISTANT RESIDENT MEDICAL OFFICER (male under 30) Residential General Hospital experience is desirable. Salary £350 rising by £50 per annum to £450 per annum together with board lodging washing and attendance, valued for purposes of superannuation at £150 per annum An additional £50 per annum will be paid for possession of a D P M

The appointment is subject to the provision of the Asylums Officers Superannuation Act 1909

There is a good laboratory and two active Psychiatric Clinics one attached to the Leicester Royal Infirmary

Applications giving particulars of experience etc together with names of three references—one of which should be non-professional—and marked A M O to be sent to the MEDICAL SUPERINTENDENT

THE BABIES HOSPITAL Newcastle-on Tyne.

Non-resident MEDICAL OFFICER REQUIRED February 1st The duties are those of a House Physician with time and opportunities for research work The appointment is for six months subject to reappointment Salary £150 per annum Applications with two testimonials and particulars of previous appointments held must be lodged by December 31st with the Secretary Babies Hospital 33 West Parade Newcastle-on Tyne

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CONSUMPTION SANATORIUM, BRIDGE OF WEIR (15 miles S W of Glasgow) and COLONY FOR EPILEPTICS (nearby)

Male RESIDENT MEDICAL OFFICER wanted to commence duty on January 10th 1938

Apply Medical Superintendent stating age and previous experience and enclosing testimonials Appointment for six months in the first instance at rate of £200 per annum renewable at £250 per annum with rooms, board laundry etc.

PONTEFRACT GENERAL INFIRMARY (Yorks)

SECOND RESIDENT MEDICAL OFFICER (male unmarried) duly qualified registered Medical Practitioner Commencing salary £150 per annum, with residence board and laundry

The appointment to date for six months from January 1st 1938

Applications stating age, with testimonials and nationality to be sent to the undersigned at once.

DAVID J RICHARDS
Secretary Superintendent.

BIRMINGHAM AND MIDLAND SKIN HOSPITAL (For Skin Diseases and Cancer.)

The Committee of Management is proceeding to the appointment of an HONORARY ASSISTANT PHYSICIAN on the Staff of the Hospital who would be responsible for one Out patient Clinic per week and for three In-patient beds The appointment will be subject to review after four years service with a view to its occupant being reappointed as Honorary Physician An Honorarium of £52 10s. per annum will be offered.

Applications are invited from registered Medical Practitioners who must hold the qualifications of Fellowship or Membership of the Royal College of Physicians of London or Edinburgh or Doctor or Bachelor of Medicine of a British University and be registered under the Medical Act. The Officer appointed will be required to engage in Consultant practice only Further particulars may be obtained from the Secretary

Applications stating age particulars of appointments previously held, together with copies of not more than three testimonials and such other information as will assist the Board in making this appointment should be forwarded to the under signed not later than December 31st, 1937

Candidates will not be expected to visit members of the Board except by invitation.

T E MURTAGH
Secretary

John Bright Street Birmingham 1

CHELTENHAM GENERAL AND EYE HOSPITALS (176 Beds.) (4 Residents.)

Recognised for the F R C.S D L O., and D O M.S Examinations

Applications are invited for the following appointments (Male) —

1 ONE HOUSE PHYSICIAN
2 ONE HOUSE SURGEON for General Surgical work
3 ONE HOUSE SURGEON for Eye and Ear Throat and Nose Depts

Salary £150 a year with board residence and laundry

There are two House Surgeons for General Surgical work in addition to which one is attached to the Orthopaedic and Gynaecological Departments and the other to the Genito-Urinary and Radium Departments

Applications for the post desired together with copies of testimonials to be sent to the under signed

J CUMMING SMITH F C.I.S
The General Hospital Secretary
Cheltenham.
November 29th 1937

ROMFORD ISOLATION HOSPITAL. (235 Beds)

APPOINTMENT OF JUNIOR ASSISTANT MEDICAL OFFICER.

Applications are invited from duly qualified and registered Practitioners for the above post. Candidates must be male and unmarried The appointment is for twelve months and is not renewable Salary at the rate of £250 per annum plus the usual emoluments Applicants should have held a resident hospital post, not necessarily in a fever hospital

Considerable additions have recently been made to the Hospital which contains a large proportion of cubicles

Applications stating age, nationality experience etc together with copies of two recent testimonials, to be sent to the undersigned not later than Tuesday December 7th 1937

T W A GREENHALGH
Isolation Hospital Clerk to the Board
Rush Green Romford Essex.

WATERLOO AND DISTRICT GENERAL HOSPITAL near Liverpool.

APPOINTMENT OF HONORARY SURGEON

The Committee of Management invite applications for the post of Honorary Surgeon Candidates for the office shall produce evidence of being a Bachelor of Surgery of one of the Universities of the British Empire or Fellow of the Royal College of Surgeons of England or Edinburgh Applications with copies of three testimonials must reach the undersigned on or before December 31st 1937

Signed
ARTHUR STUDLEY
Hon Secretary

BRADFORD CHILDREN'S HOSPITAL.

HOUSE SURGEON (lady) required December 14th Fully qualified salary £150 with board residence and laundry

Applications, with recent testimonials and stating age, not later than December 8th to J W LOWLEY Secretary Superintendent.

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

Tele Address: Triform Westcent—London

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Telephone Euston {1644 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful agency for the transaction of every description of Medical Scholastic, and Accountancy business, and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent

Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill, book debts furniture, drugs, fittings and other effects (excluding sales of any freehold or leasehold property, or of practices, effects, etc, outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal — **Full Particulars sent free.**

1 YORKSHIRE—PARTNERSHIP in very old-established and steadily increasing Practice, over £6,000 p.a in first rate residential town Valuable appointments and panel, 1 300 Visits 5/ to £2 2s Nice semi-detached house (5 bed rooms), garden and garage to rent Incoming partner must be University Graduate aged 26/30, held hospital appoint ments and be good anaesthetist One sixth share at first at two years purchase Practice well known to Bureau

2 HOME COUNTY—PARTNERSHIP in country town Practice, averaging over £4 000 p.a (increasing) within 25 miles of London Good appointments and panel about 2 000 Suitable house obtainable Incoming partner should be aged about 30 must possess F.R C.S and have had one year s P G work Good hospital One fourth share at first at two years purchase

3 MIDLANDS—Unopposed country PRACTICE in very pleasant hunting district Cash receipts last year £1 097, including good appointments and panel about 500 Well built house (5 bedrooms etc) with good garden and garage Main electric light and water supply Price £1,100 freehold Golf, etc Premium £1 600

4 HOME COUNTY—PARTNERSHIP in rapidly increasing Practice doing at rate of £2 100 in growing town within 20 miles Panel 1 600 Suitable house could be obtained Premium one-third share £1 350

5 S COAST, popular seaside resort.—Small good middle-class non-dispensing PRACTICE £350/£400 p.a No panel One appointment worth £50 p a Maisonette (3 bedrooms, etc) to rent at £160 p.a Premium £500

6 MIDLANDS—Easily worked PRACTICE in very attractive village about 70 miles from London Cash receipts, 1937 (to November 25th) £696 Panel 500 Detached modern house (4 bed and dressing rooms) gas electricity and main drainage garden over an acre Price freehold £1 600 Premium one and three-quarter years purchase to include stock of drugs

7 N WALES—Old-established good-class PRACTICE, which has always averaged over £1 200 a year in very attractive residential seaside resort Panel 425 Good house to rent or purchase Pleasant society Premium £1 800

8 AUSTRALIA—PRACTICE in small township in Victoria Receipts last year, £880 Specially built house to rent at £80 p.a Good climate All kinds of sport Premium £500 English currency including drugs and dispensary fittings

9 YORKSHIRE (N R)—Steadily increasing country PRACTICE between £1,400/£1 500 including appointments and panel worth £400 p.a Extremely attractive house (5 or more bedrooms) garage and small garden for sale Good schools and sport Premium one and a half years purchase

10 SURREY—PARTNERSHIP in sound old-established and steadily increasing Practice averaging £4 445 p.a in outlying residential suburban district Panel 2 000 Visits 3/6 to 21/- Suitable house obtainable Premium for share of 11/39ths £2 900

11 S COAST—PARTNERSHIP in rapidly increasing middle-class Practice in growing residential town Receipts past year £1 300 including Club worth £130 and a panel of over 700 Ample scope Premium for one half share £1 300

12 HOME COUNTY—PARTNERSHIP (after preliminary Assistantship) in Practice averaging £5 000 p.a in growing seaside town within an hour of London Panel over 2 000 Visits 5/- to 21/- Flat containing 4 rooms to rent Share worth £1 000 p a at first at two years purchase

13 ESSEX—PARTNERSHIP in Practice averaging £2,600 p a in rapidly developing outlying district Good Appointments and Panel of 1 900 House (4 bed and dressing rooms) with nice garden and garage, to rent Premium 5/12th share two years' purchase

14 LONDON, E—Middle-class PRACTICE over £2,400 p.a, in outlying district Panel 2,870 House (4 bedrooms) in excellent repair with small garage and garden, for sale Premium two and a-quarter years purchase

15 DEATH VACANCY, LONDON, N W 1—NUCLEUS OF PRACTICE with Panel of 450 Rent of house £200 p a inclusive

16 S COAST—PARTNERSHIP in Ophthalmic Practice, about £1,700 p a One half share would be sold to suitable man (who must possess the D O M S) at two years' purchase Good scope

17 N OF ENGLAND, Cathedral City—PARTNERSHIP in good-class Practice, averaging £3,000 p.a Panel about 1,350 Visits 3/6 to £1 1s, medicine extra House (5 bedrooms), with garage and garden One-third share at first at two years purchase Preliminary Assistantship Applicant must have necessary capital

18 S MIDLANDS—Country PRACTICE averaging about £1,100 p.a Panel 780 Visits 4/- to 10/6 medicine extra House (4 bedrooms), with main water, gas and electricity, garage and small garden, to rent Scope Premium two years purchase

19 HOME COUNTY—PARTNERSHIP (after preliminary Assistantship) in steadily increasing town practice about £5,000 a year Panel over 4 000 One fourth share at first to suitable man at two years' purchase

20 S COAST HEALTH RESORT—Non-dispensing PRACTICE in first rate residential town Cash receipts 1936 £1,748 Small select panel Visits 5/ and up to £1 1s Very good well built residence (7 bedrooms etc) Price £3 900 Excellent social and educational facilities. Premium £3 400

21 N E COAST—Old established and easily worked middle-class PRACTICE over £1 150 p.a, in seaport town No panel Residence facing sea for sale Premium (to include furnishings and fittings of consulting rooms small X ray plant etc), £1 000

22 ITALIAN RIVIERA—Small good-class non dispensing season PRACTICE Further details on application

23 S COAST—Old-established PRACTICE, averaging nearly £1,500 p.a, in popular watering place Panel 825 House in excellent position (5 bedrooms, etc) garage and garden for sale Good scope Premium two years purchase

24 BRISTOL—PARTNERSHIP in increasing Practice in growing suburb Cash receipts past twelve months, £2,125 Panel 2,200 House with 4 bedrooms and surgery accommodation to rent at £60 p.a also branch surgery Scope. Premium one half share £2,000, to include share of drugs etc

25 LONDON, S E—Middle-class PRACTICE in pleasant open suburb Receipts 1936 £848 Panel 450 House contains 5 bedrooms etc Price freehold £1,400 Scope Premium £1,280

WEST LONDON HOSPITAL,
Hammersmith Road W 6
(239 Beds.)

Applications are invited for the post of whole-time non-resident MEDICAL REGISTRAR for a period of one year eligible for re-election annually for a total period of not more than three years Hours 10 a m to 5 p m Salary at the rate of £250 a year with lunch and tea provided. The appointment is terminable by one month's notice on either side. The duties include the supervision and indexing and filing of the medical notes of In Patients and the compilation of an Annual Medical Report. The candidate appointed must be available as substitute for the Assistant Physicians when required and he will be responsible for the electro-cardiographic apparatus He must undertake such teaching for the Postgraduate College as may be required

Candidates must be registered under the Medical Act and it is desirable that they shall be Members of the Royal College of Physicians of London

Applications with copies of testimonials must reach me not later than Thursday December 30th Candidates must attend a meeting of the Medical Council at 5 p.m on Friday January 7th and prior to that date call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of application and testimonials to each member thereof and if so notified be in attendance at a meeting of the Board at 5 p m on Tuesday January 11th when the election will be made

H A MADGE Secretary

WEST LONDON HOSPITAL,
Hammersmith Road W 6
(239 Beds)

There is a vacancy for the post of PHYSICIAN for MEDICAL DISEASES OF CHILDREN Candidates must have Degrees from one of the Universities recognised by the General Medical Council and must be Fellows or Members of the Royal College of Physicians of London. The successful candidate will be required in addition to other duties periodically to deliver courses of lectures to the Nurses and to undertake such teaching for the Postgraduate College as the Board may approve

Applications with copies only of testimonials must reach me not later than Thursday January 6th Candidates must attend the Meeting of the Medical Council at 4.30 p m on Friday January 7th and prior to that date call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of their application and testimonials to each member thereof and if so notified attend a Meeting of the Board at 5 p m on Tuesday January 11th when the election will be made

H A MADGE Secretary

WEST LONDON HOSPITAL
Hammersmith Road W 6.
(239 Beds)

Required one HOUSE PHYSICIAN AND TWO HOUSE SURGEONS (males) These appointments are tenable for six months from January 1st next subject to one month's notice on either side. The duties of the House Physician include some work in the Neurological and Dermatological Departments The duties of one House Surgeon include some work in the Gynaecological Department and of the other some work in the Deep X ray Therapy and Ear Nose and Throat Departments. Salary at the rate of £100 a year with board lodgings and laundry allowance

Candidates must be registered under the Medical Act.

Applications (which must be made on printed forms obtained from me) must reach me not later than Thursday December 16th 1st post Selected candidates will be required to call upon such members of the Medical Staff as directed to be in attendance at a Medical Committee Meeting at 5 p m on Friday December 17th and the House Committee Meeting at 5.30 p m the same day when the appointment will be made

H A MADGE Secretary

DREADNOUGHT HOSPITAL, GREENWICH S E 10
(Seamen's Hospital Society)

Half-time non-resident male RECEIVING ROOM OFFICER required immediately for six months Mornings or afternoons 9 a m to 1 p m Five days with alternate Saturdays 9 a m to 1 p m Previous experience in resident posts essential The post is suitable for those studying for further examination Salary at the rate of £100 per annum with meals

Applications stating age nationality and experience of House Appointments accompanied by copies of testimonials to be sent to the undersigned

F A LYON Secretary

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL,
Shooters Hill London S E.18
(General Hospital—112 Beds)

RESIDENT SURGICAL OFFICER

The Board of Management invites applications from suitably qualified male candidates for the post of RESIDENT SURGICAL OFFICER Applicants must have special knowledge of surgery This appointment will be for twelve months with effect from December 13th 1937 and it is desirable that candidates shall possess the Fellowship of one of the Royal Colleges of Surgeons

The salary will be £175 per annum plus board residence and laundry and the appointment will be subject to extension for a further twelve months at £200 per annum if approved by the Board of Management The closing date for the receipt of applications (which should be made on the prescribed form to be obtained from the undersigned) is Monday December 6th

R S G HUTCHINGS Secretary

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL
Shooters Hill London S E.18

HONORARY LARYNGOLOGIST

The Board of Management invites applications for the post of HONORARY LARYNGOLOGIST Applications accompanied by copies of three testimonials should be addressed to the undersigned to reach him on or before December 6th 1937

R. S G HUTCHINGS Secretary

NATIONAL TEMPERANCE HOSPITAL,
Hampstead Road N W 1

Applications are invited for the post of HONORARY OPHTHALMIC SURGEON Candidates should be Fellows of the Royal College of Surgeons of England or Masters in Surgery of the University of London 30 copies of application giving full particulars with copies of three recent testimonials should be sent to the Secretary by Friday December 17th 1937 Candidates will be required to attend the meeting of the Medical Committee held on Tuesday December 21st at 9 p.m

NATIONAL TEMPERANCE HOSPITAL,
Hampstead Road N W 1

Applications are invited for the following post — HOUSE SURGEON (male) Salary £100 p.a board residence and laundry allowance being provided The appointment is for a period of six months as from January 1st 1938 Preference will be given to those who have held resident posts

Candidates must submit applications stating qualifications and etc with copies of not more than three testimonials by Friday December 17th addressed to the Secretary

BATTERSEA GENERAL HOSPITAL,
London S W 11
(67 Beds)

Applications are invited for the resident appointments of (1) HOUSE SURGEON (female) Salary at the rate of £110 per annum (2) HOUSE PHYSICIAN AND CASUALTY OFFICER (female) Salary at the rate of £1 0 per annum

Tenable for six months from February 1st 1938

Applications with copies of testimonials should reach the undersigned by December 10th 1937

G L BENNETT Secretary

EAST HAM MEMORIAL HOSPITAL
Shrewsbury Road E 7
(100 Beds)

Applications are invited for the post of HOUSE SURGEON to Special Departments and CASUALTY OFFICER (male) for six months commencing January 1st 1938

Salary at the rate of £1 0 per annum with board residence and laundry

Applications stating age nationality experience and full particulars together with copies of three recent testimonials should reach the undersigned by December 11th.

REGINALD PERRY Secretary

ST JOHN'S HOSPITAL LEWISHAM S E 13

Applications are invited for the resident appointment of HOUSE SURGEON (Male) tenable for six months from January 1st 1938 Salary £100 p.a Applications with copies of testimonials should reach the undersigned by Monday December 6th 1937

J C GILBERT Secretary Superintendent

THE LONDON HOMOEOPATHIC HOSPITAL
(100 Beds)
Great Ormond Street W C.1

The Board of Management invite applications for the appointment of HONORARY ASSISTANT PHYSICIAN

The successful candidate must possess a registrable University Degree and be or become a member of the British Homoeopathic Society It is required that the successful candidate for the post on the Honorary Medical and Surgical Staff of the Hospital should show evidence of knowledge of the Theory and Practice of Homoeopathy within one year of appointment by having attended one or more of the Systematic Courses of Lectures at the Hospital

Applications, stating age, qualifications and experience with thirty-five copies of application and thirty five copies of each testimonial should be sent on or before December 31st 1937 addressed to the Secretary of whom further particulars may be obtained

Candidates will be required to attend a meeting of the Medical Committee on January 12th 1938

L J KNOWLES Secretary

ST BARTHOLOMEW'S HOSPITAL.

OFFICE OF PHYSICIAN TO THE PSYCHOLOGICAL DEPARTMENT

Notice is hereby given that a meeting of the Election Committee will be held on Tuesday January 11th 1938 at 4 o'clock in the afternoon to elect a PHYSICIAN to the PSYCHOLOGICAL DEPARTMENT of the hospital

Candidates should have had practical experience in Psychiatry and of the management of Out patients with Neurosis and Mental Disorder and should be free to attend the hospital and see patients on three half-days a week

Candidates are required to lodge fifty copies of their applications and testimonials with the undersigned on or before Saturday December 18th 1937

C C CARUS-WILSON
Acting Clerk to the Governors

November 26th 1937

ST PETER'S HOSPITAL FOR STONE ETC
Henrietta Street Covent Garden W C.

The appointment of CLINICAL ASSISTANTS to the undermentioned members of the Honorary Staff who attend the Out-patient Department at the times indicated will be considered at an early date A fee of Five Guineas becomes payable to the funds of this Hospital on appointment and applications should reach the undersigned on or before Tuesday December 14th

Mr JOHN SANDREY Mondays 3 to 6.30 p m
Mr ALBAN ANDREWS Tuesdays 2 to 5 p m
Mr OGIER WARD Wednesdays 3 to 7 p m
Mr F J F BARRINGTON Thursdays 3 to 7 p m
Mr R OGIER WARD Fridays 9.30 to 11.30 a m (women and children)
Mr ALBAN ANDREWS Fridays 3 to 6 p m (male out patients)
Mr JOHN SANDREY Saturdays 2 to 4 p m

BEECHEY ROGERS Secretary

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL,
Gray's Inn Road W C 1

RESIDENT HOUSE SURGEON (male)

There will be a vacancy for a Third Resident House Surgeon to enter on duty on January 1st 1938 The appointment will be for a period of nine months three months as Third House Surgeon three months as Second House Surgeon and three months as First House Surgeon Remuneration at the rate of £ 5 per annum

Application accompanied by copies of not more than three testimonials should be sent to the undersigned as soon as possible

JOHN H YOUNG Secretary Superintendent

THE CHILDREN'S HOSPITAL HAMPSTEAD
3 College Crescent N W 3 (4 Beds)

Applications are invited from registered medical practitioners for the post of RESIDENT MEDICAL OFFICER for six months from January 1st to June 30th 1938 inclusive Salary at the rate of £1 0 per annum with board residence and laundry Applications stating age and medical qualifications and experience with copies of three testimonials should reach the undersigned not later than December 14th 1937

H W WALLIS GRAIN Secretary

KING'S COLLEGE HOSPITAL.

Applications are invited for the post of SURGICAL REGISTRAR at a salary of £— p.a They should be addressed to the House Governor King's College Hospital Denmark Hill S E 5 not later than Saturday December 18th from whom the rules relating to the duties of the Registrar can be obtained

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD.)

(FOUNDED 1880)

Tele Address
Triform Westcent—London

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Telephone Euston { 1644 / 1645

Practices and Partnerships for Disposal (continued)

26 WILTS/HANTS BORDER —PARTNERSHIP (after preliminary Assistantship) in increasing mixed Practice in country district Receipts 1936 nearly £2,350 Panel between 1 400/1,500 One third share to suitable man at one and a half years purchase

27 S MIDLANDS —PARTNERSHIP in Practice between £2,300/£2,400 p.a in county town Panel about 2,000 House (6 bedrooms) large garage and garden for sale or rent. One third share (after preliminary Assistantship) at one and three-quarter years purchase or near offer

28 S WALES —Steadily growing middle-class PRACTICE doing about £500 a year in residential village, easy distance of large town Modern semi-detached house (5 bedrooms) garage and garden Price £1,350 leasehold Scope Premium one year s purchase

29 SEASIDE TOWN under an hour from London —PARTNERSHIP (one half share) in chiefly middle-class Practice over £4 000 p.a Panel 650 Corner house (5 bed and dressing rooms) on main road for sale Scope for increase Premium two years purchase

30 E MIDLANDS —Country PRACTICE, averaging nearly £650 p.a in pleasant village Panel 500 Charming stone built house (6 bedrooms) central heating electric light, power and main water, garage and garden about one and a half acres for sale Scope Premium two years purchase

31 LONDON S W —Well established Medical Woman s PRACTICE in outlying suburban district Receipts average £960 p.a No panel Purchaser could have use of surgery premises living accommodation and services by arrangement Premium one and three-quarter years purchase

32 S W OF ENGLAND —PARTNERSHIP in old established Practice £6 600 p.a in beautiful country district Valuable appointments and panel of 4,500 Centrally situated house (5 bedrooms) for sale Premium one fifth share £2 750

33 EASTERN COUNTIES —PARTNERSHIP in good middle-class Practice £2 450 p.a in county town Panel 1,200 Good house (5 bedrooms) in perfect condition to rent Premium one half share two years purchase

34 N E COAST —PARTNERSHIP in Practice, between £2 000/£2,200 p a in fashionable watering place Panel 1 700 Applicant should be English or Scottish aged about 30 and experienced in general practice and surgery Two-fifths share at two years purchase after about ten months Assistantship

35 MIDLANDS —Old established PRACTICE in beautiful country district Cash receipts last year £1 280 including appointments worth about £60 and a panel between 650 and 700 Visits 2/6 to £1 1s without medicine Nicely situated house (4 bedrooms dressing room etc) with nice garden and two garages Rent about £80 p.a Premium two years purchase

36 N WALES BORDER —PARTNERSHIP (with early succession) in old-established County Practice about £2 500 p.a in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one half would be sold at first with early succession Premium two years purchase

37 S W OF ENGLAND —PARTNERSHIP in steadily increasing Practice averaging over £1 800 in beautiful country district near coast Panel 1 050 Nice house (7/8 bedrooms) garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

38 BUCKS —PARTNERSHIP in old-established country Practice about £3 200 Small panel Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent One fourth share at two years purchase

39 LONDON, W.2, and W 6 —Non-dispensing and non panel PRACTICE run by two men in partnership Receipts about £1,300 and £700 respectively Premium two years and one and a half years purchase respectively Or either would be sold separately

40 WEST INDIES TOURIST RESORT —PARTNERSHIP in steadily increasing Practice doing £2,500 a year Partner must be experienced in surgery and possess M C O G Share of £1 000 at first at two years' purchase

41 ISLE OF WIGHT —Well-established PRACTICE about £1,200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating garage and small garden for sale or rent Good scope Premium £2 000

42 LANCASHIRE COAST —NUCLEUS OF PRACTICE averaging £245 p.a offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms) for sale Suit either medical man or woman Premium £500 to include instruments drugs and surgery furniture etc

43 S COAST —Middle and upper-class non-dispensing PRACTICE about £3 300 in residential town and watering place No panel Visits 3/6 to £1 1s House to rent or purchase Premium two years purchase

44 MIDDLESEX.—PRACTICE in residential district Receipts last year over £2 000 Panel about 1 600 Visits 3/6 to 10/6 Nice residence (4 bedrooms dressing room etc) good garage and garden for sale or rent Premium £4 250

45 S E COAST —Easily worked middle-class PRACTICE averaging £650 p.a in summer resort. House (6 bedrooms etc) in best part with large garden and garage for sale Branch surgery rented at 10s weekly Panel 200 Scope Premium £1,200

46 LONDON, W C DISTRICT —Increasing PRACTICE doing £1 460 (including a branch surgery in N 7 area) Panel over 1,560 Private residence to rent at £210 p.a on lease also branch surgery rented on lease Good scope Premium two years purchase

47 W OF ENGLAND —Old established non panel PRACTICE at well known inland spa Cash receipts £830 p.a Suitable house or flats obtainable Extensive building taking place in neighbourhood with excellent opportunity for panel if desired Premium one and a half years purchase

Purchasers can raise additional capital for the purcha e of approved practices or shares
Particulars will be forwarded on application

All communications to be addressed to The Manager

SCOTTISH BRANCH, 21, Alva Street, Edinburgh, 2

Manager W M SCOBIE — **FOR DISPOSAL.** — *Telephone Edinburgh* 23969

A EDINBURGH —Receipts £800 Panel 1 020 House for sale Premium for Practice and house £2,300

B SOUTH AFRICA —NATAL—PARTNERSHIP, one third share at first worth over £700 p.a One half share later Applicants put into direct communication with the vendor

C. LEICESTERSHIRE —PARTNERSHIP in old-established Practice Receipts £2,500 Panel 1,500 Suitable house to rent, £75 p.a Premium for a one half share two years purchase Short preliminary Assistantship

D NORTHUMBERLAND — County Town — Middle working-class non-dispensing PRACTICE averaging £700 per annum. Panel 640 Suitable house garden and garage Any reasonable offer for practice and house will receive consideration

For further details apply The Manager 21 Alva Street, Edinburgh.

ASSISTANTS ARE URGENTLY REQUIRED

Terms on which the business of the Branch is transacted will be submitted on application to the Branch Manager to whom all communications should be addressed.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY

The Board of Management invite applications for the appointment of RESIDENT ANAESTHETIST (male or female)

The duties of the post to commence January 1st 1938 and to include the administration of anaesthetics in the Infirmary and Maternity Hospital and assistance in the Casualty and Orthopaedic Departments

Applicants should submit particulars of any special qualification they possess or provide evidence of their experience in modern methods of administering anaesthetics

Salary at the rate of £200 per annum for the first six months rising by £50 for each subsequent six months service to a maximum of £300 together with board residence and washing

Applications stating age, qualifications and experience accompanied by copies of testimonials to be forwarded to the undersigned on or before December 16th 1937

JOHN GIBSON
Superintendent and Secretary

THE ROYAL HOSPITAL WOLVERHAMPTON
(Incorporated under Charter)

HOUSE SURGEON required for Orthopaedic and Fracture Department duties to commence January 1st, 1938 The Hospital contains 300 beds includes the usual special departments and is recognized by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice

Candidates must be registered under the Medical Acts and unmarried

The appointment is for six months. Salary at the rate of £100 per annum Board furnished rooms and laundry provided Applications with copies of testimonials to be forwarded to the undersigned

W H HARPER
Wolverhampton House Governor
November 29th 1937

ROYAL VICTORIA HOSPITAL
Folkestone. (116 Beds)

The Committee of Management invite applications for the post of JUNIOR RESIDENT MEDICAL OFFICER

Duties to commence not later than December 23rd 1937

Salary £120 per annum with board apartments and laundry

The appointment is for six months and may be considered as renewable for a further period of six months as Senior Resident Medical Officer if recommended by the Medical Committee

Applications with copies of not more than three recent testimonials to be sent to the undersigned

F T WILTON
November 24th 1937 Secretary-Superintendent

KENT AND CANTERBURY HOSPITAL
(181 Beds 4 R M O s)

Applications are invited for the post of HOUSE SURGEON (male) to the special Departments (Ear Nose and Throat Ophthalmic and Genito-Urinary) The appointment is for six months commencing December 28th 1937

Salary £125 per annum with board residence and laundry

Applications together with copies of recent testimonials should be forwarded immediately to the undersigned

J F KENT
Superintendent and Secretary

THE JESSOP HOSPITAL FOR WOMEN
Sheffield (151 Beds)

The Board of Management invite applications for the post of SENIOR RESIDENT OFFICER (male) unmarried The appointment is for six months *in the first instance from January 1st 1938*

Salary £150 per annum plus board residence and laundry

Previous resident experience essential The duties include charge of the Maternity Department and general supervision of the Gynaecological Department

Applications stating age and experience with copies of recent testimonials should be forwarded immediately to the undersigned

DAVID OSWALD
Superintendent and Secretary

THE JESSOP HOSPITAL FOR WOMEN
Sheffield (151 Beds)

The Board of Management invite applications for posts of HOUSE SURGEONS (male) unmarried, for a period of six months commencing January 1st 1938

Salary £100 per annum together with board residence and laundry

Applications, stating age together with copies of testimonials, should be addressed to the undersigned immediately

DAVID OSWALD
Superintendent and Secretary

LINCOLN COUNTY HOSPITAL

Wanted JUNIOR HOUSE SURGEON male, unmarried Salary at the rate of £150 per annum rising to £200 per annum at the conclusion of six months approved service Board residence and washing will also be provided.

Every candidate for the appointment must be registered under the Medical Acts

Applications stating age and other particulars with copies of not more than three testimonials are to be sent to the undersigned from whom further particulars may be obtained

ARTHUR MOORE,
Lincoln Secretary-Superintendent
November 25th 1937

COUNTY MENTAL HOSPITAL, RAINHILL, Nr Liverpool.

Wanted SECOND ASSISTANT MEDICAL OFFICER Salary £650 per annum

Must be in possession of Diploma in Psychological Medicine for which an extra £50 per annum will be paid

An unfurnished house is provided for which a rental of £50 per annum will be made

The appointment is subject to the 3 per cent. deduction under the Asylums Officers Superannuation Act 1909

Applications with testimonials and full particulars to be sent to the Medical Superintendent not later than December 14th 1937

COVENTRY & WARWICKSHIRE HOSPITAL
Main Hospital (307 Beds)
Convalescent Hospital (40 Beds)

RESIDENT CASUALTY OFFICER wanted Post vacant January 1st 1938

Salary £200 per annum with board laundry and attendance The appointment is renewable at the end of six months at a salary of £250 Candidates must be duly qualified and registered

Applications stating age and enclosing copies of recent testimonials should be sent to the undersigned on or before December 14th 1937

(Miss) H FRANCIS
Acting Secretary

NEW SUSSEX HOSPITAL FOR WOMEN
Windlesham Road Brighton
(60 Beds.)

Applications are invited from qualified Medical Women for the post of HOUSE PHYSICIAN for a period of six months Salary at the rate of £100 per annum Duties to commence on January 21st.

Applications together with copies of recent testimonials to be sent not later than December 13th to the Secretary New Sussex Hospital Windlesham Road Brighton
November 25th 1937

NEW SUSSEX HOSPITAL FOR WOMEN
Windlesham Road Brighton
(60 Beds)

Applications are invited from fully qualified Medical Women for the post of HONORARY MEDICAL CLINICAL ASSISTANT to the Out Patients Department on Monday afternoons The *appointment to be for one year*

Applications with copies of testimonials to be forwarded to the Secretary New Sussex Hospital Windlesham Road Brighton
November 25th 1937

NEW SUSSEX HOSPITAL FOR WOMEN
Windlesham Road Brighton
(60 Beds.)

Applications are invited from fully qualified Medical Women for the post of HOUSE SURGEON for six months Duties to commence on January 1st Salary at the rate of £100 per annum

Applications with copies of recent testimonials to be sent not later than December 13th to the Secretary New Sussex Hospital Windlesham Road Brighton
November 25th 1937

JENNY LIND HOSPITAL FOR CHILDREN
Norwich

Applications are invited for the post of RES DENT MEDICAL OFFICER

Salary £120 with board residence and laundry Candidates (Male or Female) who must possess registered qualifications *should forward applications*, stating age experience etc together with copies of testimonials to the undersigned not later than the first post on Wednesday December 15th 1937

FRANK INCH
December 3rd 1937 Secretary

REQUIRED—TWO HOUSE SURGEONS (male or female) for a period of six months as from January 1st 1938 For particulars apply Registrar NATIONAL CHILDREN S HOSPITAL DUBLIN

NORFOLK AND NORWICH HOSPITAL
Norwich. (417 Beds)

Applications are invited for the post of CASUALTY OFFICER

Salary £120 per annum with board residence and laundry Candidates (male) who must possess registered qualifications, should forward applications stating age nationality etc. together with copies of testimonials to the undersigned not later than first post on Tuesday December 14th

FRANK INCH
House Governor and Secretary
December 3rd 1937

PRESTWICH MENTAL HOSPITAL,
Manchester

LOCUM TENENT MALE MEDICAL OFFICER, age not exceeding 35 required at the above hospital The hospital is a training school Salary £7 7s. per week and all found Original testimonials must not be sent

Candidates must be unmarried and registered under the Medical Act Appointment terminable by one week s notice on either side. Apply as soon as possible stating age hospital and other experience, qualifications and full particulars to the Medical Superintendent as above

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ST MARY'S HOSPITALS MANCHESTER.

Two HOUSE SURGEONS for the Whitworth St West Hospital (Maternity) and Three for the Whitworth Park Hospital (two for the Gynaecological Dept. and one for the Children s Dept) each for a period of six months from February 1st next Salaries at the rate of £50 per annum with board and residence

Applications with copies of three testimonials, to be sent to the undersigned on or before December 16th

R RATCLIFFE Secretary

VICTORIA HOSPITAL, BLACKPOOL.
(182 Beds)

HOUSE PHYSICIAN (male) required

There are four resident Medical Officers Appointment is for six months Salary at the rate of £175 per annum with board, residence and *laundry*

Applications with copies of three recent testimonials should be sent to the General Superintendent

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VICTORIA HOSPITAL BLACKPOOL
(182 Beds)

HOUSE SURGEON (male) required to Surgical Unit No 2

There are four resident Medical Officers. Appointment is for six months Salary at the rate of £175 per annum with board residence and laundry

Applications with copies of three recent testimonials, should be sent to the General Superintendent.

DISTRICT INFIRMARY
Ashton-under Lyne.
(200 Beds)

A HOUSE SURGEON is required Six months appointment which may be renewed The Staff comprises a Resident Surgical Officer a Casualty Officer and two House Surgeons Salary at the rate of £150 per annum with board residence and laundry

Applications with testimonials to be sent to the undersigned FRANK OLIVER
General Superintendent and Secretary
November 30th 1937

DISTRICT INFIRMARY
Ashton-under Lyne.

ORTHOPAEDIC DEPARTMENT

The Governors invite applications from fully qualified ORTHOPAEDIC SURGEONS practising within ten *miles of Ashton-under Lyne* for the position of Surgeon in charge of fractures

Particulars as to the duties can be obtained from the undersigned

FRANK OLIVER
Secretary Superintendent.
November 29th 1937

SCHIFF HOME COBHAM SURREY

84 Beds for Treatment of Post surgical Cases.

Required on January 1st 1938 as RESIDENT *SURGICAL OFFICER* unmarried male of British nationality who has completed a tour as house surgeon at general hospital for three months appointment Salary rate of £200 Preference to affiliated hospitals Suit reader for examination Apply Secretary Superintendent.

BOVRIL MEDICAL AGENCY, LTD.

ALDINE HOUSE,
10-13, BEDFORD STREET, STRAND, LONDON, W.C.2.
Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)
Chairman and Managing Director, Dr J FIELD HALL.

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application.

Accountancy and legal services furnished by the Agency where desired, at moderate inclusive charges.
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 N W LONDON —PARTNERSHIP —A 7/24ths share is available in an old-established and very sound Practice Gross cash receipts average about £4 700—and for the past 5 months the receipts have been £2,500 Large panel and low expenses Well situated detached corner house available with ample accommodation and good garden Price £1,250, of which £1 000 can be obtained on mortgage. Premium 2 years purchase

2 NORTH LONDON —Middle and working-class PRACTICE producing £600 p.a *with Panel of 150 patients. Suitable accommodation available on* rental Premium 1½ years purchase

3 LEEDS —PARTNERSHIP with succession in 6 or 12 months A 2/3rds share is offered in an old-established Practice which has been held by the vendor who is now specialising for the past 2 years Receipts for last year amounted to £1 176 including £492 from a Panel of about 1 150 patients. Suitable house available freehold £900 Premium 1½ years purchase

4 LANCS —Old-established PRACTICE available owing to ill health of vendor *Receipts for last year £662, including Panel of about 620 patients.* Freehold house with 2 reception 3 bedrooms and 2 attics. There is stated to be good scope for increase as the receipts were formerly £1,200 p a Price *for Practice and house £2,100*

5 WEST OF ENGLAND —Good class residential town —A ONE THIRD SHARE with increase up to one half is offered in a better middle-class Practice at present averaging £1,200 p a Appointments worth about £350 Panel of 300 patients Fees 5/ to 21/ Flat available in vendor s house for single man. Rent £40 p a inclusive of rates.

6. NORTH WALES —Good class long-established PRACTICE in very attractive residential and seaside resort Cash receipts for last 16 years over £1,200 every year Panel 425 Good house with 2 small gardens to rent or purchase freehold Socially very pleasant Premium £1 800 Vendor going abroad

7 HERTS —*Country town on outskirts of London —Very old-established* PRACTICE held by vendor for 30 years and by his father before him for 31 years Gross cash receipts about £1 000 p a including Panel of 600 *patients Nice house with 2 reception 4 bedrooms, good garden on rental* Premium 2 years purchase

8 SOUTH COAST —Chiefly working-class PRACTICE stated to average *over £1 400 Panel of 830 Corner house with 5 bedrooms, etc. Freehold* for sale Premium 2 years purchase.

9 EAST ANGLIA —Within reach of two good towns. Old-established unopposed Country PRACTICE averaging over £1 000 p a including Panel producing over £450 p.a Low expenses Detached house with 2 sitting and 5 bedrooms etc. Rent £70 p.a Premium £1 750

10 NORTH CORNWALL —Country PRACTICE in picturesque district near coast and within each reach of two good towns. Stated to produce nearly *£1 000 p a. including Panel of £320*

11 HANTS —Recently-established PRACTICE in pleasant locality Earnings for the first year about £230, with Panel of 80 and increasing Stated to offer considerable scope for development. Very nice small house can be rented Moderate premium for quick sale, as vendor wishes to take up another appointment.

12 WITHIN 25 MILES OF LONDON —PARTNERSHIP with surgical scope. A one fourth share with increase later is for disposal in an old established Practice producing about £4 800 p a. Fees 3/6 to 21/ A suitable house can be secured Ingoing partner must have a Fellowship be experienced and not over 35 years of age. A preliminary assistantship is offered.

13 LONDON, SOUTH EAST —STEADILY INCREASING OUTLYING DISTRICT —Recently established PRACTICE rapidly growing and producing *for last 12 months £1 387 Selected Panel of 350* Suitable house with 2 reception, 3 bedrooms, etc. garden, garage Can be rented on lease. Premium £2,000.

14 *COAST TOWN —Old-established PRACTICE held by vendor for 3½ years,* who now wishes to specialise Gross receipts for last year approximately £2,183, including panel of 770 and appointments producing about £100 p.a. Visits from 5/ Good house available containing 2 reception, 7 bedrooms, Professional accommodation, etc. Freehold £1 100. Premium 2 years' purchase or near offer

15 MONMOUTHSHIRE.—Middle-class PRACTICE, established over 20 years, producing for last 12 months £1 430 including panel of 300. Fees 3/6 to 21/ Good house with 2 reception 6 bedrooms, etc. Separate Professional rooms, garden and garage. Rent £125 p.a. Premium 1½ years purchase.

16 WEST COAST —Well-established PRACTICE, producing about £1,900 p.a., *including panel of 1 450. Suitable house on rental at £50 p.a.* Premium 1½ years' purchase

17 LADY DOCTOR S PRACTICE.—Chiefly middle-class PRACTICE, situated *in residential South western district Established 10 years ago, and steadily* increasing. Receipts for last year £984 Small panel. Good house with 6 bedrooms, etc., garden garage Premium 1½ years purchase

18 NORTH LONDON.—Good middle and better working-class PRACTICE, producing about £2,600 p a., with large panel. House can be rented containing 2 reception 4 bedrooms, etc. small garden.

19 EASTERN COUNTIES.—Mixed-class PRACTICE in pleasant agricultural district producing for last twelve months over £1 300 p.a. Fees 3/6 to 21/ Nice house in good position with 2 reception, 4 bedrooms, dressing room etc. Separate professional accommodation. Modern conveniences. Garden, garage. Price for freehold £1,300. Sport of all kinds and schools within reach. Premium £1 685

20 CROYDON AREA —Recently established PRACTICE. Receipts for last 12 months over £650 including panel of 350 House with 3 bedrooms, etc., garden and garage. Can be rented at *£85 p.a.* Reasonable premium for quick sale owing to ill-health.

21 EASTERN COUNTY MARKET TOWN —HALF-SHARE PARTNERSHIP in Practice established *some 100 years, owing to retiral of junior partner* Gross cash receipts average over £2,400 p a including over £700 p.a. from Panel and P.A C. Suitable house available on rental. Ingoing partner should *be young and have had hospital experience.* Premium 2 years' purchase.

22 SURGICAL PARTNERSHIP in delightful district within easy reach of London. A fifth partner is required in an old-established Practice. There is little visiting done under 10/6 although the patients come from all classes. Ingoing partner who must hold the English Fellowship would do all the surgery for the firm, but must be prepared to do general practice as well. Choice of houses.

23 CROYDON AREA.—Rapidly increasing PRACTICE producing about *£1 800 p.a Panel of about 1 100.* Fees 1/6 to 3/- with visits from 2/6 to 5/-. Practically all cash. Vendor specialising in midwifery Suitable house available on rental Premium £3,200

24 *SUSSEX COUNTRY —Good NUCLEUS with scope for further increase.* Receipts 1935 £467 1936, £628 1937 for 7 months, £452. Panel produces about £267 included in above Good house on rental

25 NORTH LONDON —Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant. Gross cash receipts for last 12 months £1 681 Panel of 320 appointments worth about £70 p a Visits 5/ to 7/6. Good house with reception, 5 bedrooms, etc. Professional rooms, small garden garage. Freehold for sale or might be rented Premium 2 years purchase or near offer

26 PARTNERSHIP —LONDON, EAST —A HALF-SHARE of middle and *working-class Practice producing for immediate* past 12 months £4,567 p.a. Panel of over 5 000 Suitable house can be obtained

27 NORTH EAST COAST —Old-established PRACTICE, producing about £900 p.a but stated to be capable of considerable increase Choice of suitable houses. Partnership introduction will be given Vendor retiring

28 *WEST MIDLANDS —PLEASANT RESIDENTIAL TOWN —PRACTICE* producing about £1 600 p a., including a selected Panel of about 560 patients. Mostly better-class and non-dispensing. Consultations 3/6 to 10/6. Visits 5/ *to 1 guinea. Freehold house for disposal, contains 3 reception, 3 large and* 3 smaller bedrooms with separate servant s quarters. Excellent consulting rooms, garage for 2 cars.

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30. DEVON SOUTH COAST —A well-established good-class entirely private PRACTICE producing for the past 12 months about £1 000. Panel could be *had if desired Fees 2/6 3/6, 5/ and 7/6, with a few visits up to 21/-* Non-dispensing. Suitable house containing consulting room 2 reception rooms, 6 bedrooms, for sale Freehold £1 400. Partnership introduction. Would be suitable for ex-*I.M.S or similar*

31 LONDON E.2.—Lock up PRACTICE established 80 years for disposal. *Income about £800-£900 p.a with Panel of about 1 150 patients.* Fees 2/6 and 3/6 Visits from 3/6. Suitable accommodation available consisting of consulting room dispensary waiting room, the remainder being sub-let for £280 p.a. Rent and rates £230 p.a. Premium 2 years purchase to include about £150 fittings, fixtures, drugs, etc.

32. CITY PRACTICE.—Lock-up, hours 10-1 and 5.30-6.30 producing about *£1 000 p.a , including £200 from Panel and appointments. Suitable accommo-*dation available

33 LONDON S.W —Old-established PRACTICE producing £1,500 p.a with panel of 1,266 patients for disposal. Appointments and small club bring in about £85 p.a House available contains Professional accommodation, *reception room* and 3 bedrooms and maids room, bathroom. For sale or might be rented. Premium £3 000

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4 RIVERSIDE TOWN or SOUTH COAST —PRACTICE producing about £1,200 to £1 500 p.a., with Panel of over 1 000 House must have good garden.

5 HOME COUNTIES or SOUTH OF ENGLAND —Good class *non-dispensing PRACTICE, bringing in about £1 500 p a.* Panel not necessary

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3 NORTH EAST COAST —Old-established PRACTICE producing about £900 p.a. but stated to be capable of considerable increase Choice of suitable houses Partnership introduction will be given Vendor retiring

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5 LONDON SOUTH WEST —Well established better working class PRACTICE, averaging about £3,500 p.a including Panel of over 2,300 patients. Very good house on rental in excellent repair with 5 bedrooms, etc., and very good professional accommodation

6 SOUTH WEST LONDON —PRACTICE has been established over 40 years and has been held by vendor (who wishes to return abroad) about ten years. Gross cash receipts for last 12 months over £900 including Panel of about 350 which could be increased. Suitable house with 5 bedrooms on rental Moderate premium for quick sale

7 KENT COAST —FAVOURITE SEASIDE RESORT —PRACTICE established 40 years and now for disposal as vendor is going abroad Gross cash receipts average £1 921 p.a., including about £550 from Panel and £235 from Clubs. Good hospital. Vendor on staff Scope for increase and for some surgery Good freehold house available with ample accommodation Freehold £1,200 Premium 2 years purchase

8 KENT —LARGE TOWN —PRACTICE (with scope for increase) established by vendor 12 years ago now for disposal owing to ill health. Gross cash receipts are stated to be about £700 p.a., including a Panel of about 800 patients. Fees, advice and medicine 2/6. Visits from 3/6 to 5/ Midwifery from 3 guineas. House situated in a pleasant and secluded garden, contains 2 large public rooms with commodious hall and staircase 4 large bedrooms, etc. Surgery and dispensary Freehold for sale or might be rented. Premium for house and practice £2,000

9 WEST MIDLANDS —PLEASANT RESIDENTIAL TOWN —PRACTICE producing about £1 600 p a including a selected Panel of about 560 patients. Mostly better-class and non-dispensing Consultations 3/6 to 10/6 Visits 5/ to 1 guinea. Freehold house for disposal contains 3 reception 3 large and 3 smaller bedrooms with separate servant s quarters. Excellent consulting rooms, garage for 2 cars.

10 HAMPSHIRE NUCLEUS—stated to be producing now at the rate of £5 per week and to offer considerable scope for an energetic worker

11 COAST TOWN —Old-established held by Vendor past 3½ years and now for disposal as he wishes to specialise Gross earnings for year ending 31/3/37, approximately £2,183 Panel of about 770 patients producing about £425 p.a., and appointments producing about £100 p.a. Fees 3/6 and 5/ Visits from 5/ Good house available freehold £1 100 Accommodation consists of consulting room, 7 bedrooms, 2 reception rooms etc. Premium 2 years purchase or near offer

12 LINCS —PRACTICE, which is practically unopposed and country was established by the vendor about 40 years ago and now for disposal owing to ill health. The receipts for past three years have been about £540 p.a., and there is stated to be good scope for increase as practice has been neglected. Panel of about 600 patients. Suitable house available on rental at £30 p.a., with 2 reception and 4 bedrooms, garden and garage Premium 1½ years' purchase

13 EAST LONDON —Old-established PRACTICE producing about £1 800 p.a. Panel of nearly 2,600 patients Fees 2/ to 3/ Visits from 3/- Midwifery 3 to 5 guineas, about 20/30 cases yearly Very good house on rental at £120 p a. Accommodation consists of surgery waiting room 2 reception and 4 bedrooms, 2 maids rooms and bathroom Garage Premium £3 600

14 LONDON —Outlying Northern Suburb —PARTNERSHIP—A one-third share is available in a rapidly expanding Practice Receipts for past three years are approximately £1 924-£2,900 and £3 550 Panel of 2,354 patients. Fees 2,6 and 3/6—visits 3/6 upwards. Midwifery about 40/50 cases per annum, minimum 4½ guineas. Considerable scope for further increase Ingoing partner must be well experienced and have held Hospital appointments, be interested in medicine and children, and in addition, be a good anaesthetist. Short preliminary assistantship

15 LANCS —High-class Seaside and Residential Town —Easily worked old established PRACTICE for sale Gross cash receipts about £1 100 p.a. including a panel of about 325 patients. Fees 3 6 to 10 6 Visits 5/ to 21/ Midwifery about 12 cases p.a. Minimum 5 guineas rising to 15 guineas. Mostly non-dispensing Low expenses. Suitable house available with consulting and waiting rooms, 2 reception, 3 bedrooms and a maid s room and box room. Large garden and garage Leasehold for sale or would be rented Premium 1½ years purchase There is stated to be good scope for increase for an energetic man.

16 SUSSEX —ATTRACTIVE COUNTRY DISTRICT NEAR SEA —PARTNERSHIP —A one fourth share is offered (after a preliminary assistantship) in an old-established and expanding Practice Gross cash receipts for 1936 were about £3 300 and for the past 8½ months approximately £2,700 Panel of 1 300 patients. Appointments worth over £300 p.a. Maisonette available or Senior partner might build new house Prem 2 years purchase.

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22 YORKS —LARGE TOWN —Well-established better working-class PRACTICE. Receipts for last 12 months about £1 176 with Panel of 1 150 patients approximately Fees minimum 2/6 with visits from 3/6 to 7/6 Freehold house for disposal at £900 containing 3 bedrooms, 2 living rooms, surgery waiting room etc. Vendor wishes to specialise

23 EASTERN COUNTY AND MARKET TOWN —HALF SHARE PARTNERSHIP in Practice established some 100 years owing to retiral of junior partner Average cash receipts over £2,400 p.a., of which over £700 comes from Panel and P A C Suitable house available on rental. Ingoing partner should not be more than 30 preferably have a degree and some hospital experience

24 ASSISTANTSHIP—with a view to a PARTNERSHIP SHARE to produce about £1 100 p.a. in a well-established Practice Ingoing man must be young, have had considerable hospital experience, and preferably held an Ophthalmic H.S He should be married or engaged, and a Protestant. Will applicants please give full details of experience etc

25 DEVON SOUTH COAST—A well-established good-class entirely private PRACTICE producing for the past 12 months about £1 000 Panel could be had if desired. Fees 2/6, 3/6, 5/ and 7/6, with a few visits up to 21/ Non-dispensing Suitable house containing consulting room 2 reception rooms, 6 bedrooms, for sale Freehold £1 400 Partnership introduction. Would be suitable for ex I M.S or similar

26 DEVELOPING NORTHERN SUBURB —A 3/8TH SHARE is offered in a well-established and growing Practice Receipts for 12 months to 1/4/37 amounted to about £5,200 including about £80 from appointments and a Panel of some 5,300 patients. There is a choice of houses available

27 LANCS —SUBURB OF LARGE TOWN —PRACTICE established for 10 years—gross cash receipts for year ended 31/3/37 amounted to about £800 with an increasing Panel of some 470 patients Fees 2/6 and 3/6 with visits 3/6 and 5/ Suitable house with good accommodation and separate surgery available on lease at £60 p a Premium £1 100 plus good debts, drugs and surgery equipment at valuation Vendor giving up owing to ill health.

28 LONDON E.2.—Lock up PRACTICE established 80 years for disposal Income about £800-£900 p.a., with Panel of about 1 150 patients. Fees 2/6 and 3/6 Visits from 3/6 Suitable accommodation available consisting of consulting room dispensary waiting room the remainder being sub-let for £280 p.a Rent and rates £230 p a Premium 2 years purchase to include about £150 fittings, fixtures, drugs, etc.

29 CITY PRACTICE.—Lock up hours 10-1 and 5.30-6.30 producing about £1 000 p.a., including £200 from Panel and appointments. Suitable accommodation available

30 BAYSWATER.—PRACTICE, established some 65 years for disposal. Gross receipts about £1 440 p.a., with 1 000 Panel patients Suitable house on lease at £130 p a. Premium 2 years purchase

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32. LONDON S W —Old-established PRACTICE producing £1,500 p.a., with panel of 1,266 patients for disposal. Appointment and small club bring in about £85 p.a. House available contains Professional accommodation, reception room and 3 bedrooms and maids room bathroom. For sale or might be rented Premium £3 000

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34 LONDON EAST — PRACTICE established 30 years and producing £1 400 p a including panel of 1 800 and appointments worth £236 Small house with 1 sitting 2 bedrooms etc. Rent £60 Premium 2 years purchase

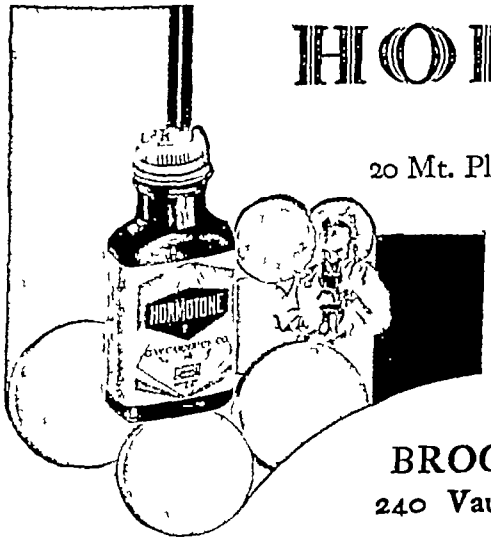
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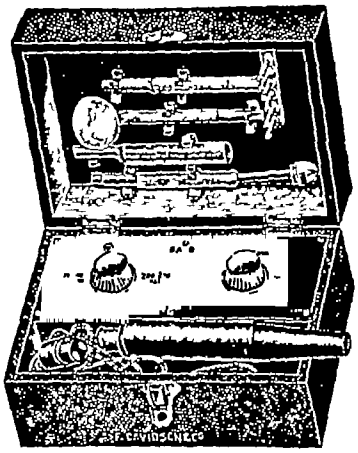
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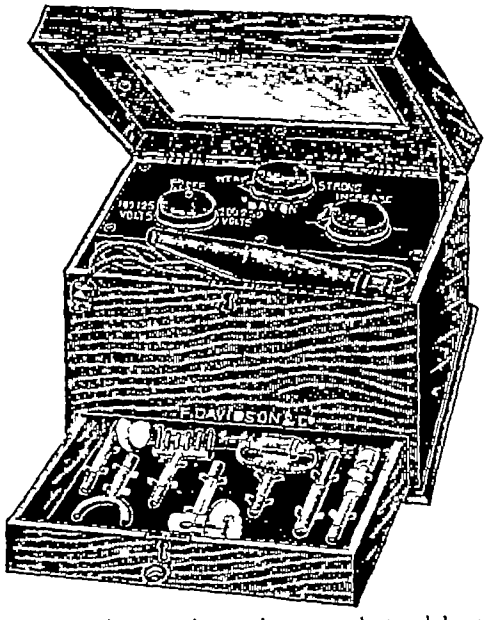
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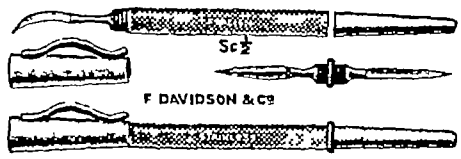
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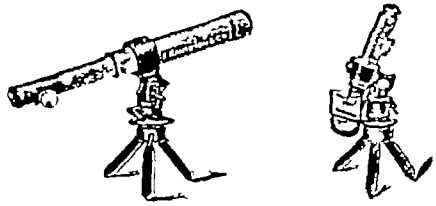
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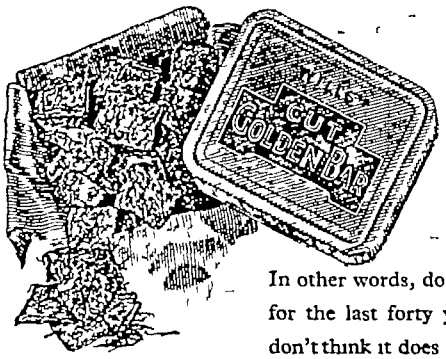
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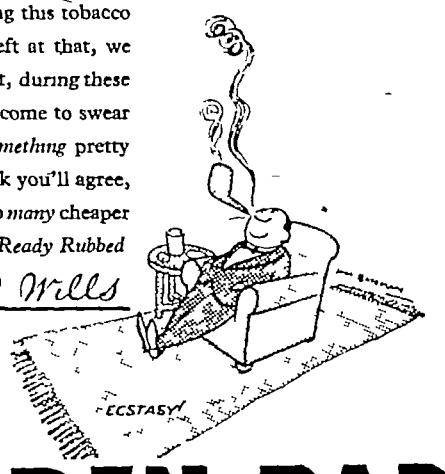
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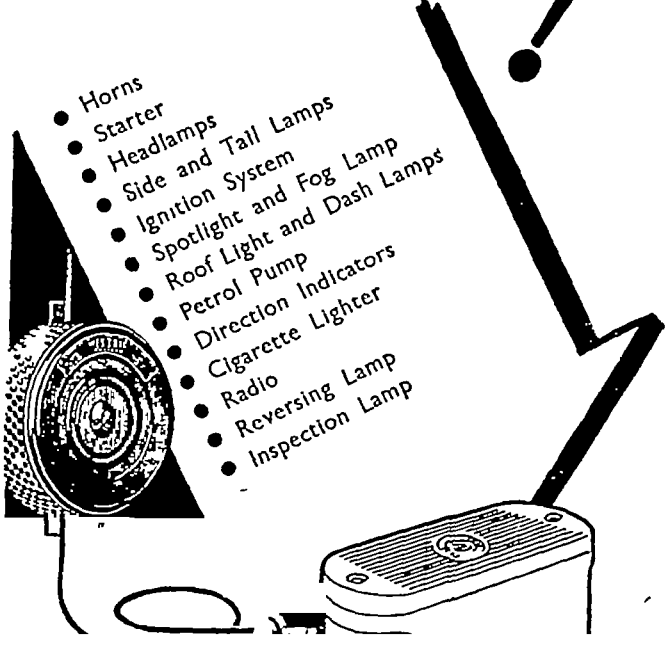


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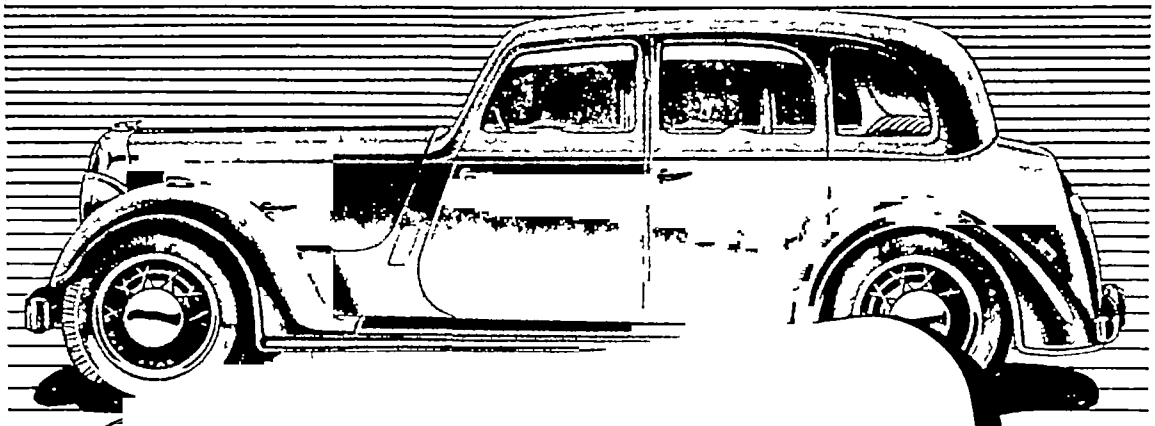
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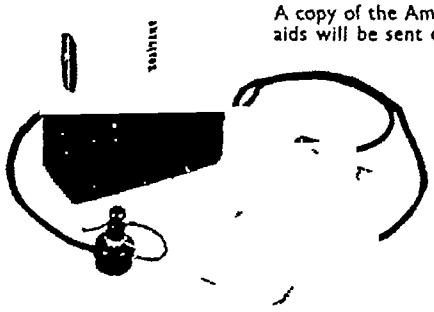
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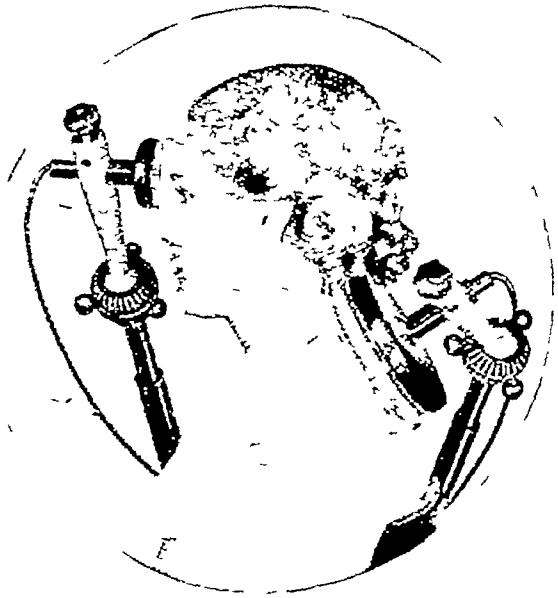
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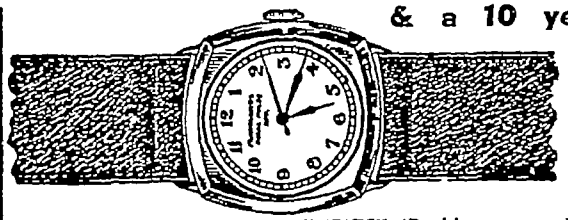
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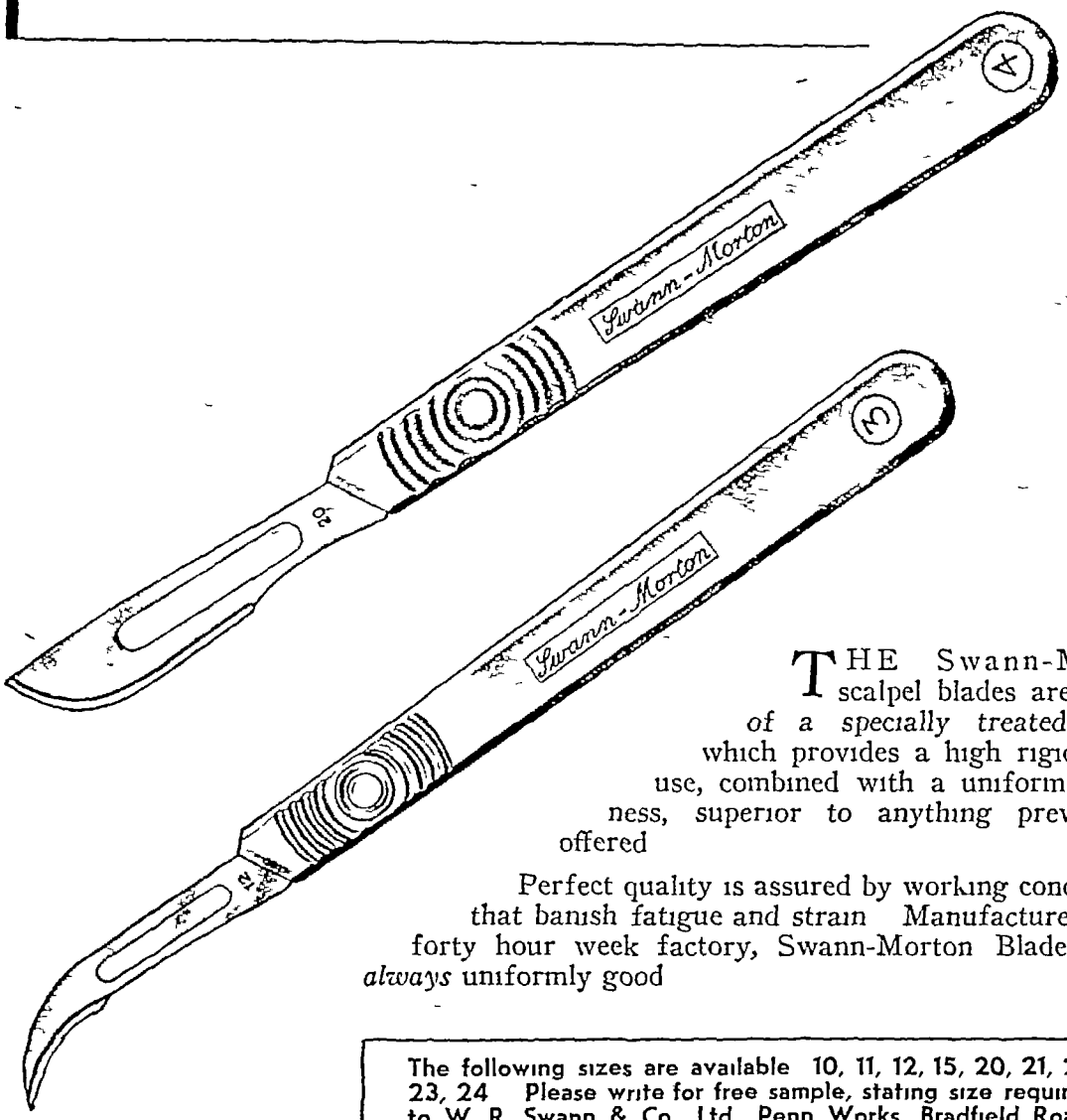
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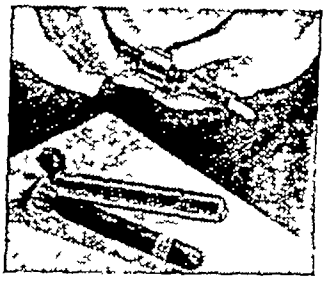
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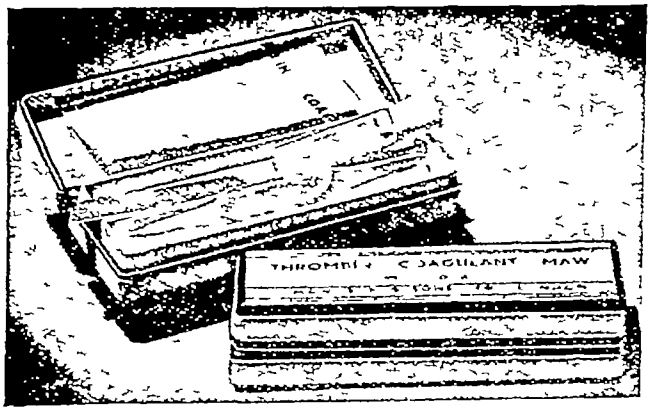
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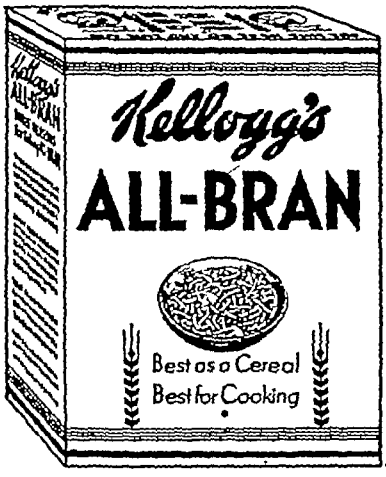
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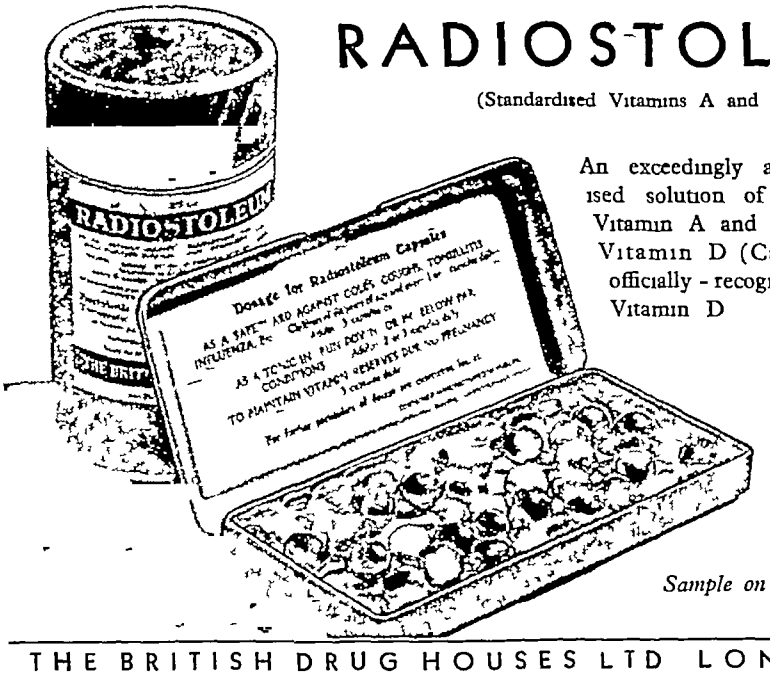
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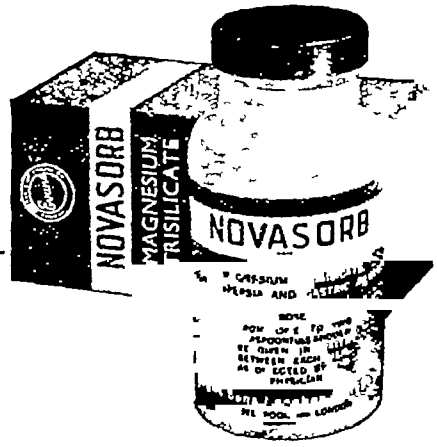
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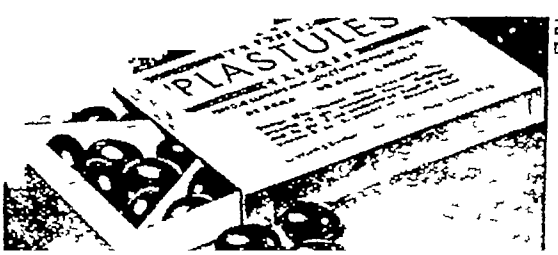
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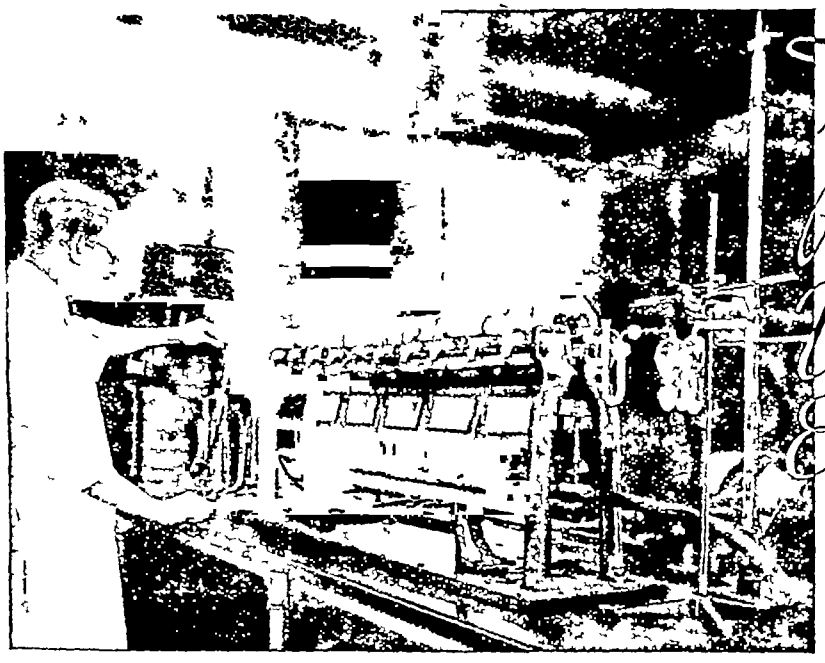
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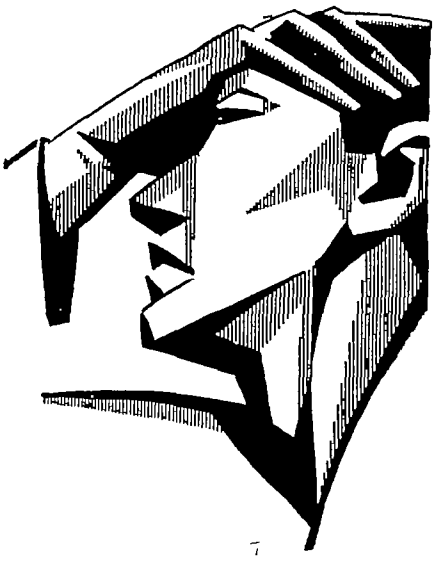
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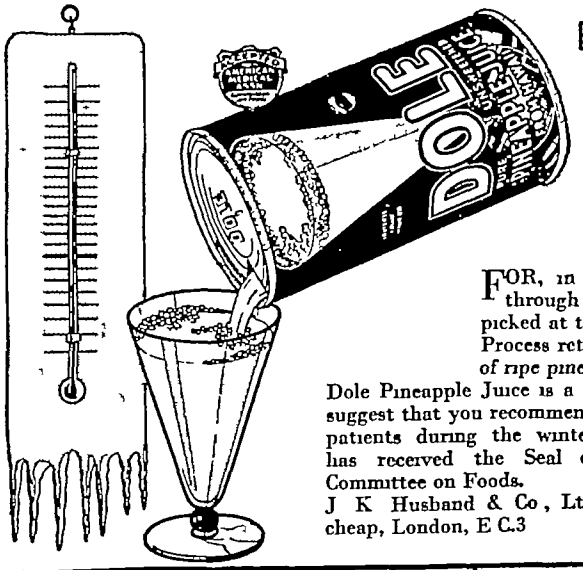
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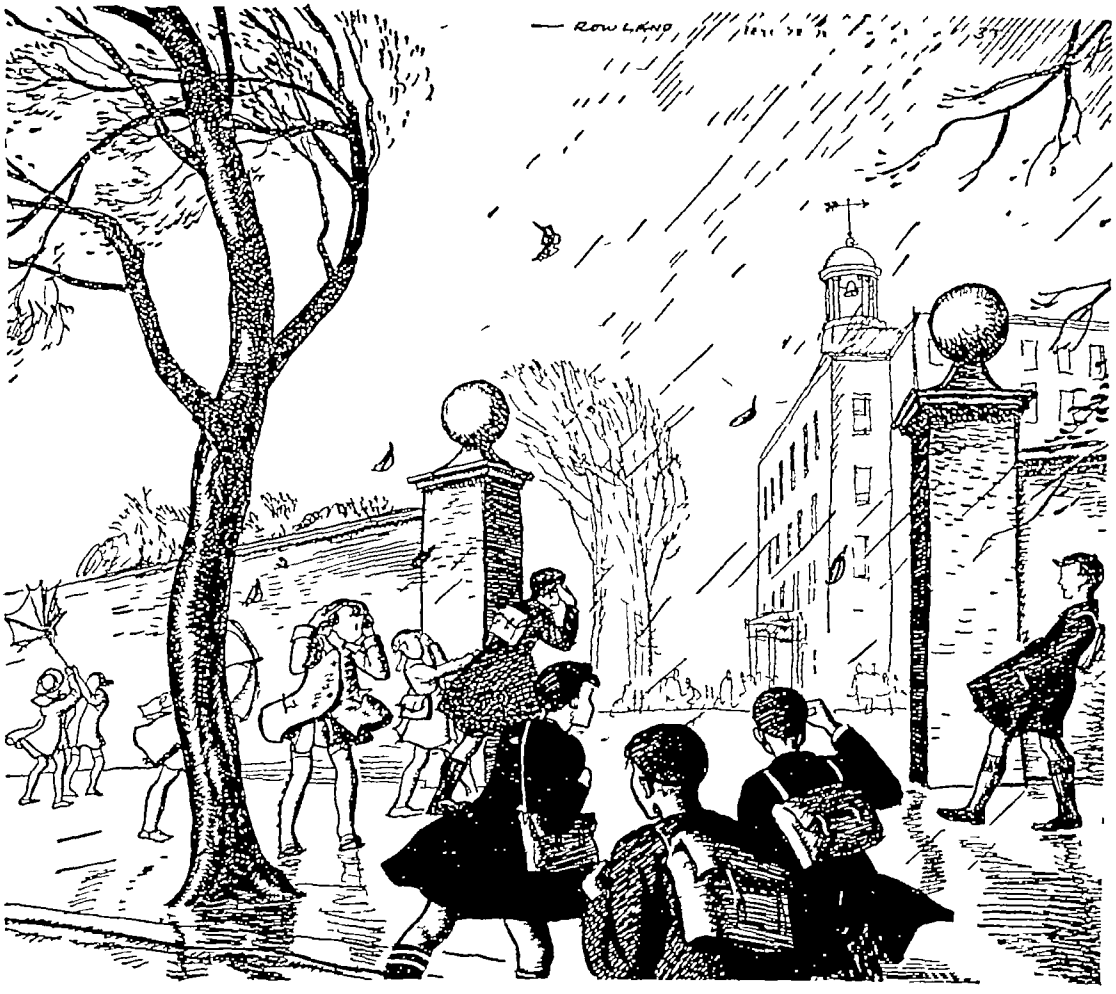
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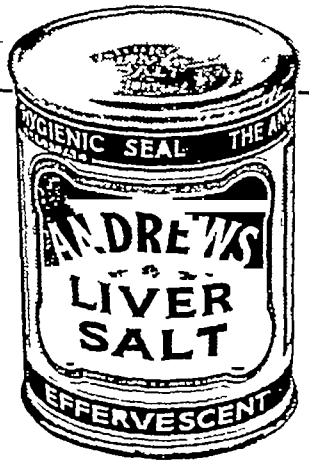
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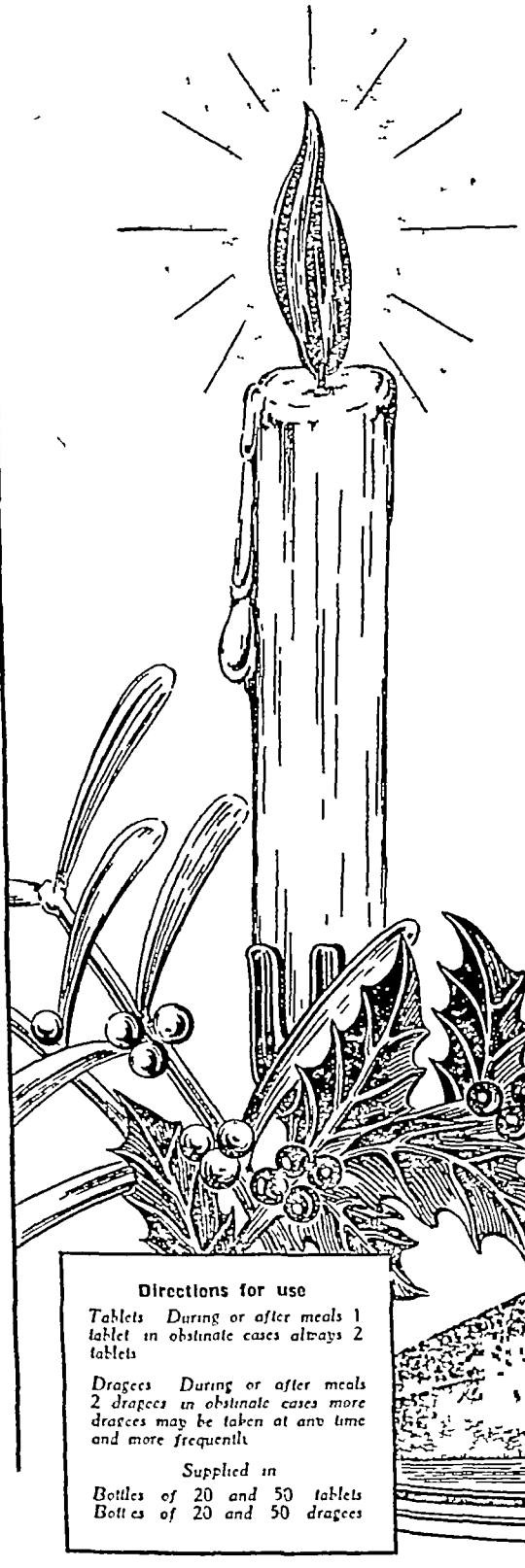
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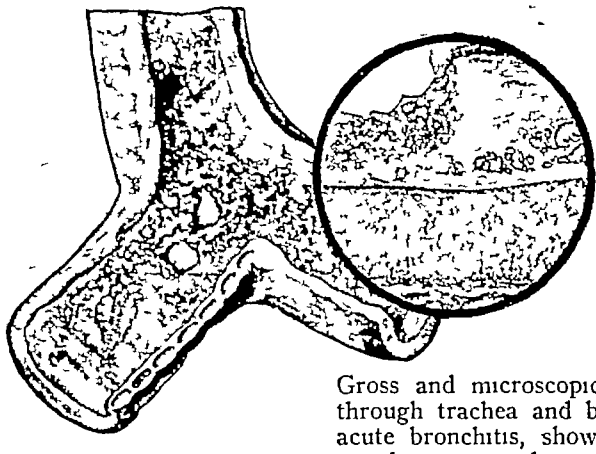
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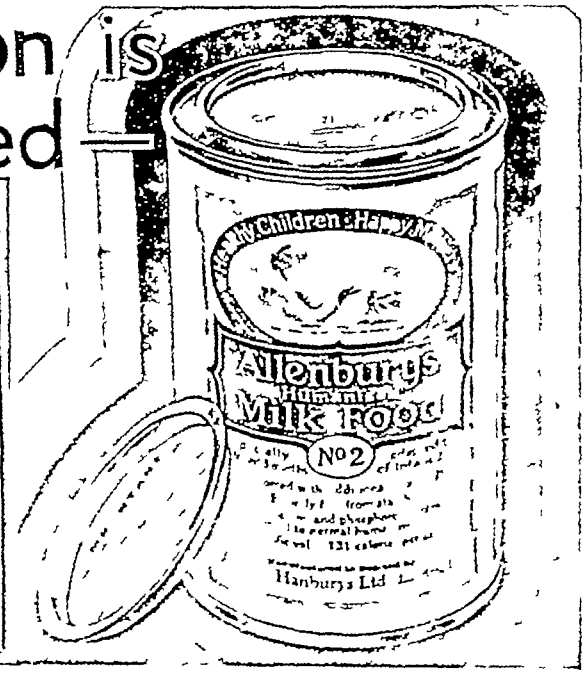
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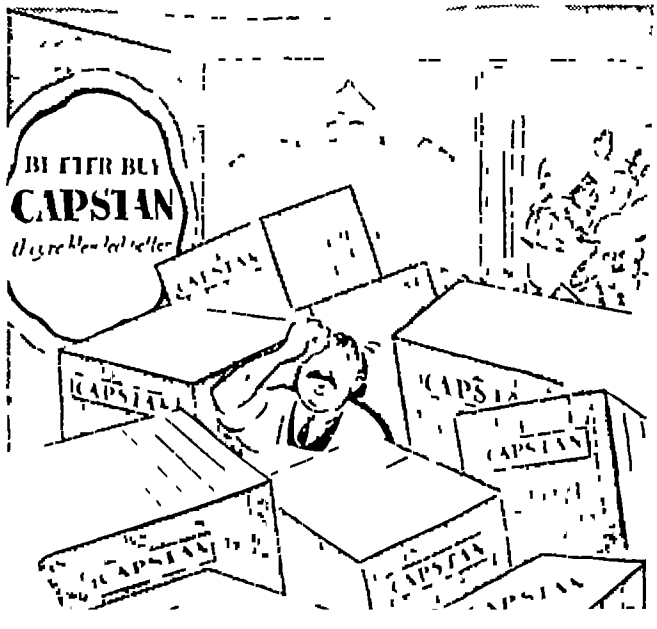
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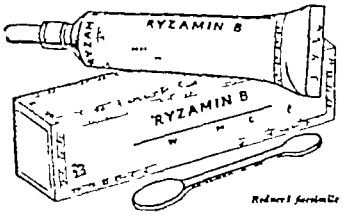
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Adenitis—This term was restricted to the cases in which the degree of enlargement was greater than that which commonly accompanies the angina at the beginning of scarlet fever This of course is a personal standard dictated by previous experience but most of the cases had some pain tenderness or pyrexia.

Secondary Tonsillitis—Any tonsillitis occurring after the initial inflammation of the throat had subsided

Albuminuria—The febrile albuminuria of the initial stages, the albuminuria of serum sickness and any transient albuminuria lasting for less than twenty four hours were not included

Nephritis—The presence of blood albumin or casts in the urine together with the usual signs and symptoms of acute nephritis.

Relapse—As every case in the series was definitely one of scarlet fever no question of the recorded cases of relapse being anything other than a true relapse can arise

Discussion

It will be seen from Table I that in the series under consideration para benzylaminobenzenesulphonamide has no significant effect upon either the duration of the initial pyrexia or the incidence of complications When comparing clinically the duration of the toxic symptoms in the patients there was a difference between Group I on the one hand and Groups II and III on the other The last two groups appeared to show rapid improvement which can probably be attributed to the antitoxin administered There was however no obvious difference between Groups II and III indicating that the sulphonamide had no appreciable effect upon the toxaemia Although the serum rapidly produced some fall in the temperature, no change was observed in the total duration of the initial pyrexia as judged by the standards set out above

Several factors may account for this rather disappointing result of the administration of the sulphonamide The first that naturally arises is the possibility that the substance used is ineffective However Peters and Havard (1937) have published a series showing a marked reduction in the number of cases having complications when treated with para benzylaminobenzenesulphonamide, which seems to show that this substance is active Another possibility is that the dosage employed was inadequate At the beginning of the investigation there were few available records of its use in mild conditions such as scarlet fever, and it was necessary to proceed cautiously Later as mentioned below larger doses were used but without obvious improvement in the results With both the smaller and the larger doses mild toxic features in the form of a roseoliform rash were observed Colebrooke and Kenny (1937) found that prontosil had little or no effect upon infections caused by haemolytic streptococci of low mouse virulence This finding was confirmed by Long and Bliss (1937) but not by Mellon Gross and Cooper (1937) who stated that the sulphonamide was equally effective against haemolytic streptococci of medium and high virulence

It has already been pointed out that the average severity of the cases under consideration was low and a study of Table II will show that very few cases come under the term moderate to severe It is possible that the para benzylaminobenzenesulphonamide might have had a greater effect in a group of more severe cases This tends to be borne out by the series of Peters and Havard (1937) which shows a remarkably high percentage of complications in both the treated and untreated cases A reasonable deduction to be made from this is that the haemolytic streptococcus involved in their cases was of a more virulent type than that involved in the present series

TABLE I

	Group I						Group II						Group III					
Ages	0-5	5-10	10-15	15-20	20+	All ages	0-5	5-10	10-15	15-20	20+	All ages	0-5	5-10	10-15	15-20	20+	All ages
Cases	32	43	27	5	8	115	32	53	26	8	7	126	21	55	21	7	10	114
Mean day of disease on admission	2.3	2.5	2.2	2.4	3.0	2.4	2.1	2.1	2.5	2.7	2.9	2.3	2.2	2.3	2.6	2.6	3.2	2.4
Mean duration of pyrexia	3.7	3.6	4.0	4.6	3.3	3.7	4.3	3.8	4.6	5.0	3.1	3.9	3.8	4.2	3.9	3.6	3.8	3.9
Cases with complications	9	13	6	2	1	31	11	13	3	2	—	29	5	15	4	1	—	25
Rheumatism	—	—	1	—	1	2	—	—	—	—	—	—	—	1	—	—	—	1
Myocarditis	—	1	1	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Endocarditis	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Otitis media	2	2	1	—	—	5	4	4	1	—	—	9	1	2	2	—	—	5
Mastoiditis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Adenitis	3	4	1	2	—	10	4	1	—	1	—	6	3	4	1	—	—	8
Secondary tonsillitis	2	2	—	1	—	5	—	—	1	1	—	2	1	2	—	—	—	3
Albuminuria	1	1	1	—	—	3	—	—	1	—	—	1	—	2	1	1	—	4
Nephritis	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Whitlow	1	1	2	—	—	4	1	6	—	—	—	7	1	4	—	—	—	5
Impetigo	1	2	—	—	—	3	1	3	—	—	—	4	1	2	1	—	—	4
Relapse	1	—	—	—	—	1	1	—	—	—	—	1	1	1	—	—	—	2

Comparison between Group I and Group III regarding the incidence of complications Observed difference 5 per cent standard error of difference, 5.6 per cent. Comparison between combined Groups I and II and Group III Observed difference 0 standard error of difference 4.9 per cent

TABLE II—*Cases Graded in Degrees of Severity*

	Group I	Group II	Group III	Totals
Mild	56	41	35	132
Mild to moderate	21	19	18	58
Moderate	37	63	56	156
Moderate to severe	1	4	5	10
Totals	115	127	114	356

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and those authors were able to show a substantial reduction in the number which developed complications Confirmation of the efficacy of the particular drug employed was obtained from its beneficial effects in another condition caused by the haemolytic streptococcus treated in this hospital—namely, erysipelas It is also reported by many workers that prontosil is not active towards certain strains of haemolytic streptococci This may have some bearing upon the present findings

In order to study the effect of larger doses the following amounts of para-benzylaminobenzenesulphonamide are being given in a further series of cases of scarlet fever Cases under 5 years of age, 1 gramme thrice daily for seven days, then 0 5 gramme thrice daily for seven days Cases over 5 years of age, 1 gramme four times daily for seven days, then 0 5 gramme four times daily for seven days So far twenty-two cases have been treated, with the following results Five cases have developed complications (rhinitis 1, adenitis 1, relapse 2, impetigo 1), and there have been two cases of toxic erythema Although the number is small there is no reduction in the incidence of complications

Summary

In a series of strictly controlled cases of scarlet fever during the period July, 1936, to May, 1937, the administration of para-benzylaminobenzenesulphonamide was found to have no significant effect upon the duration of the initial pyrexia, the initial toxaemia, or the incidence of complications Various reasons for this finding are advanced I personally incline to the belief that a combination of three factors is responsible—namely, the mildness of the disease, the fact that a haemolytic streptococcus which is not affected by the sulphonamides, or only slightly affected, was the causative organism, and that while it is less toxic the para-benzylaminobenzenesulphonamide is also less active than its companion reduction products

I wish to acknowledge my indebtedness to Dr M Mitman superintendent of the Eastern Hospital, at whose instigation this work was started, for his kindness in allowing me to publish the findings

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THE OCCURRENCE OF SUBCLINICAL TRICHINOSIS IN BRITAIN

RESULTS FROM 200 LONDON NECROPSIES

BY

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Recent work in America (summarized and extended by Hall and Collins, 1937) has shown that the population of the United States has a high incidence of unsuspected trichinosis, about 12 to 13 per cent of over a thousand cadavers examined post mortem being infected with encysted trichinella larvae In not one case had trichinosis been diagnosed during life, despite the fact that several of the cases showed an infection of up to 1,000 larvae per gramme of muscle The aetiology of trichinosis in the United States has been discussed by Hall (1937a), who has stated that this high incidence of human trichinosis is almost certainly due to the practice of insanitary methods of pig-rearing such as garbage- and swill-feeding, trichinous pork scraps from trimming plants and table refuse being re-fed to pigs, thus maintaining a high percentage of infection among the animals Only a small proportion of such pig meat is ever examined by Federal inspectors, and the consequent degree of exposure to infection of the population is thus dangerously high Grain-fed swine show a very low incidence of infection, and the part which rats play in the transmission of the disease is small, trichinosis being transmitted direct from pig to pig in trichinous garbage

Previous Records of Trichinosis in Great Britain

In spite of rigid meat inspection trichinosis still persists in Germany and Denmark, but the scarcity of records of trichinosis in Great Britain suggests that the disease is uncommon in this country Apart from the original specimens discovered by Peacock, Hilton, and Paget and described by Owen and Farre, trichinae have been found post mortem in the following instances in Great Britain, trichinosis having been unrecognized during life The clinical history of the Wood (1835) case in Bristol Infirmary, however, shows the typical symptoms of trichinosis—acute rheumatic pains, dyspnoea, and pericardiac inflammation—the patient finally succumbing to pneumonia The probable cause of these symptoms was not discovered until after death, but even then the true relation of the encysted trichinae to the clinical picture was not fully realized Two cases occurred at about the same period in the London Hospital (Curling, 1835–6), in both of these the cysts were very numerous, but the disease was unrecognized and not fatal, death being due in one case to a fractured skull and in the other to an aneurysm of the aorta Topham (1850) describes a case occurring in medical practice in Wolverhampton the cause of death being diphtheria The trichina cysts were well calcified, with a mass of granular matter lying near the larvae, indicating an infection of long standing No clinical history of trichinosis had been recorded, and the source of infection was unknown

Bellingham (1852), in his account of a case in Dublin, says that the patient had had oppression of breathing for several years, and the post-mortem examination revealed emphysema of the lungs and pus in the pleural cavities The superficial muscles of the chest and neck were

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AUTOPHYTIC DERMATITIS*

BY

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Autophytic dermatitis is, I am confident, far from uncommon, and is therefore a subject worthy of discussion. Its true nature may not be recognized for months or even years, and in its various forms—for they are many and diverse—it *can deceive every class of practitioner, including* dermatologists. Self-inflicted skin disease is by no means a modern phenomenon, although it would seem that the strain and increasing effort which characterize present conditions have very clearly increased its incidence. Indeed, its features were until a comparatively recent date in certain forms at least, either not understood or in dispute, for we find as late as 1903 Radcliffe Crocker insisting that in so-called hysterical gangrene the theory of self-infliction was the most obvious explanation.

Types of Eruption

The number of recorded cases of self-inflicted injury to the skin now forms a considerable literature; an examination of these records and of those coming under my personal observation shows that while the eruptive processes and the mechanism of their production are, broadly speaking, similar, the individuals who resort to these deceptions are of different patterns, falling into groups which can be distinguished and separated. Since the term autophytic dermatitis covers all these groups it is first necessary to examine the various forms of eruption met with and their characteristics. First, it is quite clear that no one can reproduce the lesions of diseases such as psoriasis or lichen planus. On the other hand it is not difficult to cause by external agents inflammatory reactions of different degree varying from simple erythema to ulceration, blistering or even deep necrosis with subsequent scar formation. Such reactions may mimic various infections of the skin staphylococcal or streptococcal especially when secondary sepsis occurs or the granulomata of tuberculosis or syphilis. If the formation of bullae distinguishes the eruptions a diagnosis of pemphigus or dermatitis herpetiformis may appear to satisfy the conditions, and the frequent reference to hysterical pemphigus in the older textbooks emphasizes the antiquity of this deception. The ingenuity of this class of individual extends beyond such simple expedients; they are known to have clipped out pieces of skin with scissors, to have used pigments and iodine with remarkable results, to have pulled out or cut the hair, accounting for the strange epidemics of alopecia areata observed in schools, and in an extraordinary case recorded by Sir John Collie (1910) a young lady for many months produced typical eczematous eruptions by rubbing the skin with pumice stone. Her case was further complicated by gastric pain, vomiting of blood, and at a later date the symptoms of obstruction of the bowels.

The guiding characteristic of all these artefacts lies in their want of a perfect and, indeed, often of even an approximate reproduction of a genuine disorder. They tend to appear on the left side of the body, especially on *the arm and leg*; this applies to right-handed individuals, and the reverse is equally true. Further, all the lesions are within reach of the hand. One exception to this rule has come under my observation in a patient who presented a large number of round pigmented disks all of the size of a halfpenny scattered over the back and front of the chest. That they were artificially produced was certain as the man was in receipt of benefit because of the eruption; one assumed a conspiracy between him and his wife. In other cases the artificial nature of the eruption is disclosed by a straight edge or an abrupt angle, neither of which is observed in genuine dermatoses. Again, an irritant liquid carelessly applied will trickle down the skin—valuable evidence when present. These types and others where the hysterical patient indulges her fancy in lines or stripes, some along the limb, others across it, or where the eruption is fantastically bizarre present no real difficulty in diagnosis. There are times however, when everyone is puzzled and where suspicion is only confirmed after the most careful observation. For example, in many young women with the so-called hysterical eruptions some form of injury or disease has directed the patient's attention to the skin, and the subsequent and self-inflicted lesions may all appear to be a natural sequence.

Even more difficult to assess are those cases where an eczematous eruption is present, especially in alleged industrial dermatitis. When we remember the injurious effects of simple soap and water upon genuine idiopathic eczema we can see how easily a patient with dermatitis, whether it be of occupational origin or not, can aggravate and extend the condition at his or her will by mere friction or some more complicated procedure.

A striking example of this process has been recorded by W. J. O'Donovan (1927) in a ward-scrubber who was admitted with occupational dermatitis of the hands. One day the visiting physician asked if her legs were all right and expressed a wish to see them. There was then no eruption on the legs, but at a subsequent visit they were found to be red and weeping, a condition which persisted for months.

O'Donovan records this as an example of psychogenic traumatic dermatitis. Admission to an institution and the application of occlusive dressings such as elastoplast or plaster-of-Paris will by the rapid healing of lesions which have persisted for months or years reveal their true nature. At other times an inspection of the patient's belongings will be rewarded by the discovery of the causal agent. Sir Norman Walker (1932) reproduces in his *Introduction to Dermatology* a coloured plate representing an artefact produced by carbolic acid which the patient cleverly concealed in the ward despite constant search for it during three weeks. In the case of eczema or dermatitis chemical

* Read in abridged form at a joint meeting of the Dermatological Section of the Royal Society of Medicine and the Section of Dermatology of the British Medical Association.

thickly studded with cysts, but none were found in the diaphragm Since the cysts were tough the infection was probably of long standing Dr Jacobs is quoted in the same paper as having stated that cysts were frequently observed in the dissecting room ' Sutherland s (1897) case in Glasgow was apparently an infection of short duration death being due to advanced pulmonary tuberculosis - University College Hospital clinical records, 1933, contain an account of the case of a lino porter, aged 56 who died with multiple pulmonary abscesses Several small calcified cysts in the intercostal and axillary muscles show well in a radiograph of the chest Eosinophils were 2 per cent Evidently this was an old infection, but the patient had resided in India, Burma, and Malta, and had served in France from 1914 to 1918

Cobbold (1879) states that "as many as thirty to forty instances had occurred where the parasites in question had been found post mortem," no diagnosis of trichinosis having been made during life, and he further states that "trichina has not been observed in our British fed swine in more than one or two or possibly three instances ' This author also quotes Sir Dominic Corrigan as having stated that 'he had often met with trichiniasis in his practice in Dublin' and that the disease 'was quite common in many parts of Ireland,' but whether the disease was diagnosed or discovered post mortem is not stated and no instances of trichinosis in Ireland have been published except that of Bellingham (1852)

Several small epidemics and isolated cases of trichinosis have been recorded from time to time in Great Britain, the disease being diagnosed correctly in all instances Cobbold (1879) describes the first recognized epidemic, in Workington in 1871, three persons being infected by sausages and boiled pork from a home fed pig Jones (1889) reports an isolated case in Swinton (Yorkshire), due to eating raw home-cured ham, which however, had been supplied from America Harris (1909) records four cases caused by eating salted pork prepared from a privately killed pig in Devonshire A rat killed on the farm at which the pig had been kept was found 'teeming with trichinae

Rice and Williams (1922) give an account of a serious outbreak of trichinosis involving thirteen persons at Milford Haven, caused by eating sausages prepared from pigs bought and slaughtered locally, no evidence of trichinosis could, however be found in pigs from the seven farms supplying the infected animals nor were rats round the farms infected Hardy, and Paul (1927) describe two cases in Smethwick due to eating roast pork from a pig supplied by a Worcestershire farm No trichinosis could be traced among the other pigs nor did rats on the farm show trichinae, in addition the swine were grain fed, and no trichinae were found in over a thousand carcasses examined subsequently Herzberg and Vitenson (1930) report an isolated case in London acquired by eating raw bacon from an untraced source Hickling (1931) also describes an isolated case in London the source of infection not being stated, the patient, however, had never been abroad

The above constitutes all the published records of trichinosis in the British Isles which it has been possible to trace, but in view of the atypical syndrome apparently associated with many cases and the difficulties still attendant upon diagnosis (Hall, 1937) it is not surprising that the disease is recognized during life only in epidemic proportions or in those few cases showing the classical symptoms of muscular pains oedema and marked eosinophilia While trichinosis is in itself rarely fatal, its incidence is nevertheless an indication of the general hygiene of the population and the efficiency of the public health precautions, moreover, mild trichinosis may predispose towards other more serious complications

Since trichinosis may be acquired by persons who never show any symptoms of the disease it is obvious that the incidence indicated by diagnosis during life is no criterion of the frequency or degree of exposure to infection A study of the frequency of subclinical infections is therefore necessary to estimate the true risk of infection and pending improved diagnostic methods such a study can only be carried out post mortem

Materials and Methods

The incidence of trichinosis in London was estimated by digestion of diaphragms from cadavers and examination of the sediment of the digest for larvae Diaphragms were generously supplied by four hospitals, these being Guy s Hospital and the London Hospital, covering a large part of the east and south east of London, and a typical low economic social population, and University College Hospital and the Middlesex Hospital, covering central, western, northern and outlying northerly districts of London, with a larger proportion of persons of higher economic social status

Diaphragms were minced, and weighed amounts usually 100 grammes, or the whole diaphragm if less than 100 grammes in weight digested in 1 000 c cm of artificial gastric juice (0 5 per cent HCl and 1 per cent granular pepsin) at 37° C for twenty four hours, the mixture being constantly stirred The digests were then poured into funnels fitted with 20 mesh brass wire screens After one hour the sediment was drawn off from the base of the funnel, centrifuged, and examined for larvae In addition small portions of diaphragm from near the tendinous insertions were compressed between thick glass plates and examined under the microscope for encysted larvae, since, as Hall and Collins (1937) have shown, larvae which have died previously in the cysts are not present in the sediment after digestion

Even when determined by these two methods the incidence of trichinosis is probably still too low and the actual degree of infection underestimated, because in a few positive cases the diaphragm may be uninfected (*vide* Bellingham 1852) and the amounts used may be too small to give a true result in larvae per gramme (Hall and Collins 1937) Two hundred diaphragms were examined from all age groups from stillbirths to old age, covering a fairly representative selection of population classes and districts in and round London

Observations

Only two out of the 200 diaphragms examined (one case in each 100) showed infection with trichinella giving an indicated incidence of 1 per cent In both cases the infection was slight—one larva per gramme of muscle Case 1 was that of a woman, aged 39, of King s Langley, Herts, who died in University College Hospital of post-cricoid carcinoma Case 2 occurred in a Hampstead woman, aged 58, who died in Middlesex Hospital from gastric carcinoma In neither instance had there ever been any symptoms suggestive of trichinosis and in Case 2 a blood examination showed a normal proportion of eosinophils (2 per cent) Neither patient had ever been abroad, indicating that the infections were endemic In each case microscopical examination of parts of the diaphragm was negative, this is in accordance with the

agents are not required, vigorous friction is sufficient Occlusive dressings, elastoplast and plaster, aggravate the eruption, and for this reason cannot be used To meet these circumstances I employ a wire cage into which the foot and leg can be fixed and locked If the leg thus immobilized responds while the other does not, it may be concluded that friction is protracting the disease This, however, applies equally to true idiopathic eczema where the patient, unconsciously perhaps, succumbs to the violent itching The individual who deliberately aggravates the eruption does not know this, and the plan is thus often effective

For the purposes of this paper I will divide the various types into four groups This classification is dermatological rather than psychological Their clinical characteristics are best illustrated by selected examples

1 The Hysterical Group

This group can be further subdivided into purposeless and purposeful eruptions

(*a*) PURPOSELESS HYSTERICAL ERUPTIONS

These represent the most characteristic and at the same time the most deceptive class This deception lies in the fact that there is no apparent object to be gained, and that even personal appearance may be damaged to the extent of unsightly disfigurement This class is almost entirely confined to young unmarried women, who often exhibit an insensitive conjunctiva or palate, and "glove and stocking" or shifting patches of anaesthesia The following cases are illustrative

Miss E M aged 17 had a number of red inflamed patches on the left shin with superficial scars on both legs Although the eruption had been present for four years after admission to hospital healing was complete in nineteen days I wrote to her four years later to ascertain her subsequent history She had married and no further artefacts had been produced in her reply she asked if her eruption would have any effect on her children, apparently a perfectly genuine inquiry which favours the theory of a double personality She had forgotten, or was unaware of or had suppressed the memory of the four years given to her practice

The next case is more dramatic, and illustrates very well to what lengths individuals affected by this strange neurosis will go

The patient was an intelligent and well-educated woman of 26 a protozoologist by occupation In January, 1919, she broke a test tube, and several tiny fragments of glass were removed from her left hand The lesion never healed, and was replaced by a sloughing ulcerated area An infection from some protozoon or other pathogenic organism was suspected I first saw her in May 1919 and diagnosed dermatitis artefacta She had a short stay in the ward, and under occlusive dressings the sore was reduced to a tiny lesion. She then discharged herself from hospital, and when I next heard of her a finger had been amputated Thus mutilated she remained in apparent good health. In this case a genuine injury had preceded the artificial eruption

Submission to surgical mutilation is indeed not uncommon a remarkable example of this has been recorded recently by E W Prosser Thomas (1937), who emphasizes the curious unemotional indifferent attitude on examination, and one might add on mutilation

His patient for a period of nine years, commencing at the age of 22 produced a series of gangrenous lesions on the left hand and arm necessitating thirty-three operations culminating in complete removal of the left arm The autophytic nature of the eruption was proved when a new lesion developed, for which the patient was admitted to hospital This case is not unique Thomas describes a parallel in Heidingfield's patient, a woman who permitted the amputation of both breasts and one leg before the true nature of the supposed idiopathic gangrenous dermatitis was recognized A lesser example of submission to mutilation with unusual developments, came under my observation in 1932 The patient, a girl of 19 when working as a hairdresser, damaged a finger This was amputated for supposed tuberculosis She then developed on the hand a rebellious ulcer of suspected tuberculous origin On her admission to my ward a diagnosis of autophytic dermatitis was supported by a microscopical examination of the ulcer, which proved its non tuberculous nature She improved and was discharged I ascertained that at a later date she obtained a large sum in compensation for tuberculosis of the skin contracted in her work Her story does not end here Three years later when I again saw her she had three ulcers and an erosion of triangular outline on the right leg all self inflicted The ulcer on the hand had healed but there was hysterical contracture and disuse atrophy

In spite of her past history, and in spite of all I had to say, this characteristic textbook example of self inflicted ulceration of the skin remained, and for all I know still remains, an accepted case of multiple tuberculosis This class of patient does not seek or invite compensation It is as if honour were thrust upon them, and if this lady has a sense of humour she must relish the exquisitely ludicrous situation

One further example with similarities and differences may be recorded as illustrating diagnostic technique

A woman aged 28 developed tuberculosis of the finger necessitating amputation At the hospital where the operation was performed the diagnosis was confirmed by the microscope, and we may therefore unreservedly accept it. When I saw her at a later date she presented a number of ulcerative small lesions extending in a line up the arm, very suggestive of tuberculous lymphangitis Had nothing further happened I would have been satisfied with this diagnosis the mimicry was so perfect. Then the patient became too clever and gave her case away When similar lesions developed along an operation scar on the abdomen I became suspicious and my suspicions were confirmed when, upon her admission to the ward and the application of occlusive dressings, the covered lesions completely and rapidly healed

(*b*) HYSTERICAL AND PURPOSEFUL ERUPTIONS

Those whose cases come under this heading are women of mature age, and they become or have been difficult and unreasonable There is an attempt to evade unwelcome duties with simulation of illness to gather pity

The first example of this class Miss A, aged 42, presented following a scald, an erythematous rash of three months duration confined to the left arm This rapidly healed on admission to hospital About two years later she developed agonizing pain in the right toe which appeared perfectly normal. She was work shy and neurotic, and her doctor informed me that she had previously rubbed lamp-black under her eyes to show how ill and overworked she was We told her that we were aware of her deceptions and this brought her to a better frame of mind

Another case was that of Mrs X aged 45, a chronic alcoholic Following an injury to the left forearm and index finger she developed a series of necrotic areas on the left arm which healed under elastoplast but reappeared when the bandage was removed This continued for six months Her doctor then took charge of the patient, applying and removing the elastoplast himself Various excuses were made to evade this treatment It was nevertheless persevered with and the doctor won. Her home environment should have been entirely happy for she had a devoted husband and children The eruption was an endeavour to find an excuse for her alcoholism

2 The Malingering Group

Although there is no essential difference in the forms the eruption assumes in this group, except that in general they are better copies of a genuine disease, the motive is

previous findings that microscopical examination will almost invariably miss light infestations

Three complete cysts were recovered from Case 1 and twenty-five from Case 2, these had been perforated by the digestive juice, but the larvae were dead inside Examination of these cysts showed that the infections were of long standing, the walls being thick, although any calcification had been dissolved by the gastric juice *Cysts from Case 2 showed a granular mass lying near* the larvae, such as has been described in cysts from a polar bear and by Topham (1850) in man, these are probably masses of excretory material (van Someren, 1937) The remainder of the larvae in each case were free and active

Discussion

These results show that in the districts and population classes examined in and around London trichinosis is an uncommon disease, and the risk of infection apparently very slight, they also suggest however, that endemic reservoir hosts do occur, forming a potential source of danger, since one infected pig is capable of transmitting the infection to many people An explanation of this scarcity of trichinosis may be found in the fact that, generally speaking, the British, even of the lower economic-social classes, have a relatively high standard of hygiene as regards cooking meat being well cooked in the majority of homes On the other hand it is possible that encysted larvae may withstand temperatures sufficient to cook meat thoroughly, especially in the centre of a joint, where the temperature never reaches the oven temperature The Smethwick epidemic was traced to a joint of pork which weighed 9 lb and was roasted for four hours, a time usually considered sufficient to kill trichinae These facts suggest that the reservoir hosts if they do occur, are themselves uncommon, the great majority of the population never being exposed in any way to risk of infection from such sources

The system of pig-rearing in Great Britain is such that swine have little chance of becoming infected with trichinella As a rule gilts intended for breeding and pregnant sows run out at pasture They may farrow in field shelters, or, as in winter, be brought indoors to farrow Where possible the piglings and sow are allowed to run out at pasture a few weeks after farrowing Litters are weaned at 8 to 10 weeks old, after which those intended for pork or bacon are fed indoors and sold fat at 5 to 7 months old *There is very little swill- or* garbage-feeding except around towns or at or near public institutions, and the law requires that all swill must be boiled before use (The Foot-and-Mouth Disease (Boiling of Animal Foodstuffs) Order of 1932 states that boiled' means exposed for a period of at least an hour by any process to a temperature of not less than 212° F) Furthermore, swill-feeding is considered unsuitable for bacon production Where swine are reared on proprietary foodstuffs the Ministry of Agriculture must be satisfied that the process of manufacture or preparation of such foodstuffs includes the boiling of it It will be obvious from these facts that swine in this country have *little* chance of acting as infective bearers of trichinosis to the extent probable in America being mainly pasture-fed, nor can the disease be perpetuated in swine by the feeding of infective trichinous garbage

Local sanitary authorities deal strictly with sanitation in and around farms, and rats can play little part in the perpetuation of trichinosis by the Rats and Mice (Destruction) Act 1919 all lands and premises are required be kept free from rat and mice infestations To assist in preventing these infestations the Ministry of Agriculture recommends that all places likely to be breeding-grounds, such as pig-sties, should be specially dealt with, action in this matter depends of course on the individual occupiers, but the general standard of hygiene and a natural dislike of such infestations ensure that these precautions are carried out satisfactorily wherever necessary, particularly during the national *rat week*

It remains to consider whether imported meats constitute a source of possible infection Of the total pig-meat supply 51 per cent is imported (1936 figures, under revision), this being fresh pork from the Irish Free State, chilled or frozen pork from New Zealand, Australia, Argentina, U S A, and other countries, and salted pork from the Irish Free State, Brazil, Argentina, and other countries (in order of importance) The chief countries exporting bacon are Denmark, Canada, the Netherlands, the Irish Free State, and Poland, and of hams, U S A and Canada Thus pig meat is obtained from countries where trichinosis is still not uncommon, but under the Public Health (Imported Food) Regulations, 1925 (Amended 1933), all imported meat is subject to examination at the port of entry and to seizure and condemnation if found to be unfit for human consumption The importation of certain classes of meat is prohibited unless these are accompanied by an official certificate of the country of origin which has been recognized by the Ministry of Health as affording satisfactory evidence that the meat has been derived from an animal free from disease at the time of slaughter, and that it has been prepared and packed with all necessary precautions for the prevention of danger to public health Certain classes of meat, *however, including bacon, are at present admitted without* an official certificate This has been amended by the Public Health (Imported Food) Regulations 1937, which do not come into operation until January 1, 1938, and which will prevent the importation of any meat or meat product unless accompanied by an official certificate

In view of the special precautions laid down regarding the inspection of imported meat on slaughter it is the practice to inspect only a proportion of such meat at the *port of entry* Carcasses are examined by incision, palpation, and visual inspection, but no microscopical examinations are made It would seem, therefore, that a small channel of entry has been left for the introduction of trichinosis into this country by permitting the importation of bacon without an official certificate, particularly since such bacon may come from countries where trichinosis is more common, and also by lack of microscopical examination Microscopical inspection is carried out in certain of these exporting countries, such as Denmark and the Netherlands, but the regulations at present may permit importation of uninspected bacon The new regulations will be more stringent, and may decrease even the slight incidence already recorded

These data concerning meat importation and pig rearing probably account largely for the relative rarity of the disease in this country, but in view of the fact that sources of infection must occur and that microscopical examination may even lead to a sense of false security, the relatively high standard of hygiene of the British as regards cooking and eating probably still remains the best defence against infection

Summary

Previous records of trichinosis discovered post mortem or diagnosed during life in Great Britain have been

entirely different There is a monetary or other object to gain or a disagreeable duty to avoid This kind of deception was met with during the war, and was often very difficult to detect Long after the war I learned of the ingenious procedure used to mimic boils A piece of tinfoil was stretched over the skin, and through this a number of tiny punctures were made with a needle Sand was then rubbed over the surface, and in twenty-four hours a perfect imitation of a boil appeared on the skin, this device could be repeated indefinitely In such cases a plan is formed to injure the normal skin the intention precedes the lesion In other cases a genuine eruption is already present which is deliberately aggravated by the malingerer This applies in particular to occupational dermatitis, and may explain some of those cases where the dermatitis persists long after the workman has been removed from contact with the supposed causal irritant It would be wrong and unjust to suspect as fraudulent more than a very small minority of this class Most of them are examples of idiopathic eczema developing in a workman, and the fault lies not with the workman but in the diagnosis of occupational disease, although it must be admitted that upon this question conflicting and different opinions are held

3 The Mischief Group

Children as a class enjoy mystifying their elders Allusion has already been made to the epidemics of bald patches mimicking alopecia areata or ringworm which occasionally break out in schools Other examples of autophytic dermatitis are met with from time to time in children where a spirit of mischief seems to explain the circumstances The following belongs to this group

A bright intelligent child aged 10 years was seen by me for an eruption which had been present for three weeks It was said to "come up in blisters There were numerous irregular pigmented patches and spots scattered over the right shoulder forearms and thighs Some were linear or irregular, and the whole picture was so absurdly unnatural as to suggest at once an autophytic dermatitis When I made further inquiries I was informed that a small cousin living with the family had a similar condition I saw this child and her eruption was identical but less pronounced I learnt later that a stripping acid was being used to remove paint from a punt and it was suggested that this had splashed over the two children Application of this acid to my arm produced no result and it must therefore be concluded that something else which was never identified was used Both children recovered and no further developments took place

4 The Phantom Dermatoses

Every medical practitioner has from time to time encountered the patient who comes complaining of a rash which he or she thinks is obvious and even disfiguring but of which little or nothing is visible to the unprejudiced observer A similar attitude of mind with a somewhat different reaction is found in another and relatively large class almost always women with acne or rosacea who state when they present themselves for examination that their eruption has suddenly become much better and they will usually add that it has behaved like toothache which disappears when a visit is made to the dentist Actually no sudden or pronounced change in the objective condition has taken place—the nature of the eruption in itself makes this impossible The change lies in their own perception of it they have, like most people with a skin disease and especially a disease on an exposed surface exaggerated its actual proportions At the consultation and in the presence of an expert they come to see the condition as it really is From this it is not a far step to true phantom dermatoses where the patient inflicts upon the skin an eruptive process that is purely imaginary In this sense such phenomena are autophytic The following case will serve to illustrate this curious hallucination

An ex officer whose war experiences had been long and exhausting complained of a repeated and localized swelling of the face which developed at irregular intervals lasted for some time and then subsided completely Nothing could be found to account for the condition nor was the actual eruption ever seen The accessory nasal sinuses were examined and found to be healthy Recurrent giant urticaria seemed a possible explanation, but the patient's description of the swellings was so vague and unconvincing as to cause suspicion of their reality To test their genuine character I said that the telephone was always available and that I was prepared to make a visit at any hour of the day or night when next the eruption appeared Nothing further happened the swellings ceased and in this way my suspicions were seemingly confirmed

Conclusion

I shall conclude my observations with a short survey of the autophytic dermatoses from the dermatologist's point of view When the patient derives some advantage from the eruption suspicions are usually aroused, and careful investigation will often discover the means by which the lesions are produced A far more difficult problem is presented by the so called hysterical class Recognition and disclosure of the true state of affairs, far from bringing the matter to an end, in most cases only raises new and perplexing problems The dermatologist can rarely give any reason which will satisfy the incredulous relatives and explain the perverted behaviour, nor is it as a rule possible at first to identify the exact method by which the deception has been carried out—an apparent defect in the argument which creates further doubt, sometimes shared by the practitioner in charge of the case Nothing is gained by confronting the individual with the deception The result is always an indignant denial, made with so much semblance of truth as to shake the confidence of anyone who is not certain of his facts In these cases be it remembered the usual procedure is reversed a positive diagnosis being made upon what may be called negative evidence Even when the case is established beyond reasonable doubt the diagnosis is still denied by the patient and only grudgingly accepted by the friends The exposure is never popular It behoves us therefore to be very careful before reaching a conclusion and never to express an opinion unless we can completely satisfy ourselves and others No mistake in diagnosis is more resented

What happens to these patients? I have been able to follow up the after history of eleven young women with hysterical eruptions (MacCormac 1926) All but one had ceased to inflict lesions on the skin and the replies to my letters of inquiry received from some of the former patients reveal the curious fact that the knowledge of what they did had been forgotten or submerged

The foregoing is mainly concerned with diagnosis the signs by which self inflicted lesions of the skin are recognized That merely touches the fringe of the subject for these eruptive processes are not skin diseases as ordinarily understood except in the malingering class, but rather a reflection upon the skin of a disordered condition of the mind

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summarized and extended by a survey of the incidence of trichinosis in 200 necropsies at four hospitals in London, covering a representative selection of districts and population classes in and around London

The scarcity of previous records and the present findings of an incidence of 1 per cent indicate that trichinosis is uncommon in Great Britain Both cases found in the present survey had light infections, but the infection was endemic

The system of pig rearing in this country is such that swine can have little chance of acting as infective bearers of trichinosis, but imported bacon may form a slight source of infection

The general level of hygiene and habits of the British peoples probably plays the principal part in reducing risk of infection

In conclusion it is a pleasure to thank Professor G P Wright and the staff of Guy s Hospital pathology department Professor H. M Turnbull and the staff of the pathology department of the London Hospital Professor J McIntosh and the staff of the Bernhard Baron Institute of Pathology Middlesex Hospital and Dr G R Cameron and the staff of the pathology department of University College Hospital for generous assistance and co-operation in providing material from necropsies carried out at these hospitals Mr W McDonald of the helminthology department of the London School of Hygiene and Tropical Medicine kindly made a number of the examinations in my absence and Mr Nicholson laboratory assistant in the same department, gave valuable assistance in the routine work connected with these examinations

The Ministry of Agriculture and Fisheries and the Ministry of Health generously supplied information concerning the system of pig rearing and meat inspection in this country I have also to thank the Imperial Bureau of Agricultural Parasitology for tracing most of the published records of trichinosis in Great Britain

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G F Göthlin (*Acta paediatr* Stockh , October 1937, p 71) gives an account of the employment of the capillary fragility test for judging the effectiveness of the supply of vitamin C in adults and in children It was found that in certain parts of Sweden there were school children who although not ill exhibited during the late winter and the spring a fragility of their cutaneous capillaries due to a deficiency of this vitamin in their diet These children had a normal capillary resistance in the summer This test is of value when there are no resources for estimating the amount of ascorbic acid in the blood but can only be applied to fairly healthy persons If the findings of a first test are doubtful ascorbic acid is given for a week and the test repeated A detailed account of how to apply the test is given.

PREVALENCE OF MIDDLE-EAR DISEASE IN ELEMENTARY SCHOOL CHILDREN

OTOSCOPY AS AN ADJUNCT TO ROUTINE MEDICAL INSPECTION*

BY

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In this investigation an attempt has been made to assess the prevalence of middle-ear disease in elementary school children seen at routine medical inspections

The Chief Medical Officer to the Board of Education referred in his report for the year 1934 to a particular symptom of middle-ear disease, otorrhoea, and explained that the ordinary methods of routine medical inspection give an understated assessment of its prevalence useful only for comparative purposes from year to year A section of this report may be quoted here

> An ear may have no discharge for a long period and be apparently cured yet as the result of slight nasopharyngeal infection—for example a common cold—or often from no ascertainable cause the ear may begin to discharge again The system of routine medical inspection therefore only detects those cases that have active otorrhoea at the time of examination and since as a rule it does not include a detailed examination of the ear even some of the active but slight cases may be missed Were an examination of the ears by an electric auriscope included in routine medical inspection there is no doubt that more cases of slight otorrhoea and potential otorrhoea would be discovered The practicability of amplifying routine medical inspection in this way should receive consideration by school medical officers"

The Incidence of Otitis Media

This opinion is supported by evidence supplied by Dr W A Bullough, school medical officer for Essex, whose report for 1934 contained an account of an investigation by Dr A Elliott in which 2 074 Dagenham elementary school children were subjected at routine medical inspection to otoscopy and special inquiry made in each case regarding any history of ear discharges This procedure resulted in finding an incidence of 4 82 *per cent* cases of chronic otitis media while of these only 31 per cent. (that is 1 49 per cent of the 2 074) were continuous, 69 per cent (3 33 per cent of the 2,074) being intermittent and therefore liable to have been missed by the ordinary routine methods It is presumed that all the cases so detected may be considered as requiring treatment,' but the author does not record cases of non suppurative otitis media (such as chronic catarrhal otitis with an intact drum) requiring treatment—which latter are presumably included in the Board of Education figures given below—nor is the age distribution of the children given, though as the investigation was commenced in April, 1934 and completed before the end of the same year it appears unlikely that all age groups are included The figures therefore are not strictly comparable to those issued by the Board which for cases of otitis media requiring treatment *per thousand* children seen at routine medical inspection are as follows

1929	1930	1931	1932	1933	1934	1935
5 3	5 4	5 1	5 1	4 7	4 6	4 1

Thus in 1934 the figure given by the Essex investigation for only otitis associated with active or potential otorrhoea was over ten times as great as that for all forms of otitis media requiring treatment found at inspections throughout the country as a whole and although, as the

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SULPHANILAMIDE IN THE TREATMENT OF ERYSIPELAS

A CONTROLLED SERIES OF 270 CASES*

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AND

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A report to the Therapeutic Trials Committee of the Medical Research Council on the effect of prontosil "red" in the treatment of erysipelas was recently published by us (Snodgrass and Anderson, 1937) Using ultra-violet light as the method of treatment in the control group, it was concluded that those cases which received prontosil "red showed better results in respect of the curtailment of (1) the duration of the spread of the local lesion, (2) the duration of primary pyrexia, (3) the duration of toxaemia The evidence supporting these statements was assessed statistically

Tréfouel, Nitti, and Bovet (1935) showed that *p* aminobenzene sulphonamide was as effective as prontosil "red" in controlling streptococcal infection in the mouse Colebrook, Buttle, and O Meara (1936) and later Fuller (1937) produced evidence to show that the red dye was itself inactive but was reduced in the body to a colourless active substance, and that this substance was *p*-aminobenzene sulphonamide, now commonly called sulphanilamide The present report has as its main objectives the following three points (1) the investigation of the therapeutic benefits of sulphanilamide in erysipelas, (2) the investigation of the effects of a larger and more prolonged dosage in respect of the therapeutic criteria mentioned above and also in respect of the prevention of recurrence, (3) the investigation of the effect of varying dosage of sulphanilamide during the first twelve hours

The material consists of all cases diagnosed as erysipelas after admission to Ruchill Hospital, Glasgow, from the middle of February to the middle of August, 1937 Ruchill Hospital receives all notified cases of erysipelas admitted to hospital in Glasgow, so that the material is thoroughly representative of the incidence of the disease in this district during the period reviewed All patients were under the clinical control of one of us (T A)

Plan of Investigation

Apart from the specific treatment shortly to be described all cases were treated under strictly comparable conditions The wards to which they were admitted and the personnel of the nursing staff were common to all cases On admission each patient was given a soap and-water enema, repeated when necessary Thereafter the same laxative—liquid paraffin—was used when required A standard diet was adopted, which, in view of its importance when cases are being treated by sulphanilamide or its congeners, we give in full

(*a*) During the stage of pyrexia the patients receive a fluid diet which may contain any of the following barley water Imperial drink, milk, glucose in water, Horlick's malted milk, chicken tea, arrowroot, cornflour and junket Most patients receive bovril at night, and in addition are encouraged to eat oranges and grapes

(*b*) About the second to fourth day the diet begins to become more solid, and may contain porridge fish, chicken chicken cream custards, jellies, and fruits This diet is continued until the end of the first week

(*c*) During the second and any subsequent week ordinary diet is resumed—for example mince, stew, vegetables such as potatoes cabbage, and turnip steamed puddings, and milk puddings

No eggs or onions have been included during the first week in hospital.

An enema is given before treatment is begun and is repeated in some cases on the second and third mornings

No local treatment was given As in the first series of cases, ultra-violet light was used as a control method of treatment The cases were, in the order of their admission, assigned to two treatment groups Cases in Group 1 received treatment in the first instance only with ultra violet light Cases in Group 2 received treatment only with sulphanilamide There were 270 cases in all, 135 in each group The series remained complete, as after further observation the original diagnosis of erysipelas was considered to be correct

Since our first report showed that prontosil "red" was of greater therapeutic effect than ultra-violet light, it was felt that seriously ill patients who were not improving under ultra-violet light therapy should receive sulphanilamide Accordingly twelve of the cases originally placed in the ultra-violet light group ultimately received treatment with sulphanilamide

Details of Treatment

Ultra-violet Light—A portable mercury-vapour lamp (Messrs Kelvin, Bottomley, and Baird) was used at a distance of twelve inches from the margin of the lesion For female cases the exposure was of eight minutes' duration, equal to one and a half erythema doses, for male cases the exposure was for ten minutes—in each case once daily Exposures were repeated at intervals of twenty-four hours when considered necessary The average number of exposures was 1 4 per case

Sulphanilamide—The preparation used was that marketed under the trade name of "streptocide" by Messrs Evans Sons Lescher and Webb Ltd, to whom our thanks are due for the generous quantities provided for the tests Treatment was begun immediately on admission, and in all cases the drug was given by mouth It was administered in 1-, 2-, or 3-gramme doses at four-hourly intervals, and such dosage was continued until the temperature of the patient became normal The average duration of this period of treatment was 2 5 days, during which the average case dosage of sulphanilamide was 14 64 grammes Thereafter 0 75 gramme was given thrice daily until the patient left hospital The average stay in hospital was 14 4 days, with an average total case dosage of 41 6 grammes of sulphanilamide

The form in which the drug is given seems to us worthy of comment In some of the earlier cases undissolved tablets were evacuated by the bowel It was found, too, that with the larger doses the patient had difficulty in swallowing the required number of tablets In the majority of the present cases, therefore, the drug was administered in powder form

* A report to the Therapeutic Trials Committee of the Medical Research Council.

Chief Medical Officer pointed out, the national figures understate the true picture, the actual degree of understatement suggested by the Essex figure is startling

Otoscopy in Routine Medical Inspections

These observations regarding otorrhoea and otitis media should apply equally well to middle ear disease in general, and so with a view to testing the practicability of adding otoscopy to ordinary routine medical inspections under field conditions without any special arrangements or warning and over a reasonably long period of time, and to assessing the prevalence of the commoner forms of middle ear disease, I commenced in January, 1936, to practise otoscopy of every child seen at routine inspections The innovation was received very well, meeting with no opposition from teachers or parents, and often being highly appreciated More important, the otoscopic examination was very well tolerated by children of all ages, only two or three infants during the whole investigation raising any protest Lastly, and contrary to expectation, it adds very little to the time taken to inspect a batch of children, it being found that on an average only about thirty seconds per child seen must be added to the usual time allowed, for in most cases otoscopy of both ears can be accomplished in ten seconds, which leaves an adequate margin for more prolonged examination of diseased ears This means only an extra ten minutes for twenty children That time so spent is of value is shown by the results of this investigation

An ordinary electric otoscope with round-section specula in three sizes, and with no lens, is used The round-section specula are more convenient than the oval-section type for rapid examination of children of varying height needing frequent changes of posture by the examiner, and it has been found much more satisfactory to dispense with the lens usually fitted to the illumination chamber, for in these children the length of the external auditory meatus is so variable that no single lens can be expected to give a clearly focused image of the structures at the distal end of the meatus in every case The open unobstructed chamber also saves time if palpation of abnormal meatal or tympanic structures such as polypi is desired, while if Siegle's method is used to test drum mobility or to detect a very minute perforation the lens can always be inserted momentarily To the presence of the lens, indeed, may be attributed much of the difficulty which those unfamiliar with otoscopical examination may at first experience, because lenses are usually fitted by the instrument makers with a focal length too short, so that a clear image can only be obtained at the actual end of the speculum, and not half to three quarters of an inch further down the meatus, as is required for the drum or other tympanic structures

The System of Investigation

The investigation was begun in the Surrey County Council elementary schools in the county area comprising the borough of Godalming, the urban district of Haslemere, and the large rural district of Hambledon On an average the district might be considered more rural than urban

Between January 1 and May 31, 1936, when I moved to Oxford, 763 children were seen at routine medical inspections In this area the first, or 'entrant,' age group of children are seen in the autumn term, the 'intermediate,' or 8-year-old, group in the summer term, and the 12-year-old group in the spring term, hence the age distribution of the 763 children is above the average, and as older children have had more time in which to acquire chronic disease this fact might be considered to favour an overstatement of the prevalence of middle-ear disease This criticism, however, does not apply to the remainder of the investigation, which was carried out in the elementary schools of the county borough of Oxford, for in this case the results of the inspections during a complete year are recorded and all age groups are embraced in approximately equal numbers, though, if anything, the balance is in favour of the younger ages Altogether in Oxford 1,634 children were seen during the year, giving a total of 2,397 for the two areas together

Records were kept in an 'Ear Book,' as follows

1 The number of children inspected on the day's date

2 The number of children in whom middle ear disease was detected by the ordinary procedure of routine inspection—that is from the history given by the parent verbally or on the questionary form circulated before each inspection in both the areas concerned, and from a superficial examination without otoscopy

3 The number of children in whom disease was detected when the above procedure was supplemented by otoscopy

4 The number of children in whom further inquiry after disease had been discovered by otoscopy, revealed a history of ear trouble not previously mentioned (usually because the parents had not considered it important enough)

5 The name and sex of each child found with middle-ear disease

6 The particular diseases or conditions of the middle ear found

From these daily records the results for each term are obtained by summation

In the case of a child having bilateral disease, if the same disease is present on both sides it is recorded as only one 'case," but if the pathological condition in one ear differs from that in the other each is recorded separately as a "case", hence, as will be seen from the tabulated findings, the sum of the "cases' slightly exceeds the number of children found afflicted with ear disease

Children showing evidence of operations for mastoiditis (of which there were five among the 763 Surrey and nine among the 1,634 Oxford children, giving a total of fourteen cases among 2,397, or 5 8 per 1,000 children) are not included separately as old mastoiditis" in the table, but are placed under the heading most appropriate to the condition of the middle ear at the time of examination For example, if either wound or meatus is discharging pus the case is recorded as chronic suppurative otitis media," or if both wound and drum are healed and healthy, as "healed otitis media' Incidentally, some of the operation wounds were so inconspicuous that the old mastoiditis might have been missed had not the otoscopic appearance suggested further investigation, also once or twice no history of operation was given

Cerumen was found to be much less of a nuisance than expected It was very rarely plentiful enough to obstruct the view of the drum, and when this did occur no attempt was made to clean out the ear on the spot, the ear being classed as healthy and the child referred to a clinic for syringing and re examination It has been found, however, that the presence of excessive cerumen is scarcely ever associated with middle-ear as distinct from external-ear disease, and hence the recording of the occasional wax-filled ear as normal results in no significant understatement of the incidence of middle-ear disease

The Findings

The findings of the investigation are recorded in the table, from which the following may be selected for particular comment First as expected, there is a marked difference between the number of children detected with middle-

Records of Results

The following data were noted in each case sex age duration of illness before admission and whether the disease was primary or recurrent idiopathic or traumatic The local lesion was considered with regard to its site extent, swelling painfulness and tenderness The patient s temperature and pulse rate were recorded four hourly and toxaemia was estimated under the following headings —prostration headache state of tongue insomnia vomiting abdominal distension, and delirium The urine was examined daily Intercurrent diseases or degenerations were described, complications relapses and recurrences were noted Each case was reviewed daily In short, a careful attempt was made to record similar observations on each case in a comparative manner

Assessment of Results

1 The distribution of the individual cases in the two treatment groups must be considered in respect of certain factors known to influence the course of the disease Those regarded of greatest importance are (*a*) the duration of the disease before admission to hospital (*b*) the age of the patient (*c*) the severity of the infection (*d*) associated diseases Tables constructed to show the relation of these factors to the types of treatment indicate an even distribution A statistician who has examined them is satisfied that there was no weighting of any one line of treatment by any of these factors

2. The question when cure" is achieved has to be determined The fatality rate in erysipelas is so low that it cannot be used in a small series of cases to assess the value of a therapeutic measure There is no single clinical feature which can be regarded as a satisfactory criterion of recovery Cases are seen where the lesion continues to spread after the temperature has become normal and, again it is not uncommon for the local lesion to cease spreading while the temperature is still elevated and the patient continues in a toxic condition In order to arrive at a conclusion in this series of cases attention was paid to the following points from the commencement of treatment (i) the duration in days of spread of the local lesion (ii) the duration in days of the primary pyrexia, (iii) the time in days which elapsed until the patient was free from the toxic symptoms These are the criteria which were used in our previous report

Results of Treatment

The total number of cases in each treatment group is 135 In compiling the following tables we have adhered to our previous decision to exclude from them all patients who died In addition there are in this series a number of cases responding so badly to ultra violet light therapy that in the interest of the patient sulphanilamide was given It is difficult to assign those twelve cases, which may be termed failed ultra violet light to either treatment group In our clinical judgement all of these patients were seriously ill when sulphanilamide was given and yet nine recovered Clinical judgement however is not statistically assessable, and as the following tables have been subjected to statistical analysis the failed ultra violet light cases must be excluded They will be dealt with in a separate paragraph The exclusion of five deaths from the sulphanilamide group reduces it to a total of 130 cases and the exclusion of the twelve failed ultra-violet light cases and one death in the ultra violet light group leaves 122 cases in that group

TABLE I—*Spread of Lesion*

Method of Treatment	Duration of Spread in Days						Total Cases
	0	1	2	3	4	5 and over	
Sulphanilamide	78 (60 0)	48 (36.9)	3 (2.3)	1 (0 77)	—	—	130
Ultra violet Light	48 (39 3)	24 (19 7)	17 (14)	12 (9 9)	14 (11.5)	7 (5 7)	122

The figures in parentheses are percentages.

Table I shows a decidedly more favourable result as regards cessation of spread in those cases which received sulphanilamide Thus the proportions of cases which showed no spread of the lesion after the end of the first day are ultra violet light 59 per cent sulphanilamide 96 9 per cent After two days in hospital the lesion continued to spread in only 0 77 per cent of cases receiving sulphanilamide but with ultra violet light the lesion continued to spread in 27 1 per cent (The corresponding percentages for ultra violet light in our first report were 59 1 per cent for the end of the first day and 23 4 per cent after two days)

TABLE II—*Duration of Primary Pyrexia*

Method of Treatment	Duration of Pyrexia in Days								Total Cases
	0	1	2	3	4	5	6	More than 6	
Sulphanilamide	5	48 (38 4)	40 (32 8)	19 (15)	9 (7)	2 (1 6)	1 (0 8)	—	130
Ultra Violet Light	10	8 (8)	25 (22 3)	14 (12 5)	10 (8 9)	15 (13 4)	11 (9 8)	9 (7 9)	122

The figures in parentheses are percentages given after deducting those cases which were apyrexial

Table II shows a more favourable result as regards duration of pyrexia in those cases receiving sulphanilamide Thus after deducting the cases which were apyrexial the percentages of those with no fever after forty eight hours treatment are ultra violet light 47 3 sulphanilamide, 75 2 Pyrexia continued for more than three days in only 9 6 per cent of cases receiving sulphanilamide but with ultra violet light the equivalent percentage was 40 (In the first report the corresponding percentages for ultra-violet light were 49 and 38 1 respectively)

TABLE III—*Duration of Toxaemia*

Method of Treatment	Duration of Toxaemia in Days								Total Cases
	0	1	2	3	4	5	6	More than 6	
Sulphanilamide	2	22 (17)	38 (29 7)	38 (29 7)	18 (14 1)	8 (6 25)	3 (2.34)	1 (0 78)	130
Ultra violet Light	6	17 (14 6)	27 (23 3)	22 (18 9)	17 (14 6)	15 (13)	10 (8 8)	8 (6 9)	122

The figures in parentheses are percentages given after those cases in which there was no toxaemia have been deducted

Table III shows a slightly more favourable outcome as regards duration of toxaemia in those cases which received sulphanilamide Thus after deducting the cases with no assessable degree of toxaemia the percentages of those free from signs of toxaemia at the end of forty-eight hours treatment were ultra violet light 37 9 sulphanilamide 46 9 After three days in hospital 23 47 per cent of all cases receiving sulphanilamide remained toxic, the equivalent percentage with ultra violet light was 43 3 (The corresponding percentages for ultra violet light in the first report were 39 08 per cent at the end of forty-eight hours and 39 07 per cent after three days)

ear disease by the ordinary routine inspection and the number detected when the latter is supplemented by otoscopy. Thus in the Surrey area the former method revealed twenty five cases in 763 children, but with the addition of otoscopy the twenty five were increased to seventy four, giving proportions of 33 and 97 per 1 000 respectively. After otoscopy had revealed disease the parents of a further twenty eight children or 37 per 1 000 furnished a history of ear trouble making a total of fifty three with a positive history. The inability to secure a positive history in every case of disease detected by otoscopy is explained by some of the parents being absent and neglecting to fill in and return the questionary form while the younger children cannot always remember or describe their symptoms.

Table showing the Prevalence of Middle ear Disease in 2 397 School Children

Area	Surrey 1936			Oxford, 1936-7					Total
School Term	Spring	Summer (1st half)	Total	Summer (2nd half)	Autumn	Spring	Summer (1st half)	Total	
No of children seen at R.M.I.	549	214	763	338	337	468	491	1 634	2,397
M.E. disease detected by ordinary routine only	16	9	25	8	13	9	19	49	74
Ditto per thousand	29	42	33	24	39	19	39	30	31
M.E. disease revealed by ordinary routine and otoscopy	59	15	74	26	31	31	48	136	210
Ditto per thousand	108	70	97	77	92	66	98	83	88
History of ear trouble admitted only after disease detected	23	5	28	14	23	9	15	61	89
Ditto per thousand	42	23	37	41	68	19	31	37	37
Sex distribution ♂	25	9	34	14	16	25	27	82	116
♀	34	6	40	12	15	6	21	54	94
Cases of Middle ear Disease — Associated with Otorrhoea — Acute suppurative O.M.	0	0	0	1	0	0	1	2	2
Chronic " "	4	3	7	4	0	3	2	9	16
Total active S.O.M.	4	3	7	5	0	3	3	11	18
Do per thousand	7.3	14	9.2	12	0	6.4	6.1	6.7	7.5
Quiescent S.O.M. (dry perforation)	13	3	16	8	1	2	7	18	34
Total cases of active and potential otorrhoeal otitis media	17	6	23	13	1	5	10	29	52
Do per thousand	31	28	30	35	3	19	20	18	22
Not Associated with Otorrhoea — Old S.O.M. (perforation healed)	24	8	32	9	15	11	16	51	83
Acute catarrhal O.M.	1	1	2	1	2	2	1	6	8
Chronic " "	15	0	15	5	7	9	11	32	47
Retraction of drum—Eustachian obstruction	10	1	11	1	6	8	10	25	36
"Chronic adhesive process"	2	0	2	1	0	0	1	2	4
Other conditions	1	0	1	0	1	0	0	1	2
Total non-otorrhoeal cases	53	10	63	17	31	30	30	108	171
Do per thousand	97	47	82	50	92	64	61	66	71
Total cases of middle ear disease	70	16	86	30	32	35	40	137	223
Do. per thousand	128	75	113	89	95	75	81	84	93

In Oxford during a complete year 1 634 children were seen among which forty nine or 30 per 1 000 children with middle-ear disease were discovered by the ordinary routine and 136 or 83 per 1 000 with the aid of otoscopy after which a history of ear trouble was obtained in a further sixty one children—37 per 1 000 as in Surrey. For the two districts together, with a total of 2,397 children seen 31 per 1,000 children with middle ear disease were detected without and 88 per 1,000 with the aid of otoscopy.

Concerning the statistical significance of these findings, the examination supplemented by otoscopy as compared with the ordinary examination gives in the case of the Surrey children an increase of 6·4 per 1 000 or 6 4 per cent. The 'standard error' of this difference computed for 763 observations for each of the groups experimental and control, since the actual children submitted to each procedure are the same, works out at 1 52 per cent. Thus the observed percentage difference is more than four times the standard error, and hence is very unlikely to have arisen by chance. Still less so is the observed difference noted in the case of the 1,634 Oxford children, which is 53 per 1,000, or 5 3 per cent—five times the standard error of 0 96 per cent—while in the case of the total of 2 397 children the observed difference given by the two methods is 5 7 per cent—seven times the standard error of 0 82.

A comparison between the Surrey and Oxford figures would be hardly fair, the Surrey children all being seen in the course of a term and a half and not including any of the first or 'entrant' age group, in which the incidence of any chronic illness might be expected to be less than in older children. Yet as the table shows, there is only a slight difference between the final figures for the two districts though in each there is considerable difference in the incidence of ear disease from term to term. The numbers seen per term however are too small for it to be asserted that such differences occur otherwise than by chance.

It is interesting to note that only two among the ninety-seven Surrey children found to have some form of middle-ear disease failed to hear the 'forced whisper' test (then practised in the Surrey area) in each ear at twenty feet although according to teachers reports a greater number actually appeared to have somewhat impaired hearing. The unreliability of the whisper test in which although vowel sounds are greatly suppressed the consonants are as loud as in ordinary speech has led me to abandon this test altogether in Oxford and in lieu of hearing tests by gramophone audiometer, to rely on teachers' reports and the response to conversation in a quiet voice during the examination, sometimes supplemented with a watch tick test.

Incidence of the Varieties of Middle-ear Disease

Concerning the incidence of the commoner varieties of middle ear disease in the children seen the table separates these conditions into two categories, otorrhoeal and non-otorrhoeal. In the first category cases of acute chronic or quiescent suppurative otitis media are placed. The last mentioned term describes those cases in which the perforation still exists but at the time of examination no discharge was evident. This condition is particularly dangerous because often symptomless and thus apt to be forgotten or ignored by the parents so that the child runs a constant risk of a flare up of acute otomastoiditis from a fresh infection not only by the external meatus but as Tumarkin (1934) has emphasized, by the Eustachian tube for the perforation allows escape of air from the tympanum and so facilitates a massive passage of infectious material up the tube when nasopharyngeal pressure is suddenly raised, as in violent nose blowing or during the respiratory struggles of a child learning to swim. The cases of chronic suppurative otitis media include a few with polypi or cholesteatoma.

In the second category are placed those pathological conditions not associated with ear discharge—namely,

For ease of comparison the main results of the three preceding tables are presented in Table IV along with the standard errors of the differences

In this table the standard errors of the differences in I and II render the percentage differences significant

TABLE IV

		Ultra violet Light	Sulphanil amide	Standard Error of the Difference
I	Ceased spread by end of first day	59 0	96.9	±4 7
II	No fever after 48 hours	47 2	75.2	±6 1
III	No toxaemia after 48 hours	37 9	46.9	±6 3

With regard to III (duration of toxaemia) although the difference is not statistically significant many of the cases (35 5 per cent) showed toxic effects from the administration of sulphanilamide This makes comparison more difficult

Recurrence

Recurrence took place in eight cases in the ultra-violet light group, a percentage incidence of 5 9 in the sulphanilamide group two cases were seen, a percentage incidence of 1 5 The difference is suggestive (S E ± 2 4) In our first report the recurrence rates were 11 5 per cent for ultra-violet light and 8 5 per cent for prontosil ' red ' It will be noted that there is a decided fall in both percentages in this second series of cases While the evidence is not conclusive the repetition of the lower percentage in the group receiving sulphanilamide strongly suggests that these drugs are of value in preventing recurrence

Complications

Here are included the septic complications directly attributable to infection with erysipelas Among such conditions are abscess formation, septicaemia, thrombosis, and nephritis There were eleven cases in the sulphanilamide series a percentage incidence of 8 1 There were twenty-eight cases in the ultra-violet light series, a percentage incidence of 20 7 The difference between these percentages is almost three times the standard error, which affords further evidence indicating the superiority of sulphanilamide over ultra-violet light

Cases Transferred from Ultra violet Light Therapy to Sulphanilamide

The twelve cases which received sulphanilamide in addition to ultra-violet light are shown in detail in Table V The three deaths occurred in elderly patients suffering from heart disease Several of the others were extremely ill indeed, and made remarkable recoveries notably Cases 3670, 2766, and 1574 It is recalled that these twelve cases have been removed from Tables I II, and III to allow of such tables being dealt with statistically Here however it can definitely be stated that, in our clinical opinion, sulphanilamide contributed to the recovery of many of them

TABLE V — *Failed Ultra violet Light Cases*

Case No	Sex	Age in Years	Day of Illness on Admission	No of Doses of U V Light	Day of Illness when Sulphanil amide begun	Dose given (Total)	Day of Illness on which Cessation occurred of—			Remarks
						Grammes	Spread	Toxaemia	Pyrexia	
3670	F	9/12	3rd	2	5th	15	6th	9th	6th	
3664	M	65	3rd	4	7th	31	8th	12th	9th	Myocarditis with auricular fibrillation when sulphanilamide started Remarkable recovery
2436	M	74	3rd	2	5th	27	6th	9th	7th	Slight cyanosis. Blepharitis with abscess
2766	M	48	2nd	2	3rd	11	4th	10th	6th	Admitted after decompression operation with cerebral hernia Cyanosis. Remarkable recovery
2865	M	59	2nd	4	7th	10	7th	9th	8th	Slight cyanosis
1468	M	40	7th	5	14th	13	12th	?	?	Bilateral venous thrombosis of legs
3108	F	55	2nd	2	3rd	24	4th	9th	6th	Myocarditis with auricular fibrillation Slight cyanosis
1574	M	63	3rd	1	3rd	19	5th	6th	6th	Excision of rectum before admission Remarkable recovery
1411	F	19	1st	5	9th	8	6th	9th	11th	—
2079	F	69	2nd	3	7th	9	6th	8th	8th	Died 8th day Operation for cataract before admission Chronic myocarditis
1029	M	70	2nd	5	9th	25	9th	15th	10th	Died 15th day Auricular fibrillation
2167	M	80	2nd	2	4th	37	4th	9th	9th	Died 9th day Auricular fibrillation Epithelioma of tongue. Retro-orbital cellulitis

Deaths

There were nine deaths in this series—a fatality rate of 3 4 per cent Table VI gives the relevant information

TABLE VI —*Details of Fatal Cases*

Case No	Sex and Age	Method of Treatment	Dosage	No of Days in Hospital	Remarks
2167	M 80	U V light (failed)	2 doses U V L. + 37 grammes sulphanilamide	7	Epithelioma of tongue
1029	M 70		5 doses U V L. + 25 grammes sulphanilamide	13	Admitted as senile Erysipelas quite subsided at death
2079	F 69		3 doses U V L + 9 grammes sulphanilamide	6	Operation for cataract prior to admission Myocarditis with auricular fibrillation
3081	F 7 days	U V light	1	1	Premature marasmic baby
3474	F 87	Sulphanil amide	21 grammes	13	Admitted as senile Erysipelas quite subsided at death
3487	F 41	"	12 grammes	15 hrs	Bronchopneumonia and septicaemia on admission
3616	F 69		9 grammes	3	Intertrochanteric fracture of femur on admission Bronchopneumonia
1828	M 55		4 grammes	8 hrs	Dying on admission
3539	M 58		14 grammes	2	Admitted with bronchopneumonia Myocarditis and failing heart

cases of old suppurative otitis media apparently healed but with scarred drums, acute catarrhal ' (or "sub-acute') otitis media, chronic catarrhal otitis media, chronic adhesive process (which may be considered to be an advanced stage of the previous condition, with tympanic structures matted by adhesions, and stricture of the Eustachian tube), retraction of the drum due to temporary Eustachian obstruction and without obvious catarrhal changes in the middle ear itself, and finally any other condition noted

In the first category the Surrey children give an incidence of active suppurative otitis media of 9 2 per 1,000, the Oxford children 6 7, and both together 7 5 per 1,000 After adding the cases of quiescent or old disease with an unhealed perforation, the figures for all active or potential otorrhoeal disease are increased to 30 for Surrey, 18 for Oxford, and 22 per 1,000 for the total

If the 1934 Dagenham figures for "chronic otitis media" refer only to the suppurative or discharging type, as is suggested by all the cases described being associated with active or potential otorrhoea, it will be seen that the Surrey and Oxford figures are both lower than those of Dagenham, which from the percentages given in the report referred to work out at 15 cases of active and 33 of potential otorrhoeal otitis per 1,000, or a total of 48 cases per 1,000 children

Concerning the second category of middle-ear disease, not associated with either continuous or intermittent otorrhoea, the frequency with which old cases of suppurative otitis media, now healed, were discovered will be noticed This condition, interesting to record, is probably the least important of all those noted as regards prognosis, for if the drum is nicely healed and healthy in appearance the other tympanic structures are unlikely to have sustained permanent damage Attention is drawn, however, to the number of cases of chronic catarrhal otitis media and the four cases of chronic adhesive process noted, since these conditions are apt to cause the distracting symptom of tinnitus in addition to deafness

Two cases are recorded under ' other conditions" one being that of a Surrey girl with circumscribed labyrinthitis and irritative symptoms, the other that of an Oxford boy with a healing traumatic rupture of the tympanic membrane As regards sex, no significant difference was shown, rather more girls than boys were afflicted in Surrey, but the converse was noted in Oxford

Comparison with Board of Education Figures

It is of interest to compare the findings in this investigation with the Board of Education figures previously mentioned, but in order to obtain comparable figures only those children with "*otitis media requiring treatment*' must be considered Of the various conditions recorded in the table only healed otitis media may be regarded as requiring no treatment while neither ' retraction of the drum due to Eustachian obstruction ' nor traumatic rupture of the drum is strictly otitis", but after subtracting these there remain forty three cases, or 57 per 1 000, of otitis media requiring treatment in the Surrey area, sixty cases, or 37 per 1 000, in Oxford and 103 cases, or 43 per 1 000 for the children in both districts together, the latter proportion being approximately ten times the Board of Education figure for all children seen at routine inspection during 1935

The Preliminary Audiometer Test

There is thus evidence to establish the value of otoscopy in routine medical inspection, but the question may now be raised whether otoscopy of each child would still be necessary if a preliminary audiometer test of the batch of children due for inspection were carried out, for this would enable the examiner to choose only a fraction of the children for otoscopy In 1933 Wells examined 2,083 London school children with the gramophone audiometer and found 13 7 per cent (285 children) to have a hearing loss of nine or more units He then examined 246 of these selected children and found ninety-two cases of 'catarrhal changes in the ear, forty six of otorrhoea, five of 'dry perforation," eleven of Eustachian obstruction, and forty-three of other pathological conditions of the ear, nose, and throat, exclusive of wax The audiometer is also useful in detecting certain ear conditions, other than strictly *middle*-ear disease, which are likely to be missed by otoscopy alone—notably otosclerosis, in which the flush over the promontory is often hard to see through the drum, and invisible if the latter is thickened On the other hand, otoscopy enables the detection not only of certain middle ear conditions, such as ' dry perforations ' and old healed otitis with scarred drums, in which hearing loss may be negligible, but also of pathological conditions of the external auditory meatus which would be missed if an audiometer test were relied upon in choosing cases for otoscopy Moreover, some of the cases of otitis externa discovered in the course of this investigation showed a thin discharge which might have been diagnosed as otorrhoea had not otoscopy revealed a normal drum

On the whole, even if all education authorities could afford to provide gramophone audiometers, it seems desirable that every child at routine inspection should still be given an otoscopic examination, for, granting the great value of the audiometer in detecting cases of impaired hearing, it is yet doubtful whether the very slight saving of time that would result from otoscopy of only a chosen fraction would compensate for the occasional cases of middle-ear disease and also those of otitis externa that would be missed by this procedure

Summary

In a mixed urban and rural district of Surrey, and in the city of Oxford, a comparison between the prevalence of middle ear disease in elementary school children as estimated by the ordinary procedure of routine medical inspection, and the prevalence as assessed by the same procedure with the addition of otoscopy, resulted in the latter system showing an incidence about three times greater than that given by the former, and for each area the difference is statistically significant

In the particular case of ' otitis media requiring treatment the Surrey children with a slightly unfavourable age distribution show a prevalence slightly over, the Oxford children slightly under, and the children of both areas together almost exactly ten times the incidence recorded by the Board of Education in the results of ordinary routine medical inspection throughout the country

I desire to express my thanks to Dr J Ferguson county medical officer for Surrey and to Dr G C Williams medical officer of health for Oxford for permission to publish the results of this investigation

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Deaths are mainly due to associated disease often in elderly people One fatal case was that of a premature marasmic baby aged 7 days who died within twenty four hours of being admitted to hospital The majority of the fatal cases in the ultra violet light group received treatment with sulphanilamide owing to their severely ill condition Comparative figures are therefore impossible

Toxicity

In our last report only two cases of mild and transient cyanosis were noted There the average dose of prontosil 'red was 5 grammes and the maximum dosage received by any case was 15 grammes In the present series the average dosage of sulphanilamide during the first two days was 14 64 grammes and the average total dosage per case 41 6 grammes given in 14 4 days There was a considerable incidence of toxic phenomena

Cyanosis was present lasting from one to five days in thirty five cases and for more than five days in five cases, two of the latter were proved to be due to sulphaemoglobinaemia, the estimations for which were made by Dr Eaton biochemist, of Victoria Infirmary There was a total percentage incidence of 29 6 Severe vomiting necessitating stoppage of the drug occurred in two cases (1.5 per cent) toxic eruptions in three cases (2 2 per cent), and drug fever in three cases (2 2 per cent) (Drug fever is noted by Hageman and Blake (1937), and implies fever associated with the giving of sulphanilamide, which stops when the drug is stopped and starts when the drug is resumed) Two of the three cases had received only a moderate dosage of sulphanilamide In no case was any toxic effect seen which could be described as alarming

Effect of Varied Dosage of Sulphanilamide

Analysis of the previous report showed that the effect of prontosil red treatment was most marked in limiting the spread of the local condition It was hoped that if the body were flooded with sulphanilamide during the first twelve hours dramatic results might be achieved Accordingly three ranges of dosage were adopted for this period (i) 1 to 3 grammes (ii) from 3 to 6 grammes (iii) over 6 grammes Table VII shows the results obtained

TABLE VII—*Spread of Lesion with Different Doses of Sulphanilamide*

Dosage of Sulphanilamide in First 12 Hours	Duration in Days of Spread				Percentage of Cases showing Toxic Effects	Total Cases
	0	1	2	3		
1 3 grammes	34 (60 7 /)	21	1	–	19 6	56
3-6 grammes	21 (60 0 /)	13	–	1	40 0	35
More than 6 grammes	23 (58.9 /)	14	2	–	48 7	39

No evidence is forthcoming in this small series to show that greater therapeutic benefit follows the increase of sulphanilamide beyond 1 gramme given at four hourly intervals but, on the other hand an increase in toxaemia follows the raising of this dosage

Discussion

Further proof is afforded of the value of sulphanilamide in the treatment of erysipelas We would again lay stress on the difficulties attendant on drawing conclusions from the treatment of a disease so variable in its severity as erysipelas We would once more emphasize that so far as we can detect, the cases in the two groups are reasonably comparable There is no weighting of either group through duration of disease before admission to hospital, age severity of infection, or associated diseases Both groups were closely controlled in respect of diet, nursing and laxatives Our conclusions are based on statistical evidence, but we feel that the expression of clinical opinion is also relevant The results achieved in some of the cases transferred from ultra violet light treatment to sulphanilamide were most impressive It is felt that such cases which are not included in our statistical analysis, helped to demonstrate the undoubted value of the drug

As the percentages of the ultra violet light cases so closely correspond in the two reports comparison of sulphanilamide with prontosil "red' might seem permissible This however, is invalidated by the fact that the amounts used of the two drugs are not comparable The increased incidence of cyanosis in this series as compared with the original one is noteworthy and is probably associated with the increased dosage used

While the question of the optimum dosage cannot at present be considered as settled we suggest that the general practitioner adopts the following regime in the treatment of erysipelas

(*a*) As a preliminary to treatment a soap and water enema should be administered and thereafter the bowels kept open by the use of liquid paraffin

(*b*) One gramme of sulphanilamide should be given at four hourly intervals until the temperature becomes normal provided no toxic symptoms appear

(*c*) 0 75 gramme of sulphanilamide should then be given thrice daily for a further period of ten days

Conclusions

1 A series of 270 cases of erysipelas was treated under controlled conditions with (*a*) ultra violet light, (*b*) sulphanilamide

2 There was an even distribution of the individual cases in the treatment groups in respect of factors known to influence the course of the disease such as (*a*) the duration of the disease before admission to hospital (*b*) the age of the patient (*c*) the severity of the infection, (*d*) associated diseases

3 The average total case dosage of sulphanilamide was 41 6 grammes, given in 14 4 days The drug was administered in 1- 2- or 3 gramme doses four-hourly until the cessation of primary pyrexia with an average case dosage of 14 64 grammes, thereafter 0 75 gramme was given thrice daily until the case was dismissed

4 Cyanosis occurred in 29 6 per cent of cases it was more frequent when the larger doses of sulphanilamide were given

5 Sulphanilamide is of benefit in securing curtailment of (i) the duration of the spread of the lesion (ii) the duration of primary pyrexia (iii) the duration of toxaemia

6 The administration of sulphanilamide reduced the incidence of complications and diminished the tendency to recurrence

7 An effective method of treatment is to give 1 gramme of sulphanilamide by mouth at four hourly intervals until the cessation of primary pyrexia and thereafter 0 75 gramme by mouth thrice daily until final cure is determined

We wish to thank Dr W M Elliott for permission to carry out the investigation

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Clinical Memoranda

Subcutaneous Emphysema Arising During Labour

An occurrence of subcutaneous emphysema during labour was recently observed in the Jewish Maternity Hospital In 1927 C A Gordon published 130 cases collected from the literature, since then only twelve more cases have been recorded

CASE REPORT

Mrs B aged 29 one para was admitted to the hospital on March 23 1936 at 7 45 p m with ruptured membranes According to her dates she was due on April 3 The pregnancy had been normal as were the heart and lungs Pulse and temperature were also normal the blood pressure was 120/65 and the urine showed nothing abnormal External measurements were average and the head engaged in the right occipito posterior position On admission she had no pains and some liquor was draining away Per vaginam the



external os admitted the tip of the finger A full preparation was given The patient said she had had a stuffy nose for the last few days

On March 24 slight pains occurred during the night and morning, these becoming stronger at 2 p m They were fairly strong during the night of the 25th though the patient did not strain more than is usual At 6 a m she suddenly complained of difficulty in opening her right eye The nurse then noticed that it was closed Within a few minutes the left eye also closed and more slowly a swelling appeared spreading over the face as far down as the lower jaw The patient was somewhat restless because of her difficulty in opening her eyes but otherwise felt quite well there was no cough or dyspnoea, only a feeling of tension over the face

It was not at that period possible to make out the typical sensation of crepitation or crackling which could not be got until about 10 a m The blood pressure was then 120/60 and the urine still normal The swelling had now spread down to the neck and the subjective condition of the patient was as before but the face was a trifle tender The cervix was nearly fully dilated and the head deep in the pelvis but still in a posterior position At 3 p m the emphysema had spread further down and covered the shoulders the upper part of the neck the upper part of the chest as far as the breasts and the right arm to the elbow joint The foetal head had descended to the perineum but there was no further advance so it was decided to deliver by forceps The child a full term boy cried lustily soon after birth of the head The third stage was normal A photograph of the patient was taken twenty four hours after the first appearance of the emphysema By then she was already able to keep the eyelids just apart from one another There was no further extension of the swelling beyond the parts mentioned The puerperium was uneventful the emphysema gradually disappeared and was not noticeable after the ninth day The mother and her baby were discharged on the twelfth day Only once before has a photograph of a case been published—by Kosmak (1907)

The aetiology of the condition in these cases is, according to Gordon, not definitely known, but he says it may occur in any part of the air passages Whereas some authors hold that it arises as interstitial emphysema from the rupture of some air vesicles, others have reported cases which support the theory that the air finds its way into the tissues from the nose or the sinuses There is not enough space here to give more than the names of these authors Dickson (1928), Martin (1928), Viana (1907), Hermann (1904) Experiments on the cadaver by Watson (1905) also seem to point in the same direction Perhaps one day we shall know more about how this rare and fortunately only dangerous looking complication of labour is brought on

I am greatly indebted to Mr J V O Sullivan for permission to publish the notes of this case

F H NUSSBAUM

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Volvulus Shortly After Delivery

Volvulus occurring as a complication of pregnancy is not very rare, cases being reported by Basden (1934), Ridler (1935), Kornfeld and Daichman (1934) and others Jellinghaus (1932) records a case following Caesarean section but I have not been able to find another one arising during the early puerperium The details of the following case may be worth reporting

HISTORY

A woman aged 40 was admitted to hospital as a case of failed forceps She had had a tuberculous left hip on which arthrodesis had been performed in childhood, and had undergone cholecystectomy in 1924 with considerable post-operative suppuration Two previous pregnancies the second in 1930 (twins) had been normal except for considerable vomiting after delivery The present pregnancy had also been normal until the starting of labour forty eight hours before admission An attempt to apply forceps having failed the patient was admitted to hospital

When I first saw her shortly after admission her general condition was good temperature 98 and pulse rate 100 She was very obese The foetus was lying in the vertex position the foetal heart could be heard and was normal the pains were poor Per vaginam the os was four fingers dilated An injection of morphine 1/4 grain was given and the patient had several hours sleep On awaking the pains restarted and improved the os dilated fully and the head advanced well but was held up at the pelvic outlet owing to incomplete rotation Chloroform and ether followed by open ether was given the head was rotated manually and delivery was easily effected with low forceps. The child was a healthy full time female weighing 7 lb 6 oz. The length of the second stage was one hour thirty minutes The placenta and membranes followed normally in fifteen minutes and the total haemorrhage was 5 oz. The mother's condition after delivery was good temperature 98 6 pulse rate 90

First Day of Puerperium—Temperature 98 pulse 100 general condition good lochia normal The patient complained of no pain but there was a good deal of vomiting of bile stained fluid in view of which a small turpentine enema was given with a poor result

PARA-BENZYLAMINOBENZENESULPHONAMIDE IN THE TREATMENT OF SCARLET FEVER

BY

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Since the publication of the work of Colebrooke and Kenny (1936) and others describing the curative action of the hydrochloride of 4'-sulphamido-2,4-diaminoazobenzol or *prontosil* on infections caused by the haemolytic streptococcus it has been shown that this activity is due to the reduction products—the sulphonamides (Buttle, Gray, and Stephenson, 1936, Colebrooke, Buttle, and O'Meara, 1936, Long and Bliss, 1937) It is suggested that this reduction of prontosil takes place in the animal body, and Fuller (1937) has isolated sulphonamide from the urine of mice and human subjects four to six hours after the dose was given He also found a sulphonamide in the blood of one patient being treated with prontosil, and suggested that reduction may occur in the intestine after absorption into the stomach (Fuller, 1937, Marshall, Emerson, and Cutting, 1937) The results of a large amount of work have been published showing the beneficial effect of the sulphonamides in haemolytic streptococcal infections, the majority of the investigators using the reduction product para-aminobenzenesulphonamide (Snodgrass and Anderson, 1937, Purdie and Fry, 1937, Breen and Taylor, 1937, Fleming, 1937, Foulis and Barr, 1937, Proom, 1937, Weinberg, Mellon, and Shinn, 1937, Anderson, 1937, Robinson, 1937, Vitenson and Konstam, 1937, Blair, 1937, Salama, 1937, Frazer, 1937)

A considerable number of reports have put on record the occurrence of toxic complications following the administration of the drug Most common among these complications are sulphaemoglobinaemia, methaemoglobinaemia, acute haemolytic anaemia, acidosis, and agranulocytosis Two fatal cases of the latter are reported (Kenny and others, 1937, Harvey and Janeway, 1937, Discombe, 1937, Paton and Eaton, 1937, 1937a, Hammond, 1937, Borst, 1937, Model, 1937, Southworth, 1937, Whitby, 1937) These serious complications were noted so frequently that Colebrooke was prompted to publish an appeal to investigators to give sulphonamides with care At the time when the work reported below was started another derivative of prontosil was available for use—namely, para-benzylaminobenzenesulphonamide This substance was stated to be less toxic than any other reduction product of prontosil, though it retained the curative properties It was accordingly chosen as the most suitable substance for use in a series of cases in which the majority would probably be young children suffering from a relatively innocuous streptococcal infection This belief appears to have been borne out, as comparatively few complications following its use have been published One fatal case of agranulocytosis is recorded and one case of sulphaemoglobinaemia where it was given in conjunction with prontosil (Model, 1937, Frost, 1937) Whitby (1937) concludes that while it is much less likely to produce sulphaemoglobinaemia or methaemoglobinaemia, it is equally effective against the haemolytic streptococcus

Plan of Investigation

The object of this investigation, which lasted from July, 1936, to May, 1937, was to find the effect, if any, of para-benzylaminobenzenesulphonamide on the toxic and invasive features of scarlet fever The cases, which total 356, were divided into three groups—I, II, and III The first group received no special treatment, the second were given anti-scarlatinal serum intramuscularly, the morning after admission, in doses varying from 10 to 30 c cm according to the severity of the case, the third group were given serum in similar doses to the above, together with para-benzylaminobenzenesulphonamide in the doses noted later

To ensure uniformity, treatment was not instituted until I had seen and graded the cases This entailed deferring the administration of the drug and serum until the morning after admission In order further to eliminate variable factors as much as possible the following measures were taken The cases were allotted to the three groups in strict rotation In each ward in which the investigations were conducted the groups received the same nursing attention—a factor which may be of some importance As all the cases were admitted during the same period the seasonal factor was eliminated All cases were under the care of the same medical officer, who made an assessment of the severity of each case and an examination for the presence of complications All doubtful cases and cases of surgical scarlet fever were excluded from the series

Dosage of Sulphonamide

Cases under 5 years of age were given 0 5 gramme twice daily for three days, then 0 5 gramme once daily for four days, and from the sixteenth day 0 5 gramme once daily for seven days Cases over 5 years of age received 0 5 gramme thrice daily for three days, then 0 5 gramme twice daily for four days, and from the sixteenth day 0 5 gramme twice daily for seven days The object of giving the doses in two periods of the illness was to cover the toxic period and the time when complications most commonly occur

In calculating the duration of the pyrexia the day of admission was counted as one day, whether the patient was admitted in the morning or the evening The initial pyrexia was arbitrarily regarded as having terminated the first time the temperature remained normal for twenty-four hours or more The severity of each case was gauged from the pyrexia, the angina, the brightness of the rash, and the toxic condition of the patient It should be noted that throughout the investigation the average standard of severity was low, even those cases grouped under the heading 'moderate to severe' being mild when compared with cases of previous years

Details of the Complications

As the personal element enters more than ever into the definition of the various complications the following details are given

Whitlow—This term includes all sepsis of fingers or toes

Rheumatism—Cases showing the typical signs of acute rheumatism were included under this heading The three cases recorded responded well to salicylates and two had family histories of rheumatism

Myocarditis—This term includes all cases in which there was pathological irregularity or any indication of weakness of the cardiac muscle

Endocarditis—The only case recorded occurred in one of the children who developed acute rheumatism

Otitis Media—Taken to be indicated when the drum head was found to be inflamed or the ear discharged Actually all those noted to be inflamed subsequently discharged

Second Day—Temperature 99 4°, pulse 108 general condition good and patient comfortable with no pain, but vomiting of bile stained fluid still continued She stated that she had vomited 'just like this after a previous anaesthetic After a stomach wash with sodium bicarbonate the patient ceased vomiting and took and retained some solid food It seems probable that the volvulus had occurred by this time In the evening the temperature was 99° and pulse rate 120, the lochia were unpleasant As there was some distension a large enema was given, with a good result, the stools being rather clay-coloured

Third Day—Temperature 100 4°, pulse 140, general condition less good Vomiting started again, the vomitus being unpleasant, and for the first time the patient complained of mild colicky pain and flatulence On abdominal examination no tenderness or other abnormality was found Up to this time attention had been focused more on the chances of uterine infection following the operative intervention before and during delivery but as the symptoms pointed more to an intra-abdominal condition a surgeon was consulted, and he advised laparotomy A spinal anaesthetic was given, but the patient collapsed and died

POST MORTEM EXAMINATION

A volvulus of three quarters of a complete turn of the greater part of the small gut from the ileo-caecal valve upwards was found There were no adhesions between gut and liver and the gall-bladder was absent There were signs of infection of the cervix, but the body of the uterus and the placental site were normal

COMMENTARY

In view of the rapid change of position of the intestines after delivery of a full-time child it is perhaps surprising that volvulus does not happen more frequently In this case the volvulus probably occurred shortly after delivery, and too much attention was paid to the possibility of uterine infection This case also supports the dictum that during pregnancy and the puerperium there should not be too much delay in performing laparotomy in doubtful cases

I would like to express my thanks to Dr W D Sturrock, physician in charge of the department for permission to publish this case and to Dr P Mallam who performed the post-mortem examination

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An Unusual Manifestation of Hypoglycaemia

The remarkable character and long persistence of what was apparently a hypoglycaemic attack renders a recent experience worthy of record

CASE RECORD

The patient a male now aged 48 years had an interesting diabetic history Glycosuria was discovered in 1920 His weight had dropped from 13 to 8 stone He was one of the first Australian diabetics to receive insulin He dispensed with medical assistance almost entirely as soon as he had been instructed in the method of administration and for twelve years has varied his dosage according to his own physiological convictions He stated that he could tell when he was glycosuric without having to test his urine! At first he took up to 75 units daily and latterly had been in the habit of giving himself one injection of 40 units daily He admitted that he had fairly often experienced minor insulin attacks of the usual description also one seizure of the nature described below about a year previously from which, however, he made a quick recovery on taking some sugar His diet since 1920 has actually been proportionately high in carbohydrate

During the whole of this period up to the present time this man has been a keen amateur wrestler He claims to be the 'world's champion diabetic athlete' For several years he held the amateur wrestling championship of Australia, and was runner up in 1928

Those acquainted with the manner of wrestling in Australia whether amateur or professional, will realize what a strenuous and exhausting process it is It calls for strength and endurance comparable to that required by long-distance bicycle riders and by marathon runners, so that this patient must have learned to make large variations in his insulin intake according to his projected degree of activity—

His experiences on the day of his major attack are described in his own words as follows

I was in the habit of taking 1 c cm of U 40 in one injection daily and can generally tell without testing if showing sugar Believing this to be the case on Wednesday night, I took an extra 16 units of insulin, and then 36 on Thursday morning at 7 15 At 9 30 a m I found that I could not say *what I wished*, so sent out for a threepenny cake of chocolate—followed in ten minutes by another No result so ate a large apple (This is the first time I have tasted sweets in sixteen years but the shock was so sudden that I thought it merited it) Still no result so was taken home at 11 30 a m tested and found no sugar, ate four sao biscuits and some sugared coffee in addition to some steak and tomatoes I tested again at 2 30 p m and found heavy sugar, and took 20 units of insulin It was after that I was taken to you I was able to understand most things but could not express my thoughts

'On arriving home I immediately took another 20 units of insulin and went to bed had tea at 6 o clock showed clear of sugar at 7 o clock and was practically normal at 8 o clock

I had a slight aphasia turn just twelve months ago but only of one hour's duration, but have often of course had slight hypoglycaemias

He was brought to the clinic for observation by Dr Gordon Robertson about 4 30 p m He appeared to understand everything that was said to him and in his hearing and at times could say "Yes and 'No" but usually as he attempted to put two words together he would only succeed in reiterating x x double x He appeared annoyed at his failure to express himself He was given a pad and pencil but only succeeded in producing a number of hieroglyphics containing an odd recognizable letter On examination he looked perfectly well, had a dry skin, and was of a good colour and able to walk about normally He realized his surroundings and recognized his family He was right handed but absolutely no sign existed of any derangement in his left motor cortex or in his capacity to co-ordinate movement No tremor even of the finest grade was present His urine was loaded with sugar but contained no acetone He would not wait even for a blood sugar test to be made, but insisted on being taken home On reaching home as stated above he took another 20 units of insulin! About 9 p m—that is, about twelve hours after its onset—the aphasia began to improve and passed off gradually The following morning he rang me up and was then in perfect control of his speech and ideas

COMMENTARY

Apparently the degree of hypoglycaemia was low enough to injure his cortical cells to such an extent that it required nearly twelve hours for them to recover, even though bathed in plasma containing a sufficiency of glucose The analogy with certain instances of cerebral anoxaemia—for example, carbon monoxide poisoning—is close This is the longest seizure in my experience, and also illustrates the curious phenomenon that attacks of a single nature—for instance, tremor, psychic change, or syncope—will recur in the same subject as an individual idiosyncrasy, and rarely change their type

KEMPSON MADDOX M D,
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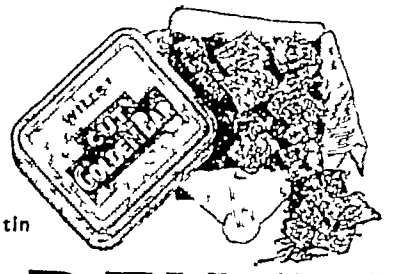
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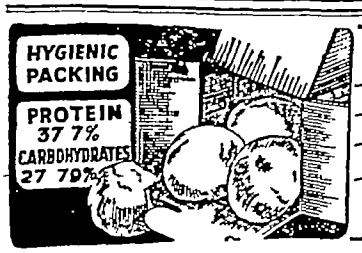
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Reviews

THE LAW OF FOOD AND DRUGS

Bell's Sale of Food and Drugs By R. A Robinson Ninth edition (Pp 321 22 tables 15s net) London Butterworth and Co 1937

The law which governs the sale of food by weight and its adulteration has become very voluminous and puzzling as social life has become more complicated Not the least of the sources of complication are the statutes relating to milk and the orders which have been made under them The Merchandise Marks Act has introduced another whole chapter of law, and the great expansion of the science of commercial chemistry has enriched the ingenuity of the adulterator *Bell's Sale of Food and Drugs* was first published in 1886, and his learned successors have kept this classic up to date Mr Robinson, the author of the ninth edition, not only has great legal experience of the law of food and drugs, but as chief officer of the Public Control Department of the Middlesex County Council administers it in practice He has produced a book which will be invaluable to local authority officers and also to those who sell food All the relevant statutes and regulations are printed section by section with notes, and the recent decisions of the courts have been summarized and incorporated Two good features are a bibliography of official publications and the reproduction of a number of circulars and memoranda to local authorities There is also a useful appendix on the commoner forms of adulteration In addition to the usual citation of the decided cases in the various series of legal reports, Mr Robinson also gives the reference to the note of each case in *Butterworth's English and Empire Digest* and his references to Public Acts are each followed by a reference to the appropriate page in *Halsbury's Statutes* These two great textbooks are now an indispensable part of the lawyer's equipment, and reference to them saves much time The volume is light and attractively arranged and printed, as are most law books nowadays

PRINCIPLES OF PHARMACOLOGY

Handbuch der Experimentellen Pharmakologie Supplementary Volumes. Edited by W Heubner and J Schüller Vol. IV *General Pharmacology* By A J Clark (Pp 228 79 figures RM 24) Berlin Julius Springer 1937

In the past pharmacology has been largely empirical A great deal of painstaking work has led to the discovery of general principles which have often been only vaguely formulated, but which have had great practical importance since they have led to the manufacture of hundreds of synthetic products many of which have powerful actions, both therapeutic and toxic In recent years the proper scope of pharmacology has been increased by the synthesis of numerous hormones and vitamins and artificial products of similar structure Comparatively little work in these fields has been done in this country where pharmacological departments are so poorly endowed, and so understaffed that they cannot do much more than carry out the routine teaching of medical students

One reason for this neglect of pharmacology is that it has been despised as a science which has not yet passed the stage of pure empiricism The time has now come, however when it is possible to formulate general principles This has been done by Professor A J Clark in a monograph which is published in English as part of one of the supplementary volumes of Heffter's *Handbuch* In this monograph he discusses such questions as the relation between the concentration of a drug and the time it takes to act the relation between concentration and effect individual variation of the sensitivity of man and animals, drug antagonisms, and other pharmacological problems in which quantitative results have been obtained

The book contains a rich medley of facts, and must be based on a wide knowledge of many branches of scientific literature Tobacco leaves and insects, mice and men, are all shown to follow the same laws of variation Studies of photographic plates are found to present the same problems as studies of plain muscle Phenol obeys the same laws whether it is acting on protein molecules or bacteria Calculations based on the action of drugs on plain muscle are used to explain the action of drugs on enzymes, and vice versa The account of the action of drugs on enzymes is one of the most interesting features of the book It seems likely that such studies will illuminate many of the obscure places in pharmacology

There is evidence that the monograph has been hurriedly prepared The misprints are probably due to the activities of foreign compositors, but there are errors which cannot be explained in this way For example, the term 'normal equivalent deviation" is correctly expounded (p 146) but incorrectly used (pp 170–2) There is much repetition and some careless writing, but yet this is a great book, and no one else could have written it The only important branch of pharmacology which is not discussed is the relation between chemical structure and pharmacological action This is a large subject, which deserves a monograph of its own It is to be hoped that someone will soon do for this branch of knowledge what Professor Clark has done for the rest of pharmacology

THE LONDON SURGEONS' COMPANY

The History of the Surgeons Company 1745–1800 By Cecil Wall, M.A D M F R C.P With a foreword by Sir D Arcy Power K B E. (Pp 256 with frontispiece and 9 other illustrations 10s 6d) London Hutchinson's Scientific and Technical Publications 1937

Dr Cecil Wall has done a useful piece of work in telling the story of the London Surgeons Company, which began in 1745 and ended unmourned and officially in 1796 The history is the outcome of the Vicary Lecture given in 1935, and that lecture is a token of friendship, showing that there is an end of the feud existing between the Company of Barbers and the Corporation of Surgeons Very little has hitherto been known of the period dealt with by Dr Wall A small and impecunious guild of skilled Surgeons was absorbed by a flourishing Company of Barbers practising minor surgery in 1540 The union lasted more or less harmoniously until 1745 The surgeons became better educated and had gained some scientific knowledge the barbers acting as their business allies Men like Wiseman, Cheselden, and Percivall Pott were of a high type socially as well as intellectually they wished to make their occupation a profession Other members desired to be known as surgeons rather than to be attached to a body which contained many barbers The difficulty of the alliance was especially felt by those serving in the Navy and Army for when they were taken prisoners their captors professed inability to determine whether they were educated surgeons or mere barbers and usually classified them as barbers The inevitable disruption occurred, and the Bill being passed by Parliament received the royal assent on May 2, 1745 The surgeons were formed into a new organization retaining permission to use the bodies of four felons for anatomical

a wide choice but 1 in 1,000 solution of biniodide of mercury in industrial spirit is a very suitable one This technique is of course safer if the operator takes care to avoid contamination of his hands by wearing gloves in all septic cases Suitable gloves are, however, so cheap now that they may with advantage be worn in all cases where incisions into uninfected tissue are made They are best sterilized by boiling but in an emergency they may be first put on then well washed in soap and water, and finally dipped in a strong antiseptic solution for a few minutes Pure dettol and lysol are recommended for this purpose but they tend to leave the gloves inconveniently slippery, the spirituous solution mentioned above is quite satisfactory and when the spirit has evaporated, leaves the gloves dry

With the equipment outlined here I feel sure the practitioner can face the minor surgical problems of his work with equanimity As the necessity arises he can slowly add to his initial stock of instruments until he has an outfit which might rival that to be found in the out-patient theatre of a hospital

THE CAMPAIGN AGAINST CANCER

RECORD OF A YEAR'S WORK

The annual general meeting of the British Empire Cancer Campaign was held at the House of Lords on November 30 with the DUKE OF GLOUCESTER president of the Campaign in the chair

In a brief address His Royal Highness referred to the interest of the Royal Family, including Edward VII, George V, and the present King in the fight to conquer cancer It was a source of satisfaction to him to feel that he was able to carry on the family tradition No one could fail to be impressed by the extraordinary field that was being covered by the researches associated with the Campaign in every part of the British Empire One important activity was the periodical conferences which were arranged between the laboratory and clinical investigators of the country, he understood that about 300 such workers met together from time to time to discuss informally and privately their respective problems He had also been interested to hear that in Australia the Commonwealth Government convened at frequent intervals conferences of delegates from all its States and from New Zealand to consider the cancer problem The Grand Council would have before it at the meeting which was to follow a request for affiliation to the Campaign from the Victoria Anti Cancer Council of Australia which meant that another of the principal research centres of the Empire would be linked to the research organizations of the mother country At that same meeting and in January the Grand Council would be asked to vote a total sum of £43 000 for the support of cancer research in the year 1938 He knew that at a time when heavy demands were being made in all directions for charitable help from the British public the provision of such large sums must entail great efforts on the part of the voluntary helpers He thanked these helpers and the subscribers for their services

Lord HAILSHAM who later was re-elected Chairman of the Grand Council thanked His Royal Highness and spoke of the encouragement which all the workers derived from the abundant sympathy of the Royal House

Recent Investigations

Lord HORDER chairman of the Scientific Advisory Committee of the Campaign in presenting the annual report, asked that it should be borne in mind that although research into the cause and cure of cancer was the specific aim and object, cancer research was but a branch of general medical research From time to time important data emerged from cancer research which were of great value in the general problems of medicine, and on the other hand many discoveries were made by those engaged in general medical research which were of material benefit to the work on the cancer problem He drew special attention to two pieces of work, the one by Dr Alexander Haddow carried out at the Royal Cancer Hospital, and the other by Professor W E Curtis and Dr F Dickens under the auspices of the North of England Branch of the Campaign With regard to the first it appeared from the report that the application to animals of very minute doses of dibenzanthracene and other cancer-producing chemicals would actually cause a definite regression and in some cases a complete disappearance of tumours present in the animals Such a phenomenon was not uncommon in medicine When taken in small doses a good many substances acted as remedies which, if taken in larger doses, gave far from beneficial results to the patient Whether this experimental work would be of use eventually as suggesting a form of curative agency could not at present be said but the observation quoted was surely a matter of great interest and one that might lead to results of far-reaching importance

Action of Ultra short Wireless Waves

The other work (Lord Horder continued) was equally suggestive In spite of the unceasing search for new forms of treatment, surgery and x rays and radium still remained the principal methods available Every line of research which gave promise of supplementing these standard treatments received full and careful consideration by the Campaign An important recent development of this kind was the inquiry now being carried out in Newcastle into the action of ultra short wireless waves The present results of this examination had demonstrated that the curative effect of these waves in the experimental treatment of cancer was brought about by the heat which they generated within the tissues The heating was of a very special character for it could be localized and controlled with an accuracy which was quite impossible before the application of the newer methods resulting from modern wireless technique Recent research had now enabled the temperature to be raised within the tumour to any desired level, and to be kept there as long as was required Thus one of the older weapons against cancer—the cautery—was being revived, but in a form incomparably less drastic and more refined One of the most interesting features of this investigation was that it had revealed some unsuspected resemblances between the action of heat and that of radium

Lord Horder added that another aspect of the Campaign's work was inaugurated last year—namely, clinical cancer research In London alone the investigations, which would be in the hands of physicians and surgeons of the many contributing institutions would extend over more than 17 000 fresh cases of cancer each year

In seconding the adoption of the report, Mr EDWIN FISHER a member of the Finance Committee mentioned that during its last financial year the Campaign received just over £67 000 It made grants of over £34 000 to the research departments of the national hospitals and a sum of over £11 000 was refunded to the provincial branches of the Campaign to assist them in the fight they were making against cancer in their respective areas

The Annual Report

The fourteenth annual report of the Campaign some of the principal points in which were touched upon by Lord Horder in his speech is a document of 250 pages, and includes progress reports from more than twenty research departments in this country and seven over seas as well as from the individual researchers whose work has been approved by the Scientific Advisory Committee Mr J P Lockhart-Mummery who has edited every report since the

teaching and the Arris and Gale bequests of £510 and £16 each respectively, while the barbers remained as of old (and as they still are) one of the City Companies, keeping the Hall in which they met, with most of its valuable contents and the revenues

The new Corporation of Surgeons had to begin life in a very poor way It had, indeed, the rights of teaching and of licensing surgeons both for private practice and for service under the Crown, but it had comparatively few members, no common meeting-place, and very little money Dr Wall details the progress it made, and it was unedifying The leading surgeons were too busy to interest themselves in the new Corporation, the teachers found that it paid them better to establish private schools than to give public lectures, and the members were not punctual in paying their quarterages There was a general slackness in the conduct of affairs, and irregularity of procedure on several occasions culminated in the dissolution of the Corporation Attempts were made to re establish it by Act of Parliament, but the Bill was rejected on July 17, 1797, and eventually the College of Surgeons of England was founded by the grant of a Royal Charter on March 22, 1800 Two good things were done by the defunct Corporation it secured the nucleus of the Hunterian Museum and it bought the site in Lincoln's Inn Fields upon which the present College of Surgeons was built

All this Dr Wall tells in detail, and he adds seven valuable appendices containing dates and figures which it is hard otherwise to come by There are also nine illustrations, of which the most interesting is the famous picture by Holbein showing King Henry VIII delivering a document to the United Company of Barber Surgeons, and side by side with it the copy of it made before the Great Fire, which has been recently restored and now hangs in the Hall of the College A sufficient bibliography, a good index, and a foreword by Sir D Arcy Power complete a very satisfactory volume which will be of great use to medical historians

COOKERY FOR WORKERS' WIVES

Dr Nash's Cookery Book By Elwin H T Nash (Pp 183 6d net.) London Simpkin Marshall Ltd 1937

No one will deny that while much of the malnutrition that exists to-day is due to poverty some is also due to a lack of knowledge on the part of working-class wives of how to buy to the best advantage and how to prepare and cook the food to obtain the maximum of nourishment and enjoyment from the day's meals This is no small part of the whole problem of the nutrition of the working classes, yet few practical attempts at dealing with it have appeared in print. Such an attempt has, however, recently been made, and the very successful results are embodied in a sixpenny book entitled *Dr Nash's Cookery Book*

For the last two years Dr Elwin Nash, medical officer of health for Heston and Isleworth, has been conducting an investigation into the extent to which it is possible to provide first-class protein in the diet of the working classes and yet not exceed the income available for food Assisted by a dietitian and two cooks Dr Nash (who admits to many years of experience of cooking as a hobby) has produced some 300 recipes a very large proportion of which are entirely new He has endeavoured to show that palatability can be achieved though prices paid for beef averaged 6d per lb, for mutton 3d, and the bacon used throughout was nearly always scrap bacon," the machine trimmings of the tidy rasher which could be bought for 2d to 4d a pound One glance at his recipes will suffice to indicate how successful he has been He also emphasizes the digestive superiority of food cooked in deep fat "People recognize," he states, "the palatability of fish and chips cooked by this method but they practically never attempt to apply it to cooking in their own homes" Food fried in shallow fat—Dr Nash gives rissoles as an example—is found when cooked to be saturated throughout with grease, whereas the same article cooked in deep fat is crisp and dry when drained and inside is entirely free from grease

It is difficult to make any selection for review purposes from these recipes, since all are new and all are nourishing and at the same time represent very tasty dishes Among the fish dishes there is a haddock and cheese turnover and a fish chowdar, among the cooked meat dishes a shepherd's pie with sausage among the savoury meat dishes a liver and bacon roly-poly, and among the puddings a plum charlotte pie—random examples, but sufficient to show the unusual and appetizing meals Dr Nash has planned Not only have the ingredients in all these recipes cost less than those commonly used but the utensils with two exceptions were bought at a sixpenny store

The book is well printed, the recipes being clearly set out, and Dr Nash has prefaced it with some excellent advice on the general principles of steaming, stewing, frying, etc The research which has resulted in such a successful production was only made possible by a grant of £500 from the Carnegie Trustees and some financial help from the local authority Altogether a very good cookery book for the workers' wives

PULMONARY TUBERCULOSIS IN PRACTICE

Pulmonary Tuberculosis in Practice A Modern Conception By R C Wingfield, B A M B B Ch F R C P (Pp 122, 25 figures, 1 plate 9s net) London Edward Arnold and Co 1937

Though several factors are probably responsible for the dissatisfaction widely expressed in regard to the diagnosis and treatment of pulmonary tuberculosis, there is little doubt that only with the co operation of the general practitioner will improvement follow The administrative aspect of tuberculosis control has, superficially at all events, so advanced in this country that the ordinary physician may well drop the tuberculous person like hot coals and leave him to the State The general practitioner, however, cannot wash his hands of his tuberculous patients, it is he who must guide them when they have left the sanatorium after obtaining the maximum benefit from institutional treatment Moreover, just as it is important to diagnose phthisis at an early—treatable—phase, the phase of inconspicuous symptoms, so it is equally important not to subject a person with a healed or non progressive lesion to prolonged institutional treatment Correct assessment of the lesion must be a *sine qua non* of the diagnosis Dr Wingfield, whose long experience of the treatment of phthisis in adults enables him to speak with authority, therefore deserves our gratitude for attempting 'to bridge the gap between the practitioner and the specialist his small book contains teachings which should help to secure both early diagnosis and the correct handling of the vast number of people suffering from pulmonary tuberculosis in its different clinical forms This intrinsic value of the book is admitted in spite of the criticisms which follow

It is perhaps inevitable that the production of a simplified conception, a working hypothesis, should lead to statements that would not always be borne out by pathological evidence Again, the role assigned to

first contributes an interesting preface Cancer research proceeds along a widely extended front, but it is an unequal progress, and it would be idle to pretend that all the work has the same merit Yet it must all be recorded, lest discouragement be given in some obscure quarter and of course there is always the possibility that work which was unpromising or which appeared to be detached from the main line of traffic may suddenly prove to be of great value

The study of growth is being pursued by many research workers and has been helped during the year by the discovery in the Physiological Laboratory at Cambridge of an experimental method whereby the growth-promoting activity of adult tissue extracts can be measured and compared by means of cinematograph films of cultures of living cells *in vitro* The method consists of making photographs at frequent intervals and estimating the percentage of the cells present which divide per hour Of the adult tissue extracts so far investigated those of the thymus gland and testis have been found to be most active On the other hand, and contrary to expectation, spleen extracts do not stimulate growth The effects produced by the injection of oestrogenic hormone into animals have been studied in the Department of Experimental Pathology University of Leeds and it has been found that this hormone acts in certain circumstances as an intrinsic carcinogenic agent If female mice of a special strain naturally resistant to the development of spontaneous tumours are treated by injections of oestrogenic hormone combined with prolactin they may develop mammary carcinoma Further studies of the Rous fowl sarcoma undertaken at the Courtauld Institute of Biochemistry, Middlesex Hospital and at the Lister Institute, have yielded valuable information regarding the nature of the tumour exciting agent Various experiments recorded add considerable support to the view that the Rous agent instead of being a lipoid substance as recently claimed, is a protein

Carcinogenic Agents

Work at the Royal Cancer Hospital on cancer-producing compounds has continued, and it has now been proved that carcinogenic hydrocarbons differ from other chemical substances known to interfere with growth in respect of the prolonged character of the retardation produced by a single injection Many different types of tumour have now been produced by the application of carcinogenic agents these include tumours of skin and lung and both sarcoma and adenocarcinoma Lately it has been found possible to produce tumours of the internal organs such as liver by *o* amido-azo-toluol and this work, also done at the Royal Cancer Hospital has suggested a possible relationship between diet and cancer It is suggested that the prevalence of primary cancer of the liver in such places as Java may be connected with the highly spiced foods consumed there

In the cancer research department at St Mark's Hospital a further study of the histological grading of tumours has been made and this study now covers a series of over 600 malignant growths of the rectum A definite relationship has been shown to exist between the grade of any particular malignant growth and its likelihood of recurrence after operation Prognosis as regards cure by operation in cancer of the rectum can now be judged with greater accuracy on the basis of histological grading The prognosis depends both upon the extent of the spread of the tumour at the time of operation and upon the grade into which the particular tumour falls A report from the biochemical laboratories of the General Hospital and University Birmingham concerns the correlation of histological features and hormone excretion in cases of tumour of the testis In thirteen cases of testicular tumour positive Aschheim-Zondek reactions were obtained in only three patients In two of these the reaction became negative after removal of the tumour, but in the third the hormone excretion continued until the patient ultimately died of multiple metastases

A good deal is said in the report about radium and x rays particularly the improvement in methods of defining the dose and determining the exact position of the beams of radiation The results of treatment at very high voltages are awaited, in particular those obtained by a new apparatus designed to operate at a million volts

Geographical Distribution of Cancer

Appended to the report are a number of maps of England and Wales illustrating the incidence of cancer in certain sites of the body in various parts of the country This is the subject of an article following some similar work in the previous report, by Dr Percy Stocks medical statistical officer at the General Register Office The maps show the distribution of mortality for males aged 25 and over during the period 1921–30 following cancer of the tongue, mouth and tonsil jaw larynx, bladder and prostate Cancer of the tongue has a high mortality in the north of England with another region of high mortality just south of the Wash, a third in certain counties of South Wales and a fourth in Kent and Middlesex An area of high mortality from cancer of the mouth extends from Lancashire to Staffordshire, and from cancer of the jaw from Durham to Staffordshire, with other areas in South Wales and from Wiltshire to Devon The chief area of high mortality from cancer of the larynx is in the south-east, and the same is true of cancer of the bladder, while the area of highest mortality from cancer of the prostate lies around London

The general conclusions to be derived are not as yet fully discussed, but a single example is offered to show how great is the difference in the site incidence of cancer even between localities whose total cancer mortality is virtually the same London and Lancashire have a standard mortality ratio from cancer in all sites in males of 25 and over of 107·5 and 107·3 respectively, but the probability that cancer when it develops will appear on the skin is twice as great in Lancashire towns as in London whereas the probability that cancer will appear in the bladder or prostate is more than half as great in London as in Lancashire This supports the hypothesis that certain extrinsic factors operating through a man's environment may be of great importance in determining in what part cancer will appear whether or not the difference in site incidence has any relation to occupation remains to be determined

A map is added showing the rainfall in different parts of the country There is no proof that rainfall with its accompanying general humidity has any effect on cancer incidence, but in the problem of cancer innumerable possibilities have to be considered, carefully examined, and, oftener than not, set aside

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The twenty-sixth annual Conference of Educational Associations will be held at University College, Gower Street London, W.C. from January 3 to 8 The Minister of Health will deliver the presidential address on 'Education and Health' on Tuesday, January 4, at 5 p.m. 'Health and Schools' will be discussed at a joint conference on January 6, at 5 p.m., with Sir Farquhar Buzzard in the chair, and it is hoped that an address will be given by Dr Horlitz of Stockholm Aspects of the question of health and the school child will be considered at a number of sectional meetings, and conferences have been arranged on the study of family problems and on vocational and educational guidance There will be special exhibits illustrating health education The book programme to be published about December 18 may be obtained from the Conference Office Gordon House 29 Gordon Square W.C.1 (price 3d post free) Season tickets price 5s., admit to lectures and exhibitions throughout the week

secondary infection is at present based almost entirely on theoretical considerations, and Dr Wingfield is indeed himself at great pains to point this out The use of certain terms, such as "secondaries" for the "early' lesions of phthisis, though perhaps permissible in a book that confines the discussion to bronchogenic phthisis, will confuse the reader who may wish to go further afield and study the evolution of tuberculosis as a general disease To the practitioner the constant repetition of terms like "cavitated open spreading fibro-caseous lesion" or "secondarily infected cavitated healed fibro-calcareous lesion," and of symbols such as T(i)Xcav or TIXcavX, will be a source of despair The reviewer himself found it necessary to read the book twice, the second time very carefully, before he could really follow the excellent reasoning and appreciate the sound common sense contained in it We believe the work will be of greater benefit to tuberculosis officers and medical officers in sanatoria than to harassed general practitioners

Dr Wingfield insists on frequent *x* ray control during institutional treatment and after it has been completed, particularly in order to detect relapses in the asymptomatic stage, though he is careful to stress the limitations and fallacies of the method His suggestions in regard to "after-care' are sound though they point to an experience based on the less poor classes of the population The presence of tubercle bacilli in relation to the lesions is apparently discussed from the standpoint of the examination of the sputum by the smear method Recent investigations by culture and gastric lavage methods have demonstrated the presence of bacilli in most of the early lesions described by Dr Wingfield Finally, many authorities would question the caution emphasized in the decision to induce an artificial pneumothorax in persons over 45

Dr Wingfield has written a good book, but its value will be appreciated only when he has considerably simplified the terminology

Notes on Books

A third edition of Mr H S SOUTTAR'S *Art of Surgery* has recently been published by Heinemann at 30s This book was planned and executed on original lines and it must be gratifying to the gifted author that it has found such favour with students of surgery In this edition a number of fresh illustrations have been introduced, pencil sketches by the author himself with the intention of demonstrating to the student what he should see with his mind's eye when looking at a case or a specimen These pictures are remarkable for their clarity and show at a glance the points they are intended to illustrate Incidentally they furnish still further proof of Mr Souttar's versatility for a professional illustrator might with justice feel proud of them A short appendix on the modern treatment of fractures has been added to this edition otherwise no alterations have been made in the text in fact we regret to find an obvious misprint on page 47 of the second edition repeated on page 47 of the third The student who reads this book will find instruction and pleasure combined to an unusual degree

Mr 'James Harpole has culled some leaves from his case book with the laudable intention of showing the public that the medical profession is not so black as it is sometimes painted and that medicine is not stagnant He illustrates the immense changes in treatment that have taken place in the last twenty-five years by describing some of his cases (naturally without identifying details) which emphasize the progress that has been made and which carry hope for the future He is a convinced optimist, but sometimes pulls himself up with a jerk as in the chapter entitled 'The Fountain of Youth,' which he concludes with the not unnecessary warning to his readers not to expect too much for the present His style is lively and the interest is well sustained, though the second part, "The Romance of Medicine," involves some repetition of the first part At the foot of page 75 "genes' would be more accurate than "cells' *Leaves from a Surgeon's Case-Book* would serve as a useful Christmas present for disgruntled patients It is published by Cassell and Co at 8s 6d

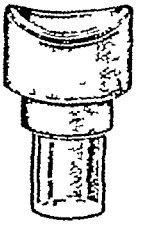
Dr WALTER BROMBERG'S purpose in writing *The Mind of Man* (Hamish Hamilton, 10s 6d) is, he says, to correlate the various currents of psychological knowledge in the past with present-day therapeutic work He traces the evolution of mental treatment from the common source, the cry of humanity for relief from mental distress He covers a great deal of ground the early magi, the primitive medicine men and shamans with their charms and amulets, the Greek priest physicians, folk-medicine, superstition and magic, witchcraft, the medical treatment of lunacy, faith healing hypnotism, suggestion, and the development of modern psychotherapy The summary of the tenets of the modern psychotherapeutic schools is on the whole remarkably fair and accurate, except that he makes the common mistake of accusing Jung of poetic mysticism This is an interesting book, and contains a large and useful classified bibliography

Drug Atlas for Students of Pharmacy and Medicine by Mr W SCARNELL LEAN (Longmans, Green, 2s 6d), indicates by means of a series of outline maps the sources of all the important vegetable drugs The maps show clearly many interesting points regarding the drug trade. For example the East Indies are an exceptionally important source of drugs, for not only do they supply the spices for which they originally became famous in trade, but also they are the chief sources of coca leaves and cinchona bark drugs whose original home was in South America

The Mission to Lepers (7, Bloomsbury Square W C 1) has published at 1s a booklet, *Bruised Reeds* by W H P ANDERSON In this the author tells of what he saw of the growth and development of the Mission's work on a recent visit to India and China

Preparations and Appliances

AN EYE BATH



The Irise Eye Lotion Bath illustrated herewith consists of two parts the top of rubber which is said to fit closely to the eye and prevent any leakage of the lotion, and the bottom of white glass, which is transparent and easily cleaned Further information may be obtained from the makers Messrs. W Stevens and Co 31, East Hill Wandsworth S.W

ANTISEPTIC AND ANALGESIC THROAT TABLETS

"Orax (or O R 95) throat tablets (made by the Medico Chemical Corporation of America and marketed in this country by Coates and Cooper Ltd) contain a complex organic compound with the following constitution ethyl butyl ester of diamido-diethylamido-ethyl carbamido-dicarboxy-diphenylmethane acridino-oxyquinoline ($C_{41}H_{53}N_5O_6$) This compound is stated to be an effective local anaesthetic and an antiseptic of high potency and to have a low toxicity The tablets are recommended for the treatment of sore throat, tonsilitis etc.

ALCOHOL, NUTRITION, AND FITNESS

MEDICAL ASPECTS OF A SOCIAL PROBLEM

A national conference, convened by the National Temperance League, was held at the University of London on November 30 Lord Astor (chairman of the League of Nations Mixed Committee on Nutrition), who was to have presided, was prevented by indisposition from so doing His place was taken by Mr WILLIAM CHARLES The conference had as its objective emphasis on the urgent need for a fuller recognition and consideration by all public authorities of the physical, social economic, and moral effects of the prevailing national consumption of alcoholic beverages especially in relation to the National Campaign for Nutrition and Physical Fitness

A Menace to Child Life

Professor AMY FLEMING thought it would be agreed that many prospective parents were constantly in search of knowledge as to what they could do to give their children a better chance in life than they themselves had been given It seemed certain that if they could only be made to realize that any alcohol taken by them reached the unborn child and acted as a poison 99 per cent of parents would abstain from taking alcohol Investigation had proved that alcohol was a menace to child life at all stages of the child's existence The child might sustain damage through either or both parents It had been definitely proved by the work of Dr Pertholdt and more recently Dr Weller, that excessive consumption of alcohol unfavourably modified the germ plasm and much evidence had been produced by investigators who had not commenced their work in order to study alcohol but in order to study the germ plasm itself There was some evidence that alcohol in excess might soon be proved to produce a change in the germ plasm which would be transmitted to the third generation The parental stages of child life extended from the moment of conception until the infant was born, and it was important to remember that during this period the child was absolutely dependent upon the blood of the mother Both oxygen and food for the child's growth were obtained from the mother's blood Alcohol taken by the mother passed into the child's circulation until it was equally concentrated What added to the seriousness of the matter was that the child would be subject to the influence of the alcohol for a comparatively long time owing to the tardiness of its disappearance from the tissues of the unborn The child of a chronic alcoholic mother was itself a chronic alcoholic absorbing alcohol from its mother's blood and, after birth, from her milk And that despite the fact that the law of the land prohibited the giving of alcohol to an infant under 5 years Alcohol was definitely not a factor in stimulating milk secretion Professor Fleming urged the League to use its influence to ensure that these facts were widely known so that expectant and nursing mothers might be led voluntarily to abstain from alcohol

Pathological Effects of Alcohol

Sir HUMPHRY ROLLESTON said that in certain circumstances in those convalescent from disease and in debilitated old age alcohol might serve a useful purpose in exciting an appetite for food and facilitating its digestion Also in the last stage of man's strange eventful history when the sands were running out alcohol might be merciful and comforting That did not however justify the wide spread cocktail or sherry parties for the young A famous liqueur had been found experimentally to be more poisonous than a mixture composed of methyl or wood alcohol 80 per cent and ethyl alcohol 20 per cent There was risk that the cocktail fashion might be responsible for biliousness due to temporary depression of the protective function of the liver and later lead to confirmed addiction with all its evil and ultimately more serious permanent effects Alcohol tended to weaken or paralyse the brain cells from above downwards and when circulating in the blood and so reaching the brain put the censor '—to use Freud's term—out of action Quantities of alcohol far too small to induce symptoms of intoxication led to a measurable loss of accuracy in the neuro-muscular control and thus played an important part not only in road accidents but in accidents in industry

A distinction should obviously be made between pure neat alcohol and beverages containing it The effect of constituents other than alcohol in alcoholic drinks might be beneficial or the reverse Sugar contained in malt liquors and in many wines was a valuable food and indeed tended to counteract the degenerative effects of the alcohol which it so closely resembled chemically Excess of sugar induced obesity in beer drinkers Overweight and obesity favoured the onset of diabetes mellitus Quite apart from the other constituents of alcoholic drinks, alcohol was a form of food but a jealous food for if taken habitually in excess it impaired appetite and the digestion of food The direct effect of contact of concentrated alcoholic drinks, taken habitually when fasting, led to chronic inflammation of the stomach with resulting alcoholic dyspepsia seriously impairing nutrition Clinical experience showed that addiction to alcohol impaired the power of the body to resist infection From analysis of 3,422 cases of pneumonia Weeks found that the mortality was 50 per cent among excessive drinkers, 34 per cent among moderate drinkers and only 23 per cent among occasional drinkers and total abstainers

The interrelations of chronic alcoholic excess and mental disorders were close and might be complex Chronic addiction perhaps dating from youth might not send in its bill until middle life when general efficiency should otherwise be high Then gradually but surely mental deterioration more obvious to onlookers than to the patient came prematurely The mental change might take several forms Alcoholism might play a contributory not the sole part in some forms of mental disorder or it might be merely a symptom or index of mental instability Again cirrhosis of the liver was by no means confined to chronic alcoholics it might occur in total abstainers who took other irritating substances such as highly spiced curries and ginger Chronic alcoholic excess might cause cirrhosis indirectly and so act on the stomach and intestines that poisonous bodies would be formed and carried to the liver In conclusion Sir Humphry Rolleston said that what was needed in regard to alcohol was education not prohibition Events in America had shown that prohibition tended to induce a most undesirable reaction

Food Value of Alcohol

Sir FREDERICK GOWLAND HOPKINS asked first, and in particular did alcohol itself contribute to normal nutrition? Alcohol was relatively so expensive that to put it in the same category as butter from the point of view of practical dietetics would be the height of absurdity Nevertheless like butter it could be burnt in the body and each yielded there the same amount of heat as it yielded wherever burnt It was possible to purchase one ounce of good butter for a penny One ounce of alcohol in the form of good whisky cost eighteen pence, *in the form of sherry say fifteen pence and in the form* of champagne, at least five shillings True one could obtain an ounce of cheap beer for from fivepence to eightpence but it was necessary to consume a whole pint of the liquid to get an ounce It would therefore be economically ridiculous to suggest that fat could in the food budget of a family be replaced by a quantity of alcohol equivalent in fuel value What however removed a discussion on the food value of alcohol from the academic or purely scientific field was the existence of propaganda which for trade or other purposes explicitly or implicitly proclaimed that alcohol had nutritional merits He found the question Is alcohol *in any sense*

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SURGICAL TREATMENT OF ANGINA PECTORIS

The surgical procedures recommended for the relief of angina pectoris are so diverse that it may be helpful to group the various operations according to their modes of action Angina is generally regarded as evidence of an inadequate blood supply to the heart muscle, due as a rule to coronary occlusion, and certainly the angina of effort is strictly comparable to the pain of intermittent claudication Some of the operations for angina are designed to improve the nourishment of the heart, whereas others are intended merely to abolish the pain the former, in fact, are attempts to treat the cause, and the latter deal only with its effects An adequate blood supply to the heart may be restored in two ways either by what at first appears to be the impossible ideal of providing the myocardium with new blood vessels, or by so diminishing the work of the heart that the nourishment brought to it by the vessels which are still patent may be sufficient for its smaller needs In the first group are Claude Beck's method of removing the bony chest wall and laying the pectoral muscle as a graft upon the heart, and Laurence O'Shaughnessy's ingenious operation,[1] in which, with the left side of the chest open, the great omentum is withdrawn from the abdomen through an opening in the diaphragm, and is then stitched to the anterior surface of the ventricles so that it will not only vascularize the muscle but will provide anastomotic channels between the right and left coronary arteries Although the latter operation might appear to be unduly hazardous, it has now been successfully carried out often enough for us to say that elderly patients with coronary disease can stand it when proper precautions are taken to avoid shock, and that with it shock is less likely and success more likely than with Beck's operation The results published by O'Shaughnessy are most encouraging for though one out of his first six patients died (from duodenal haemorrhage) a week after the operation, the other five have obtained relief from their symptoms and have regained some of their lost activity

In order to lessen the work of the heart the operation of total thyroidectomy was introduced, on the assumption that if the body metabolism could be reduced the demands upon the heart would also be lessened The results fell so far short of expectation in cases of heart failure, and the consequent myxoedema was such a handicap, that the operation might have been abandoned had it not been observed that the great majority of patients with angina were relieved thereby And it is important to note that when total thyroidectomy is performed for angina post-operative myxoedema is not a serious complication, the requisite amount of thyroid extract may be given without causing a recurrence of pain Though it is now recognized that the benefit derived from the operation cannot be accounted for merely by its effect upon metabolism, the therapeutic value of total thyroidectomy in properly selected cases of angina is undoubted French surgeons, on the other hand, have concentrated upon the abolition of cardiac pain by denervating the heart, and their attitude has been clearly stated in an excellent review of the whole subject by Marcel Bérard [2]

English and American surgeons have regarded sympathectomy for angina merely as a method of interrupting the visceral afferent fibres which accompany the cardiac branches of the inferior cervical and upper four or five thoracic sympathetic ganglia These visceral afferents have their cell stations in the posterior root ganglia of the spinal cord, and the benefit to the patient which follows section of them is believed to be due only to the blocking of pain impulses, though the cause of the pain is still active Leriche and his followers, however, look upon the sympathetic ganglia as reflex centres where afferent impulses from the heart itself, as well as from other parts of the body, may excite pressor reflexes, which cause both acceleration of the heart beat and spasm of the coronary arteries The removal of the ganglia, and of the stellate ganglion in particular, is therefore considered by these workers as a matter of fundamental importance Bérard gives their reasons for believing that ganglionectomy, because it can prevent spasm of the coronary arteries, should be placed in the group of operations aimed at treating the cause, since in their opinion it has the effect of improving the blood supply to the heart muscle That these ganglia may be removed without undue peril to the heart's action is an important fact which has been learnt by experience, and there does not seem to be any call for the intricate neurectomy practised by Danielopolu to avoid tampering with the stellate ganglion But the method of alcohol injection employed with so much success by James White of Boston must be looked upon as an alternative to ganglionectomy, since to those who are unable to accept the dominant role of the sympathetic ganglia it offers a means of blocking the

[1] *Lancet* 1937, 1, 185

[2] *Les Méthodes Chirurgicales du Traitement de l'Angine de Poitrine* By M Bérard Paris Masson et Cie 1937

a food? difficult to answer in clear-cut terms No subject of scientific inquiry had led to such contradictory results or such diversity of opinion Even the scientifically trained could not always wholly avoid the subconscious effects of bias, and that might influence, to some degree at least, the conduct of experiments Especially might it affect the interpretation of results

Nevertheless, the chief cause of discrepancies in the results were difficulties inherent in the experimental problem itself The fact that alcohol was oxidized by the tissues was by itself no proof that alcohol thereby fulfilled the proper functions of a food Oxidation was one of the means by which the body got rid of matter foreign to its economy Without evidence to the contrary it might be quite legitimately supposed that alcohol came into such a category An important and significant aspect of the facts was revealed by the question, Is energy which the combustion of alcohol liberates in the body available for the support of muscular activity? Modern studies of chemical events which occurred when a muscle contracted had given good reason for doubting in advance that alcohol could play a significant part Those events involved the combustion of the sugar eaten or derived from the starch consumed The combustion of sugar took place in a succession of steps or stages so that energy was made available within the muscle in the right place and at the right time

Alcohol, Energy, and Work

The chemical machinery involved was so subtle and so highly specialized that it was very difficult to see how any fuel could be adequately employed in it save the sugar that was the natural fuel The other natural foods—certainly the proteins—could be partly converted into sugar in the body, and that rapidly They could thus serve the working muscles indirectly Alcohol, on the other hand, was certainly not converted into sugar Sir Gowland Hopkins went on to give details of the experiments which supported these *a priori* considerations The conclusion to be drawn from those careful studies was that work did not increase the rate with which the alcohol disappeared from the blood and tissues It could not, therefore, have provided energy for the muscular work done Again, it had been shown that alcohol combustion seemed to be a device more for protection than one for utilization If it were proved that the consumption of alcohol lent no support to an individual s daily activities, then research workers would be in possession of a fact of practical significance as well as of scientific interest

Could alcohol supply the basal internal needs of the body? On this point so marked were the contradictions that Sir Gowland Hopkins suspected either that the right technique had not yet been acquired for studying the question or that there were unsuspected factors in the problem that had led some experimentalists astray It was somewhat difficult, since alcohol could not subserve muscular activity, to see how it could effectively cover the needs of basal metabolism Nevertheless, a piece of recent research seemed to show that alcohol, when added to a dietary not by itself adequate to support a normal rate of growth in young rats, was able to accelerate that growth Alcohol could, of course, only possibly support growth indirectly by sparing the normal growth materials from combustion by being burnt in their stead Though of scientific interest the outcome of that research had no direct bearing on practice No one, certainly would employ alcohol for encouraging growth in children or adolescents

Some Practical Bearings

Discussing the problem in its more practical aspects Sir Gowland said that the conference met at a time when the nation, and now its Government—largely due to the efforts of an enthusiastic minority—had been made aware that large sections of the population were ill nourished and less physically fit than they should be There was a widespread desire to remedy that state of affairs All knew that, whatever aid to physical fitness other measures might provide for the poor, and indeed for a large section of the wage earning class, better nutrition was the most to be desired Very many of the family budgets of these classes had been collected and studied It would be insincere not to admit the fact that in a great number of cases the expenditure of the chief wage earner upon beer reduced to a significant extent the ability of the house wife to buy adequate food for the rest of the family That expenditure was seldom given among the figures of a family budget Naturally, among the working classes as among others, the circumstances of life called for some form of self-chosen luxury It was nevertheless unfair and even cruel, that propaganda, subtle, suggestive, and intensive, should endeavour to persuade the worker that his beer made him more robust and increased the power of his muscles, thus tempting him to increased consumption and helping to salve his conscience when he knew that his expenditure on it was beyond his means

HEALTH RESORTS CONFERENCE AT BATH

THE SPA AS A NATIONAL ASSET

The city of Bath extended its traditional hospitality during the week-end to a number of members of the medical profession meeting under the auspices of the British Health Resorts Association It was one of the most successful of the events which that body has arranged Two useful and well sustained discussions were held in the Technical College—the old hospital—one of them on the role of the spa in the maintenance of physical fitness, and the other on hydrological methods in the treatment of injuries and diseases of the joints The guests were taken round the bathing establishment, where demonstrations (with patients) were given of the various hydrological methods, including the deep bath, the hot pool, and the thermal vapour treatment The mayor and corporation entertained the visitors to dinner at the Guildhall, an orchestral concert was arranged in the famous Pump Room, a visit was paid to the Roman baths and, finally, the party were taken on a short motor tour of the environs of what has been described as the most nobly placed and best-built city in all England

Physical Fitness and the Spas

At the first conference which was presided over by Lord MESTON the subject of the health resort in relation to the campaign for raising the standard of national fitness was opened by Lord HORDER Most of the acute and devastating diseases, with the exception of cancer, said Lord Horder, were now under fairly good control there remained the less lethal though economically and socially distressing, states of ill-health, of which rheumatic diseases, functional nerve diseases, and metabolic disorders were examples In dealing with such deviations from good health the spa could be of great assistance But health was not mere absence of disease It had a positive quality which was capable of almost indefinite extension, and here again the spa—later Lord Horder made it plain that he was referring to health resorts more generally—could help by the intensive cultivation of amenities, such as clean air, close contact with earth and sun, beautiful sights and sounds, with leisure to enjoy them If the resorts were to raise the level of fitness for those free from disease it would mean co operation between municipality, hotel proprietors, and doctors Lord Horder made amends for some criticisms of British hotels uttered on a similar occasion at Bournemouth earlier in the year He was prepared to say that there had been a great improvement both in the matter of quiet and of cuisine, thanks not a little to the British Health Resorts Association and its dynamic secretary (Dr Alfred Cox)

afferent fibres to the upper five thoracic nerves on both sides of the body without exposing the patient to the inevitable risk of a major operation Finally it may be noted that the denervation operations are not found in practice to be followed by the increased liability to sudden heart failure which was formerly believed to jeopardize the life of a patient deprived of the warning afforded by his anginal attacks

ASSESSMENTS OF NUTRITION

At a recent meeting of the Royal Statistical Society Mr R Huws Jones read a paper entitled "Physical Indices and Clinical Assessments of the Nutrition of School Children" which led to a discussion of medical interest Mr Jones had set himself the task of trying out various indices based upon simple measurements, which various writers have suggested as criteria of nutritional states in children, in the hope of finding one which would save public time and money He wished to find an index which would pick out all the children a physician would certainly regard as undernourished and as few other children as possible the result would be that medical officers' time in routine examination might be saved and they would have more leisure to examine those children in special need of expert attention In the inquiry he was naturally led to test the medical officers themselves—that is to compare the classifications made by different medical men examining the same children and the classifications of the same medical officer examining the same children after an interval of a week The statistical results he obtained were as two speakers in the discussion remarked very similar to those of Sir Philip Hartog and his colleagues in their examination of examiners Sir Philip Hartog's commission found that a set of experienced examiners often disagreed one with another on the merits of the same scripts, and that the same examiner reading the same scripts after an interval of time, differed from himself in an appreciable number of cases Mr Jones reached the same conclusion For instance, one school medical officer examined 193 children, and at his first examination placed 36 in class A (the best class) 146 in class B and 11 in class C A week later his grouping was 48 in A, 142 in B and 3 in C

The paper led to a lively discussion, not the less lively because few of the speakers seemed to have a very clear idea as to what they were in fact discussing To take two reductions to absurdity —certainly not reached by any speakers but approached—it is no more possible by the combination of measurements to reach an 'index' which will replace the judgement of a trained observer than it is possible by drilling young men in the rules of dramatic composition to increase sensibly the supply of plays as good as *Hamlet* It is equally hard to believe that all or even a very large proportion of medical men have the kind of insight into clinical states which enables a gifted few to divine truth without the aid of physical measurement Indeed, to use data of this kind to disparage either measurement, on the one hand, or clinical judgement on the other implies a confusion of thought One has the wearisome conflict between science (of a kind) and art (of a kind) The notion of indices compounded of bodily dimensions—weight, height, chest circumference, etc — is based upon the truism that without adequate food normal growth is impossible The criteria of what values of such indices shall be regarded as good or bad depend upon observation of their average values in groups believed, for other reasons to be well or ill nourished Very often the basis has been a comparison of children of different social classes sometimes a comparison with clinical judgements The point to mark is that the operation is a statistical operation its result valid for the comparison of groups and for no other purpose The judgement of a physician on the state of a child is an individual act of discrimination it depends upon a synthesis of past experience and immediate impressions and is coloured by the personality of the observer Because an observer rates the same individuals differently even after so short an interval of time as a week, it does not follow that he is inconsistent with himself Even in adults still more in children, psychological states or quite trivial illnesses may rapidly alter appearance That alteration may indeed be evanescent but the observer must deal with what he finds One cannot appraise the value of a medical officer's skill by rough-and-ready methods such as these One needs to correlate his judgements of the individuals forming the same group observed by him over a long period with those of a master of the clinical art. That is of course, a difficult undertaking

Perhaps the wisest remark made in the discussion was that instead of inciting medical officers—by official circular or otherwise—to assess states of nutrition it would be better to leave them to mark down children who in their opinion, needed further *medical* supervision It is possible to overdo the compilation of official statistical tables and quite certain that in the present state of knowledge, the connotation of the term "malnutrition" is not precise enough for it to be possible to adopt routine methods which would permit of numerical results being reached which are at once strictly comparable and really informative for all parts of the country

Dr G R P ALDRED BROWN of Bath reviewed the use of the spas in correcting the breakdowns of middle age and in supplying a measure of rejuvenation to the old But he also mentioned the value of the spa in adolescence and early adult life especially in preventing the tendency to a rheumatic soil If these people could be brought to the spas for regular courses of treatment so that their bodies were educated to function normally they might escape those crippling scourges which were the result of a cold damp climate on a receptive constitution It would be costly but enormous funds were lying at the disposal of certain approved societies At present additional benefit No 16, introduced by the Insurance Act 1928 which consists of payments to approved institutions in respect of treatment of members required for the prevention or cure of disease, allowed insured persons to attend rheumatic clinics only at three places—the Red Cross Clinic in London, and at Sheffield and Glasgow It should be extended to include spas

A very ambitious programme for the health resorts was put forward by Dr JAMES FENTON chairman of the *Central Council for Health Education* He satirized the idea of a spa as a place where old ladies or retired colonels were drawn in bath-chairs to their daily ritual The spa was a national asset in the maintenance of physical fitness, but he feared it had been in danger of becoming a frozen credit The new powers under the Physical Training and Recreation Act, 1937, would enable a spa to add playing fields, community centres, clubs gymnasiums

"I should like to see the British spas recognized as universities of physical training. I visualize the time when to have learnt say fencing at Bath will carry the same weight in its particular sphere as to have studied art at Florence, when we shall no longer talk of Swedish drill but of the latest Leamington methods and when the natural rendezvous for tournaments olympiads and sports gatherings of all kinds will be the spa

Government Indifference

Dr ALFRED COX remarked on the lack of interest shown by the Government in the spas of the country It was very different elsewhere In France the spas were approved and helped by the Government, which owned one of them In Germany half the spas were Government-owned as were six, each with a climatological station in Czechoslovakia In Russia with Government backing the number of spas had trebled since the revolution He mentioned also the interest taken by Continental universities in the teaching of hydrology Here so far as he could see the Government had done nothing save for half a page in the annual report of the Chief Medical Officer of the Ministry a couple of years ago drawing attention to the value of the spas in rheumatic diseases Mr W MCADAM ECCLES suggested that the medical profession in Bath should set themselves to find out whether the incidence of rheumatism was less in Bath than in other cities So far as he was aware no paper had been written on the incidence of rheumatic fever in spa areas

The undesirability of advertising individual health resorts was brought forward by Dr C W BUCKLEY of Buxton There was a disposition for a given resort to claim every virtue and the resort which commanded the longest purse or the cleverest pen scored over all the rest. He deprecated spas descending to the level of proprietary medicines in their advertising Publicity funds should be pooled and placed under the control of some association which would use them as a means of educating Parliament the medical profession and the public in the objects to be attained

A cold douche for the expectations of large sums from approved societies in support of spa treatment was given by Mr HENRY LESSER late chairman of the Consultative Council of the Ministry of Health He said that the total sum which was allocated to the various treatment additional benefits under the fourth valuation schemes in force during 1937 was £3 345 576 But of this sum dental benefit absorbed £2,174 920, ophthalmic benefit £542 663 convalescent home treatment, £204 975 and medical and surgical appliances £198 673 Additional benefit No 16, under which payment for spa treatment might be made came seventh on the list with £34 615 as the annual amount allocated When the eighteen million insured persons were considered there was really no money available for benefits of this kind It cost at least £3 a week to send a worker from London to a spa and it was of no use sending him for less than three weeks The total amount would be equal to the capitation fee for the one individual for twenty years!

Dr W EDGCUMBE of Harrogate protested against Dr Fenton's proposals for the brightening of spas The serious spa patient did not want these distractions They diverted him from his cure At least if the spas were to be used as centres of physical culture for the improvement of the national health, and their amenities—a word capable of wide interpretation—were to be increased some enclosure should be made for the benefit of the ordinary spa patients so that they could get the necessary quietude He also pointed out that while the spa hospitals had a waiting list the general spa clientele was diminishing The old idea of large numbers of the wealthier classes paying an annual visit to a spa was slowly dying out Dr COLLIS HALLOWES of Torquay spoke on the desirability of having the publicity departments at all spas controlled by the medical profession, at least there should be medical representation on the publicity committee Sir STANLEY WOODWARK pointed out some of the limitations under which the approved societies worked in the matter of convalescent or spa treatment Lord HORDER in replying to the discussion, said that his remarks had been intended to apply to health resorts in general, not to spas in particular He agreed that a great disservice would be done to medicine if the spas were in any way disadvantaged in what they offered for the treatment of patients seriously ill

Hydrological Methods in Joint Affections

The second discussion, presided over by Lieut Colonel W B BYAM chairman of the Medical Advisory Committee of the Association was on hydrological methods in diseases of joints The visitors came to it directly from a very complete tour of the bathing establishment

Dr F G THOMSON of Bath opened with a comprehensive survey of the subject It was his considered opinion that no case of rheumatoid arthritis was suitable for a course of hydrological treatment so long as the slightest sign of activity still persisted The mildest form of balneological procedure was likely to set up an excessive reaction which did more harm than good When the fire had burnt itself out and left only the charred remains in the form of distorted joints and twisted limbs mild treatment by immersion baths submerged douches and possibly passive movements might do a great deal to relieve the residual pain and increase the range of movement In the case of osteo arthritis the indications were the very opposite to those in rheumatoid Sedative treatment such as warm immersion baths with hot undercurrent douches or local hot packs was useful He warned against extensive and particularly forcible passive movements to an osteo arthritic hip or other joint For gout there were three indications for treatment

1 To put the gastro-intestinal system in a healthy state by suitable diet low in protein content and irrigation with mild saline or other suitable waters

2 To ensure free elimination by diuretic or laxative waters and by some form of bath treatment to induce free perspiration

3 To stimulate the metabolism of the tissues generally and of the usually deficient liver in particular This last treatment not to be undertaken until free elimination by bowel kidney and skin was assured

DYSENTERY AND ACUTE DIARRHOEAL DISEASES IN CHILDREN

During the last few months there has been a notable increase in the incidence of dysentery and diarrhoeal diseases, chiefly in children [1] Small outbreaks have been reported from various parts of England and Wales but the largest increase has been in London especially in the eastern and south eastern districts The emergence in epidemic form of the type of dysentery associated with the Sonne organism is partly responsible for the increase in gastro intestinal disorders, but by no means completes the picture from either the clinical or the bacteriological standpoint Hitherto in this country Sonne dysentery has for the most part remained localized or sporadic in character in contrast with its endemic-epidemic prevalence in the United States and the Scandinavian countries Generally speaking the disease runs a benign course, characterized by the passage of loose stools mucus, and possibly some streaks of blood, going on to resolution in seven to ten days The organism is readily isolated from the faecal matter in the first three to four days of the disease, but thereafter isolation may be difficult although a few patients become carriers for some weeks or months The very mildness of the disease is mainly responsible for its spread, as many cases are undetected or become temporary carriers without undergoing recognizable attack Sometimes the organism is more readily recovered from a rectal swab than from the stools Should the cultural findings prove negative the patient's blood may be tested for the presence of specific agglutinins, which are usually present seven to twenty-one days after the onset a titre of 1 in 50 is taken to indicate recent infection, but lower titres should be viewed with reserve, as the organism may agglutinate spontaneously On the other hand, a negative agglutination test does not exclude the disease Symptomatic and dietetic measures usually suffice in treatment Dysentery due to Flexner strains is commonly more severe but recovery is the rule like the still more deadly Shiga infection, for which an antitoxic serum is available in treatment, it is but infrequently met with in this country The recent prevalence of Sonne dysentery has focused attention on the gastro-intestinal disorders in children in which diarrhoea is the predominant feature After excluding cases of dietetic and parenteral origin there remains a large group of cases difficult to classify satisfactorily In these the causative agent is generally believed to be transmissible from patient to patient as a rule by means of contaminated milk, although formal proof of this is not always forthcoming The unsatisfactory state of the bacteriology of these disorders adds to the confusion In this country Morgan's bacillus, in France *B proteus* and in the United States the *Staphylococcus aureus* have at various times been incriminated Probably the organisms of the salmonella group or their toxins are responsible for many epidemics in which the course of the disease is short and large numbers are affected at the same time The uniformly equivocal or negative bacteriological findings have led some workers to give attention to the biochemical changes in the human subject. In severe attacks are found rapid dehydration excessive loss of base (especially sodium) in the stools, and starvation resulting in the condition known as alimentary toxicosis Renal damage often leading to complete suppression of urine further intensifies the tendency to acidosis Correction of the metabolic processes by introducing into the circulation physiological saline and glucose produces a rapid improvement which only too often is not maintained relapses are common, and the patient passes into a marasmic state from which recovery is uncertain and tedious Septic complications such as otitis media and broncho pneumonia are often responsible for prolonging this stage and may determine a fatal issue Concurrently with these metabolic disorders certain alterations take place in the intestinal flora recent work on this in Glasgow was commented on in these columns a short time ago [2]

[1] See also account of the meeting of the Medical Officers of Schools Association at p 1193 of this issue

OSTEOMALACIA OF THE SPINAL COLUMN

The nature and causation of osteomalacia and its relation to rickets have been extensively studied of recent years The famine conditions prevalent in Austria after the war furnished evidence of the effect of insufficient and unsuitable food in giving rise to deficiency diseases in the bones One of the consequences has been to remove osteomalacia from the category of diseases of endocrine origin and to include it among the disorders of nutrition The work of Maxwell in China has thrown much light on the subject, and the modern view has been summarized in the statement that osteomalacia is adult rickets It is a point of some importance that while osteomalacia in relation to puerperal conditions affects chiefly the pelvis the non-puerperal variety frequently affects the spine alone and is often associated with senile kyphosis the characteristic appearances are shown in specimens illustrated by Beadle in his monograph on the inter vertebral disks as senile kyphosis with osteoporosis Meulengracht and Rothe Meyer[3] have recently given an account of four cases of osteomalacia of the spine (three women and one man between the ages of 48 and 77) with a review of the literature Marked dietetic deficiencies had been present in each case, and though these were not identical in kind lack of milk appeared to have been an important factor In view of some of the fads in diet that are now popular it is of interest to note that three of the patients had been dieted or had dieted themselves very strictly on account of dyspepsia Weissenbach and Lievre at a meeting of the Societe Medicale des Hôpitaux de Paris in 1935[4] reported two cases of what they called 'deficiency bone disease" in preference to osteomalacia following the treatment of hypertension by marked restriction of diet and by purgation The chief deficiencies as in rickets, were

[3] *British Medical Journal* 1937 1 1321
[4] *Acta med scand* 1937 92 584
[4] *J Amer med Ass* 1936 106 55

Taking it all round, the most useful bath for chronic rheumatic cases generally was the oldest, simplest, and least spectacular—namely, the deep or reclining immersion bath with undercurrent douching or manipulative exercises, as the case might seem to require

SIR HENRY GAUVAIN gave a brief account, illustrated by lantern slides, of the treatment at Alton and Hayling Island At Hayling Island sea-bathing therapeutically was used, first for its effect on the general metabolism of the body, and secondly for its action on local lesions He discussed the technique of sea-bathing and the pool treatment at Alton Cases of infantile paralysis, rheumatoid arthritis, recovering paraplegia following spinal caries, and many cases of weak musculature or stiffened joints had derived much benefit from the pool treatment, with a depth of water of about 2½ feet, and a temperature of between 90° and 100° F The pool was not used for surgical tuberculosis, other than paraplegia, nor for cases of osteomyelitis or septic arthritis

The use of hydrological methods away from spas or coasts was discussed by Dr W S C COPEMAN physician, British Red Cross Clinic for Rheumatism in London He set out the methods most widely used in this country

1 The deep pool at 100 F

2. Reclining baths, both of plain and mineral waters

3 Manipulation douches Aix or Vichy

4 Packs of local peat (at most spas) or dried imported mud (at town clinics)

5 Vapour baths (there was a tendency at present to prefer hot air to vapour baths in the treatment of arthritic patients)

6 Foam baths

He also mentioned the contraindications to hydrotherapy He shared the view that no case of true rheumatoid arthritis in any active phase should ever be treated by hydrotherapy

The Treatment of Rheumatoid Arthritis

Dr C W BUCKLEY declared himself an unrepentant believer in the hydrological treatment of rheumatoid arthritis, except in the very acute cases A case of rheumatoid arthritis in the severe stage had little or no capacity for reaction That capacity had to be educated, and it could be better educated by hydrological methods, applied cautiously, than by any other Hydrological methods were not necessarily institutional, there was no reason why the patient should not have properly supervised baths at home Dr EDGCUMBE insisted on a distinction between plain water as used in a town and mineral water as used at a spa He claimed a definite advantage for the use of the latter, speaking now of its external use The physiology of the action of plain water baths as compared with mineral water baths was very involved, and not enough experimental work had been done, but he thought that investigation did show with an immersion bath of mineral water a definitely increased reaction and very much less risk of any unfavourable reaction On the other hand, Dr GERALD SLOT asked whether there was any obvious reason why for treatment in London the water should not be artificially mineralized If that were done he wondered whether there would be any material difference between the waters as administered at Bath and other spas and as administered in London There had been some talk of a three-weeks course of treatment, but that was not nearly long enough for rheumatoid arthritis What was wanted was some easy form of home treatment Mild hydrological treatment for rheumatoid arthritis was also advocated by Dr FRANK CLAYTON of Leamington, but he pointed out that until some definite pathology of rheumatoid arthritis was discovered treatment must be unsure

The use of hydrological methods in rheumatoid arthritis had another supporter in Dr A R NELIGAN of Droitwich ...int, he pointed out, was only the servant of the muscle, and water was perhaps the best medium for developing muscles, a procedure best carried out in the therapeutic pool He was surprised that there were in this country not more therapeutic pools fitted with certain forms of apparatus Although America was behind Britain in hydrology it was in front in the provision of therapeutic pools The concentrated brine which he had to use was of great assistance in re educating muscles and joints

Dr DE BEC TURTLE stressed the value of home treatment Even the humblest dwelling now had a bathroom, in which a great deal could be done under proper instruction Dr J B BURT of Bath mentioned points which in his view illustrated the difference between mineral water and tap water Finally, the complaint was made by Miss FORRESTER-BROWN of Bath that so much had been said about joint diseases but nothing at all about joint injuries, on which, she thought, physicians might throw some light

Mayoral Banquet

A civic banquet was given in honour of the conference, the Deputy Mayor (Mr W F LONG) presiding in the absence of the Mayor through indisposition

In proposing the toast of the British Health Resorts Association, Dr F G THOMSON said that after some years the Association was one which now commanded great respect and exerted much influence, but at the same time it had great responsibilities It had been formed at a time when this country was suffering from a severe financial setback, and an appeal was made to the public for 'self-sacrifice'—namely, that it should visit the British health resorts instead of those resorts abroad thought to be superior to the ones in this country, which, however, need fear no comparison with any others They had, Dr Thomson thought, suffered from the ineradicable tendency in this country to run down anything British, especially when it was a question of amenities He was inclined to think that undue prominence had been given to this aspect, and if they could convince the people of Great Britain that spa treatment was a serious business and not a stunt they would get much more support As medical students, most doctors in general practice had had no instruction in spa treatment, and had therefore come to look upon it as something unorthodox and so to be avoided Such men would not send their patients for spa treatment unless they could be convinced that definite benefit would result Dr Thomson then made a plea for systematic scientific investigations into the physiological properties and therapeutic actions of the waters employed in spa treatment The British Health Resorts Association, as an unbiased body, might publish the results of such an investigation, which would then have an authority behind it not to be obtained if any individual spa published such results Dr Thomson coupled with the toast the name of the president, Lord Meston

In response Lord MESTON expressed the gratitude of the British Health Resorts Association for the splendid hospitality shown by the City of Bath He assured Dr Thomson that what he had said would be very carefully studied by the British Health Resorts Association the early history of which Lord Meston lightly reviewed It was he concluded, a patriotic association, served by men who gave their time in no self seeking spirit

In proposing the toast of "The City of Bath,' Lord HORDER said that Bath was renowned for its architecture, for its associations with monarchy, and for the part it had played in the world of fashion The famous springs of Bath were hot by nature and not by artifice Bath was royal, it was founded by a Saxon king, and kings and queens had frequented Bath as they had frequented no other place In A D 55 the Romans decided that Bath had a contribution to make to hygiene All our health resorts had a contribution to make now, a contribution to the solution of the problem of national fitness

in those foodstuffs supplying adequate amounts of calcium and phosphorus together with vitamin D and the restoration of these elements quickly relieved the symptoms An interesting point is that osteomalacia does not appear to occur in the Indian famines probably because of the effect of sunlight in promoting the formation of vitamin D in the subcutaneous tissues of the scantily clothed natives The early symptoms of the disease are not characteristic although as Maxwell[1] observes an early symptom of deficiency of calcium and vitamin D is pain in the back In osteomalacia this is followed by radiating pains in the inter costal nerves and the branches of the lumbar and sacral plexuses with tenderness of the bones and increasing deformity *X*-ray examination reveals loss of lime salts (halisteresis) with compression and gradual destruction of the bodies of the vertebrae giving rise to kyphosis The vertebral bodies tend to assume a biconcave appearance like those of fish this is due to expansion of the disks against the yielding spongiosa and is characteristic though various other irregularities of shape may be present. Diagnosis in the early stages before deformity has begun is of importance but may present much difficulty there is little doubt that many cases have been regarded as spondylitis especially of the so-called Bechterew type for as the kyphosis develops the anterior edges of the vertebral bodies in the dorsal region are brought in contact and tend to become ankylosed It is probable that slight degrees of osteomalacia of the spine may be more common than is generally supposed as the result not only of actual deficiency in the diet but of lack of balance excess of fats it is known may interfere with the absorption of calcium or there may be defective assimilation from other causes Rheumatic pains in the intercostal or lumbar regions which do not yield to physical treatment should be submitted to early x-ray examination and the possibility of defective nutrition which is not necessarily manifested by marked loss of weight should be investigated The observations of Meulengracht and Meyer are of great value and deserve careful study

SURGERY IN GENERAL PRACTICE

We print this week at page 1179 the first of a series of signed articles under the general heading of "Surgical Procedures in General Practice" Like the previous articles on medical treatment and on anaesthesia those on surgery which are to appear weekly in these columns during the next few months aim at giving the man in general practice detailed up to date and accurate information which he can turn to practical account in his daily work Although much of what will be written may be familiar to many readers we believe that they will welcome a restatement of first principles in a systematic manner and the refresher course that such a series provides It is hoped too that the series will serve as a practical guide to the newly qualified practitioner about to take up his first appointment as a house-surgeon The first group of articles will deal with such conditions and methods as apply to the body generally and after this the various anatomical regions of the body will be considered in turn Any attempt to include all those surgical measures which are in fact carried out by men in general practice would probably have meant the writing of a complete textbook on surgery To include only those conditions which might fittingly come under the attractive but misleading heading of minor surgery would have made these articles of little practical use if the meaning of the term "minor" had been closely defined and rigidly adhered to In planning the series we have therefore tried to strike a mean which corresponds to the average experience of the family doctor and by using the term "surgical procedures" in the main title will be able with a clear conscience to refer to such things as belts and trusses the choice of hearing aids and the after-treatment of certain major operations

[1] *Proc roy Soc Med* 1930 23 69 1935 28 265

LATENT SCURVY IN INFANTS

Various workers have investigated the problem of latent scurvy in young infants by the indirect method of the capillary resistance test, and recently P W Braestrup[1] has applied this test to newly born children and to those during the first year of life He prefers the constricting arm-band to the suction cap method which he considers unsuitable and tests both arms at the same time since the numbers of petechiae produced with a pressure of 70 mm of mercury for four minutes varied considerably between the right and the left arms The petechiae were counted in a circle 4 cm in diameter stamped on the skin and divided into nine fields to facilitate counting - The babies tested were born in the maternity ward of the Rigshospitalet, Copenhagen or were attending a clinic for healthy breast-fed children Children with signs or symptoms of disease were excluded The results are expressed as the number of petechiae in both arms together any figure up to ten is taken as the normal value for adults and any figure above this as evidence of lowered resistance An interesting feature of the results obtained by this method is the absolute resistance of the newly born for in 125 babies (including thirty five premature infants) tested during the first twenty four hours of life there was an average of 0 73 petechia These results go to disprove the hypothesis that the tendency to haemorrhage in the newborn infant is due to capillary fragility caused by latent scurvy (Incidentally the investigations were carried out at a time of year when the seasonal variations in vitamin C intake are at the lowest level) Among the older infants it was found that in about half of those who were healthy and breast fed the capillary resistance was lowered between the ages of 1 and 5 months and in about 10 per cent of the infants on a mixed diet between the ages of 6 and 12 months When ascorbic acid was given to certain infants the capillary resistance was restored to normal in three out of eight and tomato

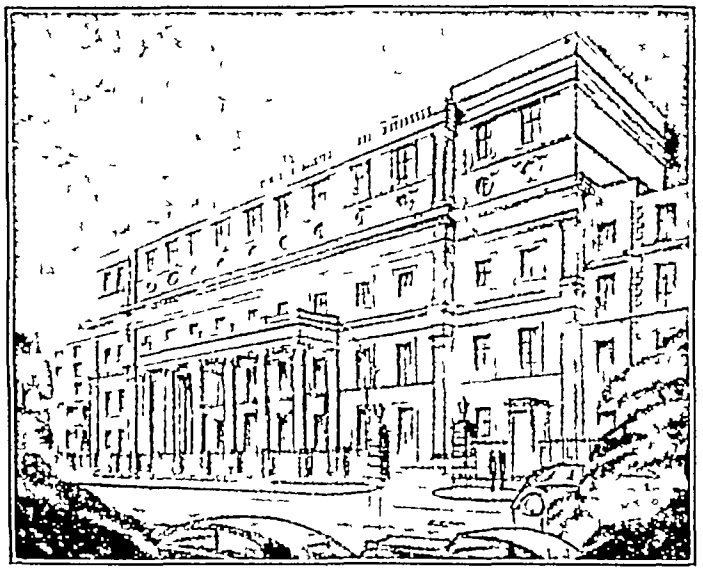
[1] *Acta paediatr* Stockh., 1937 19 320

ROYAL COLLEGE OF SURGEONS

OPENING OF BERNHARD BARON LABORATORIES

The Bernhard Baron Research Laboratories at the Royal College of Surgeons of England in Lincoln's Inn Fields were opened by the Earl of Athlone on December 8. The erection of the laboratories has been made possible by the generous gift to the College of £30,000 by the Bernhard Baron Trustees as a memorial to the philanthropist who made noteworthy gifts during his lifetime to hospital work, especially to the London and the Middlesex and to the advancement of medical and surgical knowledge.

To accommodate the laboratories considerable remodelling of the upper floors of the main College building has been necessary, new wings have been erected at the east and west ends, and a new floor added. Yet as Lord Athlone in his opening speech remarked this has been done without detracting from the appearance of Sir Charles Barry's great building; indeed the additions have improved the architectural design giving it still more imposing and beautiful proportions.



Royal College of Surgeons of England showing the Bernhard Baron Laboratories added.

The ceremony took place in the lecture theatre where Mr EDWARD BARON on behalf of the trustees asked the President (Sir Cuthbert Wallace, Bt.) to accept the laboratories for the use of the College. He said that the trustees were of course well aware of the great traditions of the College and its unique museum, but on visiting Lincoln's Inn Fields they were impressed also with the very difficult conditions and inadequate accommodation in which such important work was done. He added that they now greatly appreciated the splendid use which had been made of the grant they had felt it their duty to offer. In asking acceptance of the laboratories they did so with the fullest confidence that a steady stream of helpful discovery would result from the labours of devoted workers eager to carry on research at the headquarters of British surgery.

Scientific History of the College

Sir CUTHBERT WALLACE in accepting the gift and before asking Lord Athlone to declare the laboratories open gave a brief historical sketch. In March 1800, when the College had just moved to its present site and had received a new charter, its chief preoccupation was the housing and care of the Hunterian collection, making it accessible to students and practitioners. That collection was divided roughly into two parts, one concerned with the human body and the other with comparative anatomy. Owing to the amazing development of comparative anatomy in the first quarter of the nineteenth century the work of the conservators chiefly lay in that direction, but they used the collection as a mine from which to extract scientific material. The cataloguing alone took thirty years.

The next great phase in the scientific history of the College was the development of the pathological side of Hunter's collection. In 1847 Paget was appointed Arris and Gale lecturer, and it was he who laid the foundation in this country of surgical pathology. His work and later that of Shattock created a national type collection of pathology in the College museum. Coming down to 1890 the President recalled the establishment, in conjunction with the Royal College of Physicians of research laboratories in a building on the Victoria Embankment. Of these Sims Woodhead was appointed director and later T. S. Brodie. Unhappily want of funds brought this adventure to an end, but the two Royal Colleges turned in another direction, and under their aegis in 1902 arose the Imperial Cancer Research Fund with E. F. Bashford as first director—the institution which having outgrown its former habitations was now seeking under its present director Dr. W. E. Gye a new home at Mill Hill. The College also in these years had seen its museum under the inspiring influence of Sir Arthur Keith become a centre of physical anthropological research. Again under the presidency of Lord Moynihan the old laboratories in the College had been enlarged and a policy inaugurated of bringing the College more intimately into contact with outstanding surgical problems. Another development was the Buckston Browne gift of £100,000 which provided the College with a field laboratory and bench space for the increasing number of students.

The very efficiency of the Buckston Browne Farm had made the town accommodation appear poor, and therefore the Council determined to remodel and enlarge it so that both the museum and the research activities should be properly housed. Thereupon the Director of Research Professor Beattie obtained information about recently erected laboratories in this and other countries, and with the knowledge so obtained a laboratory was planned worthy of the College and its work. Money only was lacking for the achievement of their ambitions. Then to their help came the Bernhard Baron Trustees with the gift now so gratefully accepted.

As to future plans it was desired to create a school of experimental surgery to train young surgeons in the technique of investigation and in scientific outlook. He acknowledged the help which various outside bodies had given to some of the College research workers—the Medical Research Council by grants in aid, the Rockefeller Foundation by a large gift, the Beit trustees by the election of a scholar to a fellowship. Happy relations had also been maintained with the Ministry of Health.

In conclusion Sir Cuthbert Wallace suggested that there might be inscribed on the portal of these laboratories the remark John Hunter made to Jenner concerning their mutual interest in the hedgehog: "I think your solution is just but why think? Why not try the experiment?" He asked Lord Athlone in the name of the Members, Fellows and Council to declare the laboratories open.

juice given to ten healthy infants restored to normal in six instances a capillary resistance which was previously low The large number of infants under 6 months of age with lowered capillary resistance is held to indicate that they are receiving too little vitamin C Dr Braestrup has also investigated[1] the content of ascorbic acid in the blood of women in labour and of babies at birth, the samples in the latter being taken from the umbilical vein It was found that women in labour had as a rule a lower level of ascorbic acid in the blood than is generally accepted as normal The levels in the samples of umbilical blood were considerably higher than in the mother's blood, in both the full-term and the prematurely born infants There appears to be a definite relation between the level of ascorbic acid in the blood of the mother and of the infant and if this acid is administered to pregnant women the level of ascorbic acid in the umbilical vein of the infants subsequently born can be raised above the average otherwise found These two investigations suggest that the diet of pregnant women and nursing mothers can easily be relatively deficient in vitamin C and in consequence latent scurvy is present in the early months of life The absence of evidence of this in the first few days of life however, remains unexplained

TRICHINOSIS

Trichina spiralis is a parasite which goes through its entire life cycle in one host, which may be the pig or the rat or man The small adult worm develops in the intestine and produces large numbers of larvae, which circulate in the blood and come to rest in various tissues those in muscles become encysted and infestation is the result of consuming incompletely cooked meat containing these cysts We are not apt to think often of the disease in this country though cases are occasionally diagnosed and more probably occur which are not It is therefore somewhat astonishing to be told that in the United States there are many millions of infested persons among whom several hundred thousand must have had an infestation heavy enough to cause recognizable symptoms although the number of cases actually diagnosed annually is only a few hundred These facts are deduced by Hall and Collins[2] from studies of the frequency of trichinosis in post-mortem material collected in a variety of centres and fairly representative of the whole population of the country The material examined was diaphragmatic muscle, a portion of which was compressed between glass plates and inspected microscopically (a much more delicate test than sectioning), while a larger amount preferably almost the whole of the diaphragm was digested, the residue being examined for cysts The simple fact emerging from this investigation is that about 12 5 per cent of all cadavers in the United States show trichinosis, the number of cysts varying from less than one to many hundreds per gramme of muscle Modern factory methods of handling pork which involve the dilution of infested meat with large amounts of uninfested and its consequent distribution among many consumers evidently account for the widespread occurrence of minor degrees of infestation The chief danger is from garbage fed swine, and apparently the actual source of the parasite in garbage is not the rat —since, in spite of frequent contrary assumptions, swine rarely eat dead rats—but pork refuse, either domestic or from the slaughterhouse Grain-fed animals and those grazing in open country are rarely affected, and in districts where swine are raised under these more sanitary conditions the human incidence of the disease is lower Prevention is therefore mainly a question of cleaner pig-farming since neither meat inspection nor the usual culinary treatment of some types of sausage constitutes an effective barrier The classical symptoms of trichinosis in man are gastro intestinal disturbance followed by muscular pains and fever, these are ordinary enough, and may well excite no suspicions of the true diagnosis but apparently the picture can be more varied and hence confusing, with either pulmonary or cerebral symptoms predominating The authors of the four remarkable papers containing this and other information about trichinosis in the U S A strongly recommend that a "press preparation" of diaphragmatic muscle should be made as a routine measure at all necropsies In a paper by V D van Someren on page 1162 of the present issue of the *British Medical Journal* it will be seen that an investigation of this matter has already been undertaken in London, and among 200 specimens examined both directly and by digestion only two examples of infestation were found The author's review of the records of trichinosis in this country gives the impression that the disease must be exceedingly uncommon and his account of the regulations applicable to pig farming and to the importation of bacon reveals that almost every possible measure has been used to prevent its occurrence

[1] *Acta paediatr* Stockh 1937 **19** 328
[2] *Publ Hlth Rep* Wash 1937 **52** 468, 512 539 873

THE MEDICAL DIRECTORY, 1938

The ninety fourth edition of the *Medical Directory* published this week at 36s by Messrs J and A Churchill fully maintains the standard of its predecessors in respect of accuracy and skilful compression Growth of material has added forty to the number of pages of this invaluable reference book Turning to the numerical summary of the medical profession, which faces the table of contents we find that the names now number 59 858, being an increase of more than 1 100 over last year's figure and of 15 500 since 1920 By far the largest part of the present increase (536) has taken place in the provinces which now contain 25,550 medical practitioners In London there has been an increase of nearly 200 and in Scotland of more than 100 The entries under "Abroad" number 10 501, being an increase of 165 and there are slight increases in Wales and Ireland and in the 'Services section The "Late List" of new names changes of address etc, appears at pages 2262–2265

Help for the Research Worker

Lord ATHLONE mentioned that it was now fifteen years since, under the inspiration of the late Sir John Bland-Sutton, he began to take an active interest in the College, and he had gladly accepted the invitation to become a trustee of the Hunterian collection He knew that great philanthropist, the late Bernhard Baron, very well, and was sure he would approve of the gift his trustees had made Research was essential for increased medical and surgical knowledge, by such increase of knowledge the greatest benefit might be secured for the greatest number through the improvement of methods of preventing and treating disease Having inspected the new laboratories, he congratulated the Council and the Building Committee on the use made of the space available and of the funds placed at their disposal He also congratulated Professor John Beattie on the ingenious way in which he had planned his equipment He had been particularly struck by the economical arrangement and flexibility of his laboratory units, providing as they did for rearrangement with the minimum of expense and disturbance to meet changing requirements

'It is comparatively easy (Lord Athlone continued) "to provide laboratories but it is not so easy to find the men of genius to work in them When we do find such men it is our duty to provide them with every facility for their work, and what I fear is sometimes neglected, the wherewithal to live without financial anxiety, not only during their active working days but in their years of retirement I take every opportunity of urging that there should be adequate endowments to provide for those scientific men who give their lives to the service of mankind by devoted and patient research

I doubt not the provision of these laboratories will attract workers from all parts of the Empire and that their work will inspire gifts for the endowment of research I pray that the outcome of their labours will speedily bring increasing relief to suffering humanity'

What Lister would have Thought

A vote of thanks to Lord Athlone was proposed by Sir CHARLES SHERRINGTON who said that this was a most significant day in the history of the College, and the presence of Lord Athlone had endorsed its importance

There stands on the College stairway up to the library and the Council room a bust in marble [Lister] A face at once genial and grave It is the face of one who in the words of our own President, freed the hand of the surgeon. He freed it to the extent of saving millions of lives throughout the civilized world, and suffering untold He served on the Council of the College through some of the best years of his life Some of us can remember the calm earnest voice He would have been radiant-to-day He would have rejoiced that there was opened here to the young surgeon this opportunity for pursuing in the laboratory the inquiries which practical observation by the surgeon prompts He could I think, hardly have refrained from telling us what difficulties he had when he was young because such laboratories were not'

The great collections, finely housed and preserved within the College, Sir Charles Sherrington continued, were justly famous in Europe and all over the world No more fitting adjunct could have been made to them than the laboratories opened that day under the same roof Those collections with their splendid material for study were really a flood of questions Some of the questions were answered by the collections themselves, but many others were not A large number of them were only to be answered by experimentation in the laboratory They were questions which recurred weekly daily in the sick-room, in the nursing home in the hospital ward Under the able direction of the laboratory at the College such inquiries were already being successfully pursued, but the increased facilities given by the new Bernhard Baron laboratories, under the same able and skilled direction, would prosper the work still further The value of them which was foreseen that day would be falsified in years to come, but only in the sense that the future would prove it greater than any of them thought In opening these laboratories Lord Athlone had symbolically been opening scientific inquiries, and as representing the University of London he would feel that there was hardly a higher cause he could promote

At the end of the ceremony the laboratories were open for inspection

Description of the Laboratories

The laboratories are located on the sixth, fifth, and fourth floors of the College building On the top floor is the animal room, where great pains have been taken in design to facilitate cleanliness and the maximum amount of light and air Cages are carried on trays suspended from the roof The director's room and a common room for the research staff are also on this floor, together with two small laboratories On the floor below are laboratories for isolated organ and perfusion experiments, for electrical recording, for experimental work with the use of kymographs, and for histological and biochemical work, as well as preparation room and workshops Here also are the drum-smoking room for the preparation of recording paper, the operating suite, the sterilizing equipment, and the instrument cupboard and x-ray viewing screen, both these latter built in By means of microphone and loud speaker, telephonic conversations can be carried on without the necessity for touching any non sterile object Another provision is for the filtration of the air of the theatre by a fan in the sterilizing room

On the lowest of the floors devoted to the laboratories are the pathological laboratory and preparation room, the mounting and articulating room, the x-ray and photographic departments, and the laboratory of the assistant conservator One feature of the whole equipment, as Lord Athlone remarked at the opening, is that the laboratory furniture is made in interchangeable units to allow of the rapid remodelling of rooms to suit the work going forward Gas plugs are used instead of taps, and the electric power outlets are grouped so as to provide ample supplies of power when necessary for experimental work It was mentioned that the laboratory furniture and the operating table have been built to designs prepared by members of the College staff

Although in its scientific planning ideas have been drawn from all sources, the materials used in the construction of the building are as far as possible of home or Empire origin The timbers have come from Canada, Australia—Jarrah wood flooring in the laboratories and corridors—Rhodesia, India, and Burma

The laboratories will accommodate thirty workers

The use of cinematograph films to give instruction in safe methods of working is being advocated by the Industrial Welfare Society and the National Safety First Association These two organizations are attempting as part of their joint accident prevention service, to establish a film library from which firms can hire safety films for exhibition to their employees The films will be of three kinds general propaganda films, instructional films showing employees the safe way of performing specific operations, and technical films showing the latest developments in safety engineering, such as new types of guards Examples of all three kinds of film were shown at a recent meeting attended by members of about fifty interested firms, as well as by members of the Factory Department, the Mines Department, the Board of Education the London County Council, various insurance companies and other bodies

SURGICAL PROCEDURES IN GENERAL PRACTICE

This is one of a series of articles contributed by invitation

MINOR SURGERY AND THE GENERAL PRACTITIONER

BY

NORMAN C. LAKE, M.D., M.S., D.Sc., F.R.C.S

In the series of articles to which this is a prologue it is proposed to deal with those aspects of surgery which come within the purview of the general practitioner. The term "minor surgery" is usually employed to describe such matters, but this is a relative term, and there is no agreement regarding its limitations. An operation which might appear to be but a minor part of the work of a consulting surgeon might equally impress the practitioner as a major procedure when he tackles it himself. And a minor operation undertaken by anyone may, owing to unforeseen circumstances, become major. Nevertheless there is a large section of medical practice which we should all agree to include under this heading.

The amount of minor surgery undertaken by the practitioner will of necessity depend upon many factors. The doctor's liking and aptitude for surgery, the holding of a house surgeon appointment in a hospital, his geographical situation in relation to hospital facilities, and the frequency with which he is provided with opportunities for practice, will all affect his attitude. One point, however, needs emphasis: it is a great mistake to look upon minor surgery as work which anyone can undertake without careful consideration of all the circumstances of the case and the display of quite a lot of knowledge and skill. The removal of a sebaceous cyst or ganglion may not appear to the uninformed to necessitate any specialized knowledge or skill, but there are right and wrong ways of performing such a simple operation as this. Properly done the operation may last but a few minutes and leave a perfect wound which heals rapidly; improperly done the removal may entail a tedious dissection lasting half an hour or more, with all the added risks of a slowly healing infected wound and subsequent disability. The economic loss following a badly treated septic hand or unskilfully set fracture is usually much greater than that which follows a corresponding lapse in the performance of a major operation in the abdomen.

Ultimately, therefore, the practitioner's own conscience must be the arbiter as to whether any particular part of minor surgery falls within his province. He should always ask himself the question: Can I offer this patient as good and skilful treatment as he could obtain elsewhere? The answer can obviously only be given if the doctor is kept informed concerning the standard practice of the day, and it is to help him in this regard that these articles have been planned.

The Question of Equipment

One difficulty which I find confronts the practitioner in relation to minor surgery is the question of equipment. To fit up one's surgery as a small out-patient operating theatre may be the ideal of the embryo practitioner, but it is often quite beyond his immediate financial resources. It must be remembered however that sumptuous equipment is not essential to the performance of really first-class work, so long as the necessities are available, the junior practitioner can gradually acquire the more expensive and less used items of his "plant" provided that he starts with a suitable nucleus for emergencies.

For those who have already collected a fairly complete equipment the question of its maintenance in perfect order looms large. Some of the materials or instruments may be used only at long intervals and, having deteriorated in the meantime, fail when an emergency call is made upon them. There can be no doubt that commercial enterprise has made this aspect much less of a problem than it was to a previous generation. The introduction of stainless steel in the manufacture of surgical instruments may be taken as an instance of this: no longer are the artery forceps hung unused for a time, found to be rusted at the joint and useless, or the aspiration needles corroded to the danger point with the stylet firmly rusted in. The packing of sterilized suture and ligature materials in preservative fluids in sealed tubes is another great advance which has removed an ever-present difficulty in the infrequent performance of minor surgery. In the past the practitioner dare not employ any suture material which could not be boiled immediately before the operation, sometimes to the great detriment of its tensile strength, and so was limited to silk, horse hair, and the like. Now he can obtain all grades of catgut and other absorbable materials threaded or unthreaded in tubes which preserve the original qualities of the material almost indefinitely. The packing in ampoules of sterilized anaesthetic solutions for local application is a further example of the facilities offered by the modern manufacturer.

The Care of Instruments

Another aspect of maintenance is the necessity for keeping sharp all cutting instruments—scalpels, scissors, and needles. Scalpels may now be obtained made of special stainless steel the temper of which is almost as good as that of ordinary carbon steel, these of course, maintain their edge under adverse conditions of storage. The introduction of the 'wafer blade' scalpel has, however, tended to replace the solid forged pattern, especially for the type of work involved in minor surgery. The practitioner is thus saved the trouble of sending his knives to be sharpened, and provided he attends to his stock of blades can always rely upon a sharp scalpel. Many nevertheless still prefer the feel of a solid knife and for these it may be of some interest to know that the cutting edge is not usually seriously damaged in an operation invading soft parts only, provided other instruments are not allowed to rub against it and that regrinding is not necessary to restore its efficiency. Even honing may not be required, the passage over a rigid leather strop prepared with a suitable razor dressing—or, for the more skilled, over a lead 'lap' impregnated with emery flour or finest carborundum—being all that is necessary. The shearing edge of a scissors blade is easily restored by honing at the correct angle; for those less mechanically minded a small automatic carborundum sharpener may be obtained. Scissors for surgical purposes are now best made of stainless steel and to ensure sterility these may be boiled without fear of deterioration.

Needles are particularly important and if the practitioner is not opulent enough to afford a fresh needle for every case he should keep the cutting edge keen by

CROYDON TYPHOID INQUIRY

OPENING PROCEEDINGS

The inquiry to examine the causes leading to the outbreak of typhoid fever in Croydon was opened at the town hall on December 6 amid obvious signs of great public interest The inquiry was held by Mr H L Murphy K C with whom Sir Humphry Rolleston Bt and Mr H J F Gourley a civil engineer sat as assessors At the outset the chairman expressed profound sympathy on the part of his colleagues and himself with those who had been the victims of the outbreak more especially those who had lost relatives and friends

Sir Walter Monckton K C and Mr H M Pratt represented the Croydon Corporation Mr P E Sandilands K C and Mr Geoffrey Howard represented the medical officer of health Dr O M Holden Mr Sandilands explained that he and his colleague were instructed by Messrs Le Brasseur and Oakley on behalf of the London and Counties Medical Protection Society Mr Montagu Lyons K C and Mr Sylvester Gates represented the South Croydon Typhoid Outbreak Committee Other individuals or bodies represented were the London County Council the Wandsworth Borough Council the Coulsdon Caterham and Warlingham and Orpington Urban District Councils the Croydon Chamber of Commerce certain members of the staff of Croydon Corporation and the Hertfordshire Branch of the National Farmers Union this last to watch the interests of the watercress industry The chairman said that he hoped those who desired to give evidence would do so through one or other of the bodies represented but opportunity would be given to other witnesses He also said that if counsel desired to call material witnesses who would not appear without a subpoena the tribunal would consider a method to enforce attendance He and his colleagues proposed at once to visit certain places in the borough and he suggested that counsel for the corporation and for the unofficial committee should agree upon a neutral guide

A member of the public who said his name was Stroud complained that his proffer of evidence had been refused He had made a study of rural areas in southern England and had found that the Ministry of Health allowed cess pools to be built in a most disgraceful manner infringing the by laws The chairman said that he had received a letter from this gentleman which appeared to relate to outbreaks of diphtheria in the Kesteven division of Lincolnshire and as he had no evidence to give as to conditions in the borough of Croydon he refused to allow him to proceed In reply to Mr Stroud who said that the inquiry ought to be a much bigger thing the chairman said that the inquiry was limited by instructions and to the remark Who appointed you? Was it the Ministry of Health? he replied You can ascertain that for yourself quite easily

A Request for Adjournment

Mr Pratt in the absence of Sir Walter Monckton asked for a fortnight's adjournment He said that it was essential to have the presence of four gentlemen if the case for the Croydon Corporation was to be properly presented —namely the medical officer of health the borough engineer the town clerk and Dr E V Suckling consulting water analyst and bacteriologist who since November 11 had been assisting the corporation The time of all these gentlemen was at present greatly occupied in dealing with the outbreak The medical officer of health had to keep in touch with all the cases of typhoid and 80 per cent of them were under his immediate supervision The borough engineer was still engaged on the continuous chlorination of the water supply the cutting out of one source the Eddington well had thrown considerable strain on the water resources and the transfer of water supply for a number of properties to other sources presented technical problems The town clerk was fully occupied with the daily meetings of the emergency committee set up by the corporation Dr Suckling was engaged in daily analysis of the water supply and was pursuing his investigations into the cause of the outbreak moreover other water authorities concerned as to their sources of supply were calling him into consultation The inquiry into the cause of the outbreak was still proceeding and the more time that was allowed for this purpose the more likely it was that adequate information could be placed before the tribunal

Decision as to Procedure

The chairman and Mr Lyons both said that they had hoped for not more than a week's adjournment After some discussion it was agreed that the inquiry should begin its full sittings on December 20 sitting from day to day including Christmas Eve if necessary The chairman said that it must be understood by the public that the adjournment was asked for by those who appeared before the tribunal and who showed compelling reasons and was not due to any difficulty on the part of his colleagues or himself in pursuing the inquiry immediately A representative of the Chamber of Commerce urged that a bad impression might be created if the case were left over Christmas part heard The chairman however said that he hoped that at an early stage some reassuring statement might be made

Mr Pratt desired to put in a statement as to the actual condition of the Croydon water supply at the moment The material at present before those instructing him confirmed their original view that the infection was water borne Since November 11 the corporation had had the advantage of the services of Dr Suckling who said that he was satisfied that since the date when he was called in the public water supply of Croydon had been bacteriologically pure and wholesome and suitable for drinking and domestic purposes Mr Pratt also stated that publicity had been given to the possibility of watercress as a medium of infection He was instructed to say at the earliest possible moment that no suggestion had been made that the outbreak of typhoid had anything to do with watercress

The proceedings were then adjourned

S Graff (*Disch med Wschr* September 3 1937 p 1357) who is in charge of the pathological institute of a hospital in Barmbeck Hamburg believes that in every infectious disease there is a primary infection with a primary focus or complex such as has already been demonstrated in the case of tuberculosis In his search for primary complexes he has for years systematically conducted special post mortem examinations of the neck in the hope of locating the primary complex in cases of measles He has at last succeeded in the case of a child aged 4 years whose death on the forty third day of an attack of diphtheria was due to paralysis of the limbs and respiratory system The post mortem examination of the neck revealed considerable enlargement induration and faintly brown discoloration of the upper cervical lymphatic glands on the left side The retropharyngeal lymphatic glands on both sides showed similar changes A microscopic examination of the enlarged cervical lymphatic glands revealed a great number of multinuclear giant cells whose association with measles has already been pointed out by various observers Fifteen days before the child's death another child in the same ward had developed measles As the child exposed to infection by this case had not had measles an intramuscular injection of the mother's blood had been given as a protective measure It had however not prevented the development of what Professor Graff considers to be a measles primary complex

means of an "Arkansas slip" curved along the edges to suit the so-called 'bevel' of the particular size of needle in use The latter is held transversely to the slip and its cutting surface is drawn along the curved edge a few times after each use of the needle By the application of such simple measures I have kept spinal needles keen for many hundreds of spinal anaesthesias, a type of puncture which sometimes provides a particularly gruelling test of a needle s point

Once the knack has been acquired these methods take very little time, and the practitioner may be saved the need for duplication of many of his instruments, for they will not be out of action at the instrument makers when required for an emergency

Of the other instruments employed in minor surgery syringes perhaps require most attention The Record type is now very popular, but owing to the intimate contact of metal ends with a glass barrel great care is necessary in their sterilization by boiling, or the difference in the coefficients of expansion of the two materials will cause a breakage For many purposes the cleaning of a syringe with ether (methylated) and industrial spirit after use and its immersion in the spirit again before the next occasion is all that is required, provided the spirit be thoroughly removed before use It must be emphasized that this method is not to be relied upon when a single syringe is employed for many purposes—for example, the aspiration of infected fluids and the injection of sterile solutions, here prolonged boiling is essential For this reason it is an economy to provide a series of syringes, some of which are kept exclusively for the injection of sterile fluids, such as local anaesthetics, etc the method of spirit sterilization has proved to be quite satisfactory under these circumstances

Antiseptics

Lister was able to perform the most extensive and delicate operations with remarkable success with the aid of a chemical antiseptic for all purposes, a fact which in these days of high-pressure superheated steam sterilization we are apt to forget The country practitioner, with no modern facilities, can repeat Lister s success in his minor surgical operations by the proper and efficient employment of chemical antiseptics It is unlikely that he will follow Lister to the extent of using carbolic, but there are many other reliable antiseptics which, in concentrated form, can be carried in the instrument bag and utilized for the sterilization not only of instruments but also of towels, swabs, etc Here again, however, commercial enterprise has come to the help of the doctor, for he can get hermetically sealed 'drums' of sterilized dressings, gowns, towels, and so on, which can be stored indefinitely without deterioration and used as required

Splints, Specula, and Sterilizers

In the case of fractures the practitioner requires to know what the minimal equipment in splints should be The majority of these cases are not so urgent, apart from first-aid measures, that the doctor has no time to send to the splint-maker for the appropriate appliance if it is of a specialized nature, but luckily there is a growing tendency to use plaster splints in one form or another As plaster bandages are now put up in sealed cartons which keep them in good condition for long periods the practitioner may easily be prepared for the emergency case without the necessity for a large collection of splints With the display of a little ingenuity it is possible to build up plaster splints for the retention of almost every fracture in the body Details of such methods will be given in later articles in this series

Since certain minor procedures are performed through specula—for example, injection of haemorrhoids, myringotomy, etc—and since in any case accurate pre operative diagnosis demands the aid of vision where possible, the doctor s equipment must include at least aural, nasal, vaginal, and rectal specula It is advisable that all of these should be electrically illuminated, and complete sets, including an ophthalmoscope, are now readily obtainable

An instrument sterilizer will certainly be necessary now that electric power is so universally available the most convenient type for the surgery will be one of the modern efficient and reliable electric sterilizers For the instrument bag, however, a simpler type which can be placed on the fire or gas-ring is advisable, while in emergency the classical fish-kettle or the humble enamel saucepan may be pressed into service

The Instrument Bag

Which articles of the equipment should be carried in the instrument bag will depend upon the particular circumstances of the practice, and can be decided upon only by the individual practitioner, but there are certain instruments which should never be omitted, they are those found in the ordinary "dresser s case"—that is, two or three artery forceps, dissecting forceps, a scalpel, a pair of scissors, a probe pointed director, and straight and curved needles The shape and size of the scalpel are largely matters of individual taste, but the well-bellied scalpel employed in major surgery is not so generally helpful in minor cases as the pointed shape It should be of medium size even for small operations, since too small a knife is always difficult to control The standard shape has a 'fish tail" handle, and this will be found of use for its intended purpose—namely, blunt dissection If the "set" is to be extended to include several scalpels consideration should be given to the inclusion of a Syme s abscess knife This instrument, which many now regard as obsolete, was designed to be used in the reverse manner to the ordinary knife—that is, cutting from below to the surface It is sharp-pointed and curved so that the base of the abscess can be readily penetrated Its object is to do away with painful downward pressure on a tender area—and I can speak from experience of its efficiency in this regard Like many other good instruments, it has fallen into disuse from ignorance of its intended purpose, combined with the increasing employment of anaesthesia for the smallest incisions If one pair of scissors only be carried it should have one blade sharp and the other blunt, the former being necessary for the removal of sutures

The instrument bag must of course include syringes, local anaesthetic solutions, intravenous anaesthetics such as evipan the case of specula, a portable sterilizer, tubes of suture materials and ligatures, and a few rubber and gum elastic catheters with a tube of antiseptic lubricating jelly Metal catheters are very rarely necessary, and unless the practitioner is especially skilled in their manipulation are best avoided altogether

The Use of Gloves

Finally there arises the question of gloves Many small operations can be performed without them if care is taken that the operator s skin is healthy and that the hands are sterilized as far as possible by the use of antiseptics, preferably of a spirituous nature, there is

Reports of Societies

SURGERY OF THE HEART

Professor Sauerbruch's Lecture

At a very largely attended meeting of the West London Medico Chirurgical Society—the most largely attended, it was said, in the Society's history—on December 3, Professor FERDINAND SAUERBRUCH of Berlin discoursed on "Surgery of the Heart." Dr D G RICE-OXLEY was in the chair.

Professor Sauerbruch said that surgery of the heart was one of the most recent developments of medical research and its achievements were already more than justified. It gave hope of surgical relief to many patients at present condemned to an early inevitable death. The method was the result of a careful co-operation between clinical and experimental work, and its further advance could only come about in the same way. It must be emphasized that the operation of cardiac repair was not to be undertaken in all cases; moreover, it must be admitted that some cases which had been successfully operated on might have healed without the intervention.

When a stab wound was inflicted on the heart three events were possible. The wound might close at once as a result of local thrombosis; there might be profuse haemorrhage through one or other pleural space so that death rapidly followed, or there might be an accumulation of blood within the pericardial sac. One of the most important indications for operative relief was cardiac compression, a frequent cause of death after wounds. The limits of elasticity of the pericardium were soon reached, so that the continued accumulation of exudate exerted pressure on the heart itself, and a point was reached when the venous return was totally arrested. There had been cases in his clinic in which a timely puncture of the pericardium had sufficed to relieve the condition, both after trauma and in blood-borne infections. In fibrous adhesive pericarditis the inflammatory process might extend towards the heart along the mediastinum and pleura, the pericardium losing its normal elasticity. The heart itself might remain free and for a long time be able by increased activity to compensate for the mechanical handicap which loss of the normal elasticity of the pericardium imposed. When this compensation was no longer possible death occurred unless surgical help was given. He had been astonished to observe the marked interference with cardiac function which might result even from a few isolated adhesions between the pericardium and the chest. The heart, held by an unyielding ring, could no longer accommodate itself to the necessary change in volume at the various stages of cardiac action. It was especially the right auricle which was impaired, and this impairment determined the clinical picture, for the inflow through the great systemic veins could no longer proceed normally. Once this point was reached surgery alone could offer relief. The pericardium must be exposed and the heart freed from the constricting membrane which surrounded it. Sometimes no cure could be obtained because the heart muscle, when freed from the adherent pericardium, was found to be the seat of fibrous degenerative processes. But some most brilliant successes were on record: patients who had been long bedridden being restored to full activity.

Mechanical Factors impairing Heart Function

As surgery advanced more and more was learned of the method of relieving mechanical factors which impaired cardiac function. It had been observed how paroxysmal tachycardia might follow the pressure of a tampon which had been left in the region of the heart after a mediastinal operation, and how immediate was the return to normal rhythm when the tampon was withdrawn. Tumours of the mediastinum might produce similar effects.

A young man was admitted to the clinic following an accident in which he had received a severe blow on the left side of his chest. There was no external injury but there was a rapid and unequal pulse. After fourteen days in bed his cardiac disquiet did not diminish. A ray examination showed a sharply defined shadow on the left side immediately above the heart, a diagnosis of mediastinal cyst was made and an operation performed. The walls of the cyst were found infiltrated with blood and within it was a large haematoma. The heart irregularity immediately disappeared, and the patient was well to-day.

Experience of this and other cases had shown the necessity for carefully watching for a mechanical cause—tumour, abscess, effusion, hernia—in all cases of obscure cardiac dysfunction. The results of the various operations were convincing and the mechanical principles on which they were based were comparatively simple. The position was different in the case of surgical relief of heart disease itself. From the experimental animal it was a long step to a patient in the state of heart failure, and although some of the early experimentalists were successful in operating for mitral stenosis in the dog, most of the human operations had been failures. Professor Sauerbruch adopted the most reserved attitude towards all operations on the valves of the heart, yet he hoped that further work would enable at least an occasional patient to be saved from premature and unnecessary death.

Surgical treatment of angina pectoris had attracted attention in recent years. The syndrome often lacked a clear pathological basis. Pain of an identical nature might be produced, for example, by pulmonary disease. Various surgeons had tried the severance of connexions between the heart and the central nervous system, but several arguments might be advanced against the wholesale exploitation of this branch of sympathetic surgery. It must be remembered that in addition to conducting pain impulses from the heart there were other important functions of the nervous connexions which must be impaired if reckless interference were undertaken. Mr O Shaughnessy, however, had done much to put this work on a more rational basis, and had shown what was possible by means of omental grafting.

The lecturer proceeded to discuss palliative operations for aortic aneurysm. A large aortic aneurysm was sometimes seen which had forced its way to the chest wall until the sac was just under the skin. The wall of the sac in such a case might be reinforced by the introduction of fascial grafts, and a fatal outcome deferred. There were other cases where a large aneurysm caused almost intolerable distress by reason of pressure. In such cases by splitting the sternum a decompression operation had been carried out with good results, giving the patients some years of relief.

A girl aged 19 suffered from cardiac symptoms. On radiological examination a sharp definite shadow was seen in the region of the heart on the right side. It was decided that the cardiac disturbance was caused by the pressure of a cyst. An exposure was made, and after needling no fluid being withdrawn the spurting of blood on removal of the needle made it clear that a great vessel of the heart or an aneurysmal sac had been entered. Attempts were made immediately to close the puncture. The suture fell out and there was a sudden violent rush of blood from the tumour. He felt a hard ring behind which another cavity might be entered and the bubbling and whirling of the blood left no doubt that this was a chamber of the heart. The assistant placed on his fingers two strong ligatures and as the fingers were withdrawn the ligatures were tightened and the bleeding was thus controlled. The only method of ensuring permanent closing of the wound already ligatured was excision of the sac. The sac was excised and repair by suture effected. Following the operation a pulse rate of 140 to 180 persisted for some time but after eight weeks the patient was up and to day, seven years after operation she remained well and free from symptoms.

He did not propose to repeat such an operation deliberately, but it furnished a proof that such desperate

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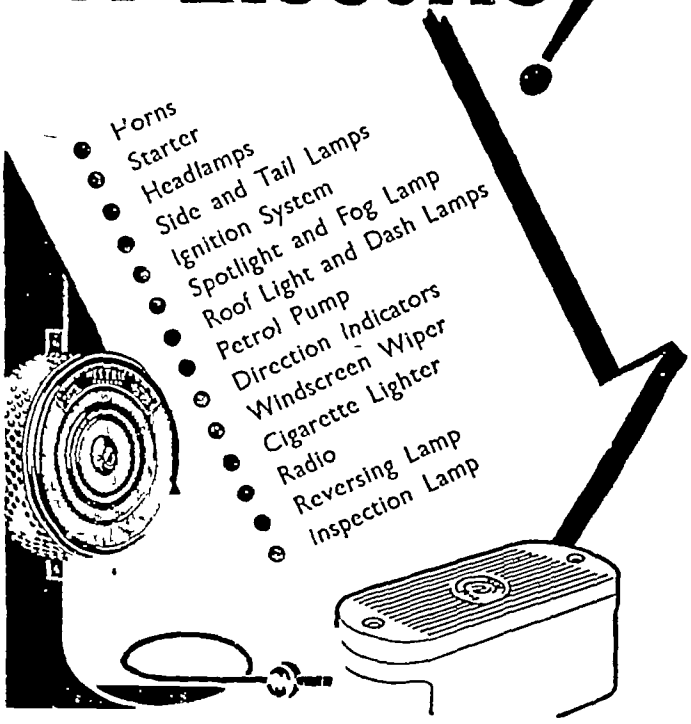
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interference could succeed He closed with some graceful words of compliment to his friend and pupil, Mr O Shaughnessy

The Work at Lambeth

Mr LAURENCE O SHAUGHNESSY recapitulated the work on which he and others had been engaged at Lambeth Cardiovascular Clinic His interest had first been awakened in the clinical syndrome of the racing greyhound, and with the help of Sir Frederick Hobday and Professor McGunn he had been able to carry out a decompression operation on dogs and the animals improved, some of them running again without distress

It then occurred to Mr O Shaughnessy that if the greyhound would not merely tolerate a cardiac graft, but actually benefit from it the application of the operation to man should be a practical possibility After showing some histological serial sections illustrating the junction between the graft and the heart, he said that one recent development at the clinic was the abandonment of a standard operation and the adoption in its place of a series of operations, some of them of lesser extent, enabling the procedure to be modified to suit each individual case The essential point was that revascularization should be carried out in one way or another but of course only in those cases where Nature had failed to supply an alternative blood supply herself He thought he could say that all the survivors of six months or over were better, in the sense that those previously unable to work were at work again and those bedridden were now walking about One man had bought a bungalow because he could not mount the stairs of a house and had sold his car because he could not drive it Since treatment he had bought a new house with stairs and a new car, which he drove himself One woman patient returned to the hospital a year after her operation, but not for the heart She was in now for hysterectomy whereas a year ago so feeble was her cardiovascular system that her fibroids had caused her no distress He added that the operation was carried out in the Lambeth Clinic only after careful consultation with the clinic staff, and that the good results obtained in many cases were not so much due to the operative technique as to the careful pre operative observation and more particularly the unremitting medical care which the patients received after operation

There was no discussion but Dr J F MCCANN in German, and Dr L S T BURRELL expressed appreciation of Professor Sauerbruch s work

BRITISH ORTHOPAEDIC ASSOCIATION ANNUAL MEETING

The annual meeting of the British Orthopaedic Association was held in Sheffield under the presidency of Mr W R BRISTOW On the morning of October 29 Mr Bristow delivered his presidential address, taking as his title, 'Orthopaedic Surgery—Retrospect and Forecast Clinical demonstrations were given in the out patient department of the Sheffield Royal Infirmary and Mr R W BUTLER (Cambridge) showed a continuously adjustable bed for the correction of spinal kyphosis Also on the morning of October 29 and again on the following day a series of short papers were presented

Treatment of Minor Injuries—Mr W G CAMPBELL (Dundee) gave a detailed account of the early treatment of strains of ligaments and muscles by the injection of a local anaesthetic into the site of tenderness It was assumed that Leriche s conception of strain was the right one—namely that there was no tearing of ligamentous fibres but that impulses passing from the affected area began a vicious circle of local vasodilatation deposition of metabolites etc In a controlled series of patients Mr Campbell had found that treatment by this method had resulted in cure in about three days as compared with twelve days by the conventional methods of strapping, etc

Ossification of Ligaments of the Elbow joint—Mr ST J D BUXTON (London) stressed the frequency with which ossification of the ligaments followed joint injuries especially dislocations The amount of ossification that took place was governed largely by the treatment of the injured joint If rested for an adequate period (several weeks) no harmful degree of ossification resulted but if efforts were made too early to force movements then extensive new bone formation often occurred, and the mobility of the joint was seriously restricted for all time

Osteitis in Undulant Fever—Professor H N GREEN (Sheffield) reviewed the literature on undulant fever Bones and joints were often involved and abscesses formed but usually resolved quickly The x ray changes in the bony lesions were not typical and might resemble those seen in tuberculous disease Ankylosis of joints was rare and the general prognosis good

Principles of Joint Mechanics—Mr M A MCCONAILL (Sheffield) maintained that the chief function of the synovial fluid was to prevent friction—a function which was least active during the full coaptation of the joint surfaces in weight bearing Hence degenerative changes occurred most often in those surfaces which fitted best together Ligaments were not elastic and were so arranged that they prevented the harmful effects of torsion

End-results of Bone and Joint Tuberculosis—Mr J C SCOTT (Oxford) presented a preliminary report of a survey of 582 patients suffering from tuberculous disease of the spine and of the hip joint As far as possible the results of conservative treatment alone were contrasted with those of conservative treatment reinforced by operative measures The combined procedure appeared to have a slight advantage

Injuries of the Carpus—Mr J L GROUT (Sheffield) had investigated by means of x rays the wrists and hands of some thirty nine workers using pneumatic drills and chisels In a little less than half of the men small cyst-like spaces giving rise to no symptoms were found in the carpal and metacarpal bones Osteo arthritis of various joints was a common finding

Early Diagnosis of Malignancy in Bone Tumours—Dr J F BRAILSFORD (Birmingham) emphasized the difficulties of diagnosis in general and of x ray interpretation in particular In doubtful cases he preferred to be guided by serial radiographs, and differed from his surgical colleagues in condemning the routine use of biopsy If the latter was used the area from which the tissue was to be removed should be determined precisely by the radiologist

Nephrolithiasis occurring in Recumbency—Mr R GUY PULVERTAFT (Grimsby) gave an account of sixty patients who during long periods of immobilization in recumbency for tuberculous bone or joint lesions had developed renal calculi The factors responsible for stone formation appear to be defective renal drainage and the widespread skeletal and muscular decalcification Preventive measures consisted in frequent turnings of the patient, avoidance of excessive exposure to the sun and a generous fluid intake Only in a few cases was operative intervention necessary Usually the stones were passed, as gravel when the turnings were begun or when the patient became ambulatory

Arthrodesis of the Hip—Mr R WATSON JONES (Liverpool) described the technique of intra articular arthrodesis followed some ten days later by the closed introduction of a long Smith Petersen nail along the femoral neck and deeply into the ilium It was claimed that the combined procedure had greatly increased the chances of securing bony union A brief reference was also made to the method, still on trial of fixing the osteo arthritic hip by a long Smith-Petersen nail introduced through a short incision without a preliminary denudation of the articular surfaces This procedure was obviously more easily applicable to older people than was the combined operation, and the results so far had been encouraging

Coupons for Medical Charity

SIR—Your readers may be aware that two daily illustrated papers—the *Daily Sketch* and the *Daily Mirror*—are printing in every issue a coupon which entitles any approved charity to collect from the proprietors of those papers a fraction of a penny for each one presented There must be thousands of medical households in which these popular papers are taken in In some of these households, I expect, the coupons are already being collected on behalf of some charity or another

This letter is to inform your readers that the Sherman Bigg Fund, administered from these offices has been approved in respect of this scheme, and to ask every doctor to get some junior member of his household to cut out the coupons and send them here The Bigg Fund, I ought to say, is available for the relief of any sort of distress, and is mainly used for educational grants to medical orphans, both boys and girls, for whom the ordinary scholarships of the Royal Medical Foundation are not available or are unsuitable by reason of age and other causes—I am, etc.,

49 Bedford Square W C 1
Dec 6

HENRY ROBINSON
Chairman

A Veteran's Thanksgiving

SIR—It was an agreeable surprise on opening a communication this morning from the Secretary of the British Medical Association to find it was not a reminder that my annual subscription would shortly fall due, but a notification that henceforth I should continue membership without further payments I know personally other members who will also much appreciate this action of the Council as they have felt—in some cases keenly—the fall in income resulting from investments etc since the time of their retirement It is a pleasure for me to increase my donation to the Royal Medical Benevolent Fund as a "thanksgiving" and I make the suggestion that if other members having this concession would do likewise it would be some help to the good work of that valuable institution—I am etc,

Sussex Nov 27

SENEX.

"Tissue-paper Face"

SIR—In the course of my work I have performed many transillluminations and have been impressed with certain appearances which are observed in some cases In one type of patient the whole face is illuminated so that one gets the impression that there is scarcely any bony structure One of my housemen described this appearance vividly as a tissue paper face Over a number of years it has been my experience that this tissue paper face is found in the highly neurotic I first made the observation when dealing with patients complaining of catarrh but being impressed by the absence of all cause for this condition I began to feel that the catarrh was more imaginary than real and to associate three conditions the complaint of catarrh, the tissue paper face and the fact that these patients were highly neurotic I wonder if the possible connexion in this respect might be an error in calcium metabolism a feature which is I understand commonly met with in neurotic states I bring forward this observation in the hope that others may contribute their experience or draw my attention to any previous work on it—I am etc.,

Belfast Nov 25

W A ANDERSON

Obituary

DANIEL FREDERICK RAMBAUT, M D

Medical Superintendent St Andrew s Mental Hospital Northampton

The death on November 30 of Dr D F Rambaut, who for just upon a quarter of a century was medical superintendent of St Andrew s Mental Hospital, Northampton, has taken away one of the pioneers in this country of the modern treatment of mental disorder

Daniel Frederick Rambaut was born, the son of an Irish clergyman in 1865 and was educated at the Royal School Armagh at Trinity College, Dublin—where he obtained honours and prizes in logic and mathematics and the first place in his final medical examination—and in Vienna where also he distinguished himself Qualifying in 1892, he served for nine years as assistant medical officer at the Richmond Asylum Dublin now known as the Grangegorman Mental Hospital Even in those early days he introduced what is now known as occupational therapy In 1895 he installed hand loom weaving in that institution and also arranged for boot making and other employment for patients In 1902 he became medical superintendent of the Shropshire and Montgomeryshire Counties Asylum and in 1913 he was appointed medical superintendent of St Andrew s Hospital, Northampton the largest registered mental hospital in England where his main lifework was done



At Northampton Dr Rambaut was responsible for some noteworthy developments, which made St Andrew s a hospital with a hopeful outlook a place of objective nursing and treatment not merely of detention One of his innovations was the establishment of a large reception hospital (now called Wantage House) for the treatment of recent acute and curable patients who came to St Andrew s The building was approved by the Board of Control which recommended it to other hospitals, and it has been taken as a model not only in this country but over seas Since Wantage House was opened in 1927 St Andrew s has become more than ever a place of research in mental disorder on its curative side Dr Rambaut believed strongly that many mental disorders respond to physical treatment and under his inspiration some excellent results were achieved He devoted himself also to the better organization of mental nursing and the raising of the standard of the mental nurse, convinced as he was that the constant association of the patient with the nurse was a very important factor in the patient s recovery if recovery were at all possible The very appearance of St Andrew s the pleasant buildings and lovely grounds making it very unlike the popular idea of a mental institution owed much one imagines, to the progressive ideas and acute sympathies of the medical superintendent

Dr Rambaut was a member of the Royal Medico Psychological Association from 1894 onwards and its

MEDICO-LEGAL ASPECTS OF ABORTION

A discussion on the medico-legal aspects of abortion took place at a meeting of the Kensington Medical Society, held at St Mary Abbots Hospital on December 1. Dr JAMES FENTON was in the chair.

Mr W BENTLEY PURCHASE, H.M. Coroner for North London, in opening, said that the area for which he was coroner had a population of some 875,000, and he had brought to his attention, on the average, one case of criminal abortion every six weeks. Two out of three of such cases related to married women. Speaking roughly again, about half these criminal cases were said to be due to abortionists—that is to say, not self-induced. The annual number of deaths from criminal abortion in London must be between thirty and forty. Any case in which the word "abortion" appeared on the death certificate had to be reported to the coroner, but he need not necessarily order a post-mortem examination or hold an inquest. He himself, as a matter of routine, had the hospitals report to him all cases in which death had occurred within twenty-four hours of admission, and in that net some otherwise unsuspected cases were caught. On therapeutic abortion there had been a considerable amount of discussion, but he did not think that any doctor who had had reasonable grounds for performing abortion had ever been prosecuted, and the Director of Public Prosecutions bore him out in that statement. It had been suggested that the condition of therapeutic abortion should be regularized by the requirement that a second opinion—perhaps an official opinion—should be obtained. Some argued that therapeutic abortion should be limited to cases where it was necessary to save the life or the health of the mother, others would make it include mental health, and some would widen it to include all cases in which the woman did not wish to have a baby. He recommended the medical profession not to seek for a legal definition, which always had the effect of making a thing become inelastic.

Mr. Purchase passed in review various suggested remedies for countering the abortion-monger, including the suppression of advertisements of medicaments said to be efficacious and the prohibition of the sale of such products as slippery elm. One suggestion had been made that the law be altered so as to exculpate the mother in all circumstances, in the expectation that, having no fear of prosecution, she would expose the abortionist, but he thought the skilled abortionist would still find some means of escape, as it was, he was accustomed to say to the woman, "If anything happens, you know you did it yourself." In fact no woman was now ever prosecuted if it was thought that by refraining from prosecution the more reprehensible offender might be reached. He also discussed, but non committally, the arguments for and against notification.

Professor JAMES YOUNG said that there was nothing in the law at present which entitled a doctor to carry out abortion, and on the special committee of the British Medical Association which dealt with the subject evidence was brought forward that even distinguished obstetricians had felt hesitation in carrying out the necessary procedure in the absence of any legal cover for such interference. With regard to notification, he believed that the British Medical Association would strongly resist such a proposal, because it would impose upon members of the medical profession a burden they should not be called upon to bear. It was true that all measures of notification had been severely criticized on their introduction, and that gradually the public had become reconciled. But until the arguments for notification were much more convincing he thought it would be hopeless to expect the medical profession to fall in. Moreover, notification, because of its criminal implications (which did not apply in the case of such conditions as scarlet fever), might tend to make the evil more subterranean and sinister.

Dr LETITIA FAIRFIELD gave some statistics which she asked might not be published as they were to be presented to the Interdepartmental Committee. There was no reason, she said, to suppose that the number of abortions was increasing, although, on the other hand, in view of birth control propaganda it was rather remarkable that it did not diminish. Notification had obvious advantages in that it afforded a knowledge of the facts, which was badly needed, and, again, it would impress on the minds of women that miscarriage was not a trivial event for gossip with their neighbours and so would save a great amount of subsequent gynaecological trouble. But she doubted whether notification would work, and a law which did not work did more harm than good. As for the difficulty in the way of practising therapeutic abortion, she quoted from DIXON MANN's *Forensic Medicine* as far back as the 1908 edition: "... under certain conditions the necessity for the operation [therapeutic abortion] is unanimously admitted, and if the practitioner under such conditions acts openly he is held to be exonerated from the penalties imposed by the law." She thought the British Medical Association Committee had rather been "led up the garden" over the supposed difficulty of distinguished obstetricians in carrying out a necessary procedure because they were not legally covered. She was also against the suggestion that the second opinion in such cases should be an official opinion, which she thought would have certain drawbacks. On the general question of abortion she instanced the difficulty of reconciling the compassion which every humane person felt for women in certain circumstances, economic and other, with the broad grounds of public interest. On another side of the question, while herself a feminist, she pointed out that the husband had some right to be protected if it were proposed to concede to the wife an absolute choice as to whether or not she should allow her pregnancy to go on to the natural termination.

Mr V B GREEN ARMYTAGE said that abortion mongering was nothing new. Hippocrates denounced it, Plato and Aristotle condoned it, the ancient Romans allowed the husband to say whether abortion should be carried out or not, St Gregory started the papal outlook on the subject when he said that the foetus was alive from conception. The speaker thought the papal encyclical could not have envisaged the grave causes which might call for an artificial termination of pregnancy. Within the last twenty-five years he had lost eight Roman Catholic women, all because they had been refused, or had themselves refused, any interference. On the general subject of abortion he considered that any relaxation of the law would be a great mistake. Every family had its skeletons, and they would all be exposed if any legal countenancing of abortion were brought about. He thought that the war and the toll of motor accidents had given rise already to a dangerous public apathy on the sanctity of life. The case of Russia had been mentioned in the discussion. The real reason why the Russians had given up abortion was not because they wanted more soldiers to fight for Stalin but because of the gross amount of invalidism ensuing—he had been informed of 21 per cent. of chronic invalidism or sterility following abortions in Russia. In his view the only indications for abortion were medical, surgical, and psychical, and among the psychical cases he would include those of pregnancy following rape.

In the course of further discussion Dr H S PASMORE mentioned a series of some fifty cases at St Mary Abbots Hospital in which it was found that in 15 per cent. drugs only had been used, 59 per cent. douching, with or without drugs, 14 per cent. slippery elm, and 8 per cent. the passage of an instrument. A number of these women had been questioned on the subject of birth control. Out of twenty one single women and twenty-nine married women, neither partner had used any contraceptive measures in fourteen and sixteen cases respectively, and where contraceptive measures had been used they were inadequate. Dr H A NATHAN spoke of the need for control of

president in 1934 From 1897 until his death he was a member of the British Medical Association He was also a Fellow of the Royal Society of Medicine, Formerly he was examiner in mental diseases for the University of Dublin Although a man of great fertility of ideas, he expressed them in administration rather than in writing Forty years ago he was the joint author of an analysis of ocular phenomena in a large number of cases of general paralysis, which was published in the *British Medical Journal* and he wrote for the *Journal of Mental Science*

No account of Dr Rambaut's career would be complete without a reference to his prowess in sport and athletics In his undergraduate days he was a notable player of Rugby football for Dublin University and for Ireland He was also in his youth a champion hurdler, he was a cricketer of no mean ability, and after the age of 50 he took up hockey

A man of outstanding reputation in psychiatry, he never lost sight of the human factor, he was himself a most likeable man, and by those who knew him best he was most esteemed Many poor people in the Northampton area with some mental trouble found in him a friend, and he was beloved by his patients in hospital and by every member of the staff The affection he inspired was shown by the large numbers who attended the funeral service at All Saints' Church, Northampton, on Saturday last.

[The photograph reproduced is by Elliott and Fry Ltd]

R L E DOWNER, M D

Obstetric Surgeon, Royal Salop Infirmary

We regret to announce the death at a nursing home in Birmingham, after a long illness, of Dr Reginald Lionel Ernest Downer, an outstanding member of the medical profession in Shrewsbury and the surrounding district. He was born in March, 1884, the son of Mr W J Downer, C B E, C M G, and was a foundation scholar of Highgate School He entered St Bartholomew's Hospital with an open scholarship in science in 1902, and took the M R C S and L R C P diplomas and the M B., B S Lond degrees in 1907, and the M D in 1912 After holding the appointments of house physician and house-surgeon at the Chester Royal Infirmary, he was for a time clinical assistant in the ophthalmic department at Bart's, and then served from 1914 to 1919 as temporary captain R.A M C At Shrewsbury Dr Downer steadily increased his reputation in the eyes of the public and the medical profession He was a first-rate all round practitioner, with special experience and skill in midwifery, which secured his appointment as honorary obstetric surgeon to the Royal Salop Infirmary, as obstetrical and puerperal consultant for Shropshire and the borough of Shrewsbury, and as puerperal consultant for Montgomeryshire He was also medical officer to the Post Office, the Board of Education, and the County Police and had charge for some years of the ante natal clinic at Shrewsbury Some time after the war he was appointed County Commissioner for the St John Ambulance Brigade and a serving brother of the Order of St John of Jerusalem He was a member of the Midland Obstetrical and Gynaecological Society, and of the British College of Obstetricians and Gynaecologists

Dr Downer joined the British Medical Association twenty years ago, and found time in the course of an arduous professional life to carry out the duties of honorary secretary of the Shropshire and Mid-Wales Branch from 1924 to 1936 His death at the age of 54 is a heavy loss to his colleagues and to the community he served so well

R B PURVES D S O., F R C S Ed

Surgeon Lincoln County Hospital

We regret to announce the death on December 4 of Mr R B Purves, one of the best-known surgeons in the East Midlands and senior surgeon to Lincoln County Hospital He was returning from hunting with the Burton Hounds when he was seen to fall from his horse, and a medical colleague found that death had taken place, apparently from a heart attack

Robert Black Purves was born at Moughyr, Bengal, on November 13, 1873, the elder son of H B Purves, Lieut.-Colonel, I M S He went to Epsom College in 1888 and in 1891 began the study of medicine at Edinburgh University, graduating M B, C M in 1895 He was then in turn house-surgeon and house physician at the Royal Infirmary, and after postgraduate study in Breslau became tutor in clinical surgery in the University of Edinburgh and assistant surgeon to the Deaconess Hospital He was admitted a Fellow of the Royal College of Surgeons of Edinburgh in 1899 Settling at Lincoln, he soon built up a reputation as a skilful surgeon, and was elected to the staff of the hospital In the war he served for some months at home and then went abroad to Egypt and Palestine with the Lincolnshire Yeomanry, and was on board the transport *Mercian* when it was shelled by an enemy submarine He was awarded the D S O in September, 1918, for conspicuous bravery in attending wounded under fire on that occasion He was granted the rank of lieutenant-colonel, R A M C (T A), and received the Territorial Decoration in 1922

Mr Purves was a Fellow of the Association of Surgeons of Great Britain and an active member of the Nottingham Medico-Chirurgical Society He joined the British Medical Association in 1898, was chairman of the Lincoln Division in 1922–3, and vice president of the Section of Orthopaedics at the Annual Meeting at Nottingham in 1926 In the following year he was sheriff of Lincoln, and only last week took the chair at the annual dinner of the Lincoln St Andrews Society, of which he was president Apart from his long and valuable work for the Lincoln County Hospital, of whose Extensions Committee he had served as chairman, he was consulting surgeon to the Lindsey County Council orthopaedic clinics to the Lincoln Maternity Hospital, the Skegness and Horncastle cottage hospitals, and the Bracebridge Mental Hospital

Dr JOSEPH HOLMES who had practised in Leeds for many years, died suddenly in retirement at Scarborough on November 27, aged 83 A member of an old Leeds family, he spent his boyhood at Hunslet and from Leeds Grammar School went to study medicine in Edinburgh, qualifying L.R C P and L.R C S.Ed in 1882 On returning to Leeds he started general practice in Meanwood, and was one of the first medical inspectors to be appointed by the Leeds Education Committee He practised single-handed all his working life and did his own dispensing, and in the course of half a century attended 6,500 confinements

Dr MARSHAM Á BECKETT MCCARTHY, who died on November 27 at St Bartholomew's Hospital, was the third son of the late William Frederick McCarthy of Deep Dene, Sydney, N S W, and a brother of Dame Maud McCarthy, G B.E, matron-in-chief of Queen Alexandra's Imperial Military Nursing Service, British Armies in France, during the war, and afterwards matron in-chief of the Territorial Army Nursing Service Dr McCarthy was a medical student at Edinburgh, taking the Scottish triple qualification in 1893 After serving as resident

herbalists He thought also that maternal mortality statistics ought not to be published, at least in any sensational way Notification would be a good thing but it could hardly come about until the public was better educated

Dr JAMES FENTON from the chair, said that if he had not been acting in an impartial capacity he would have liked to have argued on notification from a different point of view and he hoped that a further discussion might be arranged on that subject, when he would take care not to preside

EPIDEMICS OF VOMITING AND DIARRHOEA IN SCHOOL CHILDREN

At the meeting of the Medical Officers of Schools Association on December 3 Dr REGINALD MILLER read a paper on epidemics of vomiting and diarrhoea in children of school age It was stated in the subsequent discussion that there was a large epidemic of Sonne dysentery at present in the metropolis, especially in the Paddington area

Dr Miller devoted most of his paper to epidemic nausea and the dysenteries He said that the first epidemic to be described under the title of epidemic nausea occurred in Denmark in July 1935 and the first epidemic reported in England occurred in a girls boarding school in Broadstairs in March 1936 [1] Other epidemics were later reported including the large one in the Carshalton district in July 1936 The characteristics of the disease considered as an epidemic were that a peculiarly high proportion of the population (33 to 75 per cent) was attacked, that the clinical course of each case was limited to about forty-eight hours and the epidemic tended to exhaust itself in about two weeks and that the age and seasonal incidence were of no significance The causation was quite obscure The appearance of vertigo as a symptom raised the question whether the infection was of the nervous rather than of the alimentary system If it was to be regarded as a gastric infection it was difficult to see why the symptoms should last for so few hours and the epidemic itself be so comparatively brief when nothing had been done to cut short the disease And why should the vast majority of cases be afebrile? On the other hand, if it was to be regarded as due to some non-bacterial irritant taken into the stomach the absence of fever could be understood, though the other difficulties remained Again, if it was to be regarded as some infection of the nervous system which would account for the vertigo, there was the difficulty that although giddiness was a definite and prominent symptom, it was by no means constantly present It would seem best to regard it as a novel, if not a new epidemic, possibly air-borne, and probably infectious from case to case

Turning to Sonne dysentery he said that although it was so familiar a disease there were still several points about it that were worth discussion When an epidemic was seen to flare up in a children s ward must it be said that the spread of the disease was only through the faecal contamination of food? Could no one bring evidence conscientiously to be accepted of some other method of case to-case infection? Was a chronic carrier of Sonne dysentery unknown? The stools usually became free of the bacilli in about three weeks and might clear much more rapidly He noticed that an epidemic in a ward of children was almost always started by the admission of a convalescent case which was missed because the diarrhoea was no longer typical of the disease He did not think that the length of the attack was modified whether it was treated by magnesium sulphate or by such sedatives as bismuth, kaolin, and opium but he did feel rather strongly that the sedative treatment tended to lessen the discomfort for the child whereas the magnesium sulphate treatment increased it The lines upon which the spread of the disease must be prevented were quite obvious, and it was only necessary to emphasize how strictly prophylactic measures must be enforced In a children s hospital the routine examination of abnormal stools should be designed to include an examination for dysentery infection

[1] *British Medical Journal* 1936 1, 1242

THE PULMONARY ARTERY

At a meeting of the Liverpool Medical Institution on November 25 with Mr R KENNON in the chair Dr E L RUBIN read a paper on the visualization of the pulmonary artery by x rays

Dr Rubin said that though x rays were being increasingly employed as an aid in the diagnosis of heart disease the study of the pulmonary artery was often neglected The middle arc on the left border of the heart was formed by the main stem of the pulmonary artery the hilar shadows being largely created by the right and left pulmonary arteries When the patient rotated to his left the pulmonary artery could be followed on the screen and seen as the upper curve on the anterior border of the heart In a right oblique view the dividing pulmonary artery was seen as a dark rounded shadow beneath the arch of the aorta and in relation to the translucency of the left main bronchus The impression made by the left bronchus and the right pulmonary artery on the barium filled oesophagus was of diagnostic importance in spite of the controversy to which it had given rise This impression might however be caused by the pressure of other structures in the neighbourhood particularly by enlarged mediastinal glands The left pulmonary artery lent itself well to direct visualization in the left oblique view as it curved backward towards the shadow of the spine beneath the arch of the aorta It was seen in this view arching over the left bronchus and crossing the aortic window

The pulmonary artery might be enlarged in many conditions—for example, mitral stenosis congenital heart disease, emphysema goitre and sclerosis of the pulmonary vessels Enlargement of the main stem of the pulmonary artery showed itself as an undue prominence of the middle arc on the left border of the heart—a prominence which might take the form of an increase in length or in convexity or both Distension of the branches of the pulmonary artery was reflected in the increase in size and density of the hilar shadows, which might be pulsatile and enlargement of these vessels might be well shown in oblique views of the heart Congestive changes in the lungs appeared radiographically as a general loss of translucency throughout the lung fields together with a spottiness which cleared as compensation became re estab lished The study of the x-ray appearances of the pulmonary artery was of importance in that it provided information about the lesser circulation, which might be unobtainable during life by other means Without the help of radiology the physician s information about the pulmonary artery was largely presumptive

General Discussion

In the discussion which followed, Dr H WALLACE JONES emphasized the increasing importance of x rays in the diagnosis of cardiac disease He mentioned that mitral stenosis was the commonest condition in which enlargement of the pulmonary artery occurred and that this was usually the first indication of a change in the size of the heart and could be detected long before the enlargement of the left auricle or before there were any clinical signs of cardiac enlargement He also discussed the enlargement of the pulmonary artery which took place in thyrotoxicosis, and noted the absence of any adequate explanation as to how this change was brought about Dr ROBERT KEMP said that Dr Rubin s work on the radiological appearances of the heart was of great value to the clinician, and at the same time a serious challenge to the traditional clinical methods The large pulmonary

surgeon and resident physician at the Royal Infirmary, Edinburgh he practised for some years in New Zealand, and was honorary surgeon to the Wairarapa District Hospital He took the F.R.C.S.Ed. in 1917, and during the war was surgeon to Queen Alexandra's Military Hospital with the rank of Captain R.A.M.C.

Dr ROBERT CAREY FISHER who practised at Skipton Yorks for over forty years, died on November 27 aged 66 He was born at Mountrath Queen's County and studied medicine in Dublin at the School of the Royal College of Surgeons qualifying L.R.C.P. and S.I. in 1893, and taking the L.M. of the Rotunda Hospital He had been a member of the honorary medical staff of the Skipton and District Hospital since its erection nearly forty years ago and was chairman of the Skipton Medical Committee He joined the British Medical Association in 1911 as a member of the Bradford Division Dr Fisher had been an excellent shot and in later years kept up his skill as an angler and amateur photographer

The following well known foreign medical men have recently died Professor LUDWIG MANDL an eminent gynaecologist of Vienna Dr LEON KRYNSKI formerly dean of the medical faculty of Warsaw and a member of the International Society of Surgery, and Dr JOSEPH LEGGETT MILLER president of the Chicago Institute of Medicine and for many years editor-in-chief of the *Archives of Internal Medicine* aged 70

Medical Notes in Parliament

The National Health Insurance (Juvenile Contributors and Young Persons) Bill passed through Committee in the House of Lords on December 7

The Unemployment Insurance Bill was read a second time by 198 to 118 in the House of Commons on December 2 In explaining the Bill Mr Ernest Brown referred to the proposals for authorizing provision of meals at junior instruction centres and for medical inspection and treatment at such centres in Scotland

On the same day Sir Edward Mellanby discussed medical subjects with the Parliamentary Medical Committee He spoke on nutrition and diet as affecting the need for dental care, especially of children in their earliest years He also dealt with cancer research and leprosy research, and with the reform of medical education

The Air Raid Precautions Bill passed through Committee and third reading in the House of Commons on December 7 Progress was also made during the week in the Commons with the Coal Bill and the Blind Persons Bill

In the House of Lords on December 7 the Divorce and Nullity of Marriage (Scotland) Bill was read a second time Lord Alness who moved the second reading said that he had omitted from the Bill provisions as grounds of divorce of habitual drunkenness and repeated conviction for serious crimes or a sentence of penal servitude

Nutritive Value of Pasteurized Milk

Sir KINGSLEY WOOD told Major Neven Spence on December 2 that his medical advisers were satisfied from experiments carried out at the National Institute for Research in Dairying and the Rowett Research Institute that pasteurization had no significant effect on the nutritive value of milk It was however especially desirable in the case of children reared on a milk diet, whether the milk was raw or pasteurized that the diet should be supplemented by some fruit or vegetable juice such as orange or tomato This view was supported by the Committee on Cattle Diseases under the chairmanship of Sir Frederick Gowland Hopkins which reported in 1934

Working Hours of Nurses

Mr F. O. ROBERTS in the House of Commons on December 3 moved the second reading of the Local Authorities (Hours of Employment in connexion with Hospitals and Institutions) Bill He recalled that the Nurses Registration Act of 1919 did not provide as to working conditions for nurses The measure he moved dealt only with hospitals and institutions controlled by local authorities It provided a forty-eight hour working week for outdoor staffs except in cases of emergency where extended work would be permitted if overtime rates were paid for hours worked in excess of forty eight So far as indoor staffs were concerned the Bill proposed to create a ninety-six hour fortnight, again making provision that in emergency extra hours might be worked beyond the ninety six provided overtime was paid Another provision sought to establish one weekly day of rest for all workers

Mr MARSHALL seconded the motion

Mr ERSKINE HILL moved an amendment declining to give the Bill a second reading "in view of the setting up of an Interdepartmental Committee on the Conditions affecting the Nursing Services" He said the problem of these services was not only one of hours but one of conditions of service and should be dealt with in a comprehensive measure Major NEVEN SPENCE seconded the motion for rejection

Sir FRANCIS FREMANTLE said he spoke as the only member present of the Interdepartmental Committee which had held its first meeting the previous day That committee so far had only considered procedure but he could say there would be a large measure of agreement among its members with the main principles of the Bill The objects of the Bill would also be generally approved by those with whom he had worked in the medical and nursing services particularly in regard to the ninety six hour fortnight. They could not take the principles of factory organization into hospital life in trying to establish an eight hour day because that meant a fifty six hour week or 112 hour fortnight If the Bill was passed municipal authorities would promptly increase their staffs and take nurses away from the voluntary hospitals throughout the country including cottage hospitals The change had to be done gradually and with the voluntary hospitals in mind Even the London County Council could only manage a forty-eight hour week for their mental hospitals and for their other hospitals a fifty four hour week The L.C.C. could do that because it had the rates behind it

After further discussion Mr BERNAYS said every member of the House sympathized with the object of the Bill The working conditions of many nurses were not satisfactory and called for searching examination The associations of local authorities had not been consulted on the Bill nor had they considered its provision The London County Council had not been asked for its views The shortage of nurses had recently grown more acute and a committee had been set up to review the probable developments and requirements of the nursing service in the future The committee was charged to inquire into other fundamental questions besides hours of labour which militated against the adequate recruitment of nurses. The House would stultify itself and embarrass the committee if it proceeded with the present Bill He asked the House to reject it and dealing with complaints about the constitution of the committee said associations of nurses would have the fullest opportunity of giving evidence and the committee did in fact include a working nurse

The Bill was rejected by 122 to 111

Oysters and Typhoid

On December 6 Mr RAMSBOTHAM informed Mr Craven Ellis that a recent reduction in the demand for oysters had been attributed to nervousness on the part of the consuming public induced by the outbreak of typhoid There was no evidence to suggest that this outbreak was connected with the consumption of oysters or other shell fish The Ministry of Agriculture directed attention as opportunity offered by means of reports leaflets lectures by officers of the Department and otherwise to the existence of supplies of purified oysters and

artery seen in thyrotoxicosis was probably linked clinically with the harsh pulmonary systolic bruit sometimes heard in that condition

At the same meeting Mr W J EASTWOOD read a paper on orthopaedics—old and new Dealing chiefly with fractures, Mr Eastwood traced the history of their treatment from the Egyptian era to the present day An interesting discussion followed, in which Mr T P MCMURRAY, Mr E N WARDLE and Mr NORMAN ROBERTS took part.

Local News

ENGLAND AND WALES

London (Royal Free Hospital) School of Medicine for Women

The annual dinner of the London (Royal Free Hospital) School of Medicine for Women was held on December 2 at the Savoy Hotel, when Mrs Kinnell presided over a company numbering about 300 In proposing the toast of 'The School and Hospital" the chairman said that she had been "primed" by the secretary with a good deal of relevant and interesting matter concerning the history of the school, but she thought that enough on the historical side had been given in the dean's address at the recent inauguration of the new session One matter to which she wished specially to refer was the retirement of Miss L M Brooks, the warden and secretary, after years of devoted service which had formed so intimate a part of the life and working of the school It was pleasant to think that her retirement found her in the best of health and spirits and able to realize her dream of a trip round the world She had sent from Honolulu her greetings to that gathering The school was to be congratulated on the election of Miss Nancy Moller to Miss Brooks's post The chairman went on to say with what great satisfaction the school had received the continued assistance of the Clothworkers Company, which had added an extra scholarship and a prize Both the school and the hospital were institutions which filled a large part of the lives of most of those present The liaison was working very satisfactorily at Brunswick Square But she stressed the fact that neither hospital nor school could stand still Research and experiment must go forward The hospital was under a solemn obligation with regard to the school, and the standard of students facilities had to be maintained So long as the voluntary system existed the public could not escape appeals for these needs It was often forgotten by the public that hospitals had the responsibility of teaching The standard of a teaching hospital had also to be kept high in order to serve as a measure of excellence for other hospitals Mr P Jenner Verrall, who proposed "The Guests," said that when he left 'the greatest hospital in the world" (St Bartholomew's) he was warned by its journal of the dangers he would encounter at the Royal Free in particular the danger of meeting intellectual women But he had known intellectual women both of the present and past generations, and in his experience they remained women, with their genius for sympathy, hospitality, and the giving of social comfort He welcomed some intellectual women among the guests that evening, notably Miss Grace Hadow, Principal of the Society of Oxford Home Students, Miss Elizabeth Robins, an outstanding figure in drama and literature, and Miss F H Melville, late Mistress of Queen Margaret College, Glasgow He also welcomed Mr David Low, the celebrated cartoonist, Sir Walter Schroeder and Dr W B Purchase former and present coroners, Sir George Chrystal Secretary of the Ministry of Health, and Dr N G Horner and Dr E C Morland, Editors of the *British Medical Journal* and the *Lancet* respectively Mr David Low, in response, humorously remarked that being "cursed" with good health his experience of doctors was very small, but he "had not read his Cronin for nothing" He had been accustomed to regard doctors with some suspicion, and it had always seemed to him that doctors should not be rewarded when they came but only when they went away They might be regarded as members of a sinister profession which thrived on the afflictions of humanity, though he acknowledged that the same might be said of cartoonists No one, however, knew better than he that, despite these considerations, they gave unselfish service to humanity At any rate until both medicine and art were nationalized he proposed to be very scrupulously respectful to doctors and cartoonists both Miss Grace Hadow also responded in a brief speech, and after the toast of "The Chairman," proposed by Dr D C Staveley, the formal proceedings gave place to dancing

Tuberculosis in Birmingham

Birmingham, with a population of just over a million inhabitants, has one centrally situated tuberculosis dispensary which serves the whole city, and four sanatoria totalling 613 beds The medical staff of the dispensary, with one exception, are also responsible for the medical work of the municipal sanatoria In two of the sanatoria beds are specially provided for advanced cases, and in 1936 (according to the report of Dr G B Dixon, the chief clinical tuberculosis officer) 45 5 per cent of the 805 deaths in the city from all forms of tuberculosis occurred in the municipal sanatoria and hospitals controlled by the Public Health Committee At present there are in the city five persons suffering from tuberculosis per 1,000 of the population The decline in the incidence of the disease is shown in the following figures all forms, five-year period 1922–6, the death rate per 1,000 was 1 1, and for the five-year period 1932–6 it was 0 85, a reduction of 22 7 per cent new cases, three-year period 1924–6, the incidence per 1,000 was 1.96, and in the three year period 1934–6 it was 1 21, a reduction of 38 per cent The corresponding figures for 1936 alone were 0 78 and 1 1, both the lowest on record Of 1,136 new cases of tuberculosis notified during the year, fifty-six, of which thirty-five were pulmonary cases, were not notified until after death Of these, forty patients died in hospital, and thirty-one of the cases were diagnosed as the result of a necropsy twenty eight of the patients were over 50 years old at death In a number of the cases tuberculosis was associated with other grave diseases, and may not have been the primary cause of death Dr Dixon points out that "had so many of these persons not died in hospitals the number of autopsies would have been definitely fewer and the tuberculosis would probably have escaped detection in quite a large proportion' Of the patients first examined at the dispensary no treatment was required for 223 out of 854 newly notified, 276 out of 1,903 "suspects" were advised institutional treatment, which was also found necessary for thirty-nine out of 1,215 contacts Dr Dixon's report is particularly interesting for the results of the contact examinations, which are apparently carried out with great thoroughness, including gastric lavage in children Among the contacts examined during the years 1931 to 1936 the percentage found to be suffering from tuberculosis was as follows

Age	0-5	6-10	11 15	16 years
Contacts to patients with positive sputum	6 8	5 4	4 3	7.5
Contacts to patients with negative sputum	3 8	3 4	3.2	5 1

Liverpool Psychiatric Clinic

The Liverpool Psychiatric Clinic has issued a report covering the period from its inception in 1924 to 1937 When this clinic was opened there were no facilities in the north-west of England for out-patient care of mental and nervous disorders in patients unable to afford private

mussels, and explained the methods of purification and the resulting advantages An immediate requirement that all molluscs intended for human consumption should be cleansed would not at present be practicable, but the subject was receiving the consideration of the Ministry of Agriculture and the Ministry of Health

Unfit Recruits Successful Experiment—On November 30 Mr HORE BELISHA replying to Mr Bellenger, said that the maximum number under training at any one time at the Recruits Physical Development Depot was 235 The transfer of the Depot to Canterbury on November 20, would enable 300 to be taken as soon as the accommodation was complete The results of the experiment were most encouraging. Of 305 men who completed their training at the Depot 295 had been passed fit and sent to the regimental depots He hoped to be able to extend the experiment, which was one of the finest services that the Army had rendered to the community It had taken boys not completely fit and had brought them up to standard by the most careful physical training

Research into Epilepsy—In a reply to Sir Arnold Wilson on November 30 Sir KINGSLEY WOOD said he had no special information as to research into epilepsy, but knew that research into the treatment was proceeding continuously in the institutions which dealt specially with this disease He added that the crude death rate from epilepsy was 52 both in 1926 and in 1936 The standardized rates were for males 56 in 1926 and 52 in 1936 females, 42 in 1926 and 39 in 1936

Sleeping Sickness in Nigeria—In reply to Mr Sorensen on December 1 Mr ORMSBY GORE said that figures for the last ten years showed there had been a considerable increase in the incidence of sleeping sickness in Nigeria The Nigerian Government had spent over £25 000 annually to combat the disease, and had recently decided to devote an extra £30 000 a year for five years towards the concentration of population in fly-free areas Sleeping sickness was borne by the tsetse fly, which infested rural areas, and was consequently unaffected by urban sanitation

Automatic Respirators—Mr ROSTRON DUCKWORTH asked the Minister of Health on December 2 how many automatic breathing apparatuses known as 'iron lungs' were in this country whether he was aware of any shortage, and whether he would stimulate their provision either directly or indirectly Sir KINGSLEY WOOD said he had no means of knowing how many of these articles of surgical equipment there were in this country Occasions on which their use was required were rare They could be obtained by purchase or on loan and he had no information that there was any shortage

Retired Medical Officers and Official Inquiries—Sir KINGSLEY WOOD told Sir Francis Fremantle on December 2 that he had received a resolution by the Barrow in Furness town council deploring the action of retired medical officers of health in appearing against local authorities at inquiries held by the Ministry This resolution related to inquiries held by his inspectors into Orders made under the Housing Act, 1936 Sir Kingsley added that it was for owners of property affected by such Orders themselves to decide what evidence they should produce at an inquiry He had no intention of doing anything to diminish their rights in this respect.

Tuberculosis Order Meat for Human Consumption—Mr W S MORRISON stated, on December 3 that it was not the usual practice of local authorities to enter into formal contracts for the sale of meat of animals slaughtered under the Tuberculosis Order of 1925 Two local authorities in Scotland had made such contracts The Tuberculosis Order of 1925 (No 2) provided that where a local authority proposed to slaughter an animal under the Order and to dispose of its carcass or any part thereof, for human consumption notice of the time and place of intended slaughter should be given to the public health local authority, and further provided that the carcass of the animal or any part thereof should not be removed from the slaughterhouse for human consumption except with permission, in writing of the medical officer of health or other competent officer of the authority having power to inspect and examine meat intended for human consumption

Foot and-Mouth Disease—On December 6 Mr RAMSBOTHAM informed Mr Short that the theory that the present series of outbreaks of foot-and mouth disease in the eastern and southern counties of England was to be attributed mainly to infection carried by mass migration of birds was based on circumstantial evidence only The Foot-and Mouth Disease Research Committee proposed to carry out experiments to ascertain whether birds were susceptible to foot and mouth disease, or were capable of transmitting the virus mechanically

Notes in Brief

Mr Duff Cooper is advised that inoculation of troops for typhoid twelve months before embarkation for India would not confer additional protection The majority of cases of typhoid occurred during the first twelve months of service in India among persons who did not obtain immunity by inoculation

Conferences between inspectors of the Ministry of Health and members and officers of the local authorities in Carmarthen concerning housing conditions in that county, as exposed in the report of the county medical officer, were due to begin on December 7

Extension of the requirement as to periodic medical examination to workers employed in additional processes involving risk of silicosis in the pottery industry is under consideration with a view to amendment of the Silicosis and Asbestosis (Medical Arrangements) Scheme, 1931

Universities and Colleges

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M B B Ch have satisfied the examiners in the subjects indicated

SURGERY—J A B Thomas

PHARMACOLOGY—A G C Cox, T C H Davies I L R Evans (with distinction), M Grolman O Howell, D H Jenkins Anne N M Llewhelin, Flora Macaulay R M Marshall, Josephine Parnell, Mary G Powell, C Thomas

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At the annual meeting of the College, held on December 2 Dr Alexander Goodall was elected President for the ensuing year Drs W T Ritchie, O B E. Edwin Bramwell John D Comrie Charles McNeil A Fergus Hewat, and D M Lyon were elected members of council The President nominated Dr Comrie as Vice President

Dr G Lovell Gulland C M G and Dr R B Campbell were appointed representatives of the College on the board of managers of the Royal Infirmary, Edinburgh

The Services

DEATHS IN THE SERVICES

Lieut -Colonel ROBERT RICHARD HARVEY WHITWELL, Bengal Medical Service (ret) died at Worthing on December 1, aged 82 He was born at Kamptht, Central Provinces India on October 6, 1855 the son of Henry Whitwell conductor Ordnance Department and was educated at Edinburgh University where he graduated M B C M in 1879 and B.Sc in Public Health in 1880 He entered the I M S as surgeon on March 31 1880 became lieutenant colonel after twenty years service and retired on September 17 1905 During the war of 1914–18 he rejoined and served as district medical officer in Cyprus in 1916–17 Most of his service was passed in civil employment in Bengal, where he had charge of the important civil surgeoncies of Patna and Howrah in his later years His elder brother Surgeon-Major Henry Whitwell entered the I M S on April 12, 1868, and died at Bankipur on July 6, 1887

treatment The original premises consisted only of two rooms, but expansion has been rapid and, following two intermediate moves this venture of faith is again forced to seek more commodious accommodation During the period under review nearly 20 000 patients have attended the clinic, the attendances within the last two years having increased by 41 per cent An analysis of eighty children and adolescents referred to the clinic in the course of a year shows that behaviour disorder and nervous disorder account for rather more than half of the total cases Of twenty four patients referred for mental defect twenty were girls The comparatively large proportion of mentally defective girls is attributed to the fact that many social organizations use the clinic as a diagnostic centre for cases of social failure of various kinds This cannot therefore be regarded as a group which is representative of the normal community The report states that the clinic has laboured continually under financial difficulties, the present regular income being less than a third of the working expenses It is hoped that the efforts of the small band of supporters who have partially overcome the deficit will be seconded by annual grants from public authorities and local societies and by an increased number of subscribers

Tuberculosis Inquiry in Wales and Monmouth

The Ministry of Health announces that the Committee of Inquiry into the Anti Tuberculosis Service in Wales and Monmouth has held its first full meeting and is now awaiting the submission of memoranda of evidence So far memoranda have been received only from the Welsh National Memorial Association The committee contemplates holding at an early date its next meeting at which the witnesses of the Welsh National Memorial Association will be heard It is however necessary that memoranda of evidence should first be received from the local authorities sufficient to indicate the points which the authorities will desire to raise and the committee hopes that these memoranda will be submitted in time to enable the next meeting to be held at Cardiff early in the New Year

SCOTLAND

Orthopaedic Centre in Dundee

Opening an Orthopaedic and Rheumatic Clinic in Dundee on November 25, Mr W A Cochrane surgeon to the Princess Margaret Rose Hospital for Crippled Children, Edinburgh said that the clinic was an example of public spirited action and evidence of the vigour value, and importance of voluntary effort as distinct from State action There were over 800 voluntary hospitals in Britain, and it was a profound error to imagine that their day was past. A clinic such as this one in Dundee had many sides to its work In the similar clinic at Edinburgh, which was the consultative centre for much of the work for the care and cure of crippled children at the Princess Margaret Rose Hospital all kinds of crippling errors in childhood, such as club foot knock knee flat-foot, infantile paralysis, and curvature of the spine were referred to it from the schools and child welfare centres In this way the potentially and actually crippled were sought out and received proper care at an early stage The crippled child was made and not born and he became a cripple because he was allowed to become one The majority of crippling errors in childhood could be cured and the secret of this was early diagnosis and early out patient care through the activity of a clinic which was at hand The clinic also should supervise after-care throughout the growing period to prevent relapse

Edinburgh Samaritan Society

At the annual meeting on November 23 of the Edinburgh Samaritan Society Sir David Wilkie urging the need for continued support by subscriptions and by contributions of clothing, said that the work of this society was held in high regard by the whole medical profession and in particular by the honorary staff of the Royal Infirmary Continuing he said that of recent years the need for rehabilitation of the injured and the importance of the psychic factor in promoting quick and full recovery from illness had been emphasized Sometimes the most important part of treatment was that which took place during the few weeks or months after the patient left the hospital The necessary mental rest might be impossible because of economic worries dietetic treatment which was easily prescribed might be difficult to obtain on a slender weekly income or the apparatus needed to support a damaged limb might cost more than the patient who was off work could possibly provide These and similar problems were the society's constant care An organization to meet such needs must be conducted with insight, sympathy, and understanding Personal attention to individual cases without extravagance but with a broad humanity and tact must be a labour of love Not a week passed but in some contingency or other affecting patients he felt a debt of gratitude to this society It was stated at the meeting that during the past year the new cases with which the society had dealt numbered 362, and its almoners had paid 1 071 visits Payments in money had amounted to £758 and 3 161 articles of clothing had been distributed There would be still greater claims upon the society in future when the extension of the Royal Infirmary was carried out

Sale of Methylated Spirits

The Methylated Spirits (Sale by Retail) (Scotland) Act 1937 which provides for the control of the sale by retail of mineralized methylated spirits and surgical spirit in Scotland will come into operation on January 1 1938 The Act provides *inter alia* that no person other than an authorized seller of poisons (that is in general a person keeping a pharmacy or chemist's shop) shall retail to the public any mineralized methylated spirits or surgical spirit unless his name has been entered in a list to be kept for the purposes of the Act by the local authority The Act makes it unlawful knowingly to sell these substances to any person under 14 years of age It also requires that the bottle or other vessel containing them sold by retail shall bear a label specifying the name and address of the seller and the name of the spirit, and that the seller shall keep a record of prescribed particulars of the sale This record must be contained in a book kept for the purpose, and the entry recording the sale must be signed by the purchaser unless the seller has received a signed order The above provisions do not apply to (*a*) the sale of surgical spirit by an authorized seller of poisons, and (*b*) the supply of surgical spirit by a duly qualified medical practitioner, a registered dentist or a registered veterinary surgeon for professional purposes if the requirements of Section 19 (2) and (3) of the Pharmacy and Poisons Act, 1933 are complied with in relation to such sale or supply of surgical spirit in like manner as if it were a medicine Any inquiry as to any provision of the Act should be addressed to the local authority of the district Copies of the form of application may be purchased (price 1d) from H M Stationery Office 120 George Street, Edinburgh, 2

INDIA

A Fund to Combat Tuberculosis

A fund to fight tuberculosis in India to be called the King Emperor's Fund, was launched last week by the Marchioness of Linlithgow wife of the Viceroy The Premiers of the Provinces, responding to personal letters of appeal from the Vicereine, have offered full support to the campaign The King Emperor and the Queen and the Viceroy and Vicereine made donations to inaugurate the fund, and contributions have already been received

Medical News

Among the subjects dealt with in the *Supplement* this week is the British Medical Association's inquiry at the request of the Committee of Imperial Defence into the intentions of doctors in regard to various forms of emergency medical services

The House of the British Medical Association including the Library will be closed for the Christmas holiday from 4 p m on Friday, December 24, to 9 a m on Tuesday, December 28 (Library 10 a.m.)

In our advertisement columns this week the Senate of the University of London invites applications for the University Chair of Medicine tenable at St Bartholomew's Hospital Medical College at a salary of £2 000 per annum

A combined meeting of the Association of Industrial Medical Officers with the Society of Medical Officers of Health will be held at the London School of Hygiene and Tropical Medicine, Keppel Street, W C, on Friday December 17, at 5 30 p m, when a discussion on 'The Public Health Services and Industrial Hygiene' will be opened by Dr J J Buchan and Dr Donald Stewart

The British Institute of Philosophy announces that an address entitled 'The Limits of Science' will be given by Professor John Macmurray on Tuesday December 14 at 8 15 at University College Gower Street, W C Cards of admission may be obtained from the Director of Studies at University Hall, 14 Gordon Square W C 1

Owing to illness Mr J C Trevor was unable to read the paper on 'Some Anthropological Considerations of Race Crossing' before the Eugenics Society on November 23 and this has been rearranged for Tuesday, December 21 at 5 15 p m, at the rooms of the Royal Society, Burlington House Piccadilly, W

At the meeting of the Pharmaceutical Society of Great Britain at 17 Bloomsbury Square W C on Tuesday December 14, a lecture on 'Biochemistry and Pharmacy' illustrated by lantern slides will be given by Mr F Wokes, B.Sc The president will take the chair at 8 30 p m

At a meeting of the Académie de Médecine on November 6 Dr Antoine Béclère whose death was wrongly reported some months ago, delivered a remarkably brilliant address on Descartes and medicine

The annual dinner of the Medico Legal Society will be held at the Trocadero Restaurant (Empire Suite) Piccadilly Circus W, on Friday December 17 at 7 for 7 15 p m

Dr R Cecil Robertson, the head of the pathological division of the Henry Lester Institute in Shanghai is leaving shortly for China as the head of No 3 Unit of the League of Nations Epidemiological Mission to China Dr Robertson is at present in London at the League of Nations Office 16 Northumberland Avenue W C 2 selecting the medical staff to accompany him

The Queen on November 25 opened the new maternity and child welfare centre and day nursery in Bessborough Street Westminster which has been established by the Westminster City Council at a cost of £51 000

The November issue of *Industrial Welfare and Personnel Management* the journal of the Industrial Welfare Society, includes an article on Nuffield College by the secretary of the Politics Research Group Oxford and a review of a recent exposition of the Factories Act 1937 by Dr Howard E Collier head of the Department of Industrial Hygiene and Medicine University of Birmingham

Dr Matthew B Ray D S O who has been a member of the council of the Save the Children Fund since its inception has accepted an invitation from the council to become a vice president and honorary medical adviser

Up to the time of going to press the number of known or suspected cases of typhoid fever at Croydon was 269 with 17 deaths

In accordance with a resolution of the international committee and with the decision of the organizing committee elected by the Genetical Society of Great Britain at the seventh International Congress of Genetics will meet in Edinburgh in 1939 probably from August 23 to 30 inclusive Professor F A E Crew, Institute of Animal Genetics, University of Edinburgh Edinburgh 9, has been appointed general secretary to the congress and to him all correspondence concerning it should be addressed

The November issue of the Out patient Time-table has just been published by King Edward's Hospital Fund for London, and has been sent to all doctors in the London area and to a large number of welfare societies This time table is of great help in reducing the waiting period in out patient departments in that it enables medical practitioners to have at their disposal the correct day and time for the treatment which their patients need Further copies are obtainable free from the publishers, Messrs Geo Barber and Son Ltd 23, Furnival Street, E C 4

At the annual meeting of group representatives of the Hospital Saving Association held on December 1 at Kingsway Hall London it was announced that the income from contributors last year was £1,004 000 Sir Alan Anderson read from the chair a message of congratulation and encouragement from the King The chairman said that progress had been well maintained during the past year with an increase of 123 000 in the number of contributors and of £83 000 in contributory income At the end of July the contributors numbered 1 778,236 Sir Walter Kinnear said that in fifteen years the H.S.A had disbursed £5 000 000 for hospital services

The London Hospitals Street Collections Central Committee by combining flag days in the City and the Metropolitan Police District, has collected more money for the hospitals of London in three combined collections during 1937 than was brought in by the fifty six collections organized individually in 1936 by the hospitals concerned The collections this year have yielded over £32,500

The King has appointed Dr A D J E Williams, O B E Director of Medical Services, to be an Official Member of the Legislative Council of the Nyasaland Protectorate

The thousandth case and the fifty seventh death in the infantile paralysis outbreak in Victoria were reported from Australia last week The epidemic started on June 21 Up to the end of November only 173 cases had occurred outside Melbourne

A chair of the history of medicine has recently been created at Buenos Aires with Professor Juan Ramon Beltrar as its first occupant

Dr Schüffner professor of tropical bacteriology at Amsterdam University, has recently retired A museum named after him has been founded in his honour

A monument to the memory of the late Professor Emile Roux director of the Pasteur Institute of Paris was unveiled at his birthplace Confolens on November 14 when the present director Dr Louis Martin, delivered an address

The bicentenary of the birth of Luigi Galvani was celebrated at Bologna from October 18 to 20 by the city of Bologna the Italian Society of Physics and the Bologna University

The presentation of an easy chair and reading lamp was recently made to Dr W G Savage county medical officer of health by the midwives of Somerset on the occasion of his retirement

Leeds Corporation has decided to purchase for £17 000 Carr Manor Meanwood Leeds, where Lord Moynihan lived for over twenty years

from Governors of Provinces and Ruling Princes in India The new organization will concern itself with the prevention and treatment of tuberculosis throughout India, where deaths from this disease are estimated to number some half a million every year Its aim is to encourage and expand the work of existing anti-tuberculosis organizations, and 95 per cent of the money raised will be spent in the areas which contribute to the fund The project has received widespread support in the Indian press and other influential circles Even if the money received is not large enough to provide sanatoria and tuberculosis clinics throughout the whole of urban and rural India, it should go far to check invaliding and mortality from this disease and provide facilities for research on the preventive side There can be little doubt that nutrition has an important bearing on the problem

Countess of Dufferin's Fund

The annual report for 1936 of the National Association for Supplying Medical Aid by Women to the Women of India, comprising the original Countess of Dufferin's Fund, the Women's Medical Service, and the Central Office, contains a reference to the rebuilding of the Dufferin Hospital in Calcutta, which will involve the provision of better conditions for the housing and training of nurses Grants from the Silver Jubilee Fund are being used for this purpose, and also for the improvement of the Dufferin hospitals at Vizagapatam and Karachi The Dufferin Hospital at Amraoti is to be rebuilt on a new and better site A biochemistry department has been opened at the Lady Hardinge Medical College, New Delhi, in close association with the pathology department, and the most urgent need there now is a new pharmacology section, though the College is still cramped for quarters for senior and assistant members of the staff and for office and store accommodation Classroom and museum space could also be advantageously extended if funds permitted Better organization of the out-patient department is necessary, and also specialization of the eye, ear, nose, and throat department Women s hospitals in Delhi have too few maternity beds, a distressing sequel to the attempts which have been made for some years to popularize institutional treatment of obstetrical cases A new maternity block is urgently needed, and extension of the children s ward and the *x*-ray department is highly desirable An increase in the influx of maternity cases is also reported from other hospitals, including the Victoria Zenana Hospital, Delhi, the Lady Aitchison Hospital at Lahore, the Lady Sandeman Dufferin Hospital at Quetta, and similar institutions at Madras, Karachi, Calcutta, and elsewhere The Women's Medical School at Agra has expanded, but a septic midwifery block is still urgently needed, a preliminary training school for probationer nurses is being started The out-patient work is particularly heavy at Lucknow, the ante natal clinic is well attended, and every available inch of room on verandas and elsewhere is being used for in-patients The case statistics at the Lady Elgin and Crump Dispensary at Jubbulpore are the highest on record, and a new hospital for women and children is being envisaged despite the shortage of funds From many centres come reports of the difficulty experienced in training nurses owing to the poor general education of candidates, few can speak or understand English A new surgical block has been erected at Bettiah in the Province of Bihar and Orissa, the cost having been met locally The child welfare centre there is very popular and is doing excellent work, including the instruction of local dais Useful reconstruction has been effected at the Ganesh Das Hospital for Women and Children in Assam and help has been obtained from paying patients cheaper paying wards for Indian patients are still needed also an out-patient block separate from the main hospital building and an isolation room An account of the founding of the Countess of Dufferin s Fund and its subsequent progress has been published and circulated in India and the United Kingdom

Correspondence

Treatment of Psychoneuroses

SIR,—I was glad to read Dr Marion E Mackenzie s letter in the *Journal* of November 20 (*p* 1046) It is agreed on all hands that some 35 per cent *at least* of all sickness is of psychogenic origin, and yet this "third" of preventable economic loss to the country is left practically untreated

The psychological approach is still a tortuous byway without any guideposts It is still beset with rank grass, and will be till more venture on it The difficulty in treating the psychoneuroses is not merely owing to the lack of "clinics," though, as Dr Mackenzie says, this is deplorable, but rather is the difficulty inherent in the subject The only method known at present of treating these cases seriously is by some form of psychotherapy either suggestion, re-education, or reductive analysis, each one of which methods means a considerable expenditure of time The time factor at present is the insuperable barrier to anything like efficient treatment Each case must be dealt with individually by *one* practitioner over a period of many hours, probably something in the neighbourhood of 100

Several years ago an attempt was made in Sheffield to form an out-patient department for such cases, and though some benefit is derived from this—if only that the patients feel that someone is trying to help them—this effort at amelioration is largely stultified by the number of patients seeking treatment At present it is only possible to devote one half-day a week to the clinic, and with two of us working there for three hours it is only possible to deal with the mass of material presented in a superficial manner The best we can do is to pick out one or two cases who seem from their general survey to be most likely to react to and co operate with any attempt at psychotherapy, and to arrange for special interviews for these on other days With the amount of time at one s disposal it is clear that only about half a dozen patients can be so treated in the year by two men

When I say that on any single afternoon of the clinic as many as eight or nine new cases may be sent up, it is clear that, of the 400 cases thus seen per annum to be able to treat seriously only six is saddening The only solution to the problem is for the practitioner to treat his patients privately This is clearly the best solution The practitioner knows the family background, and so starts off with a great advantage over the specialist The only difficulty is lack of knowledge of psychological medicine, due to a complete absence of any teaching of this subject in most curricula Attempts are being made here and there to remedy this, but opposition is always met with, not perhaps active opposition that could be met and disposed of, but rather the opposition of refusal of interest by the Faculties

There are signs, however, of some improvement in this aspect of the question, and it is to be hoped that medical students in the near future will leave their schools with some knowledge of the mechanism of psychoneuroses, so far as this is known—and better still, may have their interest stimulated in a condition which is going to form so large a part of their future work —I am, etc,

E FRETSON SKINNER

Sheffield Dec 1

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B.M.A. HOUSE TAVISTOCK SQUARE W.C.1

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

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QUERIES AND ANSWERS

Incapacitating Diarrhoea

"EMDEE" writes: I would be grateful for advice as to treatment in my own case. For many years I have suffered from "morning diarrhoea" which is only relieved by a good dose of tinct. chlorof. et morph. co. or some similar compound. The motions are copious and a little slimy. There is another milder attack at 10 p.m. It is rare for sleep to be disturbed but I am awakened by general abdominal pain. Cold weather aggravates the condition. I had some trouble as a child but the condition was negligible until service in the East, during the Great War, caused me to be invalided for this condition. Every known examination has been made including liver tests, x rays and sigmoidoscopy, but the results are negative. My weight is normal, my colour good, alcohol I dislike and my diet is light and easily digestible. My only indulgence is in tobacco. There appears to be merely a copious exudation of fluid into the colon, since a recent period of residence in the Tropics reduced the trouble considerably and I associate this with continuous and profuse sweating. Bismuth bromides, arsenic, tannin, kaolin, and antiseptics are quite useless.

Generalized Psoriasis

"M.B., B.CH." writes: I would be grateful for suggestions as to the treatment of a case of generalized psoriasis. This appears regularly every autumn in an old lady aged 68. She has a chronic infective arthritis accompanying the psoriasis, which has improved considerably after gold injections. Is there anything I can give her in the late summer months to prevent a recurrence of the psoriasis, which always arises in November or December? Tar preparations seem of no avail. She has been on a fat-free diet for nine months with no improvement. Only sedatives and a soothing ointment seem to be of any value in the acute stage.

LETTERS, NOTES, ETC.

Subcutaneous Emphysema during Labour

Dr. W. J. GRAY (Glengall Hospital, Ayr) writes: A primigravida aged 27 went into labour at term. The nurse in attendance drew my attention to oedema of the eyelids. No crepitation could be elicited at that time but later in the second stage of labour, delayed in this case by a fair degree of rigidity of the perineum, the face assumed a very puffy appearance and the typical "crinkling" sensation could be appreciated. The patient delivered herself spontaneously. The emphysema gradually extended over the neck and chest. The pulse rate remained a trifle high despite a normal expulsion of the placenta. Twelve hours after delivery the temperature rose to 99.5° F. but settled shortly afterwards. The puerperium was quite normal otherwise.

*** A full account of a similar case appears in this issue of the *Journal* at p. 1169.—ED., *B.M.J.*

A Questionary on Sulphanilamide in Puerperal Sepsis

The December number of the *Practitioner* contains a symposium on sulphanilamide drugs. In an article on the assessment of the efficiency of chemotherapeutic substances Dr. Lionel E. H. Whitby makes the interesting suggestion that a questionary issued to men in general practice on the treatment of puerperal sepsis with sulphanilamide would provide material for a collated article of immense value. The *Practitioner* has, therefore, had the enterprise to follow up Dr. Whitby's suggestion by including in its December issue a loosely inset four-page questionary. The two questions on the first side of the leaflet are: (1) What is your average number of maternity cases per annum? (2) Have you experienced any cases of puerperal sepsis? If the answer to the second question is in the affirmative the reader is asked to fill in details of cases observed between January 1, 1928, and December 1, 1937, under the headings of septicaemia, peritonitis, and pelvic cellulitis. Additional copies of the questionary can be obtained post free on application to the *Practitioner* at its offices, 5 Bentinck Street, London, W.1. The result of such an inquiry should be of much interest and value if a sufficient number of medical men would agree to pool their experience. It is, perhaps, needless to say that any information supplied will be strictly confidential.

Disclaimer

Dr. J. SINCLAIR (Thornton Heath, Surrey) writes: May I disclaim responsibility for the publicity which I have received this week in the Press? I have a patient suffering from ulcerative endocarditis, the causal organism being the *Streptococcus viridans*. My attention was drawn to a newspaper cutting stating that a Canadian doctor was seeking a man who had recovered from an endocarditis. The name of one such man was quoted, but not his address. In view of the gravity of my patient's condition, and also of the fact that the man in question might be asked to go to Canada at a near date, I telephoned the newspaper on Sunday morning and asked for his address. This was not known but they gave me the address of Dr. Ross of Ilford who knew the man. I got in touch with Dr. Ross, and I learned from him that this patient had had an acute infection with *Streptococcus viridans* and had recovered. Dr. Ross very kindly offered to get the man to telephone me and I then waited to hear from him. To my surprise I had a telephone message on Sunday afternoon to say that the newspaper men had found the man I wanted and were bringing him to see me, which they did. I obtained his consent to be a donor for my patient. His blood was suitable and the transfusion was carried out at Croydon General Hospital. I realize now that it was too much to expect that the newspaper in question would be content with getting me in touch with Dr. Ross. I could not break faith with my patient by refusing to go on with the proposed transfusion and I could see no other way of avoiding a certain measure of newspaper comment. I did my best to keep it down, but those of your readers who have had experience of reporters will appreciate my difficulties.

A Practical Christmas Gift

There could be no more acceptable Christmas gift for a doctor than the Westric Car Battery Trickle Charger, produced by the Westinghouse Brake and Signal Company which will ensure that the battery to his car is kept charged and in good condition. The gadget, which is designed for A.C. mains, is easy to instal, simple to operate and needs no attention or renewals. It may be obtained complete with cable and special plug and socket for fitting to the dashboard for 75s.

William R. Warner and Co. Ltd. (Power Road, Chiswick, W.4) have sent us a copy of their *Calendar of Medical History* for 1938. It has been thoroughly revised and brought up to date and some new information has been added. Copies will be sent free on request to doctors residing in Great Britain and Northern Ireland.

Immunization against Typhoid

SIR,—The Croydon outbreak of typhoid fever has raised several important questions The bogy of the negative phase" has again appeared I am not aware of any clinical evidence in support of the view that the occurrence of that phase renders a human being more susceptible to an attack of typhoid During the war in the first half of 1915, 14 836 Belgian civilians were inoculated in Ypres and its neighbourhood in the presence of a risk of infection very much more imminent than exists in Croydon at present Incidentally I may observe that in April 1915 the Belgian Government made inoculation compulsory under a penalty of expulsion from Belgium in case of refusal, the first instance of compulsory antityphoid inoculation of a civilian population The inoculations were carried out by the members of a well known Red Cross unit, and I was privileged to take a small part in the antityphoid campaign Besides the Belgian civilians all the members of the unit who served in Belgium and France several hundreds in number, were inoculated So far as I know no instance of increased susceptibility occurred among those thousands of persons

Then there is the question of the serum treatment Dr Watson Smith writes that in his hands in the Bournemouth epidemic serum gave equivocal results I am not surprised at that statement In years gone by I had some experience of serum treatment and found it very uncertain in its action I have had no experience of the serum at present in use, which, I gather from report, is that prepared at the Lister Institute under the direction of Dr Felix But two or three years ago Dr Felix was so kind as to lend me the notes and temperature charts of a number of cases treated with his serum in Egypt and Palestine and I also had the opportunity of hearing Dr McSweeney read a paper on the treatment From the facts then presented to me I came to the conclusion that the serum was certainly beneficial in some of the cases but that its action was very uncertain (In my view Dr McSweeney has not brought forward any further positive evidence in favour of the serum in his paper published in the last number of the *Journal*) I did not think that the results obtained were better than those observed in some cases treated in 1909 with a serum also prepared at the Lister Institute and reported by Professor Tanner Hewlett and others, including myself in the *Proceedings of the Royal Society of Medicine* for that year At that time I was of the opinion that the beneficial results were due to a specific action, but subsequent experience with serum and with vaccines at the Eastern Hospital Homerton and at the Queen Alexandra Hospital, Dunkirk, led me to alter my view and I now hold that some at any rate, of the beneficial results, and possibly the most dramatic of them are due not to a specific but to something in the nature of a protein reaction If the serum is not specific it will be of no use for temporary immunization But the circumstances of the Croydon epidemic do not appear to warrant the employment of a general immunization—I am, etc,

Hemingford Abbots Hunts Dec 5 E W GOODALL

SIR—In view of the diversity of the opinions expressed in your columns (*Journal* November 27, p 1092) on the value of prophylactic inoculation during an epidemic of typhoid fever, it seems imperative that the profession should arrive at a definite decision on this point. Will therefore, the opponents of this life saving measure be good enough to quote any statistics from actual experience in support of their views? After the simple precaution of boiling all milk and drinking water in a suspected area—which should at once limit the field of investigation and in many cases the spread of infection—has been put into practice, inoculation, which has stood the test of war conditions seems only a natural further precaution In doubtful cases it might be wise to employ smaller initial doses—I am, etc.,

J G FAYRER HOSKEN

Dursley, Gloucestershire Nov 30

SIR—In an article published by you on December 4 (p 1128) the following statement appears

> Perhaps the most extensive and careful study bearing on this point is that of Ramsey, who gave vaccine to 2 402 household contacts of whom only nine subsequently developed typhoid fever while among 2 886 unvaccinated contacts no fewer than 203 did so

I am afraid that a casual reader might suppose that the author, who is indeed a careful and accurate worker, put forward the figures you have quoted as being fairly comparable Not only did he explicitly state that they were *not* properly comparable but he provided statistically comparable data Ramsey was familiar with the gross fallacy of comparing totals which neglected the period of exposure to risk in the vaccinated and unvaccinated states It should be obvious that if one starts with a group of persons all exposed to a particular risk of disease and *over a period of time* gives doses of coloured water to some of the persons who had not, at the time the dose was given, suffered from the disease, the final percentage of drinkers of coloured water attacked by the disease must be smaller than that of all persons attacked, because a greater or larger proportion of the water drinkers passed through a period of risk before drinking the potion and, had they fallen ill would have been debited to the unprotected class

Analysing his data by a correct method Ramsey reached this result Among those who had received three inoculations the expected number of attacks was 25 and the observed number 6 Of those exposed between the second and third doses the expected number was 13 5 the observed number 8 Of those exposed between first and second doses the expected number was 18 5, the observed number 9 He concludes for good statistical reasons that contacts who had received a full series of doses enjoyed a substantial advantage over the controls but that in the other categories the advantage was doubtful—I am, etc

London W C 1, Dec 7 MAJOR GREENWOOD

Management of Typhoid Fever

SIR—With reference to my letter of November 29 (*Journal* December 4, p 1140) Dr R S Thomas of Exmouth has kindly sent me a copy of the dietary I gave him some thirty years ago as being the one I was using in typhoid fever and this has refreshed my memory as to details Three pints of whey fortified with plasmon and lactose as stated, were substituted for the milk diet then commonly used, and lemon juice orange juice and raw meat juice given The plasmon was made into solution by boiling in 12 fl oz. water, and 2 fl oz of the solution was added to alternate two hourly feeds of 5 fl oz whey the lactose being given with the other feeds

As already said other preparations are now available, and it would be useful if a dietist would suggest a dietary, as attractive as possible, which would produce a minimal residue while providing sufficient nourishment It would sometimes be helpful in other abdominal conditions—I am etc.,

W T GORDON PUGH M.D., F.R.C.S

Bournemouth Dec 6

EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

465 Auscultatory Diagnosis of Joint Affections

O EISENSCHIMMEL EISEN (*Wien klin Wschr* September 3 1937, p 1251) believes that auscultatory diagnosis of joint affections has not become popular owing to the lack of systemization of recorded findings and the amount of practice required in auscultating healthy and diseased joints He suggests that the stethoscope be firmly pressed against the joint during active and passive movement A joint is best auscultated over the region of the capsule—namely, over the transverse processes of the spine the acromion process the femoral condyles, and so on In arthritis deformans an interrupted and muffled crackling or rattling sound is heard the same is true in chronic polyarthritis and Bechterew's disease In rheumatism there is a continuous rubbing or creaking which may be muffled or moderately clear In polyarthritis due to rheumatic fever arthritis following gout or infections—for example typhoid tuberculosis and gonorrhoea—there are no auscultatory signs The author states that auscultation often reveals the diagnosis long before bony changes can be seen radiologically

466 Erysipelas Statistics

R BRANDBERG and G AKESON (*Acta chir scand* 1937 79 6 495) review their experiences of 302 cases of erysipelas observed in a Swedish hospital between March, 1910 and June 1936, and fairly uniformly distributed over this period Of the 298 cases in which the sex was recorded only 123 were male and in this respect the authors experience coincides with that of other writers Discussing this sex difference the authors conclude that it reflects the comparatively great tendency of women to develop defects and changes in the skin which serve as points of entry for the infection But they do not confirm the opinion that injuries to the hands and forearms sustained in the domestic work of women are in part responsible for their comparatively great liability to erysipelas for in their own material there were only fifteen cases of erysipelas in women with this localization of the disease The age distribution was fairly even and though only one sixth (fifty two cases) of all the patients were over the age of 60 fourteen (two fifths) of the thirty-five deaths occurred above this age The mortality was twice as high when the neck trunk or limbs were invaded as it was when the head was the seat of the infection (twenty two deaths in 138 patients and twelve deaths in 162 patients respectively) There were seven deaths among the sixty four patients given intravenous and intramuscular injections of a Swedish polyvalent anti streptococcal serum Neither statistically nor clinically has the authors experience with serum treatment much impressed them and they attach most importance to general measures and to the stimulation of the circulatory system

467 Sex Frequency of Peptic Ulcer

J L HANSEN (*Ugeskr Laeg* October 28 1937 p 1145) has collected from the annual reports of certain Danish hospitals the records of about 14 000 cases of gastric and duodenal ulcer medically treated since the beginning of this century In the first decade the women greatly outnumbered the men Their numbers were approximately equal in the second decade In the third and the first half of the fourth decade the men outnumbered the women At the present time about three quarters of all the patients are males During these thirty five years the number of women patients has not changed much and if account be taken of the growth of the population the frequency of gastric and duodenal ulcer in women would seem to be falling rather than rising The rise in the case of men has been most marked during the past ten years and still continues In the period under review the facilities for hospital treatment have been much increased and the diagnosis of gastric and duodenal ulcer has become more accurate but neither of these two facts can explain the remarkable change in the relative sex frequency of these diseases The author does not profess to understand this change As for the observation that at necropsies most of the healed ulcers are now found in women and most of the open ulcers in men he suggests that this is so because some years earlier women were more subject to gastric and duodenal ulcers than men Now that men are in the majority clinically the number of cases of open ulcers found post mortem is bound to be relatively great among them

468 Pulmonary Tuberculosis of Bovine Type

B LANGE (*Dtsch med Wschr* September 24 and October 1, 1937, pp 1465 and 1506) reports from the Robert Koch Institute in Berlin the results of his type determinations of tubercle bacilli found between 1927 and 1937 in the sputa of 148 persons suffering from pulmonary tuberculosis He identified the human type in 136 cases the bovine type in nine and both types in three These three cases probably represented super-infections the bovine infection being secondary In as many as nine cases (eight pure bovine infections and one mixed) the patients had milked cows, and Professor Lange is emphatic in his recommendation that adolescents between the ages of 15 and 20 should not be employed as milkers unless the herds to which they are attached are under constant veterinary supervision This rule should be applied with particular strictness to such adolescents if they are found to be tuberculin negative—a condition reflecting a lack of acquired resistance to tuberculosis With some thousand persons dying according to Professor Lange from bovine infections in Germany every year it is incumbent on the authorities to stamp out tuberculosis in cattle even if it takes some twenty years to do so Meanwhile all milk which cannot be guaranteed as coming from tubercle free herds should be pasteurized or brought quickly to the boil Infants do not suffer from the consumption of milk thus treated, and whatever deficiency of vitamin C may be caused in this way can easily be replaced from other sources

Surgery

469 Juvenile Kyphosis

J SCHILDBACH (*Zbl Chir* September 4, 1937, p 2086) reviews 167 cases of juvenile kyphosis All classes of the population seem to be equally affected 57 per cent of the cases were girls Only eighteen patients were over 20 while between the ages of 14 and 17 both sexes were equally represented Of the 167 cases 122 were city dwellers while the country dwellers were represented only by forty five cases Twenty seven per cent of all cases showed a simultaneous scoliosis The author describes the early and late clinical and radiological manifestations and the methods of treatment Satisfactory therapeutic results were achieved in 136 out of the 167 cases twenty cases remained uninfluenced by the treatment while eleven showed an aggravation of the condition

470 Nephroptosis

H MATHIESEN (*Hospitalstidende* October 5 1937 p 1097) reviews the changes in fashions in the treatment of nephroptosis and points out that the enthusiasm for operative treatment waned when the ultimate results proved disappointing and attention was drawn to the fact that nephroptosis may be only one link in the chain

Research and Teaching in Rheumatism

Sir,—In Sir Leonard Hill's letter to you of November 29 he quoted the Chief Medical Officer of the Ministry of Health as having defined, in 1925, the arthritic unit (presumably the ideal one) as "an institution situated near and working in the closest co-operation with a large teaching school of medicine or a university which would enable it to fulfil the purposes of research and observation, as well as of treatment." If to observation, research, and treatment is added the word "instruction," there is, in London, one department, and, so far as I am aware, only one, which satisfies all these requirements. At the London Hospital there has been in existence for several years such a unit. This unit "works in the closest co-operation with a large teaching school of medicine *and* a university", there are obviously "opportunities for research", the unit has beds attached to it, specially earmarked for the observation and treatment of the rheumatic diseases, with clinical clerks regularly allotted to these beds. This unit is under uniform control with the Department of Physical Medicine, which has just been provided with a completely new building and modern equipment.

Finally, instruction in these diseases is imparted not only to medical students, before and after qualification. In September, 1936, a School of Physical Medicine was added for the instruction of women in the technique of this specialty.

Referring to the final statement in Mr Dudley Hobbs's letter in the same issue, it is obvious that Mr Hobbs was unaware of these facts. With regard to the penultimate phrase in that letter, the London Hospital rheumatism unit long antedates the formation of the Empire Rheumatism Council.—I am, etc.,

London, W 1, Dec 7 ROBERT STANTON WOODS

"Cures" in Rheumatic Disease

Sir,—Mr A G Timbrell Fisher (*Journal* November 27, p 1094) takes exception to the use of the word "cure" in spa advertisements, and suggests that members of the public have not the subtlety necessary to interpret the term as synonymous with a "course of treatment." The term "cure" in relation to spa treatment has been used for generations. We speak of "water cures," "milk cures," and "after-cures," and the Germans use *Kurhaus, Kurtaxe,* and *Kursaal*. We hear constantly that some distinguished personage has gone to this or that spa for a "cure" or to take a "cure," and the general public understand quite well what is implied. The large Oxford dictionary defines a cure as 'a particular method or course of treatment directed towards the recovery of a patient, as a water cure,' a 'milk cure,' etc," and refers to a publication by F Fuller entitled *The Cold Bath Cure* in 1704. The phrase "the cure is taking effect" is in daily use, and does not necessarily apply to balneological or hydrological methods of treatment. As an orthopaedic surgeon Mr Fisher comes in contact with the end results in cases of rheumatic disease, while the work of the spas is concerned *with the early and less chronic cases*. At the Royal Bath Hospital, Harrogate, the medical staff in their annual report do not publish any table of statistics of results. Results are a matter of degree, and depend on what the physician sets out to accomplish in each individual case. Further the benefits in many cases are not apparent until some time after the patient has gone home. As a spa physician of over thirty years standing I am convinced that a "cure" at a spa can be of very great benefit in the majority of rheumatic cases, and that it is superior to and more lasting than the more modern treatments by vaccines, protein shock, and gold therapy. The chronic rheumatic diseases consist of a series of signs and symptoms, depending on a number of factors which may be metabolic, infective traumatic, or even psychical. Each case must be treated individually. Even marked cases of osteo arthritis experience benefit, not that the osteo arthritis is removed, but because the accompanying fibrositis is relieved, and this lessens the pain though not *the disability*. Some cases receive benefit in a fortnight, others require four or five weeks' treatment.

The "cure," or "course of treatment" as Mr Fisher would prefer to call it, entails the employment of many factors—the internal administration of mineral waters to improve general metabolism, physical treatment such as hydrology, electricity, and massage, and last but not least, psychical treatment by change of environment, absence from the daily routine of household or business worries, etc., emphasis being laid on that form of treatment which, in the opinion of the physician, is most suitable for the case under consideration. I am quite at one with Mr Fisher in his objection to the extravagant advertisements regarding some of our spas and clinics, but I can see no objection to the comprehensive and concise term of "cure" which these establisments employ.—I am, etc.,

Harrogate, Nov 30 G L KERR PRINGLE

Correct Footwear

Sir,—The recent correspondence in your columns tempts me to suggest a new field of research. I refer to the feet and footwear. The numbers of men and women who try one style of shoe after another is evidence of the amount of foot discomfort which exists. But does *that discomfort end with the feet? May not many ills* be traceable to this source? What, for instance, may be the *effect of the modern chemically treated leather and* leather substitutes? Has rubber any deleterious effect? These may be matters of great importance. From observation over the last three or four years I know that the whole construction of shoes requires alteration. Not that one means to alter the appearance of shoes and make them ugly, but the method of building the shoes right from the foundation of the insole on the last urgently requires revision, because manufacturers attempt to comply with the shape of the foot *without any regard to its* physiology.

Properly corrected shoes will help in the treatment of many disorders of the stomach bowel, uterus, chest, etc., and also, as would be expected, in spinal troubles. Imbalance leads to contracted spinal muscles, and perhaps eventually to fibrositis and arthritis, and there may be a direct connexion between footwear and rheumatism and arthritis.

I recently treated a boxer who was thought to have broken his neck and had been put up in a plaster collar. When I saw him the collar had been removed but there was great tenderness of the tissues of his neck and any attempt at movement caused severe pain. For several days I tried, with little success to get his neck muscles relaxed; then I thought of his feet. The toes of both feet were contracted and claw like but fortunately with treatment and by adjusting his shoes they started to straighten out and function. The interesting thing is that immediately he started wearing the corrected shoes his neck muscles began to relax and voluntary movement increased day by day and I have no doubt that these contracted tissues were prevented from going on to a chronic fibrositic state.

I have seen so many cases of arthritis of the feet, knee, hip, spine, etc., helped by corrected shoes that I venture

of a general visceroptosis The author's material consists of seven men, forty-one women, and two children treated in a Danish hospital The nephroptosis was bilateral in nineteen cases, unilateral in thirty-one It was right-sided in all but four of these unilateral cases Some form or other of dysuria existed in forty cases, and in fourteen haematuria was demonstrable Cystitis was found in eighteen cases, and twenty had been associated with bouts of fever In only nine cases was the involved kidney palpable Partly by pyelography, partly by operation, hydronephrosis was demonstrated in sixteen cases, kinks of the ureters in fifteen, and rotation of the kidney in seven Calculi were found only in two cases In twenty-five cases nephropexies and in two cases nephrectomies were performed The nephropexies brought about recovery in twenty cases and improvement in two The author suggests that when an operation is not indicated the patient can often dispense with even conservative treatment But in certain cases relief of symptoms can be obtained with a well-fitting belt applied while the patient lies on her back with the pelvis raised The effect of a belt should be controlled by pyelography in the standing position The indications for operative treatment are severe attacks of colic, constant pain reducing working capacity, hydronephrosis, aberrant vessels or bands, nephrolithiasis, and relapsing pyelitis

471 Carcinoma of the Penis

W W WIGHTMAN (*Urol cutan Rev* September, 1937, p 621), who records three illustrative cases in uncircumcized men, aged 20, 69, and 79 respectively, states that carcinoma of the penis is not rare, but is second in frequency of all skin cancers Its incidence varies with geographical and racial differences In Europe it is seen in from 1 to 3 per cent of cases of carcinoma in the male, as compared with 17 5 per cent in Indo China and 10 per cent in Cochin-China Only occasionally is it found in Jews On the other hand, of seventy-eight consecutive cases of cornifying epithelial cancers among male Mohammedans seven were cancer of the penis Prolonged irritation and trauma are predisposing causes Most cases occur between the ages of 40 and 60 Penile cancers may be papillary, non-papillary, or ulcerating and infiltrating The course is relatively slow, being usually from one to three years Visceral metastases in the liver, lungs, heart, stomach, and nervous system, in that order, may occur but are rare Prophylaxis consists in circumcision to prevent irritation of the glans Treatment by irradiation is suitable in mild cases, but in advanced cases amputation is required

472 Ossification of the Tendo Achillis

H HUFNAGL (*Munch med Wschr* September 3, 1937, p 1410) describes three cases from the literature, and adds a fourth, of ossification within the tendo Achillis—this being the commonest site of such an intratendinous process, which is much rarer than the formation of bony spurs at the insertions of tendons or ossification within muscles towards their tendinous ends Accident appears to have preceded each case of ossification of Achilles's tendon and in addition one patient had had the tendon divided by a scythe, and another a tenotomy for talipes Hufnagl's case afforded evidence of cartilaginous and osseous metaplasia from connective tissue, it was treated, after excision of a length of 9 cm of tendon, by transplantation from the fascia lata No recurrence has appeared as yet, but the operation was only performed seven months ago

473 Angioma of the Knee

According to E RAGNOTTI (*Arch ital Chir* 1937, **46**, 2, 189) angiomata affect the lower limbs in less than one case in ten and are distinctly rare in the articular capsule of the knee-joint From a consideration of twenty-five recorded cases and one personal case he concludes that in this situation they occur in infancy or youth and generally call for treatment in the second or third decennium for repeated attacks of pain, sometimes following trauma and sometimes associated with intrasynovial effusions of blood or blood stained fluid With the exception of extreme flexion active and passive movements are in the intervals only slightly limited The knee shows a soft, elastic swelling, or swellings, over which the skin is movable, more commonly to one side of the patella Pre operative diagnosis is not always possible, but may be suggested by the occurrence of bloody effusions, by the occasional presence of cutaneous angiomata, by the tumour's increase of size in the erect posture and diminution when subjected to pressure and by the speedy radiological disappearance of opaque media injected into it Confusion with tuberculous arthritis is common Treatment is surgical, and usually leads to considerable haemorrhage There are circumscribed and diffuse forms, of which the latter may cause erosion of cartilage and bone, necessitating a resection of the articular surfaces

Therapeutics

474 Sulphanilamide in Cerebrospinal Fever

R TIFFENEAU and J J MEYER (*Paris méd* September 18, 1937, p 215) state that sulphanilamide is not only an effective drug in the prevention and treatment of streptococcal infections, but also in various other infections, such as those caused by the meningococcus, pneumococcus, gonococcus, *B coli* and *B typhosus* Intrathecal injection is unnecessary in cerebrospinal fever, and the dosage by the mouth should be some 6 grammes every twenty-four hours, an initial dose of 3 grammes being followed twelve hours later by 1 5 grammes, which is then given every six hours When the temperature has fallen, the meningeal signs have disappeared, and the cerebrospinal fluid has become normal the daily dose should be reduced to 3 or 4 grammes In the infant the daily dose should not exceed 2 grammes In most cases of cerebrospinal fever administration of sulphanilamide by mouth is sufficient to effect a cure in from one to three days In severe forms serum treatment is also indicated

475 Acacia Therapy in Nephrotic Oedema

M J LEPORE (*Ann int Med*, August, 1937, p 285) discusses the rationale of the treatment of nephrotic oedema by the intravenous injection of acacia solution The object of this form of therapy is to raise the serum colloid osmotic pressure, and thus to encourage the flow of fluid from the tissues to the capillaries Lepore treated four cases by this method, with favourable results as regards diuresis and diminution of oedema As a result of his study of these cases he concludes that the diuresis is due not so much to an increase of the plasma colloid osmotic pressure as to an increase in plasma volume For this reason he uses relatively small doses, usually 500 c cm of 6 per cent acacia in normal saline for adults, repeated at daily intervals for three or four days The plasma albumin level should be closely watched, and if it falls too sharply acacia therapy should be discontinued until the albumin level has been substantially improved A previous adequate trial of a high protein salt-poor diet and diuretics such as urea or saline diuretics is indicated Transfusions of whole blood, serum, or plasma should also be tried before using acacia The usefulness of the method is not limited to cases of nephrosis for the results have been equally good in cases of chronic active glomerulonephritis in the nephrotic stage The so called deleterious effects of acacia described by other writers may be explained on grounds other than those of the toxicity of acacia.

to suggest that proper shoes might be the means of preventing certain of these conditions, but medical research —quite apart from leather research—is necessary to enable us to find this proper footwear—I am, etc.,

London, W 1, Dec 2. THOMAS MARLIN

Radiological Imagery

SIR,—The recent correspondence on incorrect expressions in radiology (*Journal* November 20, p 1047) prompts me to call attention to the widespread misuse of the word visualize One constantly reads of radiologists "visualizing" the appendix, gall bladder etc meaning that they have made an image of the organ concerned on a film According to the Shorter Oxford English Dictionary, however, to visualize ' means to form a *mental* vision, image or picture of to construct a visual image *in the mind* (Italics mine) To use the word in the sense of making a thing visible to the eye is therefore quite incorrect More appropriate expressions would be "to demonstrate," ' to reveal,' or, more simply, to show —I am etc.,

Cambridge Nov 30 FF ROBERTS

Leriche's Work at Strasbourg

SIR—In view of the widespread interest that Professor Leriche s methods of dealing with pain have aroused in this country a short account of what is being done at his clinic is perhaps, timely He and his assistant surgeons are all well accustomed to visitors from abroad, and were always ready to demonstrate any method and to discuss its rationale

There was a great deal of gastro-intestinal surgery to be seen not essentially different from that over here, except for the frequency with which spinal anaesthesia or local infiltration with novocain was used I saw several cases of partial gastrectomy carried out entirely under local anaesthesia Endarteritis obliterans is quite a common condition in Alsace, apparently hence arteriography and arteriectomy were almost daily occurrences The most interesting cases were of course, those of infiltration with novocain for therapeutic purposes either of the area in which the pain was felt, or of the stellate or lumbar sympathetic ganglia I was told that with proper technique infiltration of the stellate ganglion was almost devoid of complications Though several were being done each day, in a year only two cases of pleural puncture had occurred, each leading to a pneumothorax which cleared up spontaneously in two days One case of syncope had resulted from injection of the solution into the vertebral artery but recovery was complete in less than an hour There were no complications after lumbar infiltration so I understood.

I saw a fracture of the surgical neck of the humerus treated by local infiltration The fracture was four days old and no active abduction was possible Thirty-six hours later after two infiltrations and no other treatment, active abduction through a right angle was possible without pain and without scapular movement A sprain of the internal lateral ligament of the knee joint was being treated successfully by repeated injections of novocain into the ligament. Pain in an amputation stump which had defied all treatment for five years had already been greatly improved by a combination of infiltration of the lumbar sympathetic plexus and of the sciatic neuroma cure was hoped for A septic arthritis of the knee in a young boy whose condition was poor in spite of good drainage of the joint, was treated by lumbar infiltrations every two or three days to improve the circulation in the limb A patient with constant tinnitus of ten years standing was completely relieved for three hours after infiltration with novocain of the stellate ganglion Another with neuralgia in the region of the mandible was receiving the same treatment Though I did not see it done I was told that capsular infiltration was often successful in giving relief lasting several months in osteo arthritis of the hip joint Cases of tennis elbow, sprained ankle and phlebitis were all treated by repeated infiltrations

Perhaps most striking of all was the use the local football clubs make of Professor Leriche s methods On the field it seems stands the players doctor, syringe in hand The moment a sprain occurs the appropriate spot is injected, whereupon the player goes on with the game, which he finishes without further pain I was told that later, when the effect of the novocain had worn off little or nothing was felt of the sprain owing to the inhibition from the beginning of the reflexes that set up oedema, muscular rigidity, wasting, etc Here would appear to be a practice particularly suited to sporting conditions, and it ought not to take more than a few weeks to test these findings in England—I am, etc,

London W 1 Dec 2 J H CYRIAX.

Antuitrin S Intradermal Pregnancy Test

SIR—I read with interest the article in the *Journal* of November 27 (p 1069) on the antuitrin S intradermal pregnancy test by Dr A Morton Gill and Mr J Howkins Their conclusion was—in a series of 147 cases, of which ninety-eight were females—that the test had proved to be valueless in their hands My own conclusion in a series of 400 cases (female), is to be published in the near future in the *Journal of Obstetrics and Gynaecology of the British Empire* and is that the test in its present form is not dependable In cases in which the antuitrin S test was negative indicating pregnancy, there was an error of 13 2 per cent, and in cases giving a positive reaction there was an error of 4.9 per cent

In addition in seventy-four cases the reaction was doubtful either in that the erythema was faint or the diameter of the erythematous zone approximated closely to 7 mm., which measurement is stated to delimit positive from negative results It is, of course, very unfortunate that the test is inaccurate, as the method is so simple and inexpensive However, it should not be totally rejected without further consideration, as it possesses interesting potentialities—I am, etc,

Glasgow Nov 30 ALBERT SHARMAN M D M C O G

SIR—I was interested to read the article by Dr A M Gill and Mr J Howkins on the antuitrin S test for pregnancy I have carried out a series of 234 tests this year using the same technique The following table shows the results

	Positive (Non pregnant)	Negative (Pregnant)
Females (non pregnant)	94	31
Females (pregnant)	42	67

I therefore came to the same conclusion—namely that the test was inaccurate for the determination of pregnancy The chief difficulty lies in the interpretation of the size and degree of the erythema of the skin, because this varies so much with the individual patient My thanks are due to Professor Fleming for permission to carry out the test on patients attending her clinics—I am, etc,

Obstetric and Gynaecological Unit, Royal Free Hospital W C 1 Dec 1 NORA L KEEVIL

Neurology

476 Granulomatous Encephalomyelitis due to an Encephalitozoon

A WOLF and D COWEN (*Bull neurol Inst N Y* August, 1937, p 306) describe a new human disease under the title granulomatous encephalomyelitis due to an encephalitozoon It occurred in a female infant, aged 29 days, who had had convulsions twenty-four hours after birth, and who for the six days before death had been acutely ill with fever, irritability vomiting, muscular twitchings, and generalized convulsions The cerebrospinal fluid was xanthochromic, contained 216 lymphocytes per c mm., and showed increased globulin and total protein, culture proved negative The ventricular fluid was similarly altered Macroscopically the brain showed yellowish areas of necrosis at the posterior ends of both Sylvian fissures, and the walls of the dilated ventricles were covered by a stringy yellowish exudate and denuded of epithelium The essential lesion was found microscopically to be an inflammatory granuloma, about 100 μ in diameter, composed of large oval or irregular epithelioid cells with numerous lymphocytes, and occasional plasma cells monocytes, and eosinophils There was an endothelial hyperplasia of the adjacent arterioles and capillaries and destruction of essential nervous elements at the site of the granuloma, but no definite microglial or astrocytic reaction These granulomata were widely disseminated throughout the nervous system, except in the cerebellum, and a diffuse spread of the lesion had caused the periventricular and the cortical necrosis An organism approximately 1 5 by 3 μ in size, and generally ovoid with a polar chromatin mass was found in the lesions The chromatin stained deep blue and the protoplasm pink with eosin and methylene-blue The organism occurred singly, or in dense oval or circular clusters surrounded by a fine membrane, and was both extracellular and intracellular. A localized chorioretinitis, which also contained the organism, was present in each eye The authors considered that the organism very closely resembled the encephalitozoon cuniculi found in rabbits and mice, and that it was probably related to this organism, if not identical with it The transmission of the disease is discussed, and it is suggested that this took place from the mother to the child during intra uterine life by way of the placenta The mother lived for the first five months of her pregnancy in a mice infested tenement Two incompletely described cases which appeared to be of the same type were found in the literature and the details of these cases are compared with the original case

477 Meningiomas of the Olfactory Groove

MARCEL DAVID and HARDEN ASKANASY (*Rev neurol* September, 1937 p 32) describe the results of a clinical, pathological, and therapeutic study of the meningiomas of the olfactory groove These cases formed 13 per cent of a total of 195 cerebral meningiomas operated on between 1928 and 1936 The age incidence varied from 34 to 63 years, but was greatest between 40 and 55 years Anatomically the tumours were classified into anterior, middle, and posterior types The middle type is usually bilateral and may be symmetrically so but is more often asymmetrical It develops slowly excavating both frontal lobes and pressing on the genu of the corpus callosum It is indented by the falx cerebri and although the insertion of the falx and the crista galli is often invaded the superior longitudinal sinus is never affected It may extend into the nasal fossa and it may compress the optic nerves but it does not become adherent to them The anterior cerebral arteries and their callosal branches are closely related to the tumour The anterior type is generally unilateral and arises in the space between the falx the frontal bone and the olfactory groove It does not compress the optic nerves The posterior type may develop bilaterally when it compresses both optic nerves and even the optic chiasma, and may involve the third ventricle and adhere closely to the great vessels of the base of the brain, or it may be unilateral and compress only one optic nerve The cardinal signs and symptoms are (1) constant headaches, early in onset and generally frontal and orbital, (2) anosmia which is often the first symptom, is very constant and may be unilateral or bilateral (3) diminution of visual acuity with or without a central scotoma, complete or only for colours, is an important sign (primary optic atrophy was only present with the posterior tumours, and hemianopic field defects were rare) (4) mental symptoms are generally late, but they may be early and marked, mental apathy, failure of memory, or change in character being the most usual though Korsakoff's syndrome and manic-depressive and hallucinatory states have been observed Accessory signs were facial paresis without lateralizing value, facial neuralgia, frontal ataxia and symptoms due to disturbance of the pituitary and the hypothalamus *X*-ray examination is likely to give information of value in more than half the cases and the ventriculogram, showing amputation of the frontal lobes is characteristic The differential diagnosis and the operative procedure are dealt with fully, the operative mortality is 30 per cent

478 Vestibular Symptoms after Concussion

G PORTMANN and J DESPONS (*Rev Laryng* June, 1937, p 585) describe their observations in thirty six cases of head trauma After head injuries patients often complain of vertigo much less often of deafness and tinnitus Ten of the patients had spontaneous nystagmus, if this appears soon after the concussion it probably indicates a lesion of the labyrinth but if the spontaneous nystagmus persists for several months after the accident it is more likely to be due to a more central lesion Of the thirty six patients twenty had hyperexcitability of the vestibule when tested by the rotation or caloric method nine showed normal reactions, seven showed responses which were less than normal (hypoexcitable) Among the cases of hypo excitability there was a great preponderance of cochlear lesions (deafness tinnitus, etc) According to the authors this proves that hypoexcitability occurs when the labyrinth has been directly injured by the concussion and there is some loss of function Hyperexcitability of the vestibule after concussion is much more difficult to interpret The causes may be psychic or due to alterations in the vasomotor mechanism or increased intracranial pressure without any peripheral lesion of the labyrinth If the multiple causes of hyperexcitability are borne in mind it is easy to understand why previous studies in this field have given very variable and often contradictory results

479 Syringobulbia and Syringomyelia

F KRAUSE (*Dtsch Z Nervenheilk.*, June 21 1937, p 14) considers the theories of the origin of syringobulbia and syringomyelia basing his discussion on the description of one case in which he believes that a typical syringobulbia has developed following an exogenous injury The case was that of a young man of 26 years who was apparently well until he developed an illness diagnosed as influenza Examination six weeks after the onset of symptoms showed that he had a lesion of the right side of the medulla He complained of giddiness and vomiting on sitting up and also of attacks of tachycardia Following x ray treatment he improved generally and also in respect of the neurological signs He was able to resume work for three years after which period symptoms of intense giddiness and headaches again recurred and the typical neurological signs of a syringobulbia and syringomyelia were found The patient died following an operation for duodenal ulcer At necropsy there was found in the medulla oblongata an irregular slit on the right side following the course of the twelfth cranial nerve There

Applying for Hospital Appointments

Sir—It has recently been my lot to submit applications for appointment to the honorary staff of three different hospitals, and I wish to call attention to certain unnecessary hardships which affect those who apply for these posts First, it is practically essential to submit a printed application for a post on the honorary staff, and often desirable to do so even for the post of registrar, the cost of doing this is by no means negligible, averaging between £2 and £2 10s for each appointment applied for Further, the time taken to get in fresh testimonials and have the application printed curtails the short interval usually allowed before the application has to be sent in Secondly, it is necessary to persuade one's present or late "chiefs," or other well-known medical men one may happen to know, to give fresh testimonials for each post applied for, a proceeding which becomes irksome to them and embarrassing to the man who has to ask these favours several times at short intervals, after a succession of failures to secure posts Lastly, the most important grievance that I wish to air is in respect of visiting members of the honorary staff, generally at their consulting rooms It is essential to do this as some of them are deeply offended by any failure on the part of the candidate where this formality is concerned Of course it is a pleasure to call on some of them, who could not be more courteous or considerate, but there are unfortunately not a few whose conduct is distinguished by a lack of consideration and even of common politeness I have several times had appointments made and have found on arrival, at a time arranged to suit the consultant though at considerable personal inconvenience, that he has not troubled to keep the appointment Sometimes they or their secretaries rudely say that they will not see you, as if you were insulting them by asking, which unfortunately one has to do as things are at present Again, others think nothing of keeping one waiting sometimes as much as an hour or more, and when they eventually do deign to see one they glibly say that they are not interested in the appointment and will not be attending the meeting These formalities have to be complied with by those seeking appointment to the honorary staff, but they also apply, though usually to a lesser degree, to those seeking the post of registrar, and, in some hospitals, even to house appointments

By way of constructive criticism I would like to suggest

1 That the general rule should be that applications are to be typed or duplicated, which is quicker, cheaper and just as legible as printing

2 That the hospital secretary should definitely ascertain which members of the staff wish to be called on and should inform the candidates that they must call on these consultants and on them only

3 That some sort of preliminary selection from among the candidates should be made by the committee and the obviously unsuitable candidates ruled out before the stage of visiting begins It is obviously absurd for twenty or more candidates for one post to call on all the members of the staff when a 'short list' of the likely men would surely suffice

4 The farce of submitting testimonials might well be done away with generally most of the committee do not read them and if they do most of the testimonials read much the same— 'I have formed a very high opinion of Mr Smith's abilities as a surgeon. He is an agreeable and hard working man with sound judgement and fair operative ability I have pleasure in recommending him as surgeon to your hospital, etc'

The whole thing is reminiscent of the giving of a "character" to a retiring maidservant, and it would seem that some more useful and enlightening method of selection could well be adopted In view of the fact that I am likely to continue "applying for jobs' for some time to come, I beg the indulgence of remaining anonymous for my own protection—I am, etc,

London, W 1, Dec 1 F R C S

Inhalational Therapy

Sir,—Having had experience of this therapy, based on a long period of clinical investigation, I feel it would be unfair to the organization responsible for its introduction into this country, unfair also to the thousands of doctors using this treatment in different parts of the world, and unfair, too, to the numerous hospitals and institutions where it is being also used, if Dr Harrington's letter (November 20, p 1047) were left unanswered The letter, too, may be productive of a more serious injury in that it may prevent those contemplating the use of this treatment from carrying out their intention The ingredients used in the medicament have been published There is no secret about the machines, thousands are in use in different parts of the world, and I am assured there is no patent on them The treatment is only given to patients on the recommendation of their own medical attendants, and always under medical supervision The organization has never advertised How is it possible to curb newspapers when they hear of sensational benefits derived? Surely Dr Harrington does not intend to convey to those medical men using the treatment with advantage to their patients that, because of this publicity, they should dissociate themselves from the treatment.—I am, etc

Weybridge, Nov 22 A. C Greene.

*** We understand that the formula for the mixture of drugs used in the Duke-Fingard treatment still remains undisclosed—Ed, *B.M.J*

R M B F Christmas Gifts

Sir—My anxiety increases as the time for the distribution of our Christmas gifts draws near I am indebted to many of your readers who have responded to the appeal which was made in October, but I fear that the amount subscribed to date falls far short of the sum which is needed if we are to give the much-valued Christmas gift of 30s to all our regular beneficiaries

Christmas Day to all of us is a very special day, it brings back memories of happy days in the past, and all have the wish to make each Christmas Day a happy day in our own home life I have intense sympathy for so many of our beneficiaries living in loneliness, some in one bed-sitting room at a rental of 10s a week without relatives and without friends and who can look only to the Fund as the society which "never forgets them" on Christmas Day

I ask everyone who reads this last appeal not to pass it by but to send a donation, however small or large, without delay to the Hon Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, Cavendish Square, London, W 1, so that we may be in a position to give the 30s Christmas gift to those who have so little of their own and who are befriended by the Fund—I am, etc,

Thos Barlow
President.

Dec 1

was also cavity formation in the upper part of the spinal cord The histological changes were typical, so that syringobulbia and syringomyelia had developed in a a healthy young man following an inflammatory or vascular lesion of the right side of the medulla oblongata This lesion resulted in reactive changes not only at its site but also in the surrounding tissue, giving rise to glial scarring and later cavitation The cavitation in the spinal cord is more difficult to explain, but may have been secondary to obstruction of lymph flow or to alteration in the circulation of the cerebrospinal fluid The author further considers that in syringobulbia generally the site of the fissuring is connected with the course of the blood vessels supplying the medulla This case is held to support the viewpoint that syringobulbia and syringomyelia follow exogenous injuries in normal subjects, such as chronic myelitis, local meningitis, trauma, spinal concussion, haematomyelia, and vascular lesions The more widely held theory that syringomyelia is primarily a developmental disease and that the gliosis and cavitation are secondary to a defective closure of the medullary tube is criticized by the author on the grounds that syringomyelia is not a familial disease The so-called familial cases in the literature are analysed and not accepted

480 Cobra Venom in Tabetic Crises

A ROTTMANN (*Klin Wschr* July 24, 1937, p 1051) remarks that gastric crises and severe lancinating pains most often affect those tabetics who have otherwise few symptoms, and that serological tests of their cerebrospinal fluid are commonly negative During the past two years he has treated with cobra venom many such patients who had had intractable sensory root symptoms (pain or gastric crises) for years, despite efficient antisyphilitic medication Its use was suggested by the relief of pain which has been reported by French and other observers in cases of cancer, a similar analgesic action in the luetic granulation tissue of the extramedullary part of the posterior roots might, it was surmised, give relief in severe sensory tabetic symptoms Rottmann of late has used the cobra neurotoxin in a specially concentrated form The results have been very satisfactory After initial and marked improvement many patients, as was expected, had recurrences which necessitated repetition of the treatment at regular intervals or as called for clinically Dosage is variable, but as a rule begins with 8 to 16 mouse units at intervals of three days, and is later increased With therapeutic improvement there are signs of intoxication, which suggest affection of the higher vegetative nerve centres—hunger, thirst, drowsmess, delirium, sensations of undue heat or cold, nose bleeding, profuse sweating, etc Toxic symptoms may call for treatment by calcium or pyramidon Local reactions are common after the first injections, it is inadvisable to give iodine, or to paint the skin with it On theoretical grounds, and from its total failure in his hands to relieve pain in various forms of neuritis, Rottmann concludes that the poison has no direct analgesic action, but acts on syphilitic granulations near the root fibres

481 Superior Longitudinal Sinus Thrombosis

ORVILLE T BAILEY and GEORGE M HASS (*Brain* 1937, 60, 3, 293) describe three cases of sinus thrombosis in early life which was not immediately fatal, and discuss the possibility that certain acquired cerebral defects may be due to the thrombosis of the superior longitudinal sinus and its sequelae The first case was that of a boy, aged 6, who, after acute bronchitis and otitis media, developed symptoms of increased intracranial pressure and became dull and apathetic, there were no localizing neurological signs There were bilateral papilloedema, neck rigidity, and dilatation of the scalp veins on the right side The cerebrospinal fluid contained some blood and was under pressure, while fluid from the subarachnoid space was xanthochromic The patient showed progressive impairment of intelligence and died five months later from cardiac failure due to mitral stenosis At necropsy thrombosis of the right lateral sinus and the posterior two-thirds of the superior longitudinal sinus, which had probably resulted in obstruction of tributary cerebral veins producing haemorrhage and necrosis of the brain, was found The second case was that of a female child, aged 10 months at the time of death, who when one month old developed an acute illness, with diarrhoea and vomiting, which was followed by retardation of mental development Later, when six months old, she had several convulsions, which were succeeded by symptoms of increased intracranial pressure Investigation revealed the presence of bilateral intracranial haematoma, and there was blood in the ventricular and the lumbar cerebrospinal fluid Death followed operation, and at necropsy an organized thrombus in the middle third of the superior longitudinal sinus was seen This had probably developed at the first illness and had later led to haemorrhage into the meninges and the subdural space The third case was that of a male infant, aged three and a half months, who at one month developed thrombosis of the anterior half of the superior longitudinal sinus in association with an acute nutritional disturbance characterized chiefly by diarrhoea This resulted in bilateral cortical and subcortical necrosis, with attendant haemorrhage into the pia-arachnoid Organized and canalized thrombi were discovered in the cerebral veins The authors regard these cases as demonstrating the fact that thrombosis of the superior longitudinal sinus is not necessarily fatal in a few days, and that it may give rise to acquired cerebral defects This may be the true explanation of some cases in which acquired neurological abnormalities are ascribed to an early attack of encephalitis

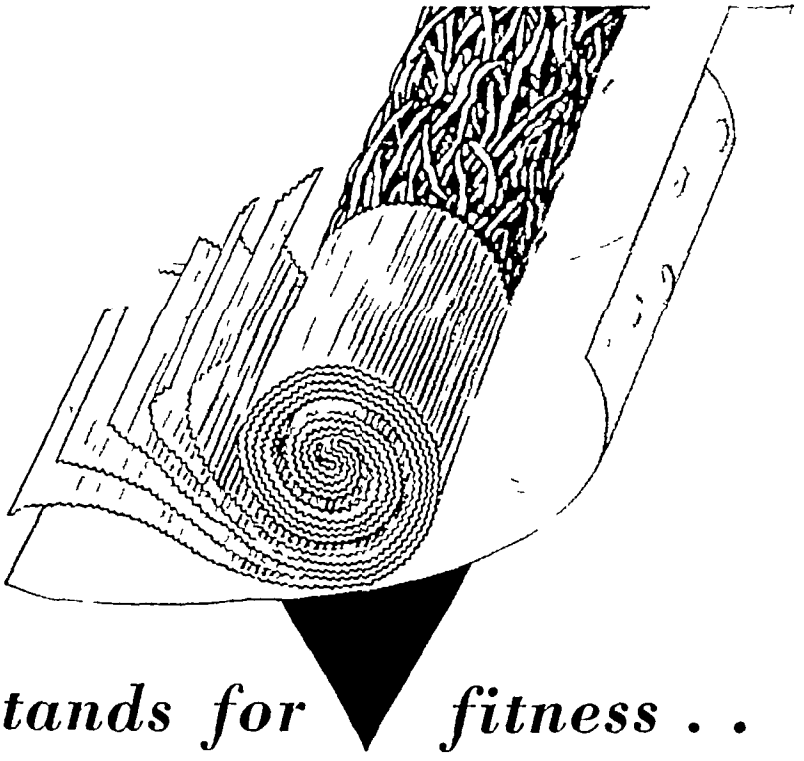
482 Parietal Lobe Tumours

O FRAGNITO (*Riv Neurol*, August, 1937, p 345) mentions as the localizing signs of tumours of the parietal lobe (1) the cortical sensory syndrome, with disturbances of the sense of spatial relationships, and astereognosis, (2) frequently unilateral ataxia, and homonymous hemianopia, (3) sometimes, in cases of left-sided tumour, word blindness He describes a case of left subcortical parietal tumour in which the earliest symptoms of right Jacksonian convulsions and right limb ataxia were followed by right hemiparesis and hemi-anaesthesia, together with a further sign which has been claimed to be typical of parietal tumour—namely, muscular atrophy most pronounced in the hand Silverstein in 1931 reported this sign in eight cases, Fragnito has usually found it absent, but in the cases in question either the tumour spared considerable portions of the parietal lobe or the clinical course was very acute

483 Tuberculosis and Mental Disease

C H. ALSTRÖM (*Hygiea* September 15, 1937, p 647) has investigated in Stockholm the frequency with which the subjects of mental disease requiring asylum treatment die of tuberculosis There were 1,296 deaths among asylum inmates in the period 1924 to 1936, classified according to their age and the character of their mental disease Of the 322 deaths among schizophrenics 110 were due to tuberculosis, and among the 166 schizophrenics dying under the age of 50, ninety-two A study of the duration of the schizophrenia at the time of death showed that tuberculosis was responsible for only 16 5 per cent of the deaths during the first two years of the mental disease, but after two years tuberculosis was the cause of about 65 per cent of all the deaths, and this ratio was maintained till the schizophrenia had lasted up to ten years Thereafter tuberculosis dwindled gradually in importance as a cause of death among schizophrenics till it played no more important part than it did in the other forms of mental disease which were associated with a comparatively low tuberculosis mortality Thus, among sixty-eight deaths

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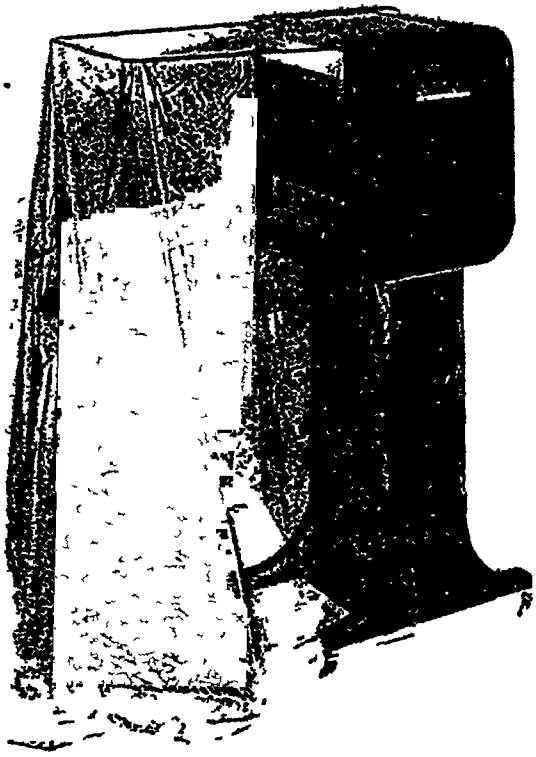
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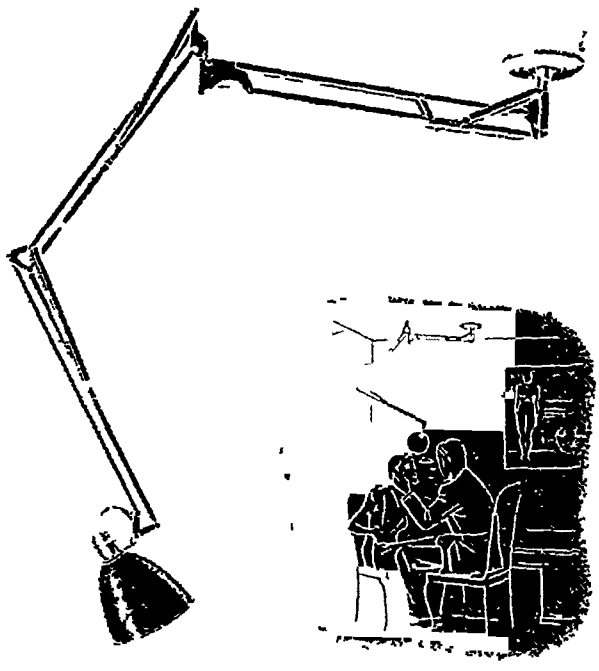
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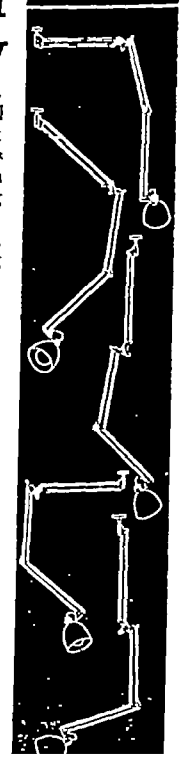
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of persons suffering from manic depressive psychoses only four were due to tuberculosis The corresponding figures for senile dementia were 463 and ten respectively For the pre senile psychoses they were eighty-two and twelve respectively, and for a mixed group of epileptics paralytics, etc they were 361 and twenty-seven respectively It is evident that the notorious influence of tuberculosis on asylum deaths must be traced almost exclusively to the association of this disease with schizophrenia The author supplements his own data by a reference to the work of Goransson whose study showed that 30 per cent of the deaths in 1927 in Swedish mental hospitals were due to tuberculosis whereas the corresponding figure for the country as a whole was only 11 3 per cent

484 Effects of Irradiation on Gliomas

I M TARLOV (*Arch Neurol Psychiat* Chicago Sep tember, 1937 p 537) reports the results of a study of the effects of x ray therapy on the microscopic appearance of gliomas The medulloblastomas presented striking histological changes after irradiation—a decrease in the number of cells in the tumour, degenerative changes in the cells, and an increase in connective tissue no strict correlation, however existed between the intensity of the histological change and the dosage of x rays, or the period of survival In the small series of glioblastomas no definite evidence of regressive changes was found In one case, which received the greatest dosage, extensive cystic degeneration with dense connective tissue scarring was found, but there was also concomitant invasion of the brain by tumour cells In one case of medullo-epithelioma a slight increase in connective tissue was the only change noted In two cases of astroblastoma irradiation caused cellular degeneration with the production of multinucleated and bizarre types of cells, areas of focal and massive necrosis, and adventitial thickening of the vessels In five cases of astrocytoma no definite changes were observed but in a sixth case which received a large dose of *x* rays, extensive degeneration of tumour cells and blood vessels occurred, with connective tissue scarring At the same time in this case there was widespread growth of the tumour throughout the brain, and polar spongioblasts predominated in many parts of the tumour There was also evidence of damage to the blood vessels and the nerve cells of the brain This case suggested that some tumours might become less differentiated after irradiation and grow more rapidly In two cases of ependymoma a slight increase in connective tissue with a tendency to cystic degeneration was found, but in two cases of oligodendroglioma there were no changes more marked than those that had been observed in a control case. The author considers that the focal necrosis and the changes noted in the tumours are direct effects of the irradiation of the cells and are not secondary to vascular changes The medulloblastoma is the only glioma which showed a uniformly beneficial effect after x-ray treatment In cases of glioblastoma and astroblastoma intense irradiation still seems justifiable but in the other types the possibility that a more rapidly growing tumour may be produced has to be borne in mind

Obstetrics and Gynaecology

485 Overweight in Primiparae

E MÖLLER CHRISTENSEN (*Ugeskr Laeg* September 16 1937, p 965) has undertaken a statistical study at a maternity hospital in Copenhagen in order to ascertain the influence of overweight in primiparae on the course of pregnancy labour, and the puerperium He defines as over weight any patient who on the termination of pregnancy weighs at least 20 per cent more than a normal non pregnant woman of equivalent height and age His material consisted of 242 primiparae who conformed to this definition and none of whom weighed less than 13 st 5 lb His control group consisted of 500 primiparae of normal weight none weighing over 11 st at the termination of pregnancy In both groups there were only vertex presentations, and none of the births were premature in neither group were there any twins During pregnancy 21 4 per cent of the overweight group suffered from nephritis, 6 2 per cent from hypertonia and 11 6 per cent from pyelitis The corresponding figures for the controls were only 1 6 0 4 and 4 8 per cent respectively While labour lasted thirty six hours or more in 21 per cent of the first group this was the case with only 7 per cent of the controls. Weakness of labour pains was observed in 18 4 per cent of the overweight patients, and only 4 4 per cent of the controls The corresponding percentages for premature rupture of the membranes were 14 8 and 4 respectively They were 8 7 and 0 6 respectively for fever during labour 12 4 and 3.2 respectively for threatened uterine asphyxia 16 9 and 5 respectively for the artificial termination of labour, and 16 1 and 2 7 respectively for large tears of the perineum Retention of the placenta severe post partum haemorrhage puerperal fever, phlebitis, and various other complications were much more common among the overweight patients than the controls, and the infant mortality was higher The author concludes that overweight women should be taught to reduce their weight to normal if there is a chance of their becoming pregnant

486 Oedema in Pregnancy

W C W NIXON (*Chin med J* September 1937 p 317) discusses the aetiology and treatment of oedema in pregnancy unassociated with signs and symptoms of toxaemia He considers that in many cases oedema may be due to malnutrition and a consequent reduction of plasma proteins There may also be a deficiency of vitamin B_1 causing an endocrine imbalance which affects particularly the posterior pituitary An excessive production of the vasopressor and antidiuretic hormones by the posterior pituitary is likely to induce oedema In the treatment of these cases he uses the following routine (1) for the first twenty-four hours he gives 20 oz of 30 per cent glucose by the mouth and on subsequent days the amount of fluid given is 2 oz. less than the urinary output of the previous twenty-four hours however if there is oliguria the daily fluid intake is 20 oz., (2) diuretics such as euphyllin, are given intravenously (3) 50 to 100 c cm of a 50 per cent solution of glucose are injected four-hourly intravenously (4) some preparation of vitamin B_1 should be given (5) cardiac stimulants—for example, coramine —are administered The weight of the patient gives the best evidence of a decrease or increase of oedema

487 Bronchial Asthma in Pregnancy

L LAMI (*Rif med* August 21 1937, p 1202) who records two illustrative cases states that the cases in which bronchial asthma and pregnancy coexist may be classified in the following three groups (1) those in which the asthma preceded pregnancy and became more pronounced after its onset (2) those in which asthma only developed during pregnancy and persisted until term but usually lasted only a few months (3) cases in which asthma occurred before pregnancy but became less or disappeared entirely during its course and recurred after delivery Lami's first case was that of a woman who in the course of thirteen years developed asthma only during pregnancy or menstruation and it was not until after her eighth pregnancy that the attacks occurred independently of pregnancy The second case resembled the first in that the attacks only occurred during pregnancy and menstruation but was peculiar in the following respects (*a*) during the attack there was considerable hyperpnoea whereas in typical asthma the respiratory rate is often reduced (*b*) there was dyspnoea out of all proportion to the signs of bronchial obstruction and (*c*) treatment with luminal was successful

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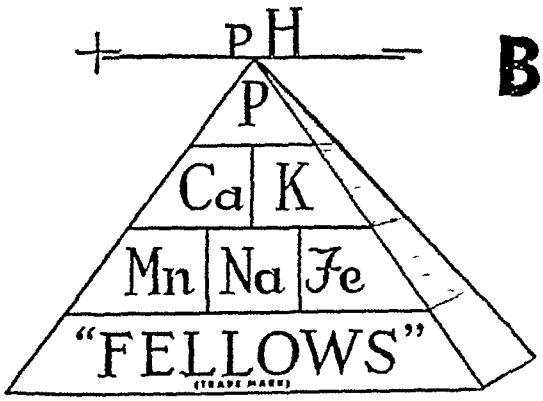
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Pathology

488 Vitamin C in Tuberculosis

E Haefliger (*Dtsch Tuber-bl*, August, 1937, p 185) recalls that numerous observers have recorded that vitamin C deficiency in the diet influences unfavourably experimental tuberculous infections in animals Testing vitamin C metabolism in fifty-five sanatorium patients, both early and moderately advanced cases, by estimation of its increased urinary excretion after the oral administration of ascorbic acid, he found that with the ordinary institutional diet, rich in fruit and vegetables, vitamin C deficiency was rare Only about 10 per cent of the patients showed an excretory deficit of 1,000 mg or over, and this deficiency seemed to be unrelated to the course of the illness, the sedimentation rate, or the general condition Treatment by vitamin C is probably desirable in those patients showing a deficiency, untoward effects, such as activation of quiescent lesions, have not been noted

489 Mechanism of Vaccination

P D McMaster and J G Kidd (*J exp Med*, July, 1937, p 73) report experiments showing that in rabbits an antiviral principle is elaborated in the lymph nodes draining skin into which vaccinia virus has been injected When vaccinia virus was injected intradermally into the ears of rabbits, whether the ears were subsequently amputated or not the virus could be demonstrated in the corresponding cervical lymph nodes in increasing amounts up to the third day, and then in gradually diminishing amounts till on the eleventh day it was no longer demonstrable These changes were not due either to differing amounts of virus reaching the lymph nodes involved or to the inflammatory condition of the nodes When the dose of virus was adjusted to give only a localized infection which resulted in the production of generalized immunity, it was found that even after three days the lymph nodes draining the site of injection contained an antiviral principle while the serum and tissues contained none As time went on the virus neutralizing power of the cervical lymph nodes of the virus injected side and of the serum and tissues increased, until after eleven to fifteen days there was generalized antiviral activity throughout the body of the injected rabbits From the third to the seventh day both virus and antiviral principle could be demonstrated in the cervical lymph nodes of the virus-injected side The cervical lymph nodes of the uninjected side did not show any antiviral principle even when caused to be inflamed It was not possible to demonstrate the presence of antiviral principle in the tissues of the virus-injected ear Since the antiviral principle was found in the lymph nodes draining the site of virus injection earlier than in other tissues, since no other site of its formation was demonstrable, and since it was not found in the corresponding nodes on the uninjected side, even when these were comparably inflamed, the conclusion reached is that the antiviral principle was elaborated in the lymph nodes draining the site of the injection of vaccinia virus As the experiments correspond in nature to clinical vaccination, the inference is that the immunity conferred by Jennerian vaccination is largely of lymph node origin

490 Toxic Effects of Follicular Hormone

J v Baló and B Purjesz (*Klin Wschr* August 14, 1937, p 1150), experimenting on dogs, have found that twenty daily injections of large doses of follicular hormone (50,000 units of oily ketohydroxyoestrin) induce (1) lethal erythrocytopenia diminution of thrombocytes, leucocytosis with displacement to the left of the Arneth count, and transformation of the bone marrow into a greenish tissue comparable with that shown in human myeloid leukaemia, and (2) a transformation of the cylindrical epithelium of the prostatic glands into squamous epithelium of several layers, sometimes showing keratinization Similar blood and marrow changes have been observed by other workers with male sex hormone in male dogs, but not with androsterone The prostatic changes resemble those similarly induced in rodents In this connexion v Baló and Burjesz recall that large doses of follicular hormone have been reported as inducing fibrocystic conditions or adenocarcinoma in the breast, and epithelial proliferations in the prostate and uterus of animals other than dogs

491 B C G Vaccination

K Birkhaug (*Nord med Tidskr*, August 14, 1937 p 1333), to whose laboratory in Bergen the preparation of B C G for the Norwegian medical profession has been entrusted, comes reluctantly to the conclusion that B C G cannot be accepted as a *virus fixe* But he also finds that nearly all bacteriologists now agree that B C G never provokes progressive and fatal tuberculosis, not even in such susceptible laboratory animals as guinea-pigs As for the differences in the behaviour of "smooth" and "rough" strains obtained by culture of B C G, he does not believe that these differences are so wide that they need cause alarm, and instead of anticipating that the most suspect strains will increase in virulence in the course of time he thinks that evolution will occur in the opposite direction, and that B C G will ultimately lose its present ability to confer immunity to virulent tubercle bacilli Of all the vaccines at present available for the prevention of tuberculosis B C G is the one which stands out most prominently as an agent for increasing resistance to tuberculosis to a considerable degree The oral method of administration is far less reliable than the intracutaneous method, which the author recommends to the total exclusion of the former He does not, however, counsel the abandonment of any of the social preventive measures which have proved so effective in reducing the tuberculosis mortality during the present century, and he looks upon B C G vaccination as a supplementary measure to be recommended for tuberculin negative persons exposed to infection from cases of open tuberculosis

492 Weltmann Reaction in Pulmonary Tuberculosis

A Havas and S Schawrowa (*Acta tuberc scand* 1937, **11**, 1, p 54) performed 656 tests on 279 patients with a view to ascertaining the value of Weltmann's non-specific serum-coagulation reaction in pulmonary tuberculosis, and came to the conclusion that it is a most useful auxiliary method both as regards diagnosis and prognosis, since (1) it helps to determine whether the pulmonary condition is "fibrotic" or "exudative" in type, (2) it gives clear indications of the way in which the disease is progressing some days before any definite changes can be made out either clinically or radiologically, and (3) it gives some indication of the efficacy or otherwise of an artificial pneumothorax or a thoracoplasty The authors describe their own micro"-technique, which is a modification of Weltmann's macroscopic method, is much more easily carried out, since it only needs twelve drops of blood and no elaborate apparatus, and gives just as accurate results The readings obtained may be "short" (0 9 to 0 6), 'medium" (0 5 to 0 4), or 'long" (0 35 to 0 3 or less) Briefly, a "long" reaction indicates a chronic or fibrotic type of disease and is relatively favourable, whereas a 'short" reaction points to an acute or "exudative' type (or an acute exacerbation in the course of chronic disease) and is unfavourable Although even a single test may be of some value, it is, of course, better to make serial tests, the intervals (monthly, weekly, or even daily) depending upon the severity of the disease In any case the readings should always be considered in conjunction with the history and clinical findings

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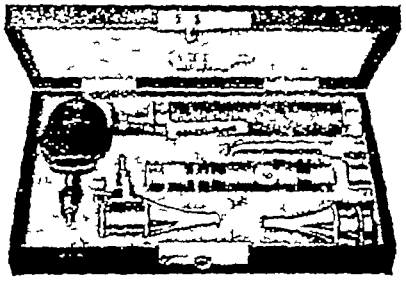
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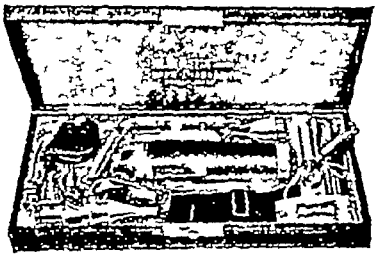
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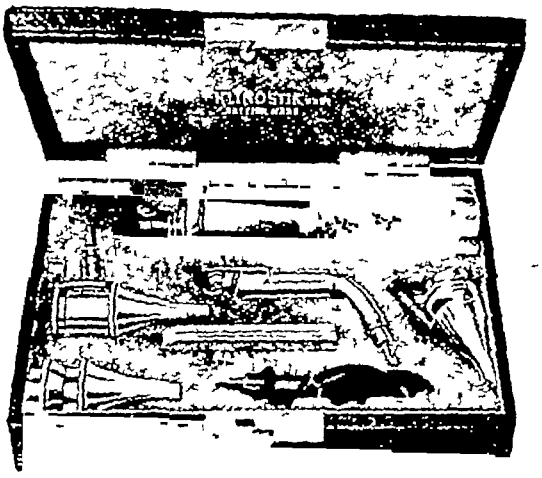


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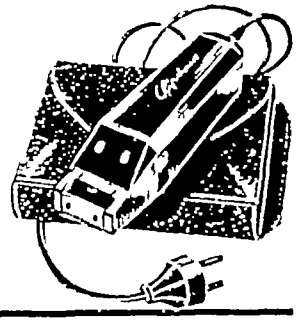
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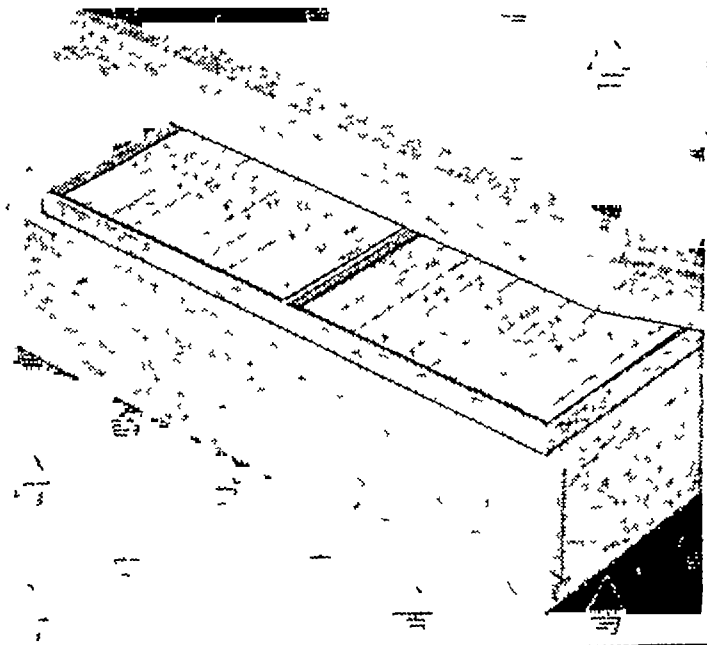
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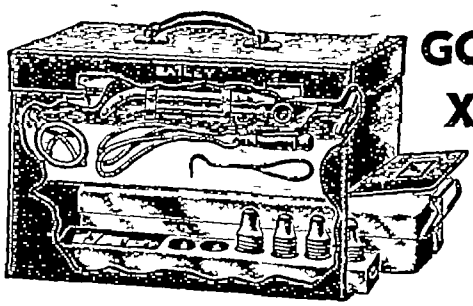
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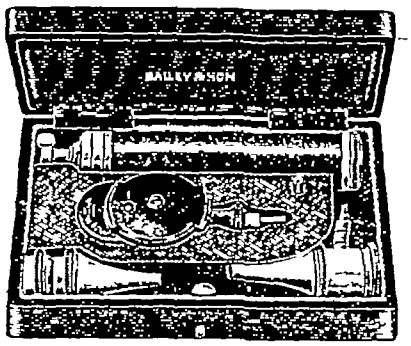


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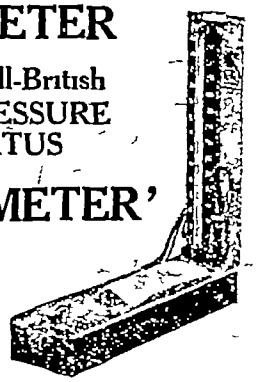
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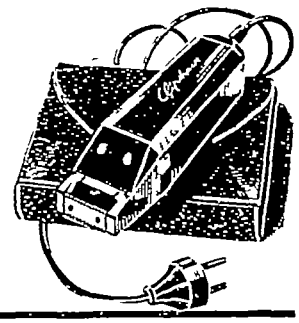
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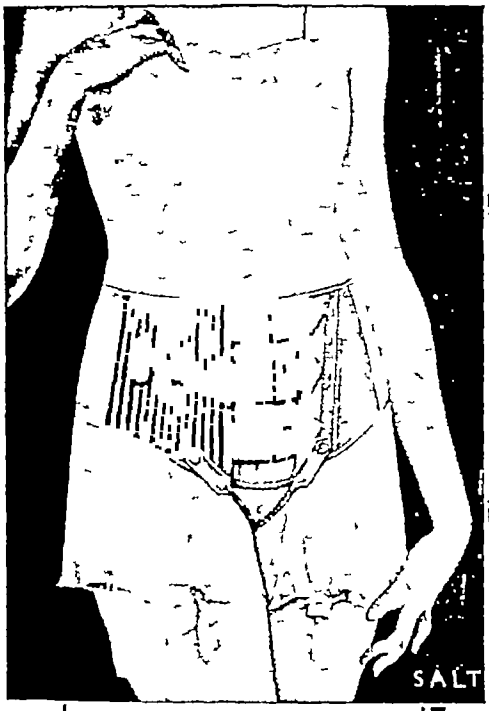
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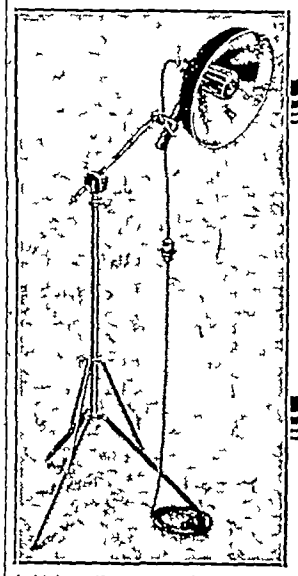
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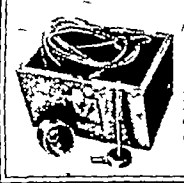
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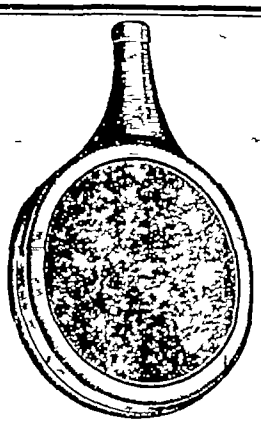
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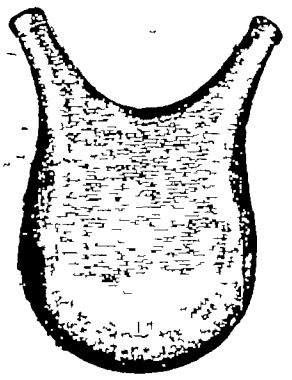
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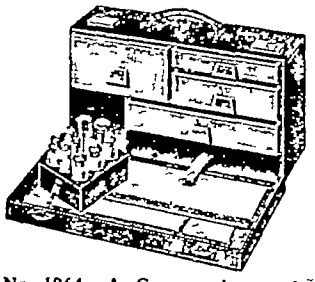
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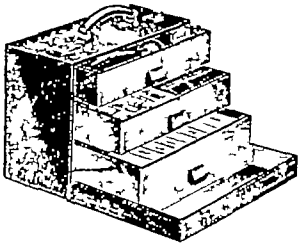
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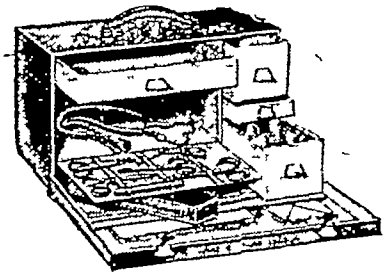
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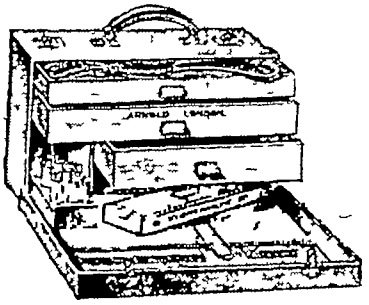
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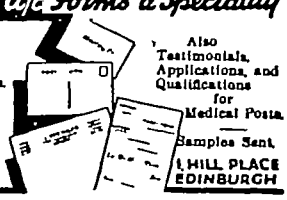
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The home is beautifully situated in its own grounds of 40 acres

Full particulars as to reception terms etc may be obtained from the Resident Medical Officer

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A Private Home for the Care and Treatment of a limited number of Ladies with Mental and Nervous Disorders. Certified Voluntary and Temporary Patients received Large Mansion with 12 acres of grounds (See *Medical Directory* p 2312) Apply Resident Physician *Telephone* Tulse Hill 7181

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Near BEDFORD ('Phone 3417)

For Mental Disorders with or without Certificates. Resident Physician CEDRIC W BOWER

Ordinary Terms: Five Guineas per week (Including Separate Bedrooms where suitable) Interviews in London by Appointment.

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Ladies and Gentlemen received for treatment under certificates, and without certification as either VOLUNTARY or TEMPORARY PATIENTS at a weekly fee of TWO GUINEAS and upwards.

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A HOUSE licensed for the reception of a limited number of Ladies suffering from Nervous and Mental disorders Both certified and voluntary patients received Approved for temporary Patients. This is a large country house with beautiful grounds and park, five miles from Sheffield. Tel No 40030 Ecclesfield Res Phys. GILBERT E. MOULD L R C P M R C.S *Station* Grange Lane L & N E. Rly

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A PRIVATE MENTAL HOME, situated in 11 acres of well-wooded grounds. For Ladies and Gentlemen suffering from Nervous or Mental Illness Voluntary Patients Temporary Patients and Patients under Certificate are admitted for treatment. Fees from 4 guineas a week upwards, according to requirements A few vacancies exist for Ladies and Gentlemen at reduced fees on the recommendation of the Patient's own Physician. Apply to Dr J A SMALL. Telephone 80 Norwich. Telegrams Small 80 Norwich

BAILBROOK HOUSE, BATH

For sufferers from Nervous and Mental Disorders with or without certificates

The house is gloriously situated in wooded grounds of 20 acres with magnificent views of the City and the Avon Valley (See *Medical Directory* page 2322)

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FOR THE UPPER AND MIDDLE CLASSES ONLY

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MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk meat, fruit, and vegetables are supplied to the Hospital from the farm gardens and orchards of Moulton Park Occupation Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming gardening and fruit growing

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The seaside house of St. Andrew's Hospital is beautifully situated in a park of 330 acres Llanfairfechan amidst the finest scenery in North Wales. On the North West side of the Estate a mile of sea coast forms the boundary Patients may visit this Branch for a short seaside change or for longer periods The Hospital has its own private bathing house on the seashore. There is trout fishing in the park

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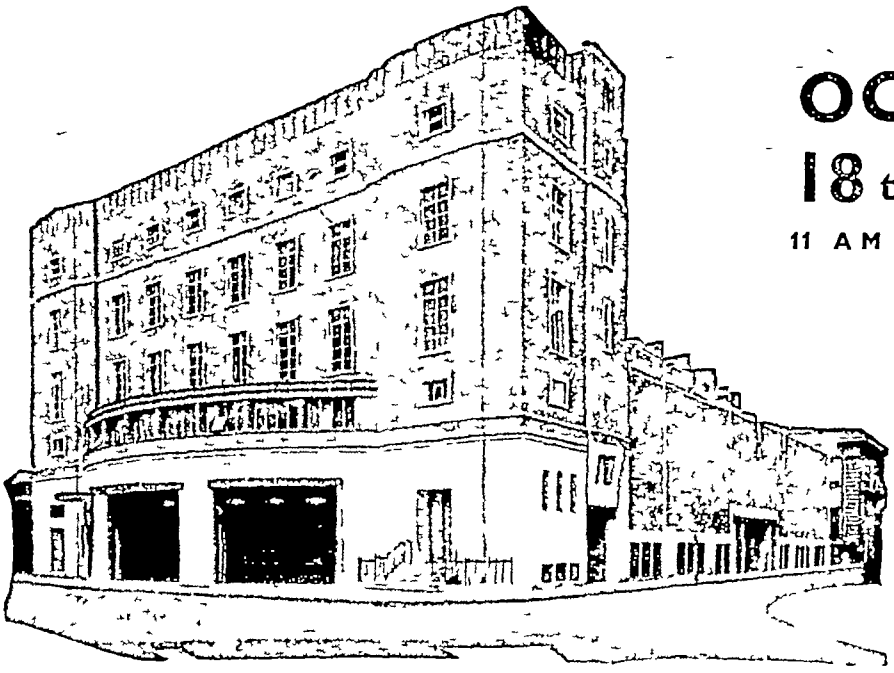
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OCTOBER
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Organised by the Management of the Exhibition of the 17th International Congress of Medicine and of the Fifth Clinical Congress of Surgeons

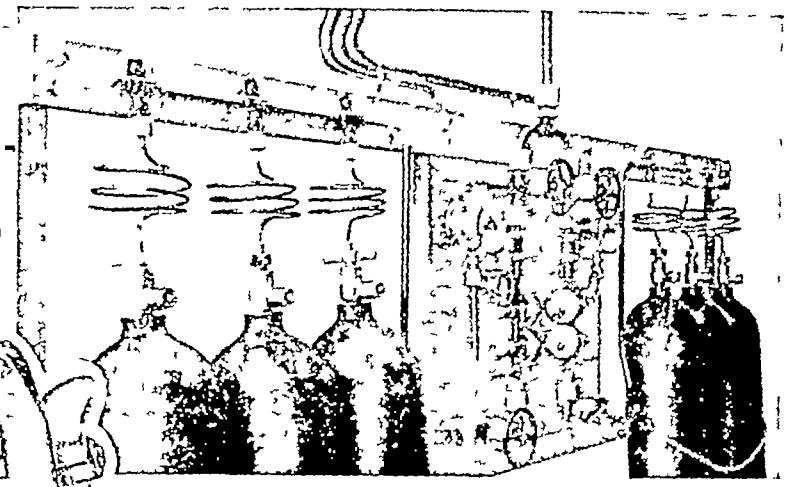
Will be held in the NEW HALL of the ROYAL HORTICULTURAL SOCIETY, WESTMINSTER, LONDON, S W

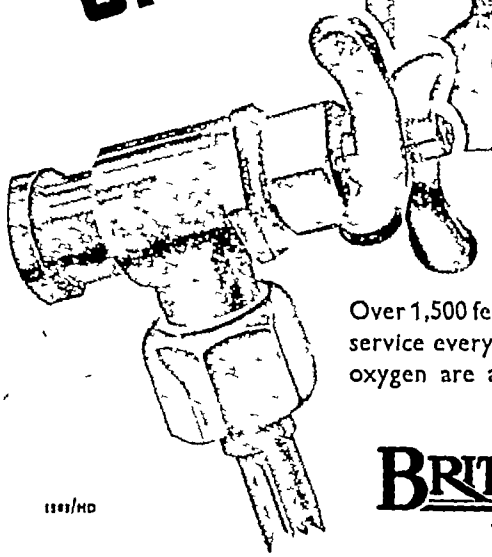
The Exhibition will be of great interest to the Profession Many new medicinal substances and preparations, surgical instruments and medical appliances will be on view

Invitation cards will be sent to every registered Medical Practitioner residing in London and in Counties adjacent thereto Members of the Profession desiring to visit the Exhibition who do not receive cards can obtain same on application to the Secretary, the London Medical Exhibition, 194-200, Bishopsgate, London, E C 2.

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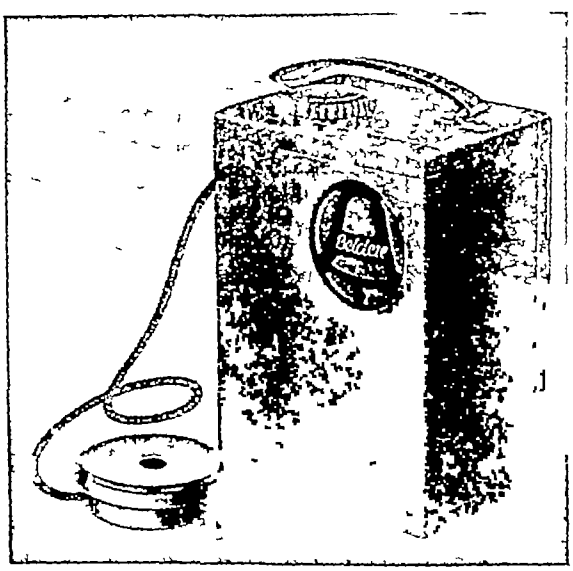
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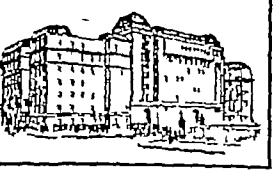
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8 Operating Theatres.
150 State Registered Nurses
2 Resident Medical Officers (for emergencies)
Patients only received under the supervision of their own Medical Practitioner
Drugs and Dressings free (other than Proprietary Articles)
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This Clinic was founded in 1921 in order to provide for the scientific investigation and treatment of disease by a "team" of physicians and specialists
All forms of non infectious medical cases are admitted special attention being paid to disorders of digestion and metabolism arthritis anaemias asthma heart and kidney disease, and functional and organic nervous disorders.
Particulars can be obtained on application to the Secretary New Lodge Clinic, Windsor Forest, Berks.
Telephone 181 and 182 Winkfield Row

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(Phone Nuneaton 241)

Residential treatment of
FUNCTIONAL NERVOUS DISORDERS
Including Alcoholism and other Addictions
(Certifiable Cases are not received)

This beautiful mansion situated in the heart of the country (less than two hours from London by L.M.S.R.) and surrounded by charming pleasure grounds in which games and outdoor occupational therapy are available is devoted to the treatment of Functional Nervous Disorders by psychotherapeutic and ancillary methods

Illustrated brochure and particulars obtainable from A. E. CARVER M.D., D.P.M., Resident Medical Superintendent

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SALISBURY WILTS

PRIVATE MENTAL HOME FOR LADIES AND GENTLEMEN

Completely up to date Lovely house and grounds (18 acres) Certified and uncertified cases taken Facilities for going to the seaside

ESTABLISHED OVER 200 YEARS

Apply to Med. Supt. for illustrated brochure Tel. SALISBURY 2612

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CHEADLE, CHESHIRE

This REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N. Wales is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES
The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary
In addition to the Main Building there are separate villas Extensive grounds Hard and grass tennis courts, cricket and croquet grounds and a court for badminton. There are also wireless installations Golf may be had within easy distance. Occupational therapy
VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received
The Hospital is nine miles from Manchester 50 minutes by rail from Liverpool and 3½ hours from London
For terms and further particulars apply to the Medical Superintendent who may be seen in MANCHESTER by APPOINTMENT
Telephone GATLEY 2231 (3 lines)

PECKHAM HOUSE, 112, Peckham Road, London, S.E. 15.

Telegrams "Alleviated, London." **Telephone Rodney 2641-2642**

The above House which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch Kearsney Court, near Dover to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances and indoor amusements held throughout the year Terms from £3 3s per week Illustrated prospectus and further particulars can be obtained from the Medical Superintendent.

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive grounds Detached Villas Chapel. Garden and dairy produce from own farm Terms very moderate.

CONVALESCENT HOME at BOURNEMOUTH

Detached Villas standing in 12 acres of ornamental grounds, with tennis courts etc which
Voluntary Temporary or Certified Patients may visit by arrangement for long or short periods

Illustrated Brochure on application to the Medical Superintendent, The Old Manor, Salisbury 'Phone Salisbury 2251.

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Telegrams PSYCHOLIA LONDON
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FOR THE TREATMENT OF MENTAL DISORDERS

Also completely detached villas for mild cases with private suites if desired Voluntary patients received Twenty acres of grounds. Hard and Grass Tennis Courts Putting Greens Bowls Croquet Squash Rackets Recreation Hall with Badminton Court and all indoor amusements including Wireless and other Concerts Occupational Therapy Callisthenics and Dancing Classes, X ray and Actino therapy Prolonged Immersion Baths Operating Theatre Pathological Laboratory Dental Surgery and Ophthalmic Dept Chapel Senior Physician Dr HUBERT JAMES NORMAN assisted by three Medical Officers also resident and visiting Consultants.
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HOSPITAL OF ST CROSS
Rugby — (120 Beds)

Applications are invited for the post of One Male RESIDENT MEDICAL OFFICER (Three R M O s)

Salary to commence at the rate of £100 per annum for the first three months £125 per annum for second three months and at the rate of £150 per annum for subsequent months. Full board washing, etc provided

Six months appointment and eligible on completion of service for further extension of six months Candidates must be prepared to commence duties immediately

The practice of the Hospital offers excellent opportunities for wide experience Certificates and other fees shared by R.M.O s

Applications stating age nationality and full details with copies of three recent testimonials to be sent to the undersigned

(Signed) W COCKBURN
Superintendent and Secretary

ROYAL WEST SUSSEX HOSPITAL
Chichester
(114 Beds, including 12 Beds in the Private Patients Block.)

SENIOR HOUSE SURGEON required from January 13th, 1938

JUNIOR HOUSE SURGEON required from February 1st, 1938

Salary £175 per annum and £125 per annum respectively with board residence and laundry

Applications stating age qualifications and experience, together with copies of three recent testimonials, should be sent to the undersigned not later than December 17th 1937

By Order of the Board of Management
ALAN RUDDLE, A H O A
November 23rd 1937 Secretary

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL.
(220 Surgical and Medical Beds)

HOUSE SURGEON TO OPHTHALMIC AND EAR NOSE AND THROAT DEPARTMENTS

Applications are invited from fully qualified men for the above post.

The appointment is for six months

Salary at the rate of £150 per annum

Applications stating age together with copies of three recent testimonials should be sent to the undersigned as soon as possible

M H BOONE,
Superintendent and Secretary
December 3rd 1937

NORTHAMPTON GENERAL HOSPITAL
(322 Beds)

The Board of Management invites applications for the appointment of HONORARY SURGEON

Candidates must be Fellows of the Royal College of Surgeons of either England or Edinburgh and shall not be connected with any dispensary nor engaged in panel practice

Full particulars of the appointment may be obtained from the undersigned to whom applications accompanied by copies of testimonials, should be sent on or before Wednesday December 22nd 1937 The present Honorary Assistant Surgeon is a candidate for the appointment.

S C W DISNEY
November 30th 1937 Secretary-Superintendent

LINCOLN COUNTY HOSPITAL

Wanted JUNIOR HOUSE SURGEON male, unmarried Salary at the rate of £150 per annum rising to £200 per annum at the conclusion of six months approved service Board residence and washing will also be provided.

Every candidate for the appointment must be registered under the Medical Acts

Applications stating age and other particulars, with copies of not more than three testimonials, are to be sent to the undersigned from whom further particulars may be obtained

Lincoln ARTHUR MOORE
November 25th 1937 Secretary-Superintendent.

LINGFIELD EPILEPTIC COLONY
(200 Adults 250 Children)

ASSISTANT MEDICAL OFFICER required lady preferred. Salary £300 a year with board residence, and laundry Some leisure for study Applications, stating age, qualifications and experience, together with copies of testimonials, to be sent to the Medical Superintendent, The Homestead, Lingfield Surrey

VICTORIA CENTRAL HOSPITAL
Wallasey (135 Beds)

Applications with testimonials invited for position of RESIDENT HOUSE SURGEON (male). Salary £150 per annum. Duties to commence immediately Address applications to Secretary Superintendent, Victoria Central Hospital Wallasey

SOUTHEND-ON-SEA GENERAL HOSPITAL.
(235 Beds)

Hon. Specialist Staff of 19 Members—8 Residents

Applications are invited for the post of RESIDENT ANAESTHETIST (male) Previous experience in administration of anaesthetics essential The appointment is for six months (renewable) from January 1st, 1938 Salary £125 p.a. with board residence, and laundry

Applications with copies of three recent testimonials should be sent to the undersigned not later than December 16th 1937

P. H CONSTABLE
Secretary

WEST SUFFOLK GENERAL HOSPITAL
Bury St Edmunds
(112 Beds.)

Applications are invited for the post of HOUSE PHYSICIAN Duties include charge of the Medical beds Maternity Block Casualty and the administration of Anaesthetics

Salary £150 per annum with board residence and laundry One other Resident Medical Officer Applicants must be registered Medical Practitioners

Applications, stating age, experience and nationality with copies of three recent testimonials, to be sent to the Secretary Vacancy occurs January 1st, 1938

December 6th, 1937

VICTORIA HOSPITAL DEAL
(55 Beds.)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male, British nationality unmarried) the appointment for six months from January 1st, 1938 Salary £150 per annum with board lodging and laundry Special knowledge of anaesthetics is desirable

Applications stating age and qualifications, together with copies of three *recent testimonials* to be sent not later than December 20th to the Secretary of the Medical Board Victoria Hospital Deal

COSSHAM MEMORIAL HOSPITAL
Kingswood Bristol.

A vacancy will occur at the end of the year for a JUNIOR RESIDENT MEDICAL OFFICER

Salary £100 per annum with board and laundry to remain for six months in the first instance Applicants (male) should be British nationality fully qualified and registered

Applications, with copies of recent testimonials to be sent to the Secretary

HILL END HOSPITAL AND CLINIC FOR THE PREVENTION AND TREATMENT OF MENTAL AND NERVOUS DISORDERS
St. Albans Herts.

HOUSE PHYSICIAN (Male) required age under 30 years Appointment for six months at the rate of £165 p.a. with board and quarters renewable for a further six months at the rate of £200 p a

The Hospital has over 1 000 beds and is the County Mental Hospital for Hertfordshire. Laboratory Psychological and Child Guidance Clinic *Occupational Therapy etc*

Application forms, from the Medical Superintendent, to be returned with copies of recent testimonials Duties to commence early in January 1938

ROYAL SALOP INFIRMARY SHREWSBURY
(150 Beds)

Applications are invited from fully qualified unmarried men for the post of *RESIDENT HOUSE SURGEON* vacant January 1st 1938 Salary £160 per annum with board residence, etc. The appointment is for six months subject to re-appointment

Applications, stating age qualifications experience and nationality, accompanied by copies of three recent testimonials to be sent to the undersigned not later than December 23rd 1937

J W NOBLE,
Board Room *Secretary-Superintendent.*
December 7th 1937

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL
(129 Beds)

RESIDENT HOUSE SURGEON (male) required for Special Departments (Aural Ophthalmic and Casualty) to commence duty immediately

Appointment is for six months Salary £150 per annum with board and lodging

Applications stating age nationality experience and qualifications, to be sent to the undersigned together with copies of three recent testimonials.

LESLIE SPENCER
December 7th, 1937 Secretary

REQUIRED —TWO HOUSE SURGEONS (male or female) for a period of six months as from January 1st, 1938 For particulars apply Registrar NATIONAL CHILDREN S HOSPITAL DUBLIN

COUNTY BOROUGH OF ROTHERHAM.
ASSISTANT MEDICAL OFFICERS

Applications are invited for the posts of ASSISTANT MEDICAL OFFICERS (1 male and 1 female) Applicants must be duly qualified and registered Medical Practitioners.

The successful applicants will be responsible under the supervision of the Medical Officer of Health for duties appertaining to the school medical service and to public health services

Experience of school medical work and other public health work essential Preference will be given to candidates possessing a Diploma in Public Health

The commencing salary is £600 rising subject to satisfactory service, by annual increments of £25 to a maximum of £700 per annum, and the posts are designated for the purposes of the Local Government and Other Officers *Superannuation Act 1922.*

Applications stating age experience and qualifications accompanied by copies of not more than three recent testimonials must reach the undersigned not later than December 29th, 1937

CHAS L. des FORGES
Municipal Offices Rotherham. Town Clerk.
December 7th 1937

COUNTY MENTAL HOSPITAL LANCASTER
TWO ASSISTANT MEDICAL OFFICERS
(1 male and 1 female) WANTED

Candidates must be single and under 35 years of age. Commencing salary £500 per annum rising by annual increments of £25 to £600 per annum with further increase on promotion subject to a deduction of 3 per cent under the Asylums Officers Superannuation Act There are no emoluments

The selected candidates will be required to live in the Hospital and will be provided with board lodging etc for which a charge of £150 a year is made

The possession of a Diploma in Psychological Medicine will entitle the Officers to an additional £50 per annum

Applications giving full particulars with testimonials (copies only) should be forwarded to the Medical Superintendent on or before January 4th 1938

KENT AND CANTERBURY HOSPITAL
Canterbury
(Four Resident Medical Officers)

HOUSE PHYSICIAN required (Male, unmarried) Six months appointment commencing end of January 1938 Salary £125 per annum with board residence and laundry

HOUSE SURGEON required (Male unmarried) Six months appointment commencing end of January 1938 Salary £125 per annum with board residence and laundry

The Hospital is recognized under F R C.S regulations

Applications together with copies of testimonials should be sent to the undersigned

J F KENT
Superintendent and Secretary

KENT AND CANTERBURY HOSPITAL
(181 Beds—4 R M O.s)

Applications are invited for the post of HOUSE SURGEON (Male) to the special Departments (Ear Nose and Throat, Ophthalmic and Genito-Urinary)

The appointment is for six months commencing December 28th 1937

Salary £125 per annum with board residence and laundry

Applications, together with copies of recent testimonials should be forwarded immediately to the undersigned

J F KENT
Superintendent and Secretary

HOUNSLOW HOSPITAL, MIDDLESEX
APPOINTMENT OF CASUALTY OFFICER.

Applications are invited from registered medical practitioners (male) for Casualty Officer Salary £100 per annum with full board etc and extras. A panel of five Anaesthetists is upon the staff of the hospital

The application stating age, nationality qualifications and previous experience together with three recent testimonials, should be forwarded to the Secretary endorsed Appointment, immediately and in any case before December 30th, 1937

PONTEFRACT GENERAL INFIRMARY
(Yorks)

SECOND RESIDENT MEDICAL OFFICER (male, unmarried) duly qualified registered Medical Practitioner Commencing salary £150 per annum with residence, board and laundry

The appointment to date for six months from January 1st 1938 Applications stating age with testimonials and nationality to be sent to the undersigned at once.

DAVID J RICHARDS
Secretary Superintendent.

TOR-NA-DEE SANATORIUM

MURTLE DEESIDE ABERDEENSHIRE

FOR THE DIAGNOSIS AND TREATMENT OF ALL FORMS OF TUBERCULOSIS

Managing Director DAVID LAWSON M.D., F.R.S.E.

Southern aspect Low rainfall Pure bracing air Sheltered grounds. Beautiful surroundings. All modern equipment for diagnosis and treatment including operating theatre **No extra charge for X Rays, Artificial Pneumothorax, Ultra Violet Light or other special treatment.**

Day and Night Nursing Staff All bedrooms have central heating electric light hot and cold running water and wireless (headphones) Comfortable and airy public rooms

Medical Superintendent J M JOHNSTON M B M R C S D P H For terms and prospectus apply to the Secretary Telephone CULTS 107

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THE ONLY SANATORIUM IN SWITZERLAND UNDER BRITISH OWNERSHIP AND CONTROL, AND WITH A DAY AND NIGHT STAFF OF BRITISH TRAINED NURSING SISTERS.

INCLUSIVE TERMS—from 7 guineas (sterling) per week

Med Supt. HILARY ROCHE M D (Melb), M R C P (Lond) Tuberculous Dis. Dip (Wales)

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Ideally situated for the treatment of Tuberculosis. Sheltered from E and N E. winds Climate mild and bracing Low rainfall high average of sunshine. The Sanatorium is situated in its own park There are miles of graduated walks through pine gorse and heather rising to 1 000 ft and commanding extensive sea and mountain views Central heating, electric light X ray installation Wireless in all rooms Full day and night nursing staff Special milk supply from a tuberculin tested herd Easily accessible from LONDON (4½ hours) MANCHESTER LIVERPOOL, BIRMINGHAM and the North

Resident Physicians **Dennison Pickering M D J N P Moore M D**

For particulars apply to the Secretary Pendyffryn Hall Penmaenmawr North Wales Phone 0

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Full day and night Nursing Staff Term 3 gns. to 7½ gns. a week Inclusive.

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(Camb) M R C P (Lond)



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'Phone No 17 *Grams Smedleys Matlock*

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(under the direction of the Corporation)

Newly fitted Balneological Electro-medical and Russian Bath sections for recognised forms of Spa etc treatment under mild winter climatic conditions. Large Cooling Lounge and Vita Glass Sun Lounge Warm sea-water Swimming Bath with modern filtration plant. Assistants with C.S.M.M.G and Biophysical qualifications.

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Apply RESIDENT PHYSICIAN, who may be seen at 31 Rodney Street, Liverpool, by appointment Tel. No. 8 Formby

APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary 7, Drumshaugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District.	Town or District
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	OAKDALE, MON *(Medical Officer for Medical Aid Association.)*
GILFACH GOCH, GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association.)*	**PUBLIC HEALTH**
LLWYNYPIA, CLYDACH VALE, PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Bryndiam Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*	FIFE AND KINROSS JOINT SANATORIUM BOARD *(Resident Medical Officer)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A. House, Tavistock Square, W C 1

Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch.	Town or District.	Hon. Sec. of Division or Branch.
NEW SOUTH WALES *(All Friendly Society Appointments.)*	The Medical Secretary New South Wales Branch 135 Macquarie St., Sydney N.S.W	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association. Medical Society Hall Albert St. East Melbourne Victoria.	**WESTERN AUSTRALIA** *(Contract and Lodge Practices.)*	Hon Sec Western Australian Branch British Medical Association. "Shell House" 105 St. George's Terrace Perth, Western Australia.
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A House, 225 Wickham Terrace. Brisbane, B.17				

December 8, 1937 By Order of the Council. G C ANDERSON, *Secretary*

THE CORBETT HOSPITAL, Stourbridge
(96 Beds and Special Departments)

Applications are invited for the post of HOUSE SURGEON which will become vacant on January 7th 1938. The appointment will be for a period of six months terminable by six weeks notice, and carries a salary at the rate of £100 per annum with board laundry etc.

The hospital has a Specialist Visiting Staff and Resident Surgical Officer

Applications, giving full details of qualifications, age and experience accompanied by three copies of testimonials, should be addressed to the undersigned forthwith

W G H WESTON
Secretary

CONSUMPTION SANATORIUM BRIDGE OF WEIR
(15 miles S.W of Glasgow),
and
COLONY FOR EPILEPTICS
(nearby)

Male RESIDENT MEDICAL OFFICER wanted to commence duty on January 10th 1938

Apply Medical Superintendent stating age and previous experience and enclosing testimonials. Appointment for six months in the first instance, at rate of £100 per annum renewable at £150 per annum with rooms, board laundry etc.

NORFOLK AND NORWICH HOSPITAL, Norwich (417 Beds.)

Applications are invited for the post of CASUALTY OFFICER

Salary £140 per annum with board residence and laundry Candidates (male) who must possess registered qualifications should forward applications stating age nationality etc. together with copies of testimonials, to the undersigned not later than first post on Tuesday December 14th.

FRANK INCH
House Governor and Secretary

December 3rd, 1937

EAST SUSSEX COUNTY MENTAL HOSPITAL, Hellingly

JUNIOR ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited for the above post from duly qualified registered medical practitioners (unmarried)

Salary £350 a year rising by four annual increments of £5 to £450 together with board lodging washing and attendance, valued for superannuation purposes at £90 a year an additional £50 a year will be paid to any candidate appointed who holds the Diploma in Psychological Medicine or a similar Diploma

The appointment is subject to one month's notice on either side and to the provisions of the Asylums Officers Superannuation Act 1909

Applications marked A M O giving particulars of previous experience and copies of not more than three recent testimonials should be addressed to the Medical Superintendent not later than December 20th 1937

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY

HOUSE SURGEON wanted Ophthalmic experience preferred Duties to commence February 1st 1938. There are fifty beds for In-Patients and large Out Patient Department Salary £150 a year with furnished apartments board and laundry Ladies and gentlemen applying should state age and experience, and send copies of three recent testimonials to reach the Secretary not later than first post December 21st

EUSTACE LEES
December 1st, 1937 Secretary

DURHAM COUNTY AND SUNDERLAND EYE INFIRMARY

HOUSE SURGEON required male or female Non-resident Salary £350 increasing £50 per annum for two years. Duties to commence January 3rd 1938. Applications with testimonials to the Secretary JOHN BUTTERFIELD

BRISTOL GENERAL HOSPITAL.

The Committee invites applications for the following appointments which become vacant on February 1st next —

Two HOUSE PHYSICIANS Three HOUSE SURGEONS RESIDENT OBSTETRIC OFFICER HOUSE SURGEON to the Special Departments and a CASUALTY HOUSE SURGEON

The appointments will be for six months at salaries at the rate of £80 per annum and at the rate of £100 per annum for the Casualty House Surgeon and in the event of a second appointment being held at the rate of £100 per annum in each case with board residence, etc provided in the hospital

Candidates must be registered under the Medical Acts, and produce testimonials of good personal character and ability and must have recent experience in the administration of anaesthetics

Forms of application, etc. to be obtained from the Secretary must be returned completed with copies of testimonials, addressed to the undersigned on or before Saturday January 1st 1938 from whom further particulars may be obtained

THOMAS W GREGG F C C.S
Secretary

COUNTY MENTAL HOSPITAL RAINHILL, Nr Liverpool.

Wanted SECOND ASSISTANT MEDICAL OFFICER Salary £650 per annum

Must be in possession of Diploma in Psychological Medicine, for which an extra £50 per annum will be paid

An unfurnished house is provided for which a rental of £50 per annum will be made.

The appointment is subject to the 3 per cent. deduction under the Asylums Officers Superannuation Act 1909

Applications, with testimonials and full particulars to be sent to the Medical Superintendent not later than December 14th 1937

(Advertisements continued on p 70.)

A DISCOVERY

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The West India Committee,
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A complete Directory of Members or the names and addresses of members practising in any district can be obtained from —The Secretary C.S.M.M.G., Tavistock House (N.), Tavistock Square, London, W.C.1 Telephone Euston 1676 8

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WANTED IMMEDIATELY ASSISTANT (indoor) male British single. Salary £300 p a Mixed practice West Riding. Work light. Experience in G P preferred Motorist. Car provided Usual bond State age and all essential particulars (photo if possible)—Address No 2439 B M.A. House Tavistock Square, W C 1

WANTED IMMEDIATELY—INDOOR AND Outdoor ASSISTANTS for Town and Country Practices with and without view to Partnership Good salaries offered State full particulars—BRITISH MEDICAL BUREAU 33 Cross Street, Manchester 2.

WANTED IMMEDIATELY MALE ASSISTANT Outdoor Scottish or English for industrial district West Riding Salary £450 p.a. and car expenses. Early partnership to suitable man.—Address No 2321 B M.A. House Tavistock Square W C 1

WANTED—INDOOR MALE ASSISTANT IN North London. English or Scotch Time for reading. Salary £300 Full particulars to—Address, No 2225 B M.A House, Tavistock Square W C 1

WANTED IN JANUARY—OUTDOOR MALE ASSISTANT unmarried preferable with hospital experience. Protestant. Mixed private and panel Practice in Cheshire Salary £400 p a. and good rooms or £50 car allowance—Address No 2219 B.M.A House Tavistock Square, W C 1

WANTED JANUARY 1ST 1938 LADY ASSISTANT to live at surgery in Derbyshire. Salary £300 all found plus £50 car allowance—Address No 2304 B M.A House Tavistock Square, W C 1

WANTED PART TIME ASSISTANT BY Chiswick doctor (mostly panel) man or woman mornings (except Sunday) 10 a.m to 1 p.m. Tuesday and Friday evenings 6 to 9 p m £4 4s. per week—Apply E. WATTS AND Co 13/14 Dartmouth Street, S W 1

ASSISTANTSHIP WANTED BY WOMAN with or without view Man s practice preferred Free middle January—Address, No 2318 B M A. House Tavistock Square, W C 1

ASSISTANT WANTED FOR LIVERPOOL Mixed practice £350 per annum all found Protestant £50 car allowance.—Address No 2311 B M A House Tavistock Square, W C 1

ASSISTANT WANTED OUTDOOR MALE, single British, Bristol district, for January 1st £400 and £50 car allowance.—Address No 2330 B M.A House. Tavistock Square, W C 1

ASSISTANT WANTED SALARY £300 LIVing in Partnership to suitable man. Car provided Semi-rural district North—Address No 2434 B M.A. House, Tavistock Square W C 1

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MARRIED ASSISTANT WANTED END OF December Salary £500 per annum plus bonus on maternity and anaesthetics £50 increase each year Partnership within three years to suitable man—Apply MEDICO 143 Flaxley Road Stechford Birmingham.

YORKS—MALE ASSISTANT PROTESTANT wanted Preferably North-countryman (25-40) Single or married Experienced G P Commencing salary £365-£400 and rooms or house. £50 p a. car allowance—Address, No. 2317 B M A House Tavistock Square W C 1

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M.B., B.S. (Lond.)	*Final* 1918-36 (Completed Exam.)	251
F.R.C.S (Eng.)	*Primary* 1919-36	188
	Final	183
M.R.C.P (Lond.)	1919-36	270
D.P.H.	(Various) 1906-36 (Completed Exam.)	342
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M.R.C.S., L.R.C.P.	*Final* 1919-36 (Completed Exam.)	587
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Preparation for the above also for Medical Preliminary and all examinations leading up to M.R.C.S. L.R.C.P or M.B of various Universities also for M.R.C.P (Edin.) D.P.M. D.O.M.S. D.T.M. & H. D.L.O. D.C.H. D.A., D.M.R.E. M.M.S.A. L.M.S.S.A. D.C.O.G. and some exams. of *Dominions Universities.*

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MEDICAL PROSPECTUS (48 pp.)

CONTENTS The method and the cost of entering the Medical Profession. *Particulars of all Medical Examinations* Postal Courses, and Oral Classes Suggestions for the Higher Medical Examinations. Suggestions for the Higher Surgical Examinations Suggestions for the Special Diploma Examinations. Refresher Courses. Openings for Women. Hints for writing theses.

Medical Prospectus gratis along with list of Tutors etc., on application to the Principal 17 Red Lion Sq London W.C.1 (Telephone Holborn 6313)

BOROUGH OF MAIDSTONE.

ASSISTANT MEDICAL OFFICER.

Applications are invited from duly qualified lady medical practitioners for the whole-time appointment of Assistant Medical Officer of Health at a commencing salary of £500 per annum rising by £-5 annually to a maximum of £-00 per annum with a car allowance of £-5 a year

The terms and conditions of the appointment together with application forms can be obtained from the undersigned by whom applications should be received not later than December 31st, 1937

13 Tonbridge Road GRAHAM WILSON
Maidstone. Town Clerk.

SOUTHPORT GENERAL INFIRMARY (150 Beds.)

THREE HOUSE SURGEONS.

Special Departments for Eye, Ear Nose and Throat, X Rays Massage Skin Pathology etc

Wanted to take up duties on January 1st next a SENIOR HOUSE SURGEON Salary £200 per annum with residence board and laundry Applicants to be fully qualified registered and unmarried Applications stating age and experience with copies of testimonials to be sent in by December 20th, 1937 to the Superintendent and Secretary Infirmary Office, Pilkington Road Southport

NORTH ORMESBY HOSPITAL, Middlesbrough. (195 Beds.)

HOUSE PHYSICIAN (male and unmarried) required Salary £1-0 per annum with board residence and laundry

Applications stating age qualifications experience (if any) with copies of three recent testimonials should be sent to the undersigned.

GEORGE WATTS,
Secretary Superintendent.

MILLER GENERAL HOSPITAL
Greenwich Road, S.E.10

ASSISTANT OPHTHALMIC SURGEON

The Board of Management invite applications for the above honorary post

Candidates must be Fellows of the Royal College of Surgeons of England and not engaged in general practice

The duties will be to see out patients on one day a week and a certain number of beds will be allotted

An honorarium of 70 guineas per annum is allowed towards travelling expenses

Candidates will be expected to call upon the Members of the Honorary Medical and Surgical Staff a list of whom can be obtained from the Secretary

Applications (which must be printed or type-written) giving full particulars of qualifications age etc. together with copies of not more than three recent testimonials should be sent to the Chairman of the Hospital by December 29th, 1937

December 6th 1937

MILLER GENERAL HOSPITAL
Greenwich Road S.E.10
(172 Beds and 18 Special Departments.)

ASSISTANT PHYSICIAN

The Board of Management invite applications for the above Honorary post

Candidates must be graduates of a university and Fellows or Members of the Royal College of Physicians of London, and not engaged in general practice.

The duties will be to see out patients and a certain number of beds will be allotted

Candidates will be expected to call upon the Members of the Honorary Medical and Surgical Staff a list of whom can be obtained from the Secretary

An honorarium of 20 guineas per annum is allowed towards travelling expenses

Applications which must be printed or type written together with copies of not more than three recent testimonials should be sent to the Chairman of the Hospital not later than December 29th 1937

December 6th 1937

ELIZABETH GARRETT ANDERSON HOSPITAL,
Euston Road N.W.1

Applications are invited from qualified medical women for the following posts —

HOUSE PHYSICIAN 1st, 2nd and 3rd HOUSE SURGEONS OBSTETRIC ASSISTANT

The posts are for six months commencing February 1st, 1938. Remuneration at the rate of £50 per annum with board residence and laundry

Further particulars of the posts may be obtained from the undersigned to whom applications should be sent with copies of three testimonials, not later than Monday January 3rd, 1938

JEAN R. MURRAY Secretary

ELIZABETH GARRETT ANDERSON HOSPITAL,
Euston Road N.W.1

The Managing Committee invite applications from qualified medical women for the following appointments —

HONORARY ASSISTANT SURGEON
HONORARY ASSISTANT OBSTETRIC SURGEON

Applicants must be Fellows of the Royal College of Surgeons, and for the second post also Members of the College of Obstetricians and Gynaecologists. Duties to commence February 1st 1938

Candidates are requested to apply to the undersigned for particulars of the posts and to forward before Monday January 3rd 1938 ten copies of application, with copies of three recent testimonials. A copy of application must also be sent to each member of the Honorary Medical Staff

JEAN R. MURRAY Secretary

SOUTH EASTERN HOSPITAL FOR CHILDREN
Sydenham S.E.26
(100 Beds.)

Recognized by the Examining Board for post graduate study for the Diploma of Child Health

Applications are invited for the post of RESIDENT MEDICAL OFFICER male or female. The appointment will be for six months commencing January 5th Honorarium £100 per annum, with board residence and laundry

Applications by letter only stating age qualifications, and experience, with copies of three testimonials, should be received by Dr. W. A. Bellamy 4 Silverdale, Sydenham S.E.26 not later than December 31st.

SAINT MARY'S HOSPITAL FOR WOMEN AND CHILDREN PLAISTOW

Applications are invited for the post of HONORARY OPHTHALMIC SURGEON Candidates should be Fellows of the College of Surgeons or Masters of Surgery London Oxford or Cambridge also have held an appointment at an Ophthalmic Hospital or in the Ophthalmic Department of a General Hospital after graduation Applications with copies of three testimonials to be sent to the undersigned on or before December 29th 1937 from whom further information is obtainable.

By Order of the Committee
A. ERNEST WILKES,
Secretary

NATIONAL HOSPITAL QUEEN SQUARE W.C.1

HOUSE SURGEON

Applications are invited for the post of House Surgeon The work is concerned almost entirely with the surgery of the central nervous system and it is desirable that candidates should have had previous experience of general surgery Applications, accompanied by three recent testimonials should be sent to the undersigned not later than Friday December 31st The salary is £100 per annum with board and lodging.

GODFREY H. HAMILTON
Secretary

PLAISTOW MATERNITY HOSPITAL
(60 Beds)

Applications are invited for the post of RESIDENT HOUSE SURGEON open to either sex for six months Salary at the rate of £75 per annum Option by mutual agreement of further six months service salary at the rate of £100 per annum

Applications to be sent to the Secretary together with copies of three recent testimonials, before December 23rd Post vacant from January 1st 1938

Maternity Hospital C. H. ANDREWS
Plaistow E.13 Secretary

PUTNEY HOSPITAL LOWER COMMON S.W.15

Applications are invited for the post of RESIDENT MEDICAL OFFICER Previous hospital appointment essential Salary £150 per annum with certain emoluments from private wards

Applications stating age and giving full particulars, together with three recent testimonials must be received by the undersigned by December 28th

H. S. HADWEN
Secretary

GUY'S HOSPITAL.

RESIDENT ANAESTHETIST

Applications are invited for the post of Resident Anaesthetist (male) Salary £125 per annum with board and rooms in the Residential College The appointment will be for a period of six months in the first instance.

Applications should be lodged with the Dean Guy's Hospital Medical School London Bridge S.E.1 on or before December 22nd 1937

ACTON HOSPITAL W.3

CASUALTY OFFICER (male unmarried) required to commence duties January 1st, 1938 for a three months appointment with promotion to Resident Medical Officer for a similar period if approved Salary £150 per annum with board residence and laundry Candidates must be fully qualified and registered

Applications, stating age nationality and qualifications, should be sent with copies of three testimonials, to the Secretary and should arrive not later than first post Saturday December 18th 1937

Acton Hospital DONALD C. D. SWORD
Gunnersbury Lane Secretary
Acton W.3

LINCOLN ODDFELLOWS FRIENDLY SOCIETY'S MEDICAL INSTITUTION MU
Unity Square Lincoln.

ASSISTANT MEDICAL OFFICER

Applications are invited for the position of Assistant Medical Officer whole time duty Salary £4-5 per annum with house and rates free Also car allowance Duties to commence January 1st 1938 Recent testimonials.

Any further particulars may be obtained on application to the undersigned Applications to be sent in by December 23rd 1937

C. E. COUSANS
Secretary

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W.C.1

Applications are invited for the post of ASSISTANT PATHOLOGIST (male)

Candidates who must possess a legal qualification to practise are required to send in their applications addressed to the Secretary accompanied *by copies of not more than three* testimonials, given specially for the purpose, before 12 o'clock on Monday January 3rd 1938

The appointment is for one year and is non-resident Salary £400 per annum with facilities for Private Pathological Practice

The selected candidate will be required to take up his duties not later than February 16th 1938 preferably earlier

All candidates must be in attendance to appear before the Joint Committee on Wednesday January 5th, 1938 at 4.45 p.m.

Forms of application copy of the rules and details of the appointment will be supplied on application to the undersigned

H. F. RUTHERFORD
December 1937 Secretary

ROYAL MASONIC HOSPITAL,
Ravenscourt Park W.6
(145 Beds)

A post of RESIDENT MEDICAL OFFICER (Male) will be vacant on January 1st 1938 M.R.C.P. qualification or a candidate for that Diploma Salary £300 p.a. with board residence and laundry Appointment for twelve months There are two Resident Surgical Officers.

Applications with full particulars to be sent to the Honorary Secretaries from whom information can be obtained

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THE INFANTS HOSPITAL,
Vincent Square Westminster

Applications are invited for the post of Honorary RADIOLOGIST At least two attendances a week will be required

Applications with copies of not more than three testimonials, should reach the undersigned not later than December 31st

ALFRED J. SMALL
December 6th 1937 Secretary

THE DOCTOR IN PRACTICE OR ABOUT TO ENTER THEREIN SHOULD BE ADEQUATELY PROTECTED BY INSURANCE IN RESPECT OF

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WE CAN ALSO ARRANGE ADDITIONAL CAPITAL FOR THE PURCHASE OF A PRACTICE OR PARTNERSHIP

State age next birthday when writing

COUNTY COUNCIL OF MIDDLESEX

RESIDENT ASSISTANT MEDICAL OFFICER MIDDLESEX COUNTY HOSPITAL BUSHEY

Applications are invited for the appointment of Resident Assistant Medical Officer (woman) Candidates must be registered medical practitioners who have held resident appointments in a general hospital and have special knowledge and experience of obstetrics

The hospital contains some 36 maternity beds and is administered as an annexe to Redhill County Hospital Edgware

The officer appointed who will be required to devote her whole time to official duties will be in *medical charge of these beds will reside at the* Bushey Hospital and work under the direction of the Medical Superintendent and of the Obstetric Surgeon of Redhill County Hospital In addition to her duties at Bushey she will be required to attend the ante-natal clinics at Redhill County Hospital and undertake such other work as may be allotted to her

Salary £400 per annum rising by annual increments of £25 to £475 per annum with board lodging and laundry

The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by one month s notice on either side

The appointment which does not at present carry any superannuation rights will not exceed four years, at the end of which period the officer will leave the Council s service In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than December 18th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Assistant Medical Officer Middlesex County Hospital Bushey

Canvassing directly or indirectly will be a disqualification C W RADCLIFFE Z,
Clerk of the County Council

Middlesex Guildhall Westminster S W 1
November 30th 1937

BOROUGH OF BROMLEY

ASSISTANT MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER (MALE)

Applications are invited from male registered medical practitioners of not more than 40 years of age The salary will be at the rate of £550 rising by annual increments of £20 to £750 per annum in accordance with the Town Council s Salaries and Grading Scheme Applicants should have had experience in the diseases of children maternity and child welfare and school medical services and must possess the Diploma in Public Health

The person appointed will be required to devote the whole o his time to the duties and may not engage in private practice such duties to be performed under the direction of the Medical Officer of Health

The successful candidate will be required to pass a medical examination and to contribute to the Superannuation Scheme under the Local Government and Other Officers Superannuation Act 1922

Applications must be made on forms to be obtained from the Medical Officer of Health Municipal Offices Bromley Kent to whom they must be returned (accompanied by copies of three recent testimonials) not later than December 14th 1937

Canvassing, directly or indirectly will be a disqualification

S CRITCHLEY AUTY
Town Clerk

Municipal Offices
Bromley Kent
November 24th 1937

COUNTY BOROUGH OF GRIMSBY

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the post of Male Assistant Medical Officer of Health at the Grimsby Corporation Hospital This Institution has 98 beds for Pulmonary and Surgical Tuberculosis and 74 for *Infectious Diseases.*

Candidates must be unmarried and have held a resident post in a General Hospital The possession of a Diploma in Public Health is essential and Hospital experience in regard to infectious diseases will be deemed an additional qualification

The salary is £500 per annum rising by annual increments of *£25* to *£700* per annum. *£120* per annum will be deducted for board residence and laundry

Forms of application and any further information desired may be obtained from the Medical Officer of Health 184 Victoria Street Grimsby Applications, endorsed Assistant Medical Officer must reach me not later than Wednesday December 15th 1937

JOHN W JACKSON
Town Clerk.

Municipal Buildings
170 Victoria Street, Grimsby

BOROUGH OF EALING

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified medical men (single) with a Public Health qualification for the position of RESIDENT ASSISTANT MEDICAL OFFICER

The duties will include the medical care of patients in the Chiswick and Ealing Isolation Hospital South Ealing and the medical inspection and treatment of school children at schools and health centres in the borough of Ealing

The person appointed will reside at the Isolation Hospital where furnished rooms and board will be provided.

The person appointed will be required to devote his whole time to the duties and will not be allowed to engage in private practice The salary will be at the rate of £350 per annum rising by £25 per annum to a maximum of £550 plus board and residence as indicated above and valued at £150 per annum A deduction of 5 per cent will be made from the salary in accordance with the provisions of the Local Government and Other Officers Superannuation Act 1922 which has been adopted by the Council and the appointment will be subject to passing the Council s medical examination in connection therewith Canvassing will be a disqualification

Copies of the application form and terms of appointment can be obtained from Dr Thomas Orr Medical Officer of Health Town Hall Ealing W 5 to whom applications accompanied by copies of not more than three recent testimonials must be delivered not later than December 16th

R H WANKLYN
Town Clerk

Town Hall
Ealing W 5

BOARD OF CONTROL ENGLAND AND WALES

The Board of Control (Lunacy and Mental Deficiency) invite applications from *Registered* Medical Practitioners (men and women) for a vacant appointment as COMMISSIONER on the Board s staff.

The salary commences at £850 per annum and rises by eleven annual increments of £30 to £1 180 and then to £1 200 per annum

The appointment will be subject to the usual Civil Service conditions as to pension holidays etc. and also in the case of women, marriage. Subject to certain conditions, previous established service in a Mental Hospital or Mental Deficiency Institution can be aggregated with Civil Service for superannuation purposes.

Candidates should be experienced in the care and treatment of persons suffering from mental disorder or mental defect.

Commissioners are required to devote their whole time to the Public Service

Canvassing through Members of Parliament or in other ways will render a candidate liable to disqualification

Forms of application with further particulars of the appointment, may be obtained from the Secretary Board of Control Metropole Buildings, Northumberland Avenue, London, W.C 2

No application can be considered unless received *on the prescribed form* not later than January 1st.

RHONDDA URBAN DISTRICT COUNCIL

TEMPORARY ASSISTANT MEDICAL OFFICER

Applications are invited from registered medical practitioners for appointment as whole-time TEMPORARY ASSISTANT MEDICAL OFFICER to act under the direction and supervision of the Council s Medical Officer of Health at a salary of £500 per annum travelling expenses necessarily incurred in the performance of the duties being defrayed by the Council The duties will mainly be connected with the School Medical Service and candidates must have had at least three years professional experience subsequent to registration.

The appointment which will be subject to the approval of the Board of Education will be terminable by one month s notice on either side, but it is probable that subject to satisfactory service the engagement will be for a minimum period of six months The officer appointed will be required to reside in the Rhondda Urban District and will not be allowed to engage in private practice

Applications are to be made on forms obtainable from the Medical Officer of Health Tydfil House Pentre Rhondda by whom they must be received not later than Monday December 20th 1937

D J JONES
Clerk of the Council

The Council Offices,
Pentre Rhondda
December 6th 1937

CITY OF BRADFORD

SANATORIUM—GRASSINGTON

ASSISTANT MEDICAL OFFICER required

Appointment tenable for one year at a salary of £175 per annum plus board and lodging

Forms of application may be obtained from the Medical Officer of Health Town Hall Bradford and should be returned to the undersigned not later than December 28th 1937

N L FLEMING
Town Clerk

Town Hall
Bradford
November 30th 1937

COMBINED DISTRICTS OF EAST GRINSTEAD URBAN AND UCKFIELD RURAL

MEDICAL OFFICER OF HEALTH

Applications are invited by the Councils of the above-Districts (the total area of which is 118 696 acres and estimated population 47 880) for the appointment of MEDICAL OFFICER OF HEALTH part of whose duties will (for the time being) be that of Medical Superintendent of Infectious Diseases Hospital (15 bed) In addition to his duties as Medical Officer of Health the person appointed will be required to act as *Assistant School Medical Officer under* the direction of the County Medical Officer of Health

The appointment will be subject to the provisions of the Sanitary Officers (Outside London) Regulations 1935 and preference will be given to candidates who have had previous experience of public health administration and of school medical inspection, and practical experience in the treatment of infectious diseases

Salary will be at the rate of £800 per annum with travelling expenses within the district of £160 per annum office accommodation and clerical assistance will be provided The salary will be subject to review at the end of two years

The person appointed will be required to devote his whole time to his duties which may include medical examination of candidates for appointment to the permanent staff of the respective Councils and will not be allowed to engage in private practice as a medical practitioner He will be required to give three months notice to terminate his appointment

The appointment will be subject to the approval of the Minister of Health and the Secretary of the Board of Education and to the provisions of the Local Government and Other Officers Superannuation Act, 1922.

Applicants must not be over 40 years of age and the successful applicant will be required to pass a medical examination He will be required to reside within the area, at a place to be approved by the combined authorities

Applications on form to be obtained from the undersigned should be completed and returned together with copies of not more than three recent testimonials in a sealed envelope plainly endorsed Medical Officer of Health so as to reach me by not later than the first post on Tuesday the 21st day of December 1937

Canvassing either directly or indirectly will be a disqualification

J HAYDN THOMAS
Clerk to the Uckfield Rural District Council

Council Offices
Beacon Road
Crowborough Sussex.
December 1st, 1937

GENERAL POST OFFICE.

HEADQUARTERS MEDICAL BRANCH (MALE STAFF)

There is a vacancy for a Male ASSISTANT MEDICAL OFFICER in the Headquarters Medical Branch The appointment is pensionable and carries a salary which commences at £500 a year and rises by annual increments of £25 to a maximum of £800 a year The rates of salary are liable to review

Each candidate must be a fully qualified medical practitioner a natural-born British subject, and the child of a person who is or was at the time of death a British subject. Preference will be given to candidates under 30 who have held one or more Hospital appointments The successful candidate will not be allowed to engage in private practice in addition to his official duties

Applications stating qualifications, age etc with copies of any recent testimonials should be sent to the Chief Medical Officer General Post Office, London E C 1 not later than December 30th 1937

Political influence should not be sought in support of applications, it would prejudice rather than assist the candidature

The Male Medical Staff at Headquarters consists at present of a Chief Medical Officer a Second Medical Officer and four Assistant Medical Officers. Information as to the duties can be obtained from the Chief Medical Officer

Candidates may be required to attend for personal interview in London at their own *expense*

BRITISH RED CROSS SOCIETY

CLINIC FOR RHEUMATISM.
Peto Place, Marylebone Road N W 1

The British Red Cross Society invite applications for the appointment to the Clinic for Rheumatism Peto Place Marylebone Road N W 1 of an HONORARY ASSISTANT LARYNGOLOGIST

Applications stating qualifications and present appointments should be sent in not later than December 20th addressed to —

The Secretary of the Medical Board Clinic for Rheumatism, British Red Cross Society 14 Grosvenor Crescent, S.W 1

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DUDLEY HOUSE, 36-38, SOUTHAMPTON ST, STRAND, W C.2

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LONDON (Eastern Environ)—PARTNERSHIP in middle and working-class Practice Receipts £4 200 p.a Panel 4 600 House to rent Premium 2½ years purchase for One-third Share with view to One-half Share. Part of purchase price may remain

HOME COUNTIES (S.E.)—Old-established middle class PRACTICE in busy town Excellent free hold house with separate entrance to professional quarters. Receipts nearly £1 200 p a Panel 960 Premium 2 years purchase

WITHIN 10 MINUTES OF CHARING CROSS—Old-established PRACTICE in main thoroughfare Corner house Receipts approximately £700 p a Panel nearly 850 Premium 2 years purchase or near reasonable offer

EALING (Nr)—Suburban PRACTICE in growing locality Corner house to rent (3 beds) Receipts approx £700 p a Panel over 650 Premium £1 100

SOUTH COAST—Favourite seaside resort Corner house (5 beds.) *Receipts* £1 500 p.a Panel 830 One Appointment. Premium 2 years purchase

HOME COUNTIES (E)—PARTNERSHIP after 12 months preliminary Assistantship in better middle-class PRACTICE Receipts approx £3 000 p a Select panel One-third Share at 2 years purchase. Only suitable for single English or Scotsman

LONDON N—Old-established middle-class PRACTICE Freehold corner house for sale or part may be rented Receipts about £1 681 p a Panel 320 Two Appointments Premium 2 years purchase.

LONDON S.E.5—Old-established middle-class PRACTICE in residential district Detached corner house (6 beds.) Receipts £800 p.a Panel over 750 Four transferable Appointments Premium for Practice £800

Financial Assistance arranged. Reliable Locums always available.

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ACCOUNTS INVESTIGATED AND INCOME TAX RETURNS PREPARED

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WANTED TO PURCHASE

1 BIRMINGHAM (or within 50 miles thereof)—Good Mixed PRACTICE with a Panel of 1 000 over and receipts of from £1,500—£3 000 URGENTLY REQUIRED CAPITAL AVAILABLE.
2 NEWCASTLE UPON TYNE — Good Mixed PRACTICE, with receipts of from £1 100 upwards, and substantial Panel Good house required PURCHASER OFFERS CASH
3 NORTH WEST MIDLANDS—Good Mixed PRACTICE, with Panel of 1,500 over and receipts of £1 200 upwards Good house required

FOR DISPOSAL

1 WEST COUNTRY—Old-established Industrial PRACTICE Receipts average £1,506 p a and Panel well over 1 000 Good accommodation
2. MIDLANDS—Well-established Panel and good middle-class PRACTICE. Receipts av £1 644 p a Panel 561 Excellent house all services
3 NORTH MIDLANDS — Old-established industrial and middle-class PRACTICE Receipts average for last three years £1 090 p.a Panel 962 with excellent house and good scope to increase
4 LANCS—Well-established Industrial country PRACTICE Receipts av £780 p a. Panel 870 Excellent scope little opposition Good house
5 SOUTH MIDLANDS—Country PRACTICE. Receipts average £870 p a and Panel of 220 with scope to increase and good accommodation

FINANCIAL ASSISTANCE afforded to approved applicants for the purchase of Practices or Partnerships on very reasonable terms. Full particulars on application

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORTEST NOTICE.

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(In conjunction with the MALE NURSES' ASSOCIATION)

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Mrs MILLICENT HICKS *Supt*
W J HICKS *Secretary*

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FOR DISPOSAL

1 LARGE MIDLAND TOWN—Share of old established non-panel PRACTICE. Receipts average over £3 000 p.a Very nice house available on reasonable rental Premium for share of five twelfths is open to discussion
2 SOUTH COAST—Old-established PRACTICE. Receipts average £1 460 p a good panel Very fine house to be sold Terms for house and Practice moderate
3 A number of small PRACTICES available at low premiums Excellent opportunities for practitioners wishing to get a Practice with scope
4 OXFORDSHIRE — Charming town Well established PRACTICE. Receipts average nearly £800 p a fair panel Nice house on rental Reasonable offer considered
5 12 MILES FROM PADDINGTON—Developing part Old-established PRACTICE Receipts average £1 800 p a panel 1 700 Nice house and garden rent £100 p a Premium open to discussion
6 LANCS—LARGE SEAPORT TOWN Old established PRACTICE Receipts average £800 p a panel 650 Very fine house garden etc rent £75 p.a Premium only £800
7 N WALES—DELIGHTFUL COAST TOWN Well-established PRACTICE. Receipts last year £450 panel over 200 Nice house garden, etc. on rental Premium £650 or offer
8 NEAR HOLBORN W C—Well-established mixed-class PRACTICE. Receipts average £1 000 p.a Large panel Splendid surgery accommodation. Long introduction if desired Premium £2 000
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15, BEDFORD ST., STRAND, W C.2

Tel Temple Bar 2532.

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Specially trained Nurses for Mental and Nerve cases (All Nurses are insured under the Employers Liability Act 1906) Apply the Supt.

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CAMBS—COUNTRY OVER £1,600 p a Good panel Several Appointments Family house with large garden over 2 acres.—1

NOTTS — COUNTRY PARTNER required preferably woman Share worth £500 Medium panel Fees 3/6 to 21/ Nice compact house to rent—2

MIDLANDS—PROSPEROUS TOWN Average £3 400 p.a Good-class non-panel FIVE TWELFTHS SHARE with prospects Premium 2 years purchase House to rent Excellent opening for Physician—3

ESSEX COAST RESORT—ASSISTANCY with view to SHARE of £800 p a. Sal £350 indoor to suitable man with experience Out door might be arranged—4

BUCKS — COUNTRY DISTRICT NUCLEUS OF PRACTICE with good scope and co-operation of neighbouring practitioner No prem But excellent house for sale at only £900—5

NEAR SWANSEA — DEATH VACANCY About £1 050 p a Panel 1 063 House in own grounds, with 5 bed 2 recep Surgery etc £2 300 freehold or let at about £100 p.a—6

CENTRAL WALES — BEAUTIFUL COUNTRY Assy with view to share in 6 months Salary £350 all found Must be single 25 to 35 Share approx £700 p a—7

KENT, NEAR LONDON — HALF SHARE of £1 300 p.a Panel 1,500 rapidly increasing Visits 3/6 to 5/- Premium £1,300 House to rent 25/ p w—8

NEAR CARDIFF — RESIDENTIAL AREA with ample scope Over £400 p.a Visiting fees 5/- to 10/ Premium one year's purchase. Comfortable house—9

OPHTHALMIC PRACTICE—£600 P.A. with scope Within easy access of London, near sea. Nominal premium Ill-health cause of sale—10

MIDDX. SUBURB—HALF SHARE OF £1 600 p.a increasing with ample scope Panel 2 200 Premium 2 years purchase House (4 bed) to rent.—11

YORKS—COAST RESORT TWO-FIFTH SHARE of £2 400 p.a after prelim. Assy., with early option to half Panel 1 700 Detached house or flat.—12

LINCS.—SMALL TOWN NEAR SEA. £1 400 p.a. incl panel worth £230 Good class. Fees 5/6 to 21/ 2 years purchase. House (6 bed. etc) for sale £1,550—13

YORKSHIRE DALES—UNOPPOSED £1 000 p.a Panel £340 p a Commodious house with large garden Price for house and goodwill £3 000 or would let—14

SUSSEX RESORT—ABOUT £650 P A Panel 200 Visits 4/ to 10/6 Premium £1 200 Freehold house 6 bed etc £2,300—15

MIDLAND CATHEDRAL CITY—Half share of £2,470 Panel 1 200 Prem. 2 years purchase. Corner house (4 bed) to rent at £68—16

DERBYSHIRE — COUNTRY UNOPPOSED Nearly £1 100 p.a Panel 960 Appts. £200 p a Premium only 1½ years purchase. Good house, 6 bed etc £1,500 freehold—17

SUSSEX — COUNTRY PRACTICE. About £700 p.a Panel over 500 increasing Appts. £20 p a. Visits 5/ up Small house nice garden, garage etc to rent—18

WITHIN 30 MILES OF LONDON WEST SIDE. ¼ SHARE of about £3,200 p.a. Panel about 2,500 Very good prospects Excellent house can be purchased or rented—19

WEST COUNTRY—OLD EST., UNOPPOSED country PRACTICE. £900 p a Panel 500 and appts Nice house garden and garage rent £80 p.a. Premium 2 years purchase.—20

LANCS TOWN—OLD EST £1 100 p.a Panel 325 not encouraged good scope. Nice house large garden and garage for sale or let Premium 1½ years purchase.—21

MANCHESTER — PLEASANT DISTRICT About £1,200 p.a Panel 750 Ample scope Well-built detached house, 5 bed., garden, and tennis lawn etc—22

NO CHARGE TO PURCHASERS
FINANCIAL ASSISTANCE ARRANGED

ASSISTANTS—VACANCIES IN TOWN and Country Indoor and Outdoor List on application.

BOROUGH OF ECCLES

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the appointment of an Assistant Medical Officer of Health (male or female) at a salary of £600 rising by four equal annual increments to a maximum of £700 per annum. The appointment will be a designated post under the Local Government and Other Officers Superannuation Act, 1922 and the successful candidate will be required to undergo a medical examination.

Applicants must be duly registered Medical Practitioners, and should have had special experience in midwifery and ante-natal work. Preference will be given to candidates possessing the D C O G The possession of a Degree or Diploma in Public Health will be an additional qualification.

The Officer appointed will be required to devote his whole time to the duties of the office and to act under the direction of the Medical Officer of Health The duties will be mainly in connexion with the Ante-natal Clinic the Municipal Midwifery Service, the Child Welfare and School Medical Services

The appointment will be held during the pleasure of the Council and will be terminable by one month's notice on either side

Applications, stating age, qualifications and experience, together with copies of not more than three recent testimonials must be received by the Medical Officer of Health Public Health Department, Irwell Place, Eccles, not later than December 31st, 1937 Envelopes should be endorsed "*Assistant Medical Officer*"

Canvassing directly or indirectly will be a disqualification

Town Hall Eccles, A. V RIDGWAY
December 8th 1937 Town Clerk.

CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT

TUBERCULOSIS SECTION

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from single registered male medical practitioners for the post of Assistant Resident Medical Officer in the Tuberculosis Section of the Public Health Department. The successful candidate will be employed both in a Sanatorium and in a Dispensary Candidates should have held a resident general hospital appointment and an appointment in some institution recognized for the treatment of tuberculosis

The commencing salary will be at the rate of £450 per annum rising by £25 to £500 per annum with emoluments valued at £150 per annum and the appointment will be terminable by one month's notice on either side

The successful candidate will be required to pass an approved medical examination to contribute to the superannuation scheme established under the Local Government and Other Officers Superannuation Act, 1922 as amended by Section 8 of the Birmingham Corporation Act, 1935 (Annuities for Widows) and if under thirty years of age to join the Birmingham Municipal Officers Widows and Orphans Pension Scheme

Forms of application and a summary of duties may be obtained from and should be returned with three recent testimonials, to the Chief Clinical Tuberculosis Officer 151 Great Charles Street Birmingham 3 not later than December 22nd 1937

Council House, F H C. WILTSHIRE
Birmingham 1 Town Clerk.

COUNTY BOROUGH OF BARNSLEY

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER.

The Barnsley County Borough Council invite applications for the position of Assistant Medical Officer of Health and Assistant School Medical Officer

The commencing salary will be £500 per annum rising by annual increments of £25 (subject to satisfactory service) to a maximum of £700 per annum

Candidates must be registered medical practitioners of either sex under 40 years of age of at least three years standing and should have had experience in the work of school medical inspection and maternity and child welfare. Experience in the treatment of infectious disease is necessary

Applicants must also possess the Diploma in Public Health or an equivalent qualification.

The person appointed will be required to devote his or her whole time to the duties of the office, and will not be allowed to engage in private or consulting practice, and will work under the supervision of the Medical Officer of Health who is also School Medical Officer

The Corporation are proposing to introduce a superannuation scheme as from April 1st 1938

The appointment will be determinable by three months notice on either side.

Applications, accompanied by copies of not more than three recent testimonials must be sent to me on or before December 16th 1937 endorsed "Assistant Medical Officer of Health"

A. E. GILFILLAN
Town Hall Barnsley Town Clerk.
November 29th, 1937

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one year's standing to undermentioned positions Candidates must have held resident appointment in a general hospital for at least six months. Married quarters not available.

ASSISTANT MEDICAL OFFICERS (Grade I)—Salary £350—£25—£425 with board lodging and washing

(a) LEWISHAM HOSPITAL, Lewisham S E.13—Duties mainly anaesthetics

(b) PADDINGTON HOSPITAL, Harrow Road W 9—Duties mainly medical with anaesthetics.

(c) ST ALFEGE'S HOSPITAL, 48 Vanbrugh Hill Greenwich S E.10—Surgical duties

(d) ST JAMES' HOSPITAL Ouseley Road Balham S.W 12—Anaesthetics.

*† (e) ST NICHOLAS' HOSPITAL, Plumstead S E.18—Duties mainly medical knowledge of obstetrics desirable.

(f) ST STEPHEN'S HOSPITAL 369 Fulham Road S W 10—Medical duties.

ASSISTANT MEDICAL OFFICERS (Grade II)—Salary £250 a year together with board lodging and washing. Appointment for one year only in first instance (renewable for a second year under certain conditions)

(g) BETHNAL GREEN HOSPITAL Cambridge Road E.2—Duties mainly medical.

(h) DULWICH HOSPITAL East Dulwich Grove, S E.22.—General duties.

(i) FULHAM HOSPITAL, St. Dunstan's Road Hammersmith W 6 — Medical duties with anaesthetics.

(j) NEW END HOSPITAL, Hampstead N W 3—Duties mainly medical experience in anaesthetics essential

(k) ST LEONARD'S HOSPITAL, Nuttall Street Kingsland Road N 1 (Two Positions)—Duties mainly medical experience in anaesthetics desirable

*(l) ST NICHOLAS' HOSPITAL Plumstead S E.18—Duties mainly medical with anaesthetics.

* No accommodation for a woman

† Appointee may be required to be non-resident.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division (2A) County Hall S E.1 returnable by December 9th

Canvassing disqualifies

GLAMORGAN COUNTY COUNCIL.

APPOINTMENT OF ASSISTANT MEDICAL OFFICER (FEMALE)

Glamorgan Education Committee invite application for the appointment of an Assistant Medical Officer (Female)

Applicants must have had at least three years professional experience after qualification and also hold a Diploma in Public Health. Special experience in Eye Diseases and Refraction work is essential and experience in Orthopaedic work will be considered an advantage.

Candidates must be under 35 years of age. The salary will be at the rate of £550 per annum rising by annual increments of £25 to a maximum of £750 Travelling and subsistence allowances will be paid according to scale

The post is an established post under the Local Government and Other Officers Superannuation Act, and for this purpose a deduction of 5 per cent of the salary will be made.

The person appointed will be required to give her whole time to the duties under the control and supervision of the County Medical Officer and will be required to reside where from time to time directed by the Committee.

The appointment will be terminable by two months notice on either side

Applications for appointment, stating age and qualifications and accompanied by copies of not more than three recent testimonials, should be sent to the County Medical Officer Dr E. Colston Williams County Hall Cardiff and should be received by him not later than the first post on January 6th 1938

Canvassing personal or otherwise will be a disqualification.

D J PARRY
Deputy Clerk of the Glamorgan County Council
Glamorgan County Hall Cardiff
December 7th 1937

BURTON-ON TRENT GENERAL INFIRMARY

Applications are invited for the position of HOUSE PHYSICIAN AND CASUALTY OFFICER (Male) Salary at the rate of £150 per annum, with board residence and laundry Duties to commence January 1st.

Applications giving age and qualifications, together with copy of testimonials, to be sent to E W THORNLEY Secretary

MANCHESTER ROYAL EYE HOSPITAL

JUNIOR HOUSE SURGEON required, at once Salary £1.0 per annum with residence, board etc

Applications (with copies of testimonials) endorsed "*House Surgeon.*" to be addressed to the Chairman of the Board of Management.

H R NORTH,
Gen. Supt. and Secretary

COUNTY OF LINCOLN—PARTS OF LINDSEY URBAN DISTRICT OF HORNCASTLE. URBAN DISTRICT OF WOODHALL SPA. RURAL DISTRICT OF HORNCASTLE.

ASSISTANT COUNTY MEDICAL OFFICER AND DISTRICT MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified male Medical Practitioners registered in the Medical Register as the holder of a diploma in sanitary *science public health or State medicine, for the* above-mentioned whole time joint appointment. (Combined area approximately 117,917 acres, population 16,344) Candidates must not be over 45 years of age. The inclusive salary will be £800 per annum with travelling allowance according to scale.

The appointment will be made by the District Councils in accordance with the Local Government Act, 1933 the Public Health (Officers) Act 1921 and the Sanitary Officers (Outside London) Regulations, 1935 and the appointment under the County Council will be made in accordance with the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930

The post of Assistant County Medical Officer will be a designated post under the Local Government and Other Officers Superannuation Act, 1922. The posts under the District Councils will ultimately be subject to the Local Government Superannuation Act 1937

Applications, on forms obtainable from the Clerk of the County Council County Offices, Lincoln, with copies of not more than three recent testimonials, must be returned not later than Monday January 3rd 1938

Canvassing in any form will be a disqualification

Dated this 7th day of December 1937

ERIC W SCORER
Clerk of the County Council
J E. CHATTERTON
Clerk to the Woodhall Spa Urban District Council and the Horncastle Rural District Council.
R CHATTERTON
Clerk to the Horncastle Urban *District Council.*

METROPOLITAN BOROUGH OF HAMMERSMITH

Appointment of ASSISTANT MEDICAL OFFICER (Maternity and Child Welfare)

Applications are invited from registered Medical Women with at least three years experience in the practice of their profession for the appointment of Assistant Medical Officer (Maternity and Child Welfare)

The salary attaching to the appointment will be £500 per annum rising by annual increments of £50 to £700 per annum subject to satisfactory service.

The appointment will be subject to the provisions of the Shoreditch and other Metropolitan Borough Councils (Superannuation) Acts 1922 1937

Forms of application and further particulars of the appointment may be obtained from the undersigned upon receipt of a stamped addressed envelope and applications must be submitted together with copies of three recent testimonials, in envelopes endorsed "Appointment of Assistant Medical Officer" not later than January 3rd 1938.

Canvassing members or officers of the Council is strictly prohibited and will disqualify candidates.

Town Hall HUGH ROYLE.
Hammersmith W 6. Town Clerk.
December 1937

THE WEST RIDING OF YORKSHIRE MENTAL HOSPITALS BOARD

WEST RIDING MENTAL HOSPITAL, WAKEFIELD

APPOINTMENT OF TWO UNGRADED MEDICAL OFFICERS

Applications are invited for the above appoint*ments in the Board's service at the above* mentioned Mental Hospital, at a commencing salary of £350 per annum, rising by annual increments of £.5 to a maximum of £450, together with emoluments (board apartments and laundry) valued at £120 per annum The Board will allow an extra £50 per annum to the successful candidates who (whilst on this scale) hold or obtain the Diploma in Psychological Medicine for which this Hospital affords special study facilities.

It will be an advantage if candidates have had *at least one year's experience in general medicine* after qualification.

The appointment is subject to the provisions of the Asylums Officers Superannuation Act, 1909 Class I

Applications, with copies of not more than two recent testimonials stating age and full particulars, to reach the MEDICAL SUPERINTENDENT West Riding Mental Hospital, Wakefield not later than December 30th, 1937

There is no printed form of application.

G L. BANNER
Clerk of the Board.
Board Offices, Wakefield.
December 1937

BRITISH MEDICAL BUREAU

(The Scholastic, Clerical and Medical Association Ltd.)

(*FOUNDED* 1880)

NORTHERN BRANCH

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Telephones: {Manchester - Blackfriars 3925 / Manchester - Rusholme 2549 (*Night Calls*)

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Recommended with every confidence to the profession by the BRITISH MEDICAL ASSOCIATION as a thoroughly trustworthy medium for the transaction of all Medical Agency business

TRANSFER OF PRACTICES AND PARTNERSHIPS INTRODUCTION OF RELIABLE ASSISTANTS AND LOCUM TENENS at Short Notice VALUATION and INVESTIGATION OF PRACTICES, Etc

FOR DISPOSAL
Full particulars free on request.

Practices and Partnerships wanted Large list of bona fide purchasers with ample capital available Enquiries invited from prospective vendors All information treated in strict confidence

WESTMORLAND.—Old-established PRACTICE in beautiful Country town. Cash receipts last year £1 169 Panel 293 Excellent house 2 reception 6 bedrooms, nice garden, and two garages. Separate professional quarters, electric light, gas, main water etc. For sale Premium—2 years purchase. Vendor retiring.—No 1040

YORKSHIRE.—Old-established UNOPPOSED COUNTRY PRACTICE in delightful district. Cash receipts last year £1 300 Panel 700 yields £450 p.a. Transferable appointments over £200 p.a. Excellent house, 2 reception, 5 bedrooms garage and garden with tennis court electric light, etc. Rent £50 p.a. Premium—2 years purchase, or near offer.—No 1048

MANCHESTER.—Well-established mixed Panel and private PRACTICE, offering scope for increase. Cash receipts last year £1 222. Panel 800 Good house 2 reception, 5 bedrooms, 2 Professional rooms. Premium—1½ years purchase.—No 1009

YORKSHIRE (W R.).—Old-established mixed PRACTICE, averaging £860 p.a. Panel 701 Scope for increase. Good house with excellent garden, to rent at £30 p.a. Premium—£1,350 (to include drugs and fittings) —No 1037

LANCS TOWN.—Mixed Panel and Private PRACTICE in industrial district. Income £1 800 p.a. Panel 1,500 House 3 reception 6 bedrooms, and garage Rent £72 p.a. Premium—Best offer.—No 996.

DERBYSHIRE.—Old-established mixed-class PRACTICE, near beautiful country and within easy reach of large town. Average cash receipts £1 100 p.a. Panel 970 and transferable appointments £200 p.a. Scope. Nice detached house, 2 reception, 6-7 bedrooms, garage and large garden. Freehold. Premium—1½ years purchase.—No. 991

LANCS TOWN.—PARTNERSHIP in mixed Panel and Private PRACTICE, to replace senior partner on equal share basis. Average cash receipts £5 680 p.a. Panel 2,900 Good house available 2 reception 4 bedrooms, etc. Rent £56 p.a. Must be experienced and of good personality Premium—one-third share (approx. £1 890 p.a.)—2 years purchase (to include share of drugs, book debts, etc.) —No 1050

NORTH WALES.—Good-class long established PRACTICE in attractive and residential seaside resort. Cash receipts last 16 years over £1,200 p.a. Panel 425 Good house with two small gardens to rent or purchase freehold Socially very pleasant Premium—£1 800 —Vendor going abroad.—No 929

LANCS TOWN.—Very old-established mixed Panel and Private PRACTICE in present hands 35 years. Cash receipts last year £916. Panel 1 223 Scope Excellent detached house 2 reception 5 bedrooms garage and small garden For sale or would rent on lease Prem.—1½ years pur Vendor retiring.—No 1004

LIVERPOOL.—Very old-established middle-class PRACTICE in residential district. Cash receipts £1 100 p.a. Panel 599 Good scope for energetic man Excellent house, 3 reception, 5 bedrooms, etc. Price £700 Premium—£1 600 Vendor retiring.—No 1046.

NORTH WEST COAST.—Old-established middle-class PRACTICE in Seaside town. Cash receipts £1 100 Panel 350. Nice house, garage and garden Premium—1½ years purchase.—No 961

SOUTH COAST.—Old-established PRACTICE in popular watering place Cash receipts £1 468 p.a. Panel 825 and P.M.S £65 p.a. Good corner house, 2 reception, 5 bedrooms, garage and small garden. Premium—2 years purchase.—No. 1047

NORTH EAST COAST.—Easily worked middle-class PRACTICE in present hands 33 years. Cash receipts £1 159 p.a. No Panel Great scope as district developing. Rent of Surgery premises £6 p.a. Premium—£1 000 (to include Surgery fittings, etc., and small X-ray plant).—No 1038

MANCHESTER.—Middle-class PRACTICE in present hands 44 years. Income over £1,200 p.a. Select Panel 4 0 Scope for energetic man. Detached house 3 reception, 4 bedrooms, garage and garden. Rent £50 p.a. Premium—1½ years purchase. Good introduction. Vendor retiring.—No 1049

DERBYSHIRE.—Old-established PRACTICE in pleasant district near large town offering great scope for increase owing to building developments. Suitable for two men in partnership. Cash receipts last year £3 436. Panel 1,394 Two good houses, with ample accommodation and modern conveniences, each with garage, garden and tennis court. Premium—2 years purchase.—No. 955

SOUTH COAST.—Well-established PRACTICE in suburb of large town. Cash receipts last year £694 Panel 740. Scope for great increase Excellent detached house, 2 reception 4 bedrooms, separate Professional rooms garage and good garden. Price £1,200 Premium—Practice—£1 000.—No 1044

LEEDS.—Well-established mixed Panel and Private PRACTICE. Cash receipts £900 p.a. Panel 1 000 Good house with ample accommodation, and garage, for sale, or rent on lease. Premium—1½ years' purchase.—No 1039

NEAR MANCHESTER.—PARTNERSHIP (after six months Assistantship) in good PRACTICE in residential district Cash receipts £4 000 p.a. Panel 2,500 Applicants should be English or Scottish about 30 Good house available to rent Salary £400 p.a. plus Car allowance and free house Premium—one-third share—to be arranged.—No 1045

LANCS TOWN.—Old-established mixed Panel and Private PRACTICE in good town Cash receipts last year £940 Panel 1 225 Scope for increase. Corner house, 6 bedrooms, separate entrance to Surgery Rent £75 p.a. Premium—£1,500.—No 1033

YORKSHIRE (W R.).—PARTNERSHIP (after preliminary Assistantship) in sound old-established better-class Practice averaging over £3 000 p.a. Panel 1,350 Visits 3s 6d to £1 1 0 Hospital staff appointment House 5 bedrooms, garage nice garden £1 100 Premium—1/3rd share—£2,000 increase to one half later Incoming partner should be university graduate 28/30 years.—No 1043

CUMBERLAND.—Old-established and practically unopposed Seaside and Country PRACTICE in delightful district Cash receipts last year £868 Panel 225 and transferable appointments £255 p.a. Excellent house 2 reception 8 bedrooms, electric light and gas, garage and garden. For sale freehold Premium—Practice—1½ years purchase.—No 998.

LANCS TOWN.—Old-established mixed-class PRACTICE. Cash receipts last year £1 136. Panel 975 Good house and surgery premises to rent. Premium—£1,500 Vendor retiring.—No 1007

MIDLANDS.—Old-established mixed Panel and Private (non-dispensing) PRACTICE. Cash receipts approximately £1 900 p.a. Panel 1 950 Scope Excellent house with nice garden garage etc Premium—Practice—2 years purchase.—No 983

NORTH WALES.—Old-established PRACTICE near Sea and Country capable of great increase Cash receipts last year £1 026 Panel 800 Nice surgery premises. Premium best offer.—No 905

LANCS TOWN.—PARTNERSHIP in middle and working-class Practice in clean town, close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception, 4 bedrooms, garage and garden. Premium—one-half share—2 years purchase or near offer.—No 1015

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town Average cash receipts £2,450 p.a. Panel 1,400 Appointments £190 p.a. Scope Nice house in good condition, 2 reception, 5 bedrooms, garden Rent £68 p.a. Premium—half share—2 years purchase.—No 1013

NORTH WEST COAST.—Well-established PRACTICE in Seaside town. Cash receipts £500-£550 p.a. Panel 450 Modern flat to rent at £80 p.a. inclusive of rates. Premium—1 year's purchase.—No 1005

MANCHESTER.—PARTNERSHIP in mixed Panel and Private Practice Average cash receipts £2,875 p.a. Panel over 2,500 Scope Excellent house, 3 reception, 4 bedrooms, small garden Rent £52 p.a. Premium—one half share—2 years purchase.—No 1038

NEAR BUXTON.—Old-established PRACTICE capable of great increase. Cash receipts last year £740 (increasing). Panel 862. Excellent house 2 reception 4 bedrooms, 3 Professional rooms (separate entrance), garage and good garden. Premium—Practice and house, £1 700.—No 959

LIVERPOOL.—Well-established PRACTICE in pleasant district Receipts £800 p.a. Panel 650 Good house 5 bedrooms, garden and garage Premium—1 year's purchase.—No 9.8

SCOTTISH BORDER.—Well-established PRACTICE in pleasant country and seaside town. Cash receipts £700 p.a. Panel 640 Good house, nine rooms, nice garden, etc. Premium—1½ years purchase.—No. 1041

LANCS TOWN.—Old-established mixed-class PRACTICE in large town. Cash receipts approximately £1,200 p.a. Panel 745 Scope. Good house, 2 reception, 5 bedrooms, 3 Professional rooms, garage and garden. Premium—£1 350.—No 1010

ASSISTANTS WANTED.—OUTDOOR.—MIDLANDS LANCS AND YORKS TOWNS.—£400-£500 p.a., with House and Car allowance INDOOR.—LANCS, YORKS, MIDLANDS and N.E. COAST.—£300-£350 p.a., all found. Many vacancies. Details on request. LOCUMS ALSO REQUIRED

— WANTED —

ASSISTANTS - INDOOR & OUTDOOR

For Immediate Engagements

Apply with full particulars to above address

All communications to be addressed to the Branch Manager BRITISH MEDICAL BUREAU 33 CROSS STREET MANCHESTER 2

RICHARD MURRAY HOSPITAL
Blackhill Co Durham

HOUSE SURGEON

Applications are invited for the post of House Surgeon (male) at the above hospital which has accommodation for sixteen surgical cases and six teen maternity cases The salary offered is £200 per annum with board apartments and laundry in addition

Applicants will require to have had previous experience as a House Surgeon in a General Hospital and preference will be given to those with similar experience in a Maternity Hospital

The appointment is for the period commencing January 1st, 1938 and terminating on December 31st 1938 and is not renewable

The hospital is served by a Visiting and Consultant Surgeon and a Visiting and Consultant Obstetrician

So far as the Maternity Unit is concerned the person appointed will be subject to the ad ministrative control of the County Medical Officer of Health

The duties will include the medical supervision of an adjacent small Convalescent Home for mothers and young children

Applications stating age qualifications and experience and accompanied by copies of not more than three recent testimonials must be received by the undersigned not later than Wednesday December 22nd 1937

Shire Hall T W ADDISON,
Durham Secretary to the Richard Murray
December 1st 1937 Hospital Joint Board

THE ROYAL HOSPITAL
Wolverhampton
(Incorporated under Charter)

HOUSE SURGEON required for Orthopaedic and Fracture Department, duties to commence January 1st 1938 The Hospital contains 300 beds includes the usual special departments and is recog nized by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice

Candidates must be registered under the Medical Acts, and unmarried

The appointment is for six months. Salary at the rate of £100 per annum Board furnished rooms and laundry provided Applications with copies of testimonials, to be forwarded to the undersigned

Wolverhampton W H HARPER
November 29th 1937 House Governor

THE ROYAL HOSPITAL
Wolverhampton
(Incorporated under Charter)

HOUSE SURGEON required (General Surgery) duties to commence January 1st 1938 The hospital contains 300 beds includes the usual special departments, and is recognized by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice Candidates must be registered under the Medical Acts and unmarried

The appointment is for six months Salary at the rate of £100 per annum Board furnished rooms and laundry provided.

Applications, with copies of testimonials to be forwarded to the undersigned

Wolverhampton W H HARPER
November 30th 1937 House Governor

KING EDWARD VII HOSPITAL, WINDSOR
(200 Beds)

Two HOUSE SURGEONS and one CASUALTY OFFICER required for beginning January 1938 Applicants must be fully qualified men or women and registered

Salary at the rate of £100 per annum together with board residence and laundry

Applications stating age qualifications and ex perience, accompanied by testimonials should be sent to the undersigned not later than December 20th

The Surgical appointments are recognized by the Royal College of Surgeons of England for the six months training required of candidates before admission to the final examination for the Fellowship

A E CHURCHER Secretary

HUDDERSFIELD ROYAL INFIRMARY
(321 Beds)

MALE HOUSE SURGEON required to com mence duty on January 1st 1938

Salary £150 per annum with board residence and laundry

Appointment for six months, subject to renewal at the discretion of the Board of Management.

The Hospital is officially recognized for the sur gical practice required of non-members before admission to the Final Fellowship Examination of the Royal College of Surgeons of England

Applications, with copies of three recent testi monials, to be addressed to the undersigned immediately

H J JOHNSON
Gen. Supt. and Secretary

ROYAL VICTORIA INFIRMARY
Newcastle-upon-Tyne

The House Committee by Resolution declare Vacant the office of HONORARY ASSISTANT SURGEON

According to statutory provision every can didate must be a registered Graduate in Surgery of any University recognised by the General Council of Medical Education and Registration of the United Kingdom or a Registered Fellow Member or Licentiate of one of the Royal Colleges of Surgeons of the United Kingdom pro vided that he is practising as a Surgeon and not as a General Practitioner

Applications should state age and appointments held at present time and must be received by the House Governor and Secretary Royal Victoria Infirmary Newcastle-upon-Tyne, not later than Thursday December 30th 1937

The appointment will be made on January 6th 1938

Personal canvassing will be considered a dis qualification for office

S DUNSTAN
House Governor and Secretary
December 6th 1937

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL
(112 Beds)

HOUSE PHYSICIAN

Applications are invited for the above post, which becomes vacant on January 1st next

Salary £130 per annum To have charge of Medical and Ophthalmic beds also to act as Resident Anaesthetist The post is for six months in the first instance—*offers valuable experience in* both In-patient and Out patient work.

Applications with copies of recent testimonials, should be sent to the undersigned as early as possible

JOSEPH E SEARJEANT F C C S
House Governor and Secretary

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL

RESIDENT SURGICAL OFFICER

Applications are invited for the above post which will become vacant on January 1st 1938 Salary £300 per annum

The duties include much operative work and preference will be given to a candidate holding the F R C S England diploma

Applications with copies of recent testimonials, should be sent to the undersigned immediately

JOSEPH E SEARJEANT F C C S
House Governor and Secretary

MANCHESTER ROYAL INFIRMARY

ASSISTANT MEDICAL OFFICER

MASSAGE AND ELECTRICAL DEPARTMENT

The Board of Management invite applications from registered Medical Practitioners (men and women) for the above appointment. Previous experience in the work is not essential

The duties are to attend daily and to assist the Medical Officer in charge of the Department The appointment is part time (non-resident) for one year Salary £100 per annum

Candidates must state age and send twelve copies of their application and testimonials to the undersigned on or before Thursday December 23rd 1937

By Order
W R TINDALE
General Supt and Secretary
December 6th 1937

ROYAL INFIRMARY BLACKBURN
(244 Beds—Five Residents)

RESIDENT SURGICAL OFFICER required Salary £250 per annum with board residence and laundry Preference will be given to applicants holding the F R C S diploma

Applications stating age nationality, qualifications and experience together with copies of recent testimonials to be sent to the undersigned.

T DEWHURST
General Supt. and Secretary
Royal Infirmary
Blackburn Lancs.

BIRKENHEAD GENERAL HOSPITAL
(156 Beds.)

Applications are invited for the post of SECOND HOUSE SURGEON (male) for the three months commencing January 1st, 1938 Salary £100 per annum with board residence and laundry

Applications, stating age nationality and quali fications together with three recent testimonials to reach the undersigned as early as possible

W H DANIELS
Secretary Superintendent

CITY OF BIRMINGHAM MENTAL HOSPITAL.

JUNIOR FEMALE ASSISTANT MEDICAL OFFICER.

The Committee of Visitors invite applications for the above whole-time appointment from single ladies under thirty-six years of age who are duly qualified and registered Medical Practitioners. A person who has held for at least six months, a medical or surgical residential post in a general hospital will be regarded as having an additional qualification.

The successful candidate should be a good anaesthetist She will be required to reside in the hospital The commencing salary will be £350 per annum plus the usual residential emoluments of board lodging laundry and attendance. Subject to twelve months satisfactory service to the Committee an increase of £50 will be granted and thereafter increases of £25 per annum up to a maximum salary of £450 per annum. An additional £50 per annum will be paid to the holder of the D P.M. qualification or to a person obtaining the D P M. after appointment The salary is inclusive of all fees received and any such fees must be accounted for and paid into the hospital account.

The successful candidate will be placed on the permanent staff after one year's satisfactory service and medical examination and will then be required to contribute under the Asylums Officers Super annuation Act 1909 She will be required to serve in such institution belonging to the Mental Hospitals Committee as they may from time to time direct. The appointment is subject to one month's notice on either side

Applications stating full particulars of qualifica tions experience and appointments held accom panied by copies of three recent testimonials, must be addressed to the undersigned so as to be received not later than December 18th 1937

F H C WILTSHIRE
Clerk to the Committee of Visitors
Town Clerk's Office,
Council House Birmingham 1

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY

The Board of Management invite applications for the appointment of RESIDENT ANAESTHETIST (male or female)

The duties of the post to commence January 1st, 1938 and to include the administration of anaesthetics in the Infirmary and Maternity Hospital and assistance in the Casualty and Orthopaedic Departments

Applicants should submit particulars of any special qualification they possess or provide evidence of their experience in modern methods of administering anaesthetics.

Salary at the rate of £200 per annum for the first six months rising by £50 for each subsequent six months service, to a maximum of £300 together with board residence and washing

Applications, stating age, qualifications and ex perience accompanied by copies of testimonials to be forwarded to the undersigned on or before December 16th 1937

JOHN GIBSON
Superintendent and Secretary

ST MARY'S HOSPITALS MANCHESTER

Two HOUSE SURGEONS for the Whitworth St West Hospital (Maternity) and Three for the Whitworth Park Hospital (two for the Gynaecological Dept. and one for the Children's Dept.) each for a period of six months from February 1st next. Salaries at the rate of £50 per annum with board and residence

Applications with copies of three testimonials to be sent to the undersigned on or before December 16th

R. RATCLIFFE, Secretary

VICTORIA HOSPITAL, BLACKPOOL
(182 Beds.)

HOUSE SURGEON (male) required to Surgical Unit No 2

There are four resident Medical Officers. Appointment is for six months Salary at the rate of £175 per annum with board residence and laundry

Applications, with copies of three recent testimonials, should be sent to the General Superintendent.

VICTORIA HOSPITAL BLACKPOOL.
(182 Beds.)

HOUSE PHYSICIAN (male) required

There are four resident Medical Officers. Appointment is for six months. Salary at the rate of £175 per annum with board residence and laundry

Applications with copies of three recent testimonials, should be sent to the General Superintendent.

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD.)
(FOUNDED 1880)

Tele Address
Triform Westcent—London

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Telephone: Euston {1644 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful agency for the transaction of every description of Medical, Scholastic, and Accountancy business, and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent
Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill, book debts, furniture, drugs fittings and other effects (excluding sales of any freehold or leasehold property, or of practices effects etc, outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal. **Full Particulars sent free.**

1 EASTERN COUNTIES—Country PRACTICE, averaging £1 750 p a, within easy distance of county town Panel 1 070 Good house (in 2¼ acres) with 7 bedrooms etc garage, company s water and main drainage Price £2 000 freehold Premium two years purchase

2 LANCS—Well established non panel PRACTICE, averaging over £4 000 p.a in manufacturing town House with 5 bedrooms and surgery premises with separate entrance large garage and good garden for sale Price £2,500 freehold Premium £6 000 or near offer

3 E MIDLANDS—Old-established PRACTICE in clean manufacturing city Cash receipts 1936 £1 330 Panel 1 770 House in very quiet position containing 8 rooms, in addition to surgery accommodation etc, garden and garage Price £1 550 freehold Good scope Premium £2 750 to include drugs instruments etc

4 S COAST—PARTNERSHIP in mixed PRACTICE, averaging £2,800 p a in seaside resort Panel about 2 000 Semi-detached house (5 bedrooms etc) with good garden for sale or rent Excellent hospital Scope for major surgery Premium one half share two years purchase

5 W OF ENGLAND Inland Watering Place—Old-established good-class easily worked PRACTICE Receipts past year £722 No panel Practically non dispensing House with 6 bedrooms etc large garage and small garden to rent on lease Premium £1 000

6 LONDON, E 1—Old-established PRACTICE of about £800 p a including appointments about £150 p.a and panel 1 300 Good house (6 bedrooms etc) to rent or purchase Very good scope for increase Premium £1 800 to include contents of surgery and waiting room, etc

7 NORTHERN IRELAND—Middle and working-class PRACTICE in suburb of important seaport Receipts past year £963 Panel nearly 1 200 Well situated house (5 bedrooms) garage etc to rent Practice capable of expansion Premium £1 400

8 YORKSHIRE—PARTNERSHIP in very old established and steadily increasing Practice over £6 000 p a in first rate residential town Valuable appointments and panel, 1 300 Visits 5/ to £2 2s Nice semi-detached house (5 bedrooms) garden and garage to rent Incoming partner must be University Graduate aged 26/30 held hospital appointments and be good anaesthetist. One sixth share at first at two years purchase Practice well known to Bureau

9 HOME COUNTY—PARTNERSHIP in country town Practice averaging over £4 000 p.a (increasing) within 25 miles of London Good appointments and panel about 2 000 Suitable house obtainable Incoming partner should be aged about 30 must possess F R C S and have had one year s P G work Good hospital. One fourth share at first at two years purchase

10 MIDLANDS—Unopposed country PRACTICE in very pleasant hunting district Cash receipts last year £1 097 including good appointments and panel about 500 Well built house (5 bedrooms etc) with good garden and garage Main electric light and water supply Price £1 100 freehold. Golf etc Premium £1 600

11 HOME COUNTY—PARTNERSHIP in rapidly increasing Practice doing at rate of £2 100 in growing town within 20 miles Panel 1 600 Suitable house could be obtained Premium one third share £1 350

12 S COAST, popular seaside resort—Small good middle-class non-dispensing PRACTICE £350/£400 p a No panel One appointment worth £50 p a Maisonette (3 bedrooms etc) to rent at £160 p.a Premium £500

13 MIDLANDS—Easily worked PRACTICE in very attractive village about 70 miles from London Cash receipts, 1937 (to November 25th) £696 Panel 500 Detached modern house (4 bed and dressing rooms) gas, electricity and main drainage garden over an acre Price freehold, £1 600 Premium one and three quarter years purchase to include stock of drugs

14 N WALES—Old established good-class PRACTICE which has always averaged over £1,200 a year, in very attractive residential seaside resort Panel 425 Good house to rent or purchase Pleasant society Premium £1 800

15 AUSTRALIA.—PRACTICE in small township in Victoria Receipts last year £880 Specially built house to rent at £80 p a Good climate All kinds of sport Premium £500 English currency, including drugs and dispensary fittings

16 YORKSHIRE (N R)—Steadily increasing country PRACTICE between £1 400/£1,500, including appointments and panel worth £400 p.a Extremely attractive house (5 or more bedrooms) garage and small garden for sale Good schools and sport Premium one and a half years purchase

17 SURREY—PARTNERSHIP in sound old-established and steadily increasing Practice averaging £4 445 p a in outlying residential suburban district Panel 2 000 Visits 3/6 to 21/ Suitable house obtainable Premium for share of 11/39ths £2 900

18 S COAST—PARTNERSHIP in rapidly increasing middle-class Practice in growing residential town Receipts past year, £1 300 including Club worth £130 and a panel of over 700 Ample scope Premium for one half share £1,300

19 ESSEX—PARTNERSHIP in Practice averaging £2 600 p.a. in rapidly developing outlying district. Good Appointments and Panel of 1 900 House (4 bed and dressing rooms) with nice garden and garage to rent Premium 5/12th share two years purchase

20 LONDON, E—Middle-class PRACTICE over £2 400 p.a in outlying district Panel 2 870 House (4 bedrooms) in excellent repair, with small garage and garden for sale Premium two and a-quarter years purchase

21 S COAST—PARTNERSHIP in Ophthalmic Practice about £1 700 p.a One half share would be sold to suitable man (who must possess the D O M S) at two years purchase Good scope

22 N OF ENGLAND, Cathedral City—PARTNERSHIP in good-class Practice averaging £3 000 p.a Panel about 1 350 Visits 3/6 to £1 1s medicine extra House (5 bedrooms) with garage and garden One third share at first at two years purchase Preliminary Assistantship Applicant must have necessary capital

23 S COAST HEALTH RESORT—Non dispensing PRACTICE in first rate residential town Cash receipts 1936 £1 748 Small select panel Visits 5/- and up to £1 1s Very good well built residence (7 bedrooms etc) Price £3 900 Excellent social and educational facilities Premium £3 400

WEST LONDON HOSPITAL,
Hammersmith Road, W 6.
(239 Beds.)

Applications are invited for the post of whole-time non-resident MEDICAL REGISTRAR for a period of one year eligible for re-election annually for a total period of not more than three years. Hours 10 a m. to 5 p m Salary at the rate of £250 a year with lunch and tea provided The appointment is terminable by one month's notice on either side. The duties include the supervision and indexing and filing of the medical notes of In Patients and the compilation of an Annual Medical Report. The candidate appointed must be available as substitute for the Assistant Physicians when required and he will be responsible for the electro-cardiographic apparatus. He must undertake such teaching for the Postgraduate College as may be required

Candidates must be registered under the Medical Act, and it is desirable that they shall be Members of the Royal College of Physicians of London.

Applications with copies of testimonials, must reach me not later than Thursday December 30th Candidates must attend a meeting of the Medical Council at 5 p m on Friday January 7th and prior to that date call upon and send copies of their application and testimonials to each member thereof. They must not canvass members of the Board, but nevertheless must send copies of application and testimonials to each member thereof and if so notified be in attendance at a meeting of the Board at 5 p.m. on Tuesday January 11th when the election will be made.

H A. MADGE Secretary

WEST LONDON HOSPITAL,
Hammersmith Road, W 6
(239 Beds.)

There is a vacancy for the post of PHYSICIAN for MEDICAL DISEASES OF CHILDREN Candidates must have Degrees from one of the Universities recognised by the General Medical Council and must be Fellows or Members of the Royal College of Physicians of London The successful candidate will be required in addition to other duties periodically to deliver courses of lectures to the Nurses and to undertake such teaching for the Postgraduate College as the Board may approve.

Applications with copies only of testimonials, must reach me not later than Thursday January 6th Candidates must attend the Meeting of the Medical Council at 4 30 p m. on Friday January 7th and prior to that date call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of their application and testimonials to each member thereof and if so notified attend a Meeting of the Board at 5 p m on Tuesday January 11th when the election will be made.

H A. MADGE,
Secretary

WEST LONDON HOSPITAL,
Hammersmith, W 6 (.39 Beds.)

Applications are invited for the post of HONORARY OPHTHALMIC SURGEON for which the present Honorary Assistant Ophthalmic Surgeon is a candidate In the event of his election there will be a vacancy for a HONORARY ASSISTANT OPHTHALMIC SURGEON for which post applications are also invited

Candidates must be Fellows of one of the Royal Colleges of Surgeons of England Edinburgh or Ireland The successful candidate will be required in addition to his other duties to undertake such teaching for the Postgraduate College as the Board may approve

Applications, with copies only of testimonials must reach me not later than Thursday January 0th Candidates must attend a meeting of the Medical Council at 4 30 p.m on Friday January 1st and prior to that date call upon and send copies of application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of their application and testimonials to each member thereof and if so notified be in attendance at a meeting of the Board of Management at 5 p m on Tuesday January 25th when the election will be made.

H. A. MADGE,
Secretary

DREADNOUGHT HOSPITAL, GREENWICH S E.10
(Seamen's Hospital Society)

Half time non-resident male RECEIVING ROOM OFFICER required immediately for six months. Morning or afternoon sessions with alternate Saturdays 9 a.m to 1.. noon Previous experience in resident posts essential The post is suitable for those studying for higher examinations. Salary at the rate of £100 per annum with meals.

Applications, stating age, nationality and experience of House Appointments, accompanied by copies of testimonials to be sent in to the under signed.

F A. LYON
Secretary

ST PETER'S HOSPITAL FOR STONE, ETC.
Henrietta Street, Covent Garden W C..

The appointment of CLINICAL ASSISTANTS to the undermentioned members of the Honorary Staff who attend the Out-patient Department at the times indicated will be considered at an early date A fee of Five Guineas becomes payable to the funds of this Hospital on appointment and applications should reach the undersigned on or before Tuesday December 14th

Mr JOHN SANDREY Mondays 3 to 6.30 p m
Mr ALBAN ANDREWS Tuesdays, 2 to 5 p m
Mr OGIER WARD Wednesdays, 3 to 7 p m
Mr F J F BARRINGTON, Thursdays 3 to 7 p.m.
Mr R OGIER WARD Fridays 9.30 to 11.30 a.m (Women and children)
Mr ALBAN ANDREWS Fridays, 3 to 6 p m (male out-patients)
Mr JOHN SANDREY Saturdays, 2 to 6 p.m.

BEECHEY ROGERS
Secretary

THE GORDON HOSPITAL FOR RECTAL DISEASES
Vauxhall Bridge Road S W 1 (62 Beds)

Applications are invited for the post of RESIDENT SURGICAL OFFICER at the above hospital The appointment is from January 1st 1938, for a period of six months. Salary is at the rate of £150 p a (plus £25 for the six months to cover all duties relating to private patients) together with board residence, and laundry Applications accompanied by copies of three recent testimonials, should be received not later than Tuesday December 14th by the Secretary at the Hospital from whom full particulars may be obtained.

THE ROYAL CANCER HOSPITAL (FREE)
(Incorporated under Royal Charter)
Fulham Road London S.W 3

Applications are invited for the post of HOUSE SURGEON (resident) to be attached to the Radium Department Candidates must be registered medical practitioners. Facilities afforded for postgraduate study The appointment is for six months commencing January 1st 1938

Applications to be made on a form which will be supplied by the Secretary with copies only of not more than three recent testimonials to be sent to the Secretary not later than the first post on Monday December 13th 1937

CLEMENT COBBOLD
Secretary

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST
Brompton, S W 3

The Committee of Management invite applications for the post of ASSISTANT SURGEON to the Throat and Ear Department Candidates must be Fellows of the Royal College of Surgeons of England

Applications with copies of testimonials must reach the undersigned, from whom further particulars of the post can be obtained not later than Monday January 10th 1938

F G ROUVRAY
Secretary

Brompton
December 1937

THE CHILDREN'S HOSPITAL, HAMPSTEAD
30 College Crescent N W.3 (45 Beds)

Applications are invited from registered medical practitioners for the post of RESIDENT MEDICAL OFFICER for six months from January 1st to June 30th 1938 inclusive. Salary at the rate of £150 per annum with board residence and laundry Applications, stating age nationality qualifications and experience with copies of three testimonials, should reach the undersigned on or before December 14th 1937

H. W WALLIS GRAIN
Secretary

KING EDWARD MEMORIAL HOSPITAL
Ealing, W 13
(145 Beds.)

APPOINTMENT OF SECOND CONSULTING LARYNGOLOGIST

Applications are invited for the above appointment and should be sent by December 31st, 1937 to the undersigned from whom details may be obtained.

R A MICKELWRIGHT
House Governor

KING GEORGE HOSPITAL, ILFORD
(near London—207 Beds)

HOUSE SURGEON (Male) required for six months from January 1st. 1938 Salary £100 p.a. Forms of application may be obtained from the undersigned to whom they should be returned duly completed by December 20th

G AUSTIN HEPWORTH
Secretary and Superintendent.

THE WILLESDEN GENERAL HOSPITAL,
Harlesden Road, N W 10

OUT PATIENT DEPARTMENT CLINICAL ASSISTANTS (HONORARY)

Applications are invited for appointment to the following sessions —

Medical Tuesday afternoons.
Medical Friday mornings.
Ear Nose and Throat Wednesday afternoons
Surgical Friday afternoons.
Skin, Saturday mornings.
Gynaecological Thursday mornings.

Applications should be forwarded to the Secretary from whom further details of the appointments may be obtained and should be received not later than first post on Monday December 13th, 1937

November 29th 1937

THE WILLESDEN GENERAL HOSPITAL
Harlesden Road N W 10

The Council of Management invites applications for the appointment of MEDICAL REGISTRAR (part-time) Candidates must possess a registrable University Degree of Doctor of Medicine or be Members of the Royal College of Physicians of London Honorarium at the rate of £50 per annum is attached to this appointment.

Five copies of application, with names of three referees (testimonials should not be sent) should be forwarded to the Secretary not later than 1st post on Tuesday December 14th, 1937

THE WILLESDEN GENERAL HOSPITAL,
Harlesden Road N W 10

Applications are invited from fully qualified and registered candidates (unmarried) for the appointment of a Resident Officer to hold the appointment of CASUALTY OFFICER for a period of three months from January 1st, 1938 followed by a six months appointment as HOUSE SURGEON (total nine months)

Salary at the rate of £100 per annum.

Applications to be received by the Secretary not later than first post on Tuesday December 14th 1937

November 29th 1937

WILLESDEN GENERAL HOSPITAL
Harlesden Road N W 10

Required SISTER IN CHARGE OF MASSAGE and ELECTRO-THERAPEUTIC DEPARTMENT (S R N preferred) Salary £120 per annum (Resident) Applications should be sent to the Matron from whom further details of the appointment may be obtained

December 6th 1937

UNIVERSITY COLLEGE HOSPITAL,
Gower Street, W C 1

Applications are invited for the post of OPHTHALMIC REGISTRAR for one year commencing January 1938 at a salary of £100 per annum

Duties to include attendance in the Ophthalmic Out patient Department on two sessions weekly at operations on two days per week and in the wards on the days immediately after operations

Applications accompanied by not more than three testimonials must reach the Secretary by noon on Wednesday December 29th

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UNIVERSITY COLLEGE HOSPITAL
Gower Street W C 1

Applications are invited for the post of part time HONORARY CLINICAL ASSISTANT in the X-ray Therapy Department

Applications accompanied by evidence of fitness for the post must reach the Secretary by first post on Wednesday December 29th 1937

CROYDON GENERAL HOSPITAL

Applications are invited from qualified and registered medical men for the post of SECOND CASUALTY HOUSE SURGEON Salary £200 per annum, non resident.

Applications stating age, qualifications accompanied by copies (which will not be returned) of three testimonials to reach the undersigned not later than Monday December 20th 1937

GEORGE H. DAMS,
House Governor and Secretary

CROYDON GENERAL HOSPITAL.

Applications are invited from qualified and registered medical men for the post of CASUALTY HOUSE SURGEON Salary £1.5 per annum with board residence and laundry

Applications stating age, qualifications accompanied by copies (which will not be returned) of three testimonials to reach the undersigned not later than Monday December 20th 1937

GEORGE H. DAMS
House Governor and Secretary

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD.)
(FOUNDED 1880)

Tele. Address: Triform, Westcent—London

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W.C.1

Telephone: Euston 1644 1645

Practices and Partnerships for Disposal (continued)

24 N.E. COAST.—Old-established and easily worked middle-class PRACTICE, over £1,150 p.a. in seaport town. No panel. Residence facing sea for sale. Premium (to include furnishings and fittings of consulting rooms, small X-ray plant, etc.) £1,000.

25 ITALIAN RIVIERA.—Small good class non-dispensing season PRACTICE. Further details on application.

26 S. COAST.—Old-established PRACTICE averaging nearly £1,500 p.a. in popular watering place. Panel 825. House in excellent position (5 bedrooms etc.) garage and garden for sale. Good scope. Premium two years' purchase.

27 BRISTOL.—PARTNERSHIP in increasing Practice in growing suburb. Cash receipts past twelve months £2,125. Panel 2,200. House with 4 bedrooms and surgery accommodation to rent at £60 p.a. also branch surgery. Scope. Premium one half share £2,000 to include share of drugs etc.

28 LONDON S.E.—Middle class PRACTICE in pleasant open suburb. Receipts 1936 £848. Panel 450. House contains 5 bedrooms etc. Price freehold £1,400. Scope. Premium £1,280.

29 WILTS/HANTS BORDER.—PARTNERSHIP (after preliminary Assistantship) in increasing mixed Practice in country district. Receipts 1936 nearly £2,350. Panel between 1,400/1,500. One third share to suitable man at once and a half years' purchase.

30 S. MIDLANDS.—PARTNERSHIP in Practice between £2,300/£2,400 p.a. in county town. Panel about 2,000. House (6 bedrooms) large garage and garden for sale or rent. One third share (after preliminary Assistantship) at once and three-quarter years' purchase or near offer.

31 S. WALES.—Steadily growing middle class PRACTICE doing about £500 a year in residential village, easy distance of large town. Modern semi-detached house (5 bedrooms) garage and garden. Price £1,350 leasehold. Scope. Premium one year's purchase.

32 SEASIDE TOWN under an hour from London.—PARTNERSHIP (one half share) in chiefly middle-class Practice over £4,000 p.a. Panel 650. Corner house (5 bed and dressing rooms) on main road for sale. Scope for increase. Premium two years' purchase.

33 E. MIDLANDS.—Country PRACTICE averaging nearly £650 p.a. in pleasant village. Panel 500. Charming stone built house (6 bedrooms) central heating, electric light, power and main water, garage and garden about one and a half acres, for sale. Scope. Premium two years' purchase.

34 LONDON S.W.—Well established Medical Woman's PRACTICE in outlying suburban district. Receipts average £960 p.a. No panel. Purchaser could have use of surgery premises, living accommodation and services by arrangement. Premium one and three quarter years' purchase.

35 S.W. OF ENGLAND.—PARTNERSHIP in old established Practice £6,600 p.a. in beautiful country district. Valuable appointments and panel of 4,500. Centrally situated house (5 bedrooms) for sale. Premium one fifth share £2,750.

36 EASTERN COUNTIES.—PARTNERSHIP in good middle-class Practice £2,450 p.a. in county town. Panel 1,200. Good house (5 bedrooms) in perfect condition to rent. Premium one half share two years' purchase.

37 N.E. COAST.—PARTNERSHIP in Practice, between £2,000/£2,200 p.a. in fashionable watering place. Panel 1,700. Applicant should be English or Scottish aged about 30 and experienced in general practice and surgery. Two-fifths share at two years' purchase after about ten months' Assistantship.

38 MIDLANDS.—Old-established PRACTICE in beautiful country district. Cash receipts last year £1,280 including appointments worth about £60 and a panel between 650 and 700. Visits 2/6 to £1 1s. without medicine. Nicely situated house (4 bedrooms, dressing room etc.) with nice garden and two garages. Rent about £80 p.a. Premium two years' purchase.

39 N. WALES BORDER.—PARTNERSHIP (with early succession) in old-established County Practice about £2,500 p.a. in important town. No panel. Surgery premises could be purchased or rented. The private residence is available if required. A share up to one half would be sold at first with early succession. Premium two years' purchase.

40 S.W. OF ENGLAND.—PARTNERSHIP in steadily increasing Practice averaging over £1,800 in beautiful country district near coast. Panel 1,050. Nice house (7/8 bedrooms) garage and garden. Rent £120 inclusive. Good sport. Premium one half share two years' purchase.

41 BUCKS.—PARTNERSHIP in old established country Practice about £3,200. Small panel. Visits 3/6 to £1 1s. Very nice well built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent. One fourth share at two years' purchase.

42 LONDON W.2 and W.6.—Non dispensing and non panel PRACTICE run by two men in partnership. Receipts about £1,300 and £700 respectively. Premium two years and one and a half years' purchase respectively. Or either would be sold separately.

43 WEST INDIES TOURIST RESORT.—PARTNERSHIP in steadily increasing Practice doing £2,500 a year. Partner must be experienced in surgery and possess M.C.O.G. Share of £1,000 at first at two years' purchase.

44 ISLE OF WIGHT.—Well established PRACTICE about £1,200 in seaside resort. Panel over 725. Good corner *house (5 bedrooms) with central heating, garage and small* garden for sale or rent. Good scope. Premium £2,000.

45 LANCASHIRE COAST.—NUCLEUS OF PRACTICE averaging £245 p.a. offering excellent scope for increase in growing district on outskirts of industrial town. Not much opposition. Specially built house (5 bedrooms) for sale. Suit either medical man or woman. Premium £500 to include instruments, drugs and surgery furniture etc.

46 S. COAST.—Middle and upper class non dispensing PRACTICE about £3,300 in residential town and watering place. No panel. Visits 3/6 to £1 1s. House to rent or purchase. Premium two years' purchase.

Purchasers can raise additional capital for the purchase of approved practices or shares. Particulars will be forwarded on application.

All communications to be addressed to The Manager

SCOTTISH BRANCH, 21, Alva Street, Edinburgh, 2

Manager W. M. SCOTT. **FOR DISPOSAL.** *Telephone Edinburgh 1961*

A EDINBURGH.—Receipts £800. Panel 1,020. House for sale. Premium for Practice and house £2,300.

B SOUTH AFRICA.—NATAL.—PARTNERSHIP one third share at first worth over £700 p.a. One half share later. Applicants put into direct communication with the vendor.

C LEICESTERSHIRE.—PARTNERSHIP in old established Practice. Receipts £2,500. Panel 1,500. Suitable house to rent £75 p.a. Premium for a one half share two years' purchase. Short preliminary Assistantship.

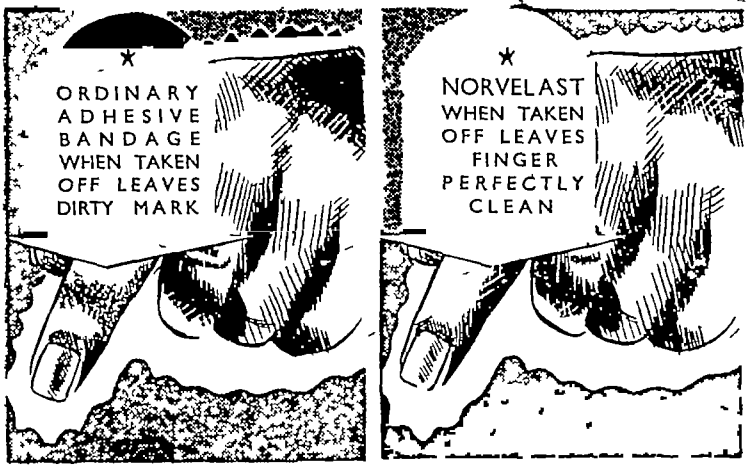
D NORTHUMBERLAND.—County Town.—Middle working-class non dispensing PRACTICE averaging £700 per annum. Panel 650. Suitable house garden and garage. Any reasonable offer for practice and house will receive consideration.

For further details apply The Manager 21 Alva Street, Edinburgh.

ASSISTANTS ARE URGENTLY REQUIRED

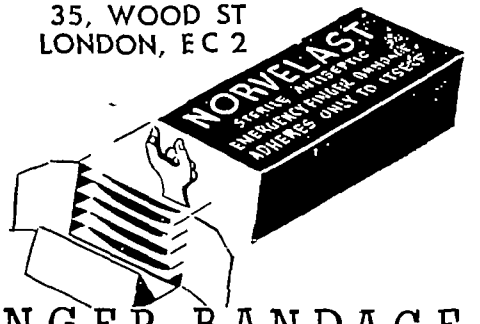
Terms on which the business of the Branch is transacted will be submitted on application to the Branch Manager to whom all communications should be addressed.

Doctors are invited!



Doctors are invited to write for samples of this modern hygienic finger bandage For cuts, abrasions and all finger injuries needing an antiseptic bandage, Norvelast entirely satisfies modern standards of hygiene and neatness Each bandage is sealed in individual hygienic envelopes Carry always Norvelast finger bandages in cases of emergency

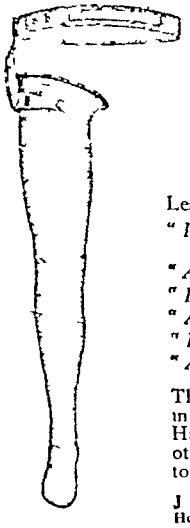
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35, WOOD ST
LONDON, E C 2



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- STERILE, ANTISEPTIC, & FLEXIBLE
- OBTAINABLE FROM ALL CHEMISTS

NORVELAST FINGER BANDAGE

"Solvitur Ambulando"



The great advances in recent years in prostheses for the lower extremities are exhaustively described and illustrated in a 72 page book under the above title.

Copies gratis to the Medical Profession on application

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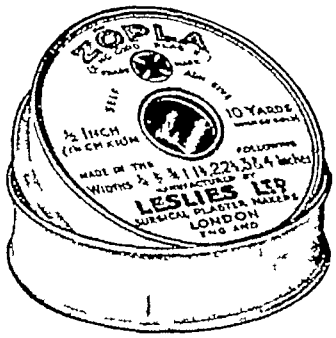
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28 SUSSEX COUNTRY —Good NUCLEUS with scope for further increase. Receipts 1935 £467 1936, £628 1937 for 7 months, £452. Panel produces about £267 included in above Good house on rental.

29 NORTH LONDON —*Middle and better-class PRACTICE suitable for* medical man with qualified wife or for working with a lady assistant. Gross cash receipts for last 12 months £1,681 Panel of 320, appointments worth about £70 p.a Visits 5/ to 7/6. Good house with reception, 5 bedrooms, etc. *Professional rooms, small garden garage. Freehold for sale or might be* rented Premium 2 years' purchase or near offer

30. PARTNERSHIP —LONDON, EAST —A HALF-SHARE of middle and working-class Practice producing for immediate past 12 months £4,567 p.a. *Panel of over 5 000 Suitable house can be obtained.*

31 NORTH EAST COAST —Old-established PRACTICE, producing about £900 p.a., but stated to be capable of considerable increase. Choice of suitable houses Partnership introduction will be given Vendor retiring.

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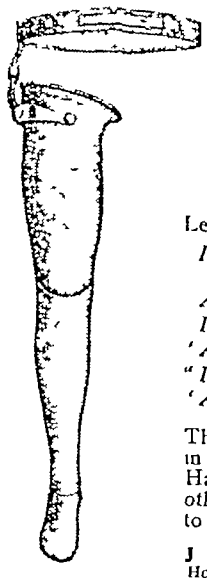
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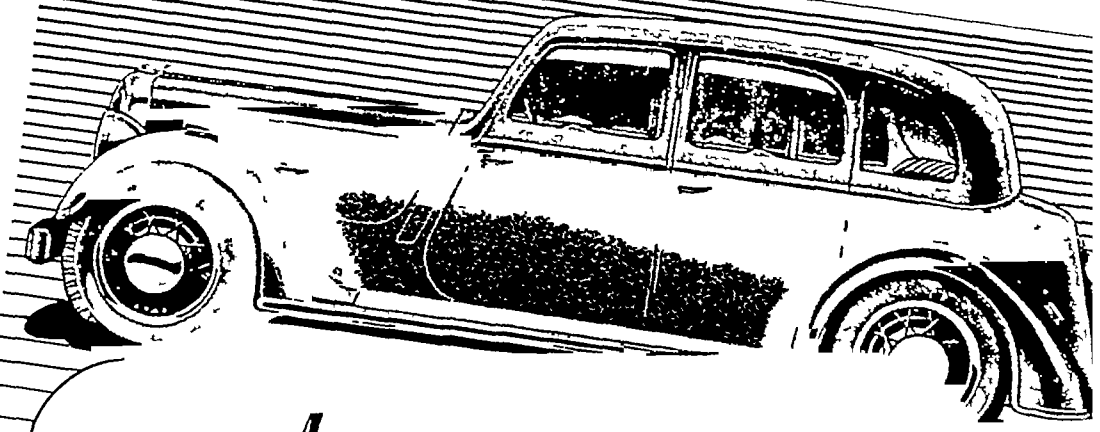
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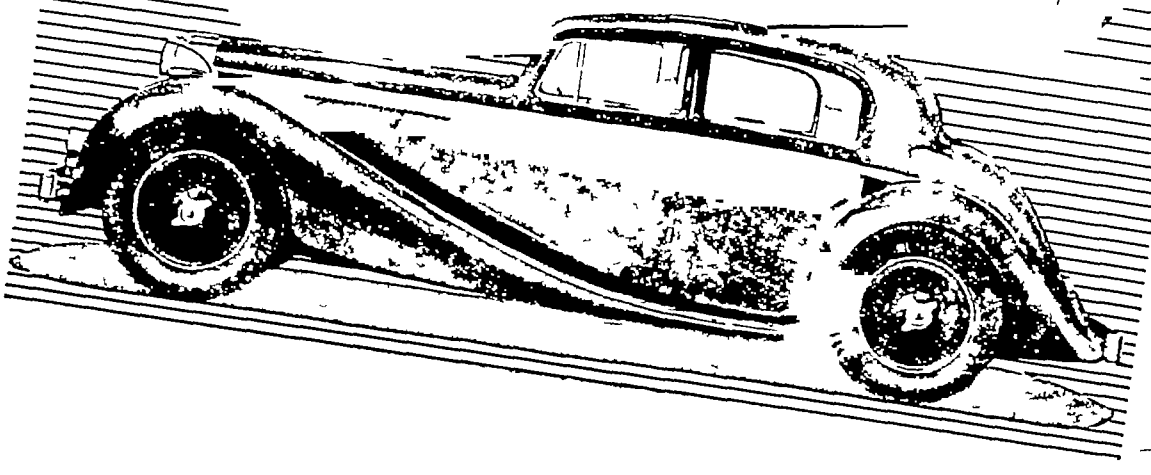
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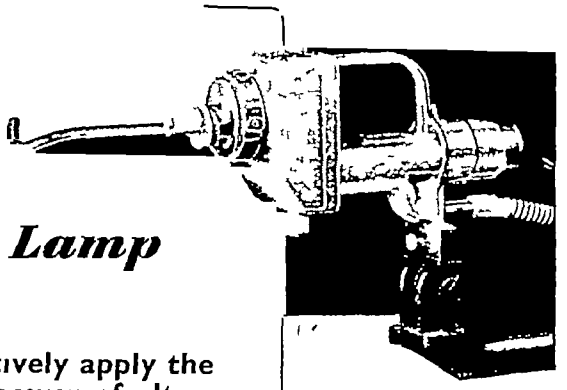
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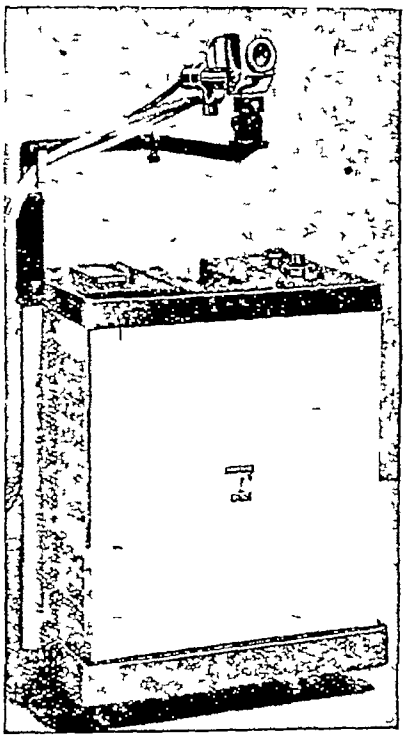
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DESOUTTER

CASE RECORDS

Case No H2354/1673 1936

The patient was suffering from muscular hypertrophy of the right leg, the circumference of the calf being twice, and the ankle nearly three times, that of the sound limb The foot was deformed, necessitating a special shoe, and the patient's walk was most ungainly (Fig 1) At the request of the surgeon, Mr Desoutter examined the patient in hospital before amputation to give his opinion as to —

1 *The best site of amputation in view of the peculiar difficulties of the case*
2 *The prognosis from the points of view of appearance and ability to walk well with an artificial limb*

It was decided to amputate 7" below the knee joint and to remove the hypertrophied muscle on the inner side of the leg Figure 2 shows the great success with which the operation was performed The scar on the inner side of the leg, extending from the end of the stump to just under the knee, seemed at first to need special attention, but by very careful fitting of the artificial limb serious trouble was avoided Careful physical re-education played a large part in the success of this case, and the patient now walks very well and has a natural appearance

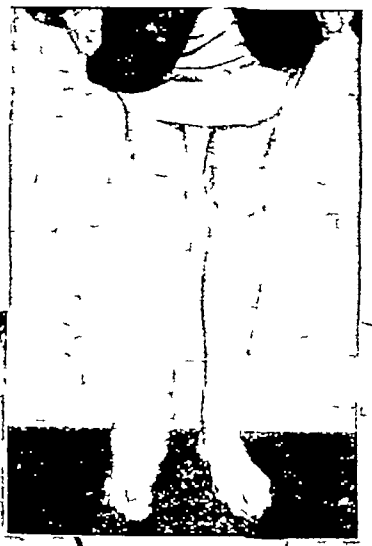


Fig. 1



Fig. 2

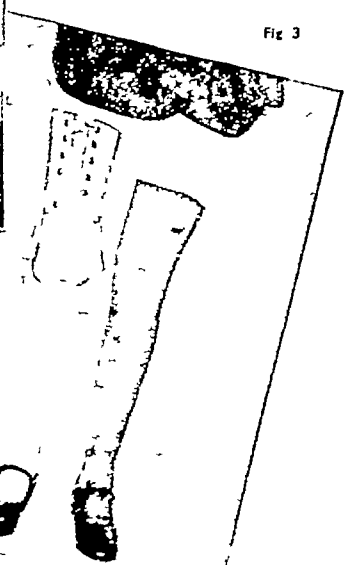


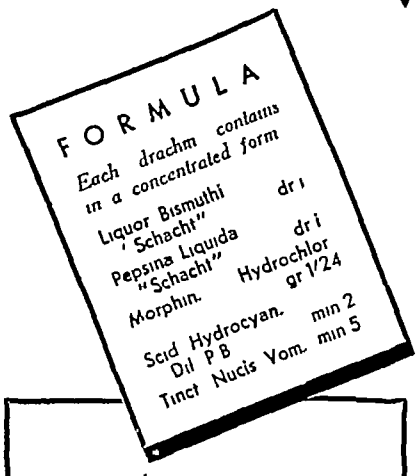
Fig 3

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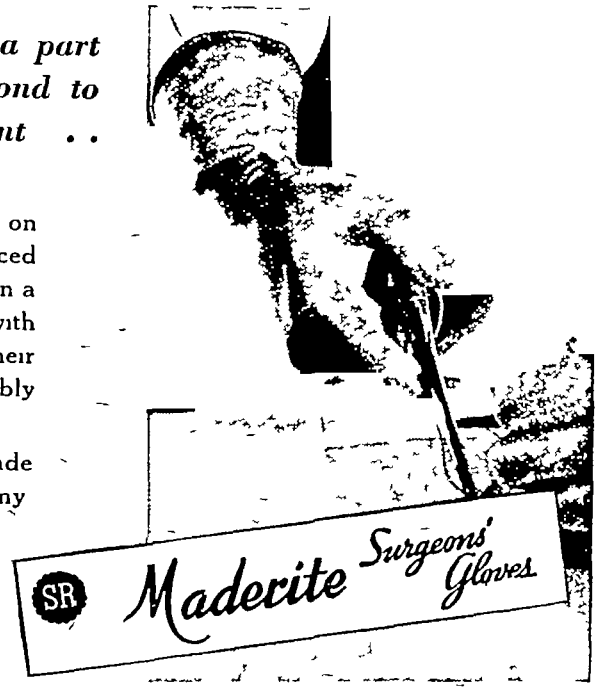
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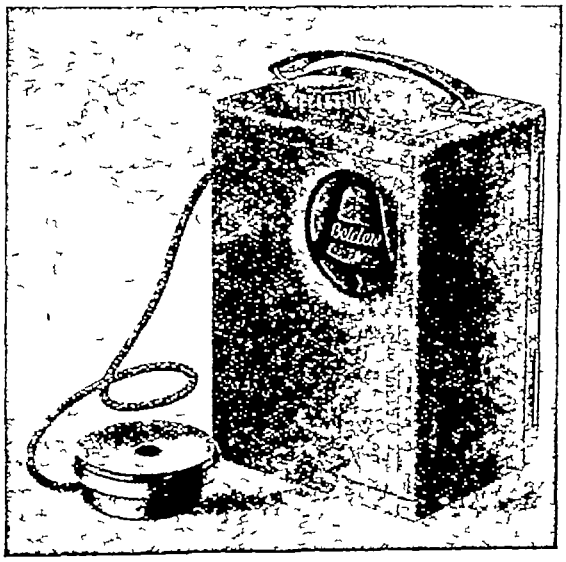
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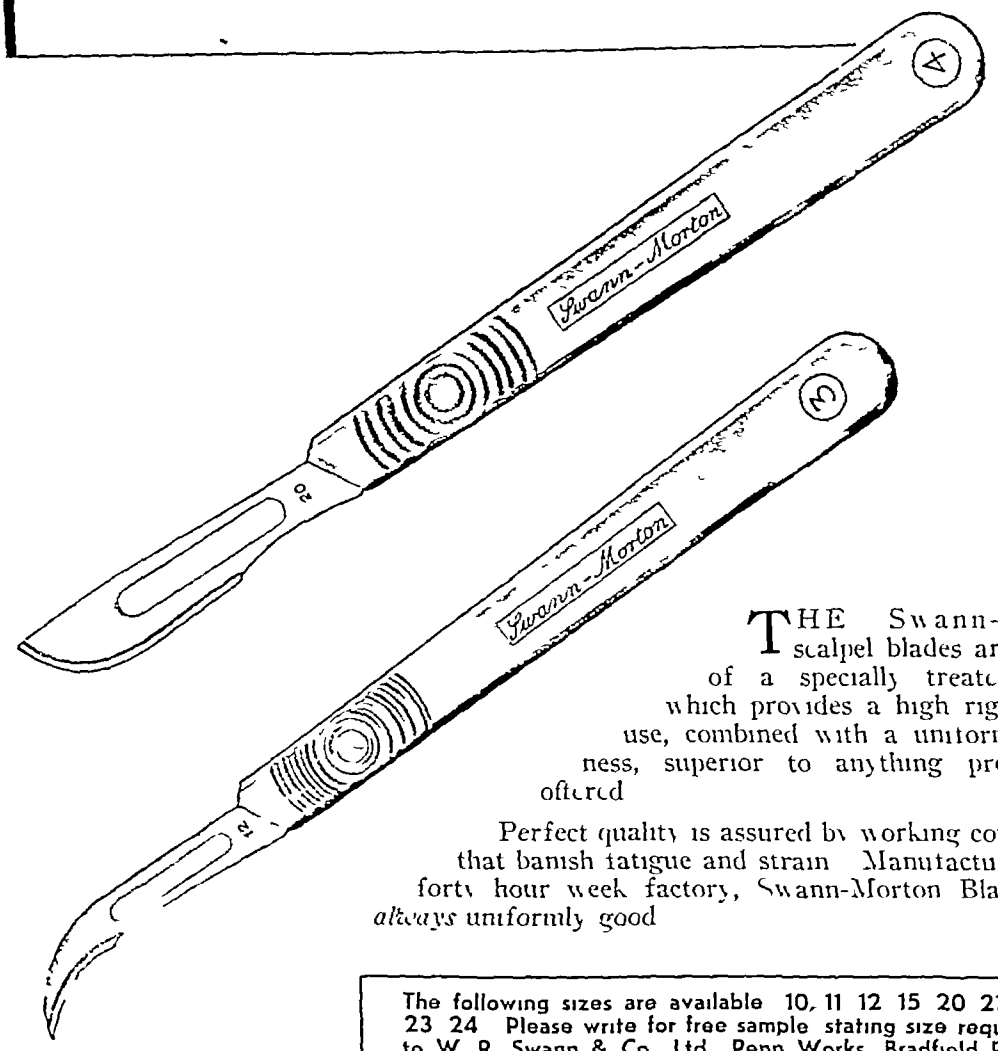
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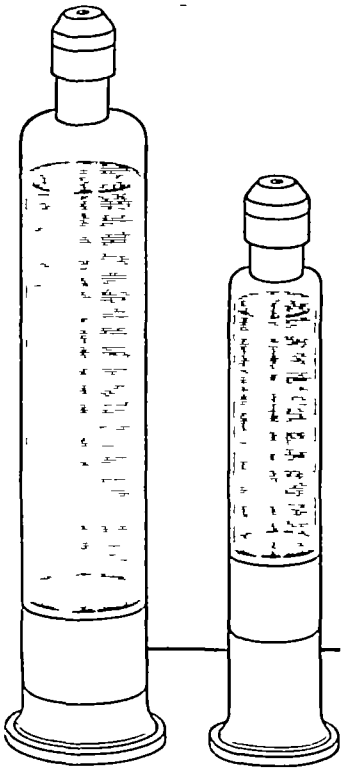
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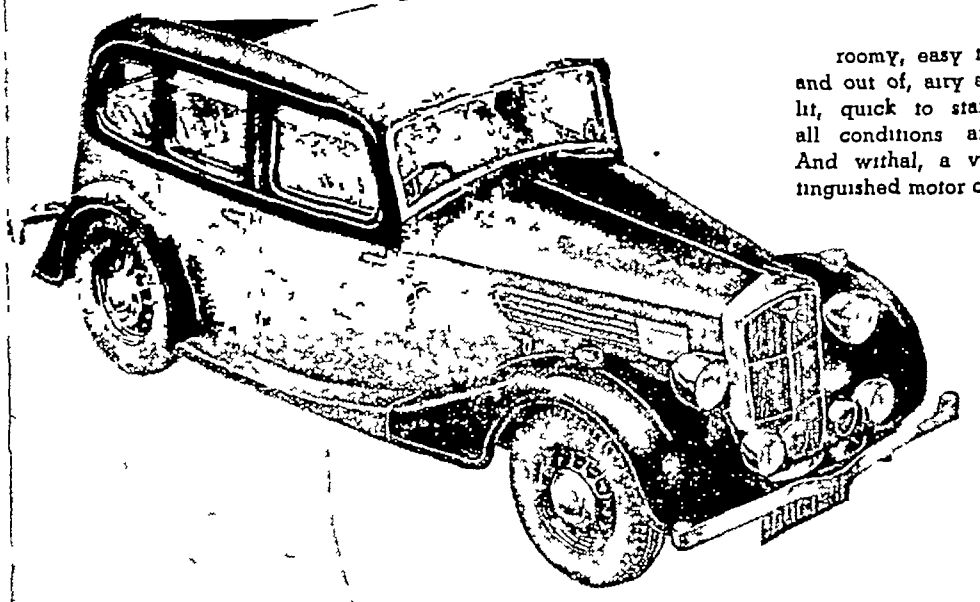
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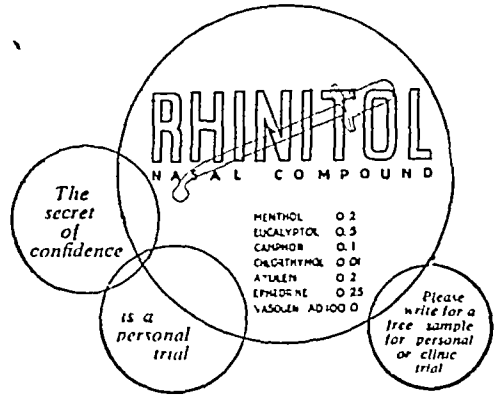
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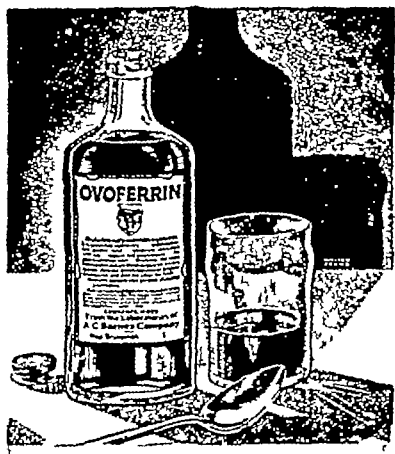
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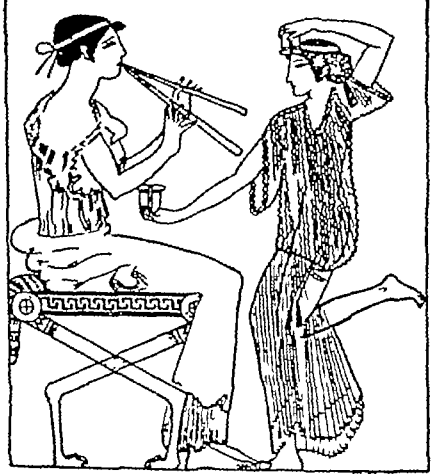
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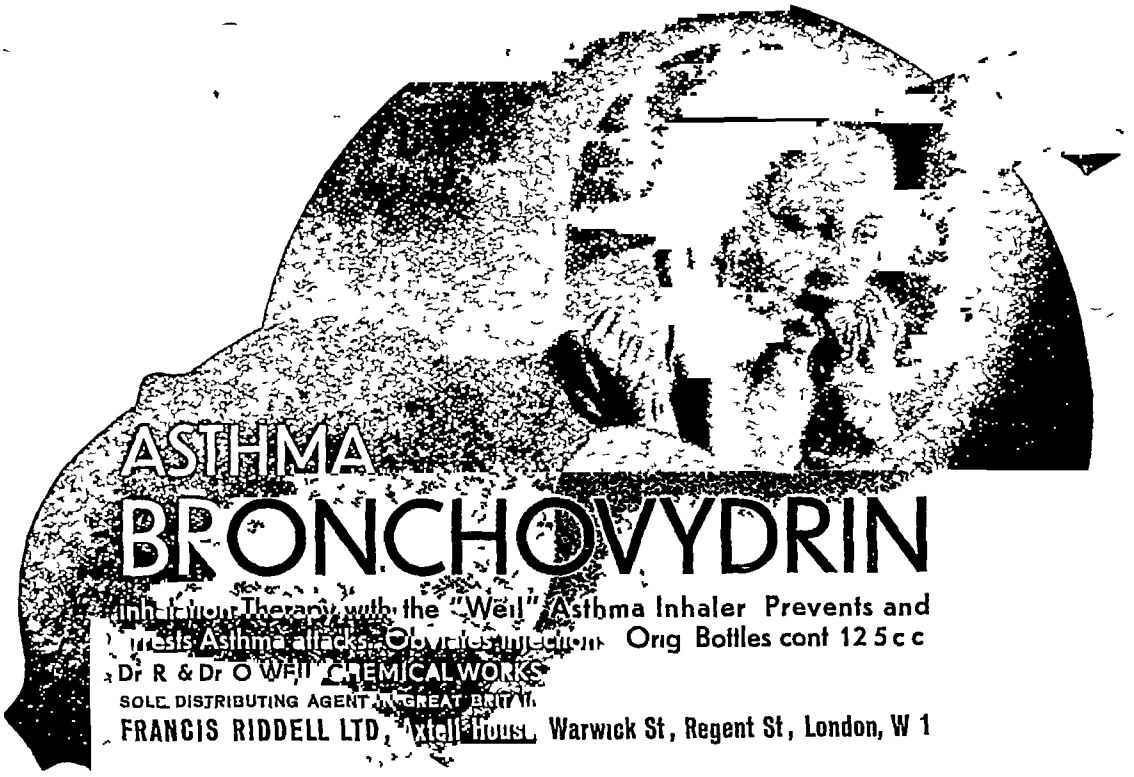
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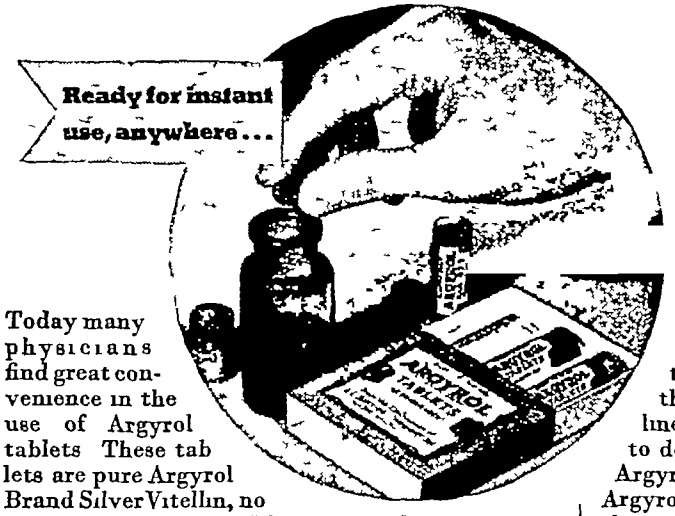


In solution for children
In capsules for adults

Sole Selling Agents –
THE BRITISH DRUG HOUSES LTD. AND SHARP & DOHME LTD LONDON

Cap/107





"ARGYROL" TABLETS

BRAND SILVER VITELLIN

for convenient, exact, fresh solutions

Today many physicians find great convenience in the use of Argyrol tablets These tablets are pure Argyrol Brand Silver Vitellin, no binder being used They not only insure accuracy, purity and genuineness but also save time because a fresh, potent solution is thus made available at a moment's notice in the doctor's office, in the operating room and at the bedside Argyrol is a unique compound It is interesting to note that among the mild silver proteins on the market there is a wide variation in hydrogen ion concentration from less than seven to more than eleven This means that some products are very much more alkaline than others This fact no doubt has much to do with the irritation noted by doctors when Argyrol substitutes are used in place of Argyrol Argyrol's hydrogen ion concentration is always close to nine regardless of the solution used Argyrol is not only an efficient bactericide, it has the tremendous advantage of being non-irritating and sedative to inflamed mucous membrane and it possesses the further advantage of being absolutely harmless to the most delicate tissues

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THERE IS ONE AND ONLY ONE "ARGYROL," MADE ONLY BY: A. C. BARNES COMPANY SOLE MAKERS OF ARGYROL AND OVOFERRIN.

DIETARY DEFICIENCIES

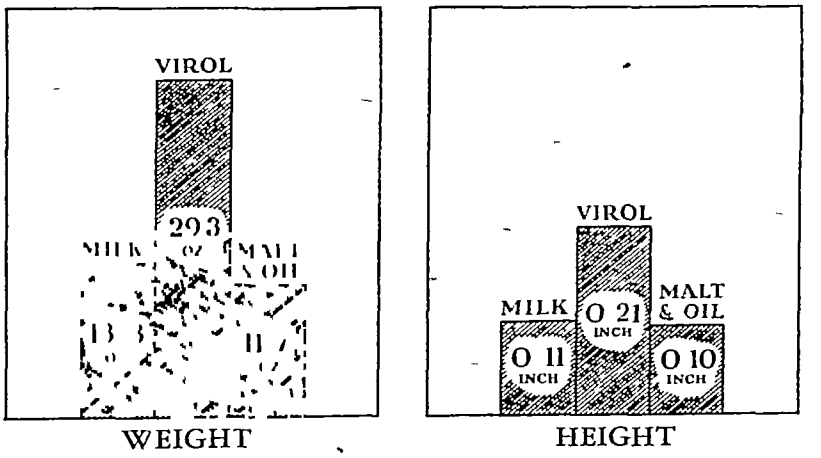
AND THEIR TREATMENT

It is widely recognised that the diet of children of school age is in general by no means complete, but that the deficiencies are of a multiple nature is not so fully appreciated

An investigation recently published in the medical press* has shown the extent to which supplements designed to counteract such deficiencies assist growth 864 children from schools in the North and South of England were given in turn, as additions to their ordinary home diet, either milk, or cod liver oil and malt extract B P , or Virol, or else no supplement Each supplement was given for one term to three-quarters (648) of the children The daily quantities given were of equal calorific value, and the experiment lasted for one school year The following diagrams show the additional gains in weight and height of the treated children over the controls—

Additional gain over "no supplement"

(Mean of 648 children—per school year of 39 weeks)



The superiority of the results obtained with Virol is at once evident, and demonstrates how the correction of multiple dietary deficiencies can be achieved by the use of a physiologically balanced preparation Judged by the standard of so good a food as milk, the excellence of Virol is all the more striking In all those children whose multiple dietary deficiencies need correction, Virol will evoke a maximum response Only by giving a *complete* supplement is it possible to ensure this result

* *The "Medical Press & Circular," 27th October, 1937 A reprint of the article will gladly be sent on application to Virol Ltd , Hanger Lane, Ealing, W 5*

Convalescence

In convalescence a tonic is required that will co-operate with, and augment, the natural recuperative powers of the body, rather than one which will have only an immediate stimulating effect. In the latter case there is always the danger of disappointment, due to an artificial improvement that the natural powers are unable to stabilise.

Medical evidence extending over many years has established the value of Sanatogen in promoting convalescence. In "The Elements of Pharmacy, Materia Medica and Therapeutics" Sir William Whitla writes —

> "*The interesting and valuable researches conducted by Tunnicliffe and Beddoes upon metabolism, in which Sanatogen was experimented with, establish the fact that its organic phosphorus is almost entirely assimilated when the food is administered in the amount necessary for the needs of the body. When given in addition to other food, the amount of nitrogen and phosphorus retained in the organism is increased, the tissue metabolism is more complete, the constituents of the ordinary food being more thoroughly utilised, appetite is increased and the body weight augmented.*"

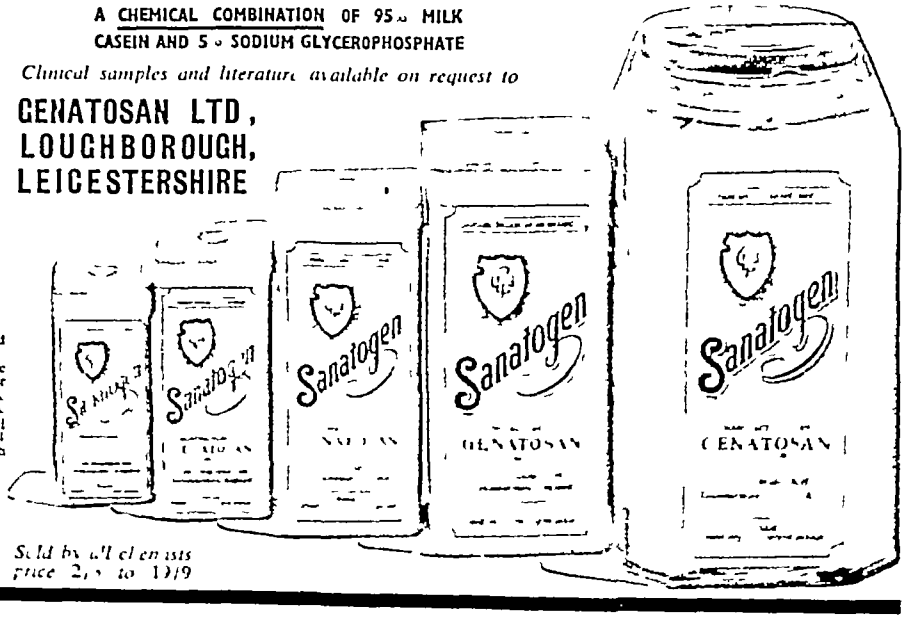
Similarly gratifying observations are constantly being notified, and, as Sanatogen is entirely free from fats, sugars and carbohydrates, it can safely be prescribed in all types of cases. It is rapidly and easily digested and assimilated, even in cases exhibiting severe gastric inflammation, and for this reason it is a valuable addition to enemata. It can be added to any non acid beverage or food, and, consequently, monotony in its administration can always be avoided.

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A CHEMICAL COMBINATION OF 95% MILK CASEIN AND 5% SODIUM GLYCEROPHOSPHATE

Clinical samples and literature available on request to

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the 'safer' sulphonamide Equally as active and much less toxic than sulphanilamide For oral administration in the treatment and prophylaxis of streptococcal infections

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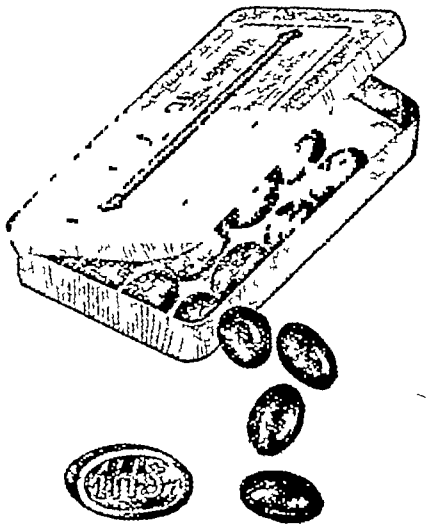
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Boxes of 6 ampoules each 5 c c or 10 c c

There is evidence that these drugs are effective in *B Coli* infections

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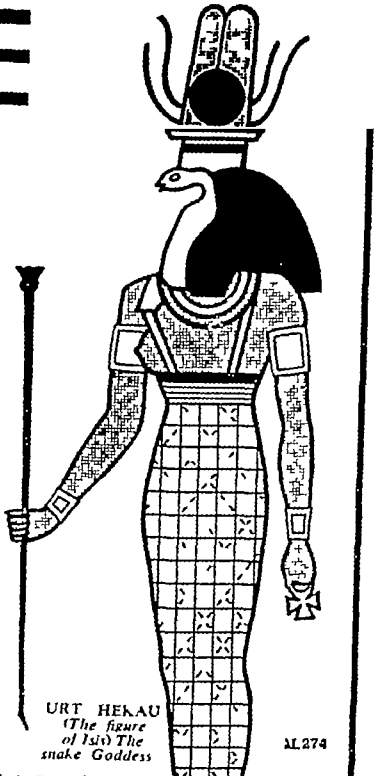
THE use of Ovaltine before a major operation is of great service in helping to build up the system against the strain involved by operative interference In abdominal cases especially, where a light and unirritating diet is necessary, the use of Ovaltine alone for a few days before the operation will be found sufficient to maintain the patient's nutrition at a sufficiently high level

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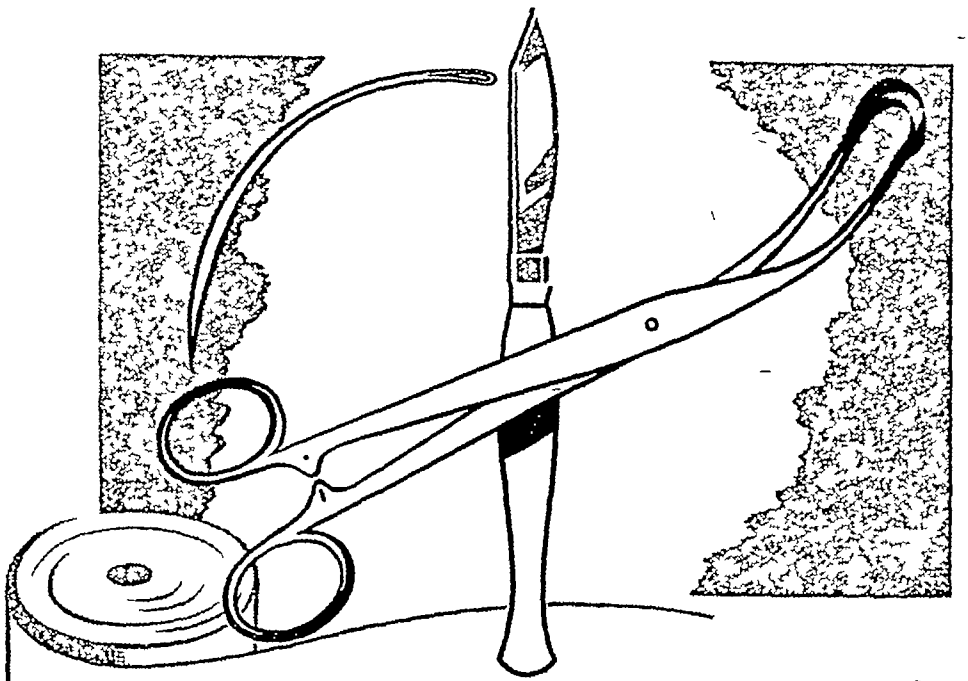
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URT HEKAU
(The figure of Isis) The snake Goddess
AL 274

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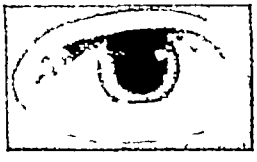
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COCAINE—With 1% cocaine solution the duration of anæsthesia is no longer than that obtained with 1% Butyn solution. Note the dilatation.



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Among local anæsthetics—including cocaine—which are effective on intact mucous surfaces Butyn is unique in its ability to produce rapid, profound and prolonged anæsthesia Butyn is widely used and is recommended for topical application in operative procedures on the eye nose and throat, as well as for use in genito-urinary work ● Butyn 2% Solution the most widely used preparation of the drug has proved to be as effective clinically as a 5% solution of cocaine Used in the eye Butyn does not affect the accommodation nor ocular tension Neither does it cause drying of the conjunctiva as does cocaine Two or three drops of the 2% Solution in the eye are sufficient for the removal of impacted foreign bodies or for the relief of pain due to abrasion of the cornea For operations stronger solutions (up to 5%) are employed ● Topical applications of Butyn 2% Solution are sufficient for operations in the nose and for surface anæsthesia in the throat For genito-urinary use Butyn gives excellent results even in cases where the mucosa is extremely painful ● Butyn is non narcotic and is not habit forming Its solutions are slightly antiseptic stable and may be boiled ● Butyn 2% Solution is available in 1 ounce bottles through prescription pharmacies. Butyn is also issued in ½-grain tablets and in powder form Descriptive literature will be sent on request The coupon is for your convenience

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2% SOLUTION



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THE PHYSIOLOGICAL VALUE OF THE BANANA

II. Protein: The proteins in plants are biologically inferior to the proteins from animal sources, because they do not yield *all* the varieties of nitrogenous bodies (amino-acids) demanded by the human organism for full development

But, while incomplete, they have a full caloric value, and are useful in diluting the complete proteins of animal origin A leading authority states that about half animal and half plant protein gives the best biological value in a diet

The amount of protein—average 1·3 per cent —is higher in the banana than in the majority of raw fruits



NB In the fully ripe banana the starch content is reduced to about 3 per cent having been converted into soluble sugars A banana is ripe when all green has disappeared from the skin and brown spots have formed upon the yellow surface

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This method of establishing immunity against Typhoid is very valuable, since it eliminates the reactions usually associated with vaccine treatment by subcutaneous injections

ORAL TYPHOID VACCINE (Genātosan) is issued in 5 c c bottles, each containing a total of 100,000 million dead organisms (50,000 millions *B typhosus* and 25,000 millions each of *B paratyphosus* A and B)

Additional information regarding this Vaccine will gladly be supplied on request.

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biological non-toxic

SEDATIVE

Formula

Campho Sulphonate of sparteine	60 grams
Campho Sulphonate of ephedrine	2·5
Extract of boldo	100 ,,
Extract of crataegus	200 ,,
Extract of salvia	100 ,,
Tincture of marrubium	100 ,,
Glycerine extract of thyroid (1 equals 1 of fresh gland)	0.10 ,,
Valerian	500 ,,
Hexamethylene tetramine	100
Excipient q s.	ad 1,000 c.c.

PRICE - 4/6 per 4 oz bottle

Sample and Literature on request.

Serenol is a sedative with action on the centres of the nervous vegetative system, sympathetic and parasympathetic, and on the cortical centres Recent knowledge has shown the interaction of nervous vegetative system and endocrine system, and on this knowledge SERENOL is based. It is thus a biological, not a symptomatic, sedative, and, unlike many other sedatives, has not a direct depressant action on the cortical cerebral centres

Serenol is indicated in conditions of anxiety and general irritability, insomnia, hyperthyroidism, hyperadrenalism (as in neurocirculatory asthenia, effort syndrome), the so-called nervous palpitations of the heart, etc

Serenol is given in the following dosage For mild cases one to two dessertspoonsful on retiring For more severe cases one dessertspoonful at 10 a m , one dessertspoonful at 4 p m and two dessertspoonsful on retiring

Serenol, being a biological sedative containing no barbiturate, is not habit forming

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Fitness is an important factor in giving resistance against winter ailments

Children and adults who are fortified by the Vitamins and Food-Values of 'KEPLER' COD LIVER OIL with MALT Extract have greater fitness and strength to resist infection

'KEPLER' COD LIVER OIL with MALT EXTRACT is pleasant to take and easy to digest

It presents the Vitamins of the finest cod liver oil and the best barley malt extract in *natural condition, together with the food values of the oil and malt*

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COD Liver Oil with **MALT** Extract

London Prices to the Medical Profession 2/1 and 3/8 per bottle

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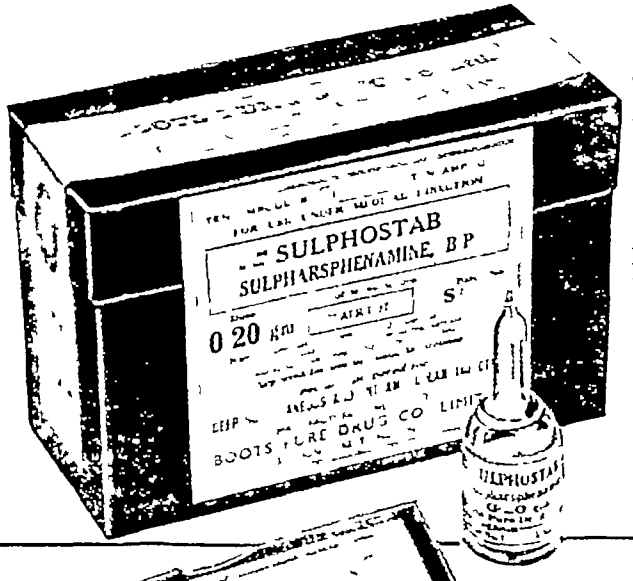
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Sulpharsphenamine B.P.

For Intramuscular injection, SULPHOSTAB is the preparation of choice for children and adults. SULPHOSTAB is especially valuable in antenatal work and Congenital Syphilis.

Approved by the Ministry of Health for use in Public Institutions.

Manufactured under Licence No. 19 Therapeutic Substances Act 1925.

DOSES—0·005 gm. to 0·90 gm. (24 graduated doses). Supplied in single ampoules and boxes of ten ampoules.



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BISMOSTAB

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Injection of Bismuth B.P.

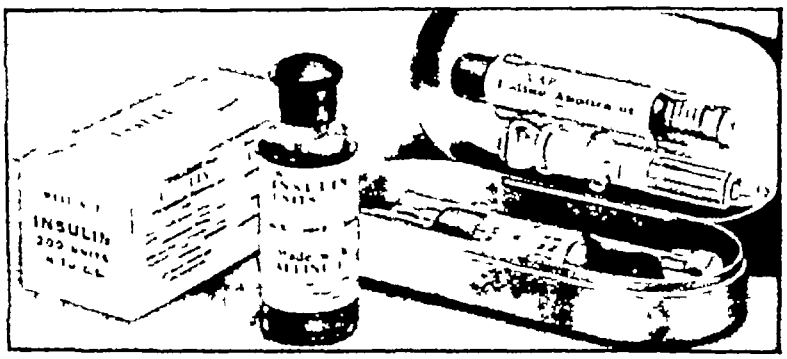
A 20 per cent. suspension of Bismuth metal in isotonic glucose solution. Administered by Intramuscular or Deep Subcutaneous injection it forms a depot from which Bismuth is gradually and continuously absorbed over a long period.

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For the effective treatment of

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The dosage of Colliron

Adults—20 minims three times daily after meals

Children—5 to 10 minims three times daily after meals

Colliron is issued in bottles

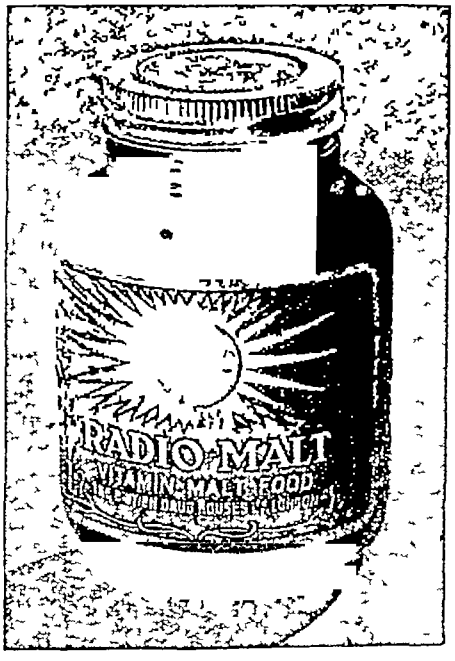
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(Annual Report of the Ministry of Health 1936-1937 p 49)

The imperative need for the nation to choose its foods wisely is a theme which is attracting considerable attention, and in this connection emphasis is placed on the importance of vitamin-containing foodstuffs

Members of the medical profession appreciate the dietetic value of Marmite—the yeast extract rich in vitamin B_1 and B_2 complex

Marmite is prescribed extensively with beneficial results in preventive and curative medicine, it is ordered particularly when vitamin B therapy is indicated and in certain forms of anaemia

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In jars 1-oz. 6d 2-oz 10d 4-oz. 1s 6d 8-oz. 2s 6d 16-oz 4s. 6d.

5710/1 *Special quotations for Marmite packed for use in hospitals clinics welfare centres etc*

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Neuro Phosphates (Eskay Brand) is especially valuable for combating neurasthenic symptoms It contains the glycerophosphates of calcium sodium, and strychnine in their most readily assimilable form Because of its effectiveness pleasing appearance, and outstanding palatability, it is particularly successful in producing an optimistic outlook

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Non-Irritant Iodine

Liquid Iodex is of marked service in nasal catarrh pharyngitis, tonsillitis and in pre- and post-operative conditions of the nose and throat It may be sprayed upon the throat or into the aural or nasal passages with entire confidence in its suitability and efficiency and its markedly resolvent properties and antiseptic virtues The well known irritating hardening and corrosive drawbacks of the ordinary iodine solutions are entirely eliminated

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The commonest type of arthritic that the physician is called upon to treat is not, as a rule, seriously incapacitated There is often considerable discomfort, but the joint involvement is slight, and the patients usually cannot be induced to undergo an expensive course of hospital treatment

For this type of patient 'Calsiod' (calcium ortho-iodoxybenzoate) is an effective analgesic and palliative It is safe and non-habit-forming No serious reactions to liver or kidneys have ever been reported following its use

In addition to its therapeutic value in various types of arthritis, 'Calsiod' has a wide field of usefulness in that large group of patients complaining of 'rheumatism,' 'lumbago,' 'gout,' 'neuritis,' 'fibrositis,' etc.

Physician's sample on request

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For [illegible] French Laboratories
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A range of new purées

Uniformity and high nutritive qualities now available for general prescription

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PROTEIN	4·8
CARBOHYDRATES	8·8
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VITAMIN A	GOOD
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VITAMIN G	FAIR
CALORIES PER OZ.	17·0

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A typical example of the high nutritive values retained in Heinz Strained Foods. (Figures show percentages on the wet basis)

Vegetable and fruit purées, rich in mineral salts, vitamins and other soluble nutriment, constitute the perfect diet for infants and cases of nutritional anaemia

But despite the wide approval shown by physicians, and a growing appreciation of this dietary by mothers, progress has hitherto been slow, owing to the practical difficulties encountered in home preparation

The use of vegetables not truly fresh, mechanical losses through oxidation when boiling, and inefficient sieving out of the harsh fibres, inevitably impair the quality of the home produced preparation

Now, with the marketing of a range of strained foods by H J Heinz Co Ltd, vegetable and fruit purées containing all necessary dietetic values are available in convenient bulk and form

Heinz Strained Foods are prepared with all the advantages of the best factory method The vegetables are specially grown in those areas where soil and climate combine to produce the best, they are harvested when they are just right, and cooked within a few hours of being garnered

First, the ingredients are scrupulously cleaned Cooking by light steam pressure in vacuum containers follows, leaving the contents perfectly disposed for comminution by extrusion, and at the same time ensuring retention of the essential juices and mineral constituents Fine sieving having removed all fibres of a harsh or irritant nature, the purée is then adjusted to an acceptable consistency and sealed in vacuo, the sealed containers being immediately subjected to sterilization under constant conditions of time and temperature

The purées thus offered are uniform, convenient and of the highest possible nutritive content

NOTE *Glass containers are not used owing to the deleterious effect of light on the value and palatability of the purees*

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SPINACH
TOMATOES
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VEGETABLE SOUP
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APRICOTS AND APPLE SAUCE

★ *Fully explanatory literature and samples gladly sent on request*

H J HEINZ COMPANY LIMITED, HARLESDEN, LONDON, N W 10

may be quite impossible to distinguish between a simple bone cyst, a chondroma, and a benign giant-cell tumour without the aid of the pathologist

Fibrocystic Disease and Sarcoma

In fibrosis, or fibrocystic disease, of bone, extensive translucent areas, often multilocular, are seen, frequently involving more than one bone The cortex may be thinned and expanded around the translucent areas, and there may be evidence of old fractures or of bending of the bone Hypercalcaemia and increased urinary output of calcium will differentiate parathyroid disease from simple fibrosis of bone The *x*-ray appearances of multiple exostoses (diaphyseal aclasis) are sufficiently characteristic to call for no detailed description here Many bones may need to be radiographed, and the frequent association of this condition with multiple chondromata of the hands and feet must be looked for

The chronic inflammatory conditions such as Brodie's abscess, typhoid abscess, etc, may be identified from the general x-ray appearances, from the previous history, and from the frequent presence of periosteal reaction resulting in localized thickening rather than expansion of the bone In cases where the central bony translucent area is less clearly defined than in the foregoing the possibilities which have to be considered (provided an acute or subacute inflammatory lesion can be ruled out) are osteolytic sarcoma, Ewing s tumour, and osteolytic metastatic carcinoma

Bone sarcomata are usually single lesions, primary in origin, though occasionally they may occur as metastases from a sarcoma in another bone They are found as a rule in patients under the age of 30 years, but may occur later There may or may not be a history of trauma, there is pain, and pathological fractures are common The limits of the translucent area are irregular and ill defined There may or may not be signs of periosteal reaction, but there is no evidence of expansion Any part of the bone may be affected, more usually the lower end of the femur or the upper end of the humerus or tibia In the earlier stages, when the diagnosis is of such paramount importance, and sometimes later, sarcomata may be erroneously diagnosed as benign giant-cell tumour, or even as osteomyelitis, especially if accompanied by pyrexia and leucocytosis The help which might be given by the pathologist in these difficult cases is often not available owing to the reluctance of the surgeon to remove from the tumour a specimen for pathological examination, because of the risk of stimulating a possibly malignant tumour and of disseminating it through the blood stream Whether the histological findings following such an exploratory operation would justify the taking of this risk is a question that I hope will be made clear by the pathologist and the surgeon in this discussion My own feeling is that in those cases where the clinical history, the physical examination, and the radiological appearances are so indefinite as to leave the diagnosis in doubt the risk of a biopsy should be undertaken

EWING S SARCOMA

From the varying accounts of the radiological appearances ascribed to Ewing s sarcoma by different authors two main types emerge—namely, the osteolytic type, which merits consideration here, and the hyperplastic type, which will be dealt with under changes of contour The former type has been aptly described by Herendeen as presenting an appearance suggestive of 'rubbing out' of part of the bony shadow by an india rubber The early age incidence, the ill defined edges of the translucent area, and the tendency to spread up the medullary cavity may suggest its nature, but the only true test is the radiotherapeutic one As Herendeen has pointed out, 'a bone tumour which fails to disappear under *x* ray treatment is not a Ewing s tumour' The dosage required for this response is usually a comparatively small one—about 1,000 *r* Confirmatory evidence is found in the tendency to metastasize in the lungs and in other bones, the metastases in the bones showing the same ready radiosensitivity as the primary tumour

Multiple myelomatosis will be suspected from the multiplicity of the translucent areas, their widespread distribution, their often clear cut outlines, the absence of expansion or periosteal reaction, and the frequent presence in the urine of Bence-Jones proteoses

Metastatic carcinoma may reveal itself as isolated translucent areas with margins which are usually ill defined and irregular, and with no expansion or periosteal reaction in the overlying bone Pathological fractures are common The usual multiplicity of these lesions, with often a past or present history of a primary tumour in breast, kidney, lungs, or elsewhere, supplies the diagnostic clues Not infrequently, however, the primary tumour is silent and remains undiscovered

The next type of translucency that demands our attention is that which, for want of a better term, we will call "patchy" This represents the numerous translucent areas of different size and shape which may be seen in a bone, some of them contiguous, some even coalescing This change may be demonstrated in simple disuse decalcification, in osteomyelitis, in sarcoma, in Ewing's tumour, or in metastatic carcinoma The first two call for no special comment here The last three may be difficult to differentiate The younger age of the patient and the greater tendency towards periosteal reaction in sarcoma may serve to distinguish it from metastatic carcinoma In both there is a proneness to cortical destruction and to pathological fracture The Ewing's tumour may be differentiated on the lines already indicated

Alterations in Contour

The changes produced by simple osteomata, traumatic osteomata (erroneously called 'myositis ossificans traumatica"), the single exostoses (osteochondroma), and multiple exostoses (diaphyseal aclasis), whose appearances are as a rule unmistakable, call for nothing more than a casual reference here

The "expansions" caused by simple cysts, fibrosis of bone, chondromata, and osteoclastomata are changes of contour to which reference has already been made The difficulty arises when the bony shell gives way and the translucent medium invades the soft tissues, for then we may be at a loss to decide whether a lesion is sarcomatous or not

The most important type of change of contour which we have to consider is what may be designated 'sub periosteal bony proliferation' This change may be found in such varying lesions as simple periostitis, syphilitic periostitis chronic pyogenic, tuberculous, or typhoid osteomyelitis, sarcoma, and Ewing s tumour

The clinical history the signs, the symptoms, and the radiological changes in the bone itself will usually serve to distinguish an osteomyelitis But from the purely radiological point of view it may be extremely difficult to differentiate between the other lesions mentioned, especially in their earlier stages One can indicate here the value of repeat radiographs in such cases For the



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diagnosis of syphilis one resorts to the Wassermann test but one must bear in mind that a syphilitic taint does not render its possessor immune to sarcoma In spite of a positive Wassermann reaction the lesion may still be sarcomatous Only if the lesion clears up under strenuous anti syphilitic treatment are we justified in regarding the diagnosis of syphilis rather than sarcoma as clear Radio therapeutic measures may be adopted to establish a diagnosis of Ewing's tumour but we must bear in mind that such measures may modify the subsequent development of a sarcoma so that its ultimate diagnosis may be masked.

The palisade or sunray spicules of a sarcoma may appear eventually and so clinch the diagnosis but one's conviction is that by the time this has happened it is probably too late for the patient's life to be saved One must also appreciate that palisade spicules may be found in the lattice type periostitis of syphilis In the sclerosing type of sarcoma the sunray spicules may be so dense as to obscure the texture of the underlying bone completely In the absence of palisade or sunray spicules a case showing periosteal proliferation in which the palpable tumour is much in excess of the bone changes should convey a suspicion of sarcoma

Conclusion

My aim has been to stress the fact that whilst in my opinion the radiological examination is probably the most informative single investigation that can be made in a case of bone tumour it is only one link in the diagnostic chain If the radiologist has the opportunity to examine not only his radiographs but also the patient, he may have sufficient evidence in his hands to justify a firm positive diagnostic opinion which cannot be shaken If only the radiographs are available to him the bone changes presented may be distinctive enough to justify him still in making a firm positive diagnosis But if he is in doubt he should not hesitate to say so, and to leave it to others to add to the information he is able to give and so arrive at a diagnosis on the accumulated evidence A final warning may be given regarding the frequent fallacies of a spot diagnosis I would emphasize the necessity for an orderly routine examination of the bone changes presented on the radiograph with as far as possible, a translation of these bone changes into terms of pathology And finally I would urge a careful correlation with these bone changes of all the known facts as to age clinical history physical examination and pathological and biochemical investigations

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The *Times* of December 8 contained an article on the past present and future of Queen Mary College by Sir Lynden Macassey chairman of its Governors From small beginnings in 1887 the technical school beside the People's Palace in Mile End Road became the East London Technical College and was recognized in 1907 by the University of London as a School of the University in the faculties of arts science and engineering and soon afterwards changed its name to East London College Largely through generous support by the Drapers Company a new scheme was granted by the Charity Commissioners and the institution received a Royal Charter on December 12 1934 under the name Queen Mary College The consistent aim of the college since 1907 has been to provide full facilities of university education at the doors and within the means of young people of East London in the faculties of arts science and engineering and in conjunction with the London Hospital Medical School, in medicine at the University of London

PROGRESS OF DIPHTHERIA PREVENTION*

A SURVEY AND SOME RESULTS

BY

J GRAHAM FORBES, M D, F R C P, D P H

Principal Assistant Medical Officer Public Health Department L C C

It was just nine years ago, at the Annual Meeting held in 1928 at Cardiff that I had the privilege of taking part in the discussions on this subject The movement in recognition of the value of prophylactic inoculation which at that time was already gaining ground is now generally regarded as having justified the beliefs held ten years ago by its being adopted in an increasing number of places where diphtheria continues to be a serious menace to child life As evidence of the marked extension of diphtheria prophylaxis in England and Wales two statements made in the House of Commons at an interval of nearly seven years by Ministers of Health may be compared One on December 9 1930 was to the effect that provision for Schick testing and immunization had been sanctioned in thirty-eight districts in England and in two in Wales and that similar facilities had been afforded in some other areas, the other on July 29, 1937 stated in answer to an inquiry that preventive action by immunization against diphtheria had been taken in approximately seventy-four county boroughs 117 non county boroughs twenty eight metropolitan boroughs and five counties in England and Wales The extent of that progress may also be judged from the comparisons afforded by the period from 1930 to 1935 and the year 1936 in a selection of fifty large towns with populations averaging 184 000 and ranging from 40 500 in Dover to over a million in Birmingham totalling in 1936 nearly 9½ millions inclusive of about 2 millions or more under the age of 15 Up to the end of 1935 the adoption of immunization in those towns for varying periods had resulted in a total of over 372 500 protected with the addition in 1936 of a further 86 500—in all nearly 460 000 chiefly children of school and pre school age representing 5 per cent of the total population and possibly some 22 per cent of the child population under 15

The individual proportions based on estimated 1936 populations however, differ widely in the various centres of preventive work ranging from 10 to 1 per cent immunized among the fifty towns Chester heads the list with 10 per cent—4 500 having been immunized in a total population of 45 000—succeeded by half a dozen towns with protection rates of between 8 and 9 per cent Birmingham 8 8 per cent., with over 90 000 immunized, Walsall 8 4 with 9 200 Worcester 8 4 with 4 500 Leeds 8 22 with over 40 000 Manchester 8 2 per cent with about 61 000 and Chatham 8 0 with 3 500 Then come in order Wood Green 7 9 with 4 200 Wakefield 7 5 with 4 500 Salford 7.3 with 15 000 Blackburn and Swindon, 7 per cent with respectively 8 300 and 4 200 Cardiff 6 8 per cent with over 15 000 and Acton also 6 8 with 4 700 while Liverpool with about 39 000 immunized shows a proportion of only 4.5 per cent in a total population of 847 000 (As the child population under 15 is approximately one quarter to one fifth that of the total population and as the majority immunized belong to the child age group a rough estimate of the proportion protected of the child population may be obtained by multi

* Communication to the Section of Hygiene and Public Health at the Annual Meeting of the British Medical Association Belfast, 1937

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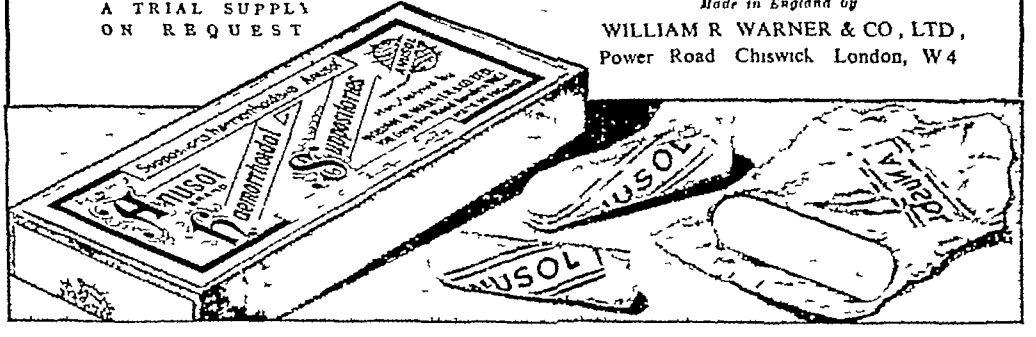
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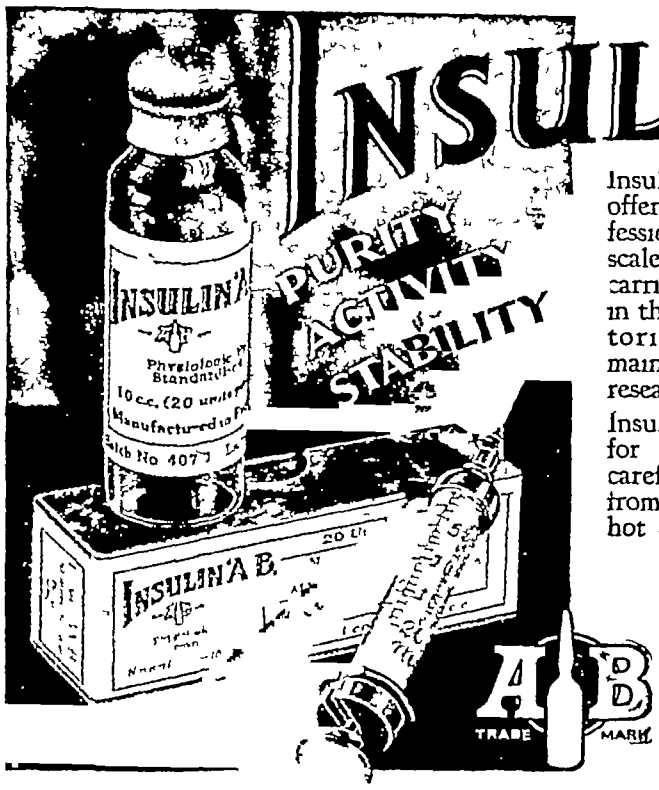
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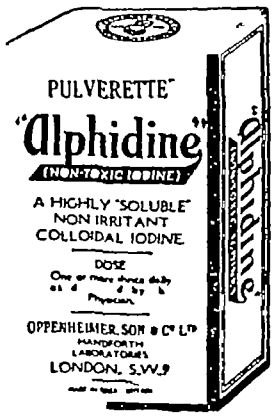
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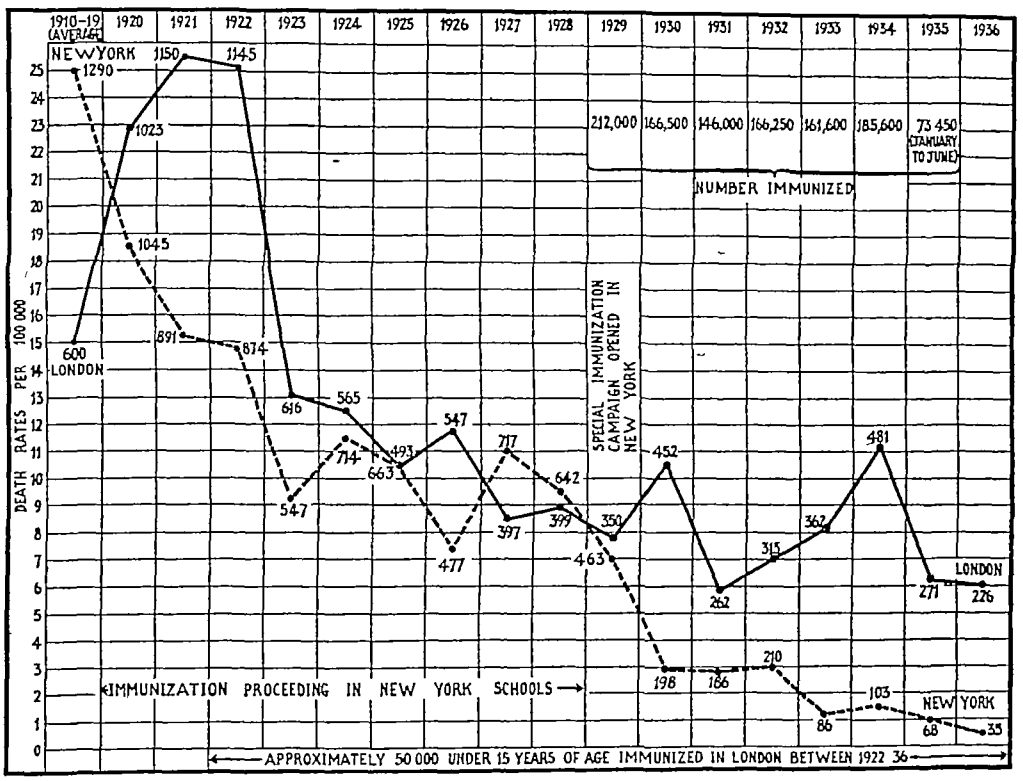
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plying the immunized percentage of the total population by 4 5—thus Chester reaches 45 per cent and the remainder fall considerably short of the desired 60 per cent to affect the general incidence of diphtheria)

In London, with a population of 4,400,000 in 1930 and 260,000 less in 1936, immunization work has been to a very large extent, so far as the child population is concerned, the separate responsibility of the medical officer of health of each of the twenty nine metropolitan boroughs, most of which now afford facilities for immunization in their clinics and welfare centres or through private practitioners

18,500 cases and 1,031 deaths and the still lower figures in 1936 of some 15,100 cases and 951 deaths—showing a fall of 6,400 cases and 174 deaths , while in London the difference has been more marked, with over 13,400 cases and 452 deaths in 1930 falling in 1935 to under 9,300 cases and 271 deaths, and in 1936 to 7,030 cases and 226 deaths —a drop in incidence and mortality of 50 per cent But in view of the generally small ratio of protected being less than 6 per cent , it is unlikely that these reductions in incidence and mortality have been to any extent attributable to the influence of immunization, particularly in London, where the proportion of immunized is little

GRAPH I —*Diphtheria Mortality Rates in New York and London with Number of Deaths on Each Point of Curve*



The number immunized from January 1929 to June 1935, was 1 114 325 representing 65 per cent of the total population under 15 years and including 65 to 70 per cent of the 650 000 under 6 years of age
Populations —New York 1920 5 620 000 all ages (1 592 2 00 under 15) 1930 6 955 000 all ages (1 688,200 under 15) 1936 7 363 600 all ages London, 1920 4 520 000 all ages (1,151,000 under 15) 1930 4 400 000 all ages 1936 4,141 100 all ages (933 000 under 15)

In 1930 provision had been made in fourteen of the twenty-nine boroughs, yielding a total of some 9,000 protected children, as compared with about 32,000 at the end of 1935 and an additional 8,000 in 1936—a proportion of only 4 2 per cent of the 933 000 population under 15 To this total, however, must be added over 3,000 children who have been immunized between 1932 and 1936 in the residential schools under the London County Council s control and some 7,000 protected in institutions in previous years, bringing the London total up to about 50,000, or 5 3 per cent of the child population

Only thirty of the fifty towns had adopted any preventive scheme in 1930, and the numbers then protected amounted to 60,200, or less than 1 per cent among a population of under 7 millions In that year, one of generally higher diphtheria prevalence, the fifty towns yielded a total of 21,500 cases and 1,125 deaths, as compared with 1935 s record in a more normal year of under over 1 per cent of the total population Despite a seven fold increase since 1930 in the numbers of protected individuals in the fifty towns concerned, a very much larger increase in the protection rate is necessary to bring about any decided fall in diphtheria attack and death rates, such as has been effected in the two examples to be described in the cities of New York and Montreal

In addition to the preventive measures in large town centres, mention must be made of the fact that a number of the county authorities in England have adopted immunization in their urban and rural clinics, schools, and welfare centres A by no means complete survey of recent annual reports provides examples from Northern, Midland, Eastern, Western, and Southern areas of such work proceeding in sixteen counties among a total population of over 12 millions, but with very varying response Most notable have been the efforts since 1932 of the medical officers in the West Riding of Yorkshire

PIGEONS AS POSSIBLE TETANUS CARRIERS

BY

A WILSON RUSSELL, M D, D P H

Senior Resident Medical Officer Infectious Diseases Hospital Portsmouth

The following case seems to be of more than ordinary interest. The great bulk of work done on tetanus in recent years deals with serum treatment to the exclusion of aetiology, although a number of cases of "idiopathic tetanus have been published These have been cases in which the site of entry of the infection has not been found (dental, etc), but I have failed to discover any record in which pigeons have been concerned in its transmission

Case History

A baby girl aged 18 months was admitted to the Infectious Diseases Hospital on June 11, 1937, as a case of meningitis She had been perfectly well until the day previous, when the parents noticed that she had difficulty with her food, which was attributed to her being feverish

On admission she was quite conscious, and had a temperature of 102 6 , a pulse rate of 164 and a respiration rate of 30 The neck was a little stiff, but Kernig s sign was absent The upper and lower extremities were slightly spastic in extension with carpo-pedal spasm and the plantar responses were extensor in type There was ptosis of the left eye and well marked trismus, the teeth being tightly clenched in tonic spasm Pronounced scabetic lesions were present on wrists, feet and ankles, and waist-line A diagnosis of tetanus was made, and 20,000 units of antitetanus serum were given intramuscularly and a further 20 000 units intrathecally The cerebrospinal fluid was quite clear and under no pressure, 10 c cm being withdrawn The following morning 15 c cm. of fluid were withdrawn and 20 000 units of antitetanus serum given intrathecally and 20,000 units intramuscularly She had had one short fit during the night The temperature rose to 103 4 , and six short spasms lasting three to four minutes each occurred in the course of the morning. During this period she was given sips of glucose water from a spoon Death ensued in the early afternoon, twenty hours after admission

Results of Investigation

The cerebrospinal fluid was reported as being sterile and quite normal chemically Apart from some congestion of brain and kidneys no abnormality was found on post mortem examination, and the only skin damage was the sores and scratches as the result of scabies. These were so numerous that it was impossible to localize the site of entry of the tetanus infection

Investigation of the possible source of infection revealed the following facts Scabies had occurred in all the members of the family, but had affected the baby last The father of the child is a pigeon fancier with about forty racing pigeons, which are housed in a large loft in his garden He is scrupulously careful regarding the cleanliness of the loft and uses the pigeon droppings as manure for the garden No other kind of manure (horse, etc) has been used for years The child was in the habit of playing in the garden and had been crawling about on the grass below the pigeon loft.

Specimens of soil from the ground below the loft were examined and tetanus bacilli recovered from two out of four samples. Specimens from each of the two main sections of the loft were taken and tetanus bacilli were obtained from one of the samples of droppings These samples were taken on June 14—that is two days after the death of the child By segregating the pigeons in the positive section of the loft first into two groups of fourteen birds and twelve birds, it was found that in the twelve-bird group one bird alone was passing tetanus bacilli This positive specimen was obtained on June 28—that is, sixteen days after the child s death This pigeon was isolated until a specimen of droppings examined three weeks later (July 17) failed to yield tetanus bacilli

Comments

After searching the medical literature I have been unable to find a similar case recorded in which pigeons could be associated in the aetiology of tetanus Veterinary authorities state that "the fowl is very resistant (Gaiger and Davies, 1932) Wooldridge (1934) says that tetanus bacilli can be recovered from the alimentary tract of horses, cattle, sheep, goats, pigs, and dogs, and that these animals can develop clinical tetanus I have, however, failed to find a reference in which tetanus bacilli have been recovered from the alimentary tract of the pigeon The resistance of birds to tetanus is often quoted by bacteriologists as an example of natural species immunity Quoting Abel Zinsser (1922) states that birds, while immune against the ordinary dangers of tetanus bacilli, may be killed by experimental inoculations with very large doses of tetanus toxin'

The findings of this particular case would indicate that pigeons can be 'carriers' of tetanus, and seem to be of interest from both the medical and veterinary points of view

Summary

A fatal case of tetanus in a young child of 18 months is reported The incubation period was very short (twenty-four hours at the most), and death ensued in about forty-four hours from the onset of the illness

The typical clinical signs were exhibited, and large doses of antitetanus serum intramuscularly and intrathecally were given at the earliest opportunity

The subsequent investigation seems to implicate a pigeon (or pigeons) as a "carrier' of tetanus

No animals were available for inoculation tests with the tetanus bacilli obtained on culture from the pigeon s droppings, but the evidence otherwise would suggest the following chain of events

1 The pigeon became infected with tetanus bacilli probably by pecking horse manure and became a carrier passing the bacilli or spores in its droppings, although showing no sign of illness itself

2 The droppings infected the ground below the pigeon loft

3 The child playing on the ground below the loft became infected through the skin which was broken and scratched, due to active scabies

4 The child developed clinical tetanus and died after a very brief illness.

I should like to acknowledge my indebtedness to Dr J A D Radchffe who did all the bacteriological work in connexion with this investigation.

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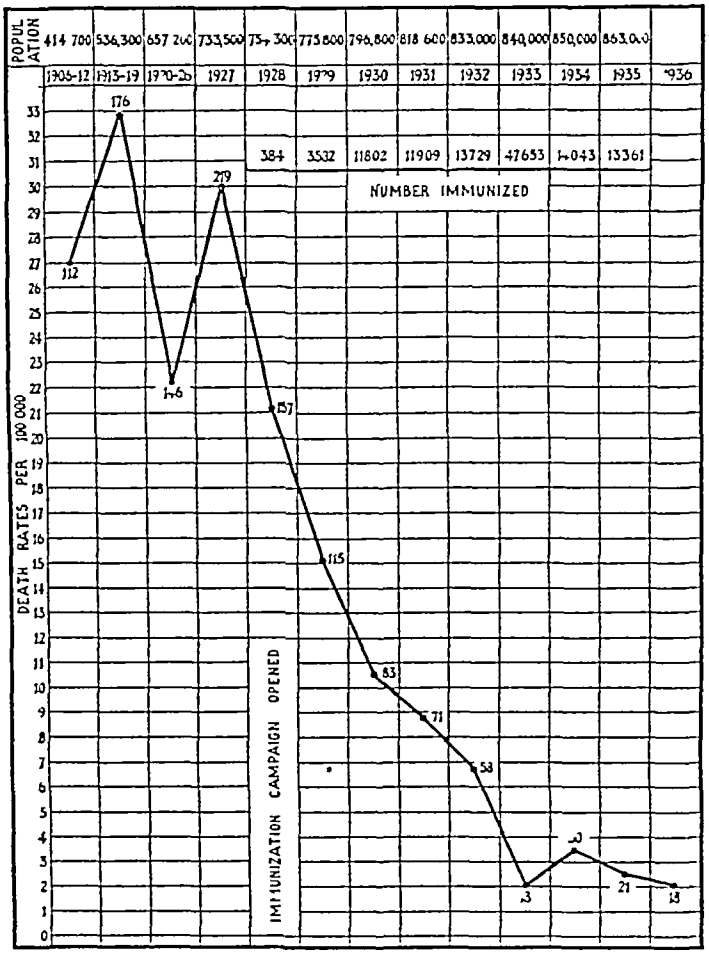
In the forty eighth annual report of the county medical officer for the West Riding of Yorkshire it is announced that arrangements are being made for the estimation of the alcohol content of the blood to be carried out in the county laboratories when necessary Recent legislation in Germany has made submission to this test compulsory in all cases of alleged drunkenness while in charge of a motor car

where it is recorded that among a total population of over 1¼ millions including a school population of approximately 218 000 nearly 91 500 have been protected or were under treatment up to the end of 1936 representing roughly 25 per cent of the child population

All this is to the good in the aim to reach 50 per cent of the number of children born each year, but the proportions at present protected are insufficient yet to reduce total incidence and mortality The evidence however in favour of immunization, which now few will gainsay has been clearly demonstrated by the very pronounced lower incidence and almost complete absence of fatal diphtheria among the immunized as compared with records among the non immunized—amounting where sufficient numbers for comparison are available to an attack rate ten or twelve times less among the protected The benefit to the protected individual and the relief from anxiety to the parent cannot be denied

The important question is whether one is justified in resting satisfied with what is being achieved and in being content that nothing further can be done to bring about a real reduction in the heavy toll which diphtheria annually exacts in life and health of our child population in England and Wales with a yearly average for the past ten years of over 55 200 cases and 3 120 deaths and in London with over 10,300 cases and 345 deaths The answer must surely be emphatically in the negative In support of that response I would draw your attention to two striking examples illustrated by Graphs I and II of persistent and well organized effort followed by so notable a fall in diphtheria incidence and mortality as to be attributable with little doubt to those efforts

GRAPH II—*Diphtheria Mortality Rate in Montreal with Number of Deaths on Each Point of Curve*



The number immunized from 1928 to 1935 was 110 463 which in 1936 equalled 56·5 per cent of the population aged 1 to 12 years

New York Diphtheria Control

In New York between the years 1929 and 1935 as the result of a sustained and intensive anti-diphtheria campaign a total of over 1 110 000 children under the age of 15 were immunized in addition to those protected by the efforts of previous years The total population of New York had risen from 4¼ millions in 1910 to over 5½ millions in 1920, and those under 15 years from less than 1 370 000 to nearly 1 600 000 with an average of close on 14 700 cases of and 1 300 deaths from diphtheria, a mortality of 25 per 100 000 of all ages

Between 1920 and 1929 whilst concerted immunization work was in progress but not yet directed particularly to the children of pre school age under 5 years there was a yearly average of 10 700 cases and 700 deaths (11·2 per 100 000) In 1929 when a fresh campaign was instituted and extended especially to the protection of those under 5 years of age there were just over 8 500 cases and 463 deaths From 1930 to 1932 the cases of diphtheria fell by over 50 per cent to 3 500 to 4 000 and deaths to under 200 In each subsequent year this fall has steadily continued coincident with the increasing numbers immunized until in 1936 the remarkably low figures of 1 143 cases and thirty five deaths were recorded showing a death rate of only 4·7 per million in a total population of over 7 360 000, including about 1 800 000 children under 15 among whom the death rate was only 21 per million as against 274 per million in 1929 and 117 in 1930

During the period of this campaign the numbers immunized rose from just on 212 000 in 1929 to reach a total of no less than 1 114 325 in the middle of 1935 attended by a reduction in incidence to nearly one eighth and in mortality to about one thirteenth of the toll diphtheria had taken in 1929 when the campaign opened It is also estimated that of the 650 000 children under the age of 6 years between 65 and 70 per cent have been protected

Montreal Diphtheria Control

The results obtained in Montreal a city with a total population in 1935 of 863 000 afford a further example of what may justly be claimed to be the consequence of a sustained co-ordinated campaign against diphtheria begun in 1926 Previous diphtheria records dating back to 1906 and for the twenty succeeding years, among a

Clinical Memoranda

Treatment with Progesterone of Eight Cases of Pre-eclampsia

In the issue of the *British Medical Journal* for February 13 1937, a series of cases of pre eclampsia treated with progesterone was recorded by J M Robson and S J Paterson The following is an account of a further eight cases, the results of which are summarized in the appended table All cases were treated in the ante natal wards of Walton Hospital, Liverpool The criteria used in a choice of cases were (1) Raised blood pressure—systolic over 150 mm, diastolic over 90 mm , (2) oedema present in all cases (3) albumin present in urine , (4) urea clearance tests and blood non protein nitrogen within normal limits , (5) in most cases additional toxic symptoms were present

In an attempt to discount the beneficial effect of rest the treatment with progesterone did not begin immediately after admission A varying number of days were allowed to elapse before the treatment was started All patients were on an ordinary diet, with a fluid intake limited to one pint Progesterone was then given in daily 5 mg doses In three of the cases (Nos 2, 5, and 7) after a few days the amount was raised to 10 mg daily The progesterone was very kindly supplied by Messrs Schering (proluton) and Messrs Paine and Byrne (gestone) There were two foetal deaths In Case No 2 the foetal heart stopped during the second stage of labour , the necropsy report stated that death was due to toxaemia In No 4 the patient was discharged on her own responsibility (blood pressure 140/95) and advised to attend the antenatal clinic She never attended, and was admitted to hospital about eight weeks later in labour (blood pressure 170/110) The foetal heart could not be heard on admission

Table showing Results of Treatment (Symptoms are graded + to +++ according to the Presence and Intensity of Oedema Vomiting Headache and Eye Signs)

Case	Gestation (Weeks at Beginning of Treatment)	Day	Symptoms	B P	Urine (Albumin) Esbach Reading	Urine Microscopical Examination	Total Dose of Progesterone	Fate of Foetus	Remarks
1	39	Ad 10th 11th 12th 13th 11th P P	+++ ++ + — — —	185/150 200/140 200/150 180/140 180/120 135/95	1½ 7½ 6 6 7 Trace	Hyalo-granular casts	20 mg.	Term (alive and well)	Spontaneous delivery
2	37	Ad. 1st 2nd 3rd 4th 5th 6th 13th P P	++ + + — — + ++ —	180/140 205/145 205/140 230 150 230/140 235/150 230 150 165/100	4½ 4½ 4 2½ 2½ 2½ 2 Trace	Hyaline casts	30 mg.	S B 38 weeks	Tube induction for toxaemia Normal delivery
3	39	Ad 10th* 11th 12th 13th 11th P P	++ + + + + —	160/110 165/115 170/115 150 105 140 90 125 85	½ 3 4 — — ½	Occasional hyaline cast	20 mg.	Term (alive and well)	Spontaneous delivery
4	28	Ad. 4th 5th 6th 8th 10th 12th 14th Discharged to ante natal clinic Delivered 8 weeks later B P 170 110	+++ ++ + — — — — —	150/110 175/100 155/115 130 95 135/95 135/105 135/105 140 95	1 1½ 1½ ½ ½ ½ ½ ½	Hyaline and granular casts	40 mg.	36 weeks S B Macerated	Spontaneous delivery
5	38	Ad 17th 18th 20th 22nd 24th 10th P P	+ ++ + — — — —	160 90 150/90 160 90 155 95 150 95 145 95 Swinging thereafter 125 80	½ Trace ½ ½ ½ Trace Trace	No casts	75 mg.	Term (alive and well)	Spontaneous delivery
6	38	Ad. 11th 12th 13th 13th P P	+— + — — —	200 110 150 110 160 110 165 120 150 95	2½ 3 2 2 Clear	No casts	15 mg.	38 weeks (alive and well)	Spontaneous delivery
7	37	Ad 8th 9th 11th 13th 15th 17th 20th 23rd	+++ ++ + — — — — — —	210 70 160 90 185 115 185 110 150 100 190 120 200 120 200 115 175 115 Level until delivery	½ ½ ½ ½ ½ ½ ½ ½ ½	Occasional hyaline cast	105 mg.	Term (alive and well)	Quinine induction Contracted pelvis Caesarean section
8	37	Ad 2nd 4th 6th 8th 10th 20th P P	++ — — — — — —	150 95 140 115 150 110 155 115 160 120 160 115 Swinging thereafter 145 100	½ ½ ½ ½ ½ ½ Trace	No casts	45 mg.	Term (alive and well)	Abortion 1932. Premature S B 1936 Spontaneous delivery

* Progesterone started.

Record of Diphtheria and Immunization in 50 Towns of England and Wales (1930–6) compared with Metropolitan London and Cities of Scotland and Ireland

50 Large Towns in order of 1936 Population	1930				Average 1931-4		1935			1936				Estimated Immunized Rate per cent. of Total Population
	Population	Cases	Deaths	Total "Immunized" to End of 1930	Cases	Deaths	Cases	Deaths	Total Immunized to end of 1935	Populations (R G Estimates)	Cases	Deaths	Total Immunized during 1936	
Birmingham	991 300	1 701	87	23 000 (approx)	807	53	1 129	84	75 000 (approx.)	1 018 800	1 142	63	15 491	8 88
Liverpool	865,200	4 063	234	1,228	3 100	184	2,695	149	30 126	846,400	2,179	139	8,548	4 56
Manchester	757 900	838	57	1 248	764	77	903	60	48 743	744 000	1,202	95	12,171	8 20
Leeds	483 000	1 014	54	500	1 294	94	1 353	60	38 154	489 860	799	36	2,150	8.22
Bristol	395 930	1 484	39	7 377	688	23	625	12	18 800	413,900	441	15	2,394	5 12
Hull	309 200	881	47	300	1 354	95	963	34	5 116	321 500	885	128	1 036	1.90
Newcastle on Tyne	284,200	226	4	150	184	11	688	33	1 826	290 400	693	35	1,904	1 28
West Ham	294,300	865	34	200	494	31	771	39	3 788	265 800	468	15	630	1 66
Portsmouth	252,800	605	16	0	280	13	422	39	700	251 400	244	8	677	0.54
Croydon	228 600	394	14	477	270	14	304	12	2 528	241 740	183	8	1 445	1 64
Cardiff	223 900	731	29	7,287	520	23	349	19	13 468	221 500	343	17	1 652	6.82
Plymouth	209 000	629	23	1 460	382	18	481	23	8 299	206 400	455	40	1 104	4.55
Salford	230 100	741	30	1 445	737	26	691	35	11 783	206,000	589	30	3 233	7.30
Coventry	165 800	493	41	1,917	163	10	249	13	6 676	194 100	271	16	1 729	4 33
Southampton	174 100	410	28	0	363	11	787	36	9 753	177 400	348	15	466	5 77
Ilford	125 000	298	12	1,270	194	8	188	8	4 395	157 300	137	5	1,278	3 60
Tottenham	157 400	550	33	986	216	14	286	14	1,378	148 600	227	9	387	1.20
Birkenhead	152,300	258	26	651	387	19	430	14	6 834	148 000	291	17	164	4 72
Brighton	145 900	163	11	356	104	9	280	8	1,200	146,900	106	4	313	1 03
Wolverhampton	134,250	130	13	0	136	11	104	11	3 047	142,400	197	12	2,914	4 18
Derby	142,300	419	21	4	216	11	260	19	2,170	140 300	251	10	554	1 94
Walthamstow	130 400	505	22	0	320	8	163	4	1 453	133 600	106	2	1,273	2.04
East Ham	144 800	484	20	550	228	26	254	16	3 917	133 400	134	5	1 137	3 80
Stockport	127 100	235	12	0	245	15	162	9	985	131 800	192	7	597	1 20
Oldham	142,200	171	15	0	116	9	214	29	2,640	131 000	310	23	932	2.72
Huddersfield	113 470	286	11	0	322	25	294	30	4 637	122,670	181	21	787	4 42
Blackburn	124 500	135	10	400	87	5	166	24	7 725	116 000	112	2	551	7 13
Walsall	102,000	151	12	4,200	72	4	81	5	8 105	106 400	85	2	875	8 44
Dagenham	84 170	383	29	105	189	16	293	19	2,819	102,000	261	24	1 129	3 87
York	86 350	52	2	0	235	14	169	4	2,370	98 830	70	0	674	3 08
Halifax	98,270	100	7	0	211	15	322	16	1 627	97,330	206	12	1 118	2.82
Wallasey	98 900	77	7	0	161	15	265	18	245	95 860	259	12	889	1 17
Heston and Isleworth	70 420	172	19	889	67	3	71	2	4,269	95 000	21	2	564	5 08
Burnley	99 700	93	7	0	169	11	250	14	537	91 400	204	7	444	1 07
Smethwick	85,270	281	21	95	116	7	130	7	5 000 (approx.)	81 300	142	3	320	6.53
Warrington	80 040	162	11	0	186	15	463	27	277	79,200	338	23	1 440	2.16
Cambridge	64 310	99	7	440	20	1	6	0	1 468	76 760	4	0	719	2.85
Darlington	71 510	174	5	0	51	1	96	13	150	75,500	174	18	1 750	2.52
Acton	68,230	103	9	0	115	14	81	6	4 370	69 140	12	2	336	6 81
Beckenham	41,310	27	0	1 073	18	0.5	24	3	2,561	68 210	5	0	478	4 45
Poole	55 440	183	9	1 020	40	2	18	0	2,571	66,820	29	4	918	5.22
Swindon	62,360	61	8	0	135	9	148	12	2 164	60 150	101	12	2,043	7 00
Wakefield	58 180	153	3	0	264	25	211	10	4 051	59 750	173	14	436	7 50
Stretford (Lancs)	52,100	93	3	216	119	2	88	4	1,203	59 500	72	6	458	2.80
Wood Green	54 020	98	4	768	32	1	38	3	3,235	53 620	99	12	1 005	7.90
Dewsbury	53 840	52	2	0	173	19	93	6	2,395	53 230	97	6	12	4.52
Worcester	51,280	65	2	0	36	4	272	17	2,000	52,730	152	10	2,458	8 45
Chester	41 100	109	12	200	44	2	52	10	2,013	45 130	59	3	2,487	10 00
Chatham	43 230	45	1	388	23	0.5	22	0	3 139	44 300	25	2	395	8 00
Dover	42,000	63	2	0	25	1	18	1	955	40 510	7	0	54	2.50
Totals	9 068,980	21 505	1 125	60,200	16 472	1 025	18 421	1 031	372 665	9 213 840	15 081	951	86,519	5 00

Comparison with —

	1930				Average 1931-4		1935			1936				Estimated Immunized
	Population	Cases	Deaths	Immunized	Cases	Deaths	Cases	Deaths	Immunized	Populations	Cases	Deaths	"Immunized"	
Metropolitan London	4 400 000	13 411	452	{9 061 / 7 000}	9 452	347	9,294	271	{31 778 / 9,500}	4 141 100	7,030	226	{7 881 / 650}	1 17% of total popn 5 3% of popn. under 15 years
Scotland Edinburgh	439 000 (1931 Census) (109 000 under 15 years)	1 102	71	10 632	679	25	308	14	15 862	464 100	374	26	2,264	3.9% of total population 15 7% of population under 15 years
Aberdeen City	159 000 (45 200 under 15 years)	505	12	12,365	388	12	698	32	13 687	176,900	497	17	1 829	8 76% of total population 31% of population under 15 years
Aberdeen Co	148 330	442	16	9,565	295	11	612	30	17 365	146,900	658	23	5 120	15 3% of total population
{Districts / Burghs}	{109 830 / 38,500}	{161 / 281}		Suspended in 1931-4			{308 / 304}	{16 / 14}	(including 7 800 in 1935)	{106,900 / 40 000}				53 5% of pop under 15 years
Dundee	166,500	403	13	2,363	369	12	459	16	2,885	178 700	320	7	164	1 7% of total population
Ireland Dublin	412,400	646	77	954	884	85	936	89	47 835	472,000	866	109	11,503	12.57% of total population
Belfast	415 150	618	22	0	626	30	1 102	56	0	438 100	1 053	38	1 675 in Oct. Dec. 36 5 000 Oct. 36-Sept. 37	1 14% of total population
Cork City	79 600	588	64	3 659	148	20	56	7	10,284	80 700 (22,600 under 15 years)	24	8	1 741	15% of total population 53% of popn. under 15 years
Cork Co	287,260	337	50	3 534	165	26	127	22	16 007	274 783	78	19	2 743	6 82 of total population

Summary

1 The results obtained following the administration of progesterone in eight patients suffering from pre eclamptic symptoms are given

2 None of the patients developed fits, but in only three was there an appreciable fall in the blood pressure after treatment

I wish to thank Mr J St George Wilson, under whose supervision the cases were treated and Dr H H McWilliam, medical superintendent of Walton Hospital, for permission to publish them

Liverpool G B Marsden, M B, Ch B., D C O G

Intussusception in a Young Woman

The occurrence of Murphy's syndrome, save that the presence of a leucocytosis was not confirmed, seems to make this case worth recording

Case Record

On August 8 1937, a woman about 25 (none of my patients know their age) was admitted to hospital complaining of abdominal pain and vomiting. Ten days previously, over a period of an hour or two she developed a generalized abdominal pain, which was worse around the umbilicus This was followed by nausea and later by vomiting, and then diarrhoea The pain settled in the right iliac fossa, where it had remained constant, accompanied by some pain in the left iliac fossa The diarrhoea and vomiting lasted three days. There was no history of the passage of blood or mucus per rectum or of dysentery, but she had had ascaris infection as a child and threadworms three years ago

On examination the patient was thin and her face drawn and anxious, and she was grunting with her respirations A swelling was visible in the right iliac fossa On palpation this was found to be tender, somewhat mobile, firm, and the size of a large orange On vaginal and rectal examination no tenderness was observed, the pelvic contents appeared normal, and there was no blood on the examining finger The temperature was 102° and the pulse 100 Skin sensation was not tested

On August 9 the tumour was higher the lower pole being just below McBurney's point. The temperature was 101, though it had been down to 99°

Laparotomy performed under a spinal anaesthetic revealed an ileo-caecal intussusception with part of the great omentum drawn in There were some adhesions, these were broken down with the finger and the intussusception reduced The appendix, which had been included in the intussusception, appeared perfectly normal No obvious cause was found The caecum was stitched to the abdominal wall and the wound closed There was an uneventful recovery

Commentary

The differential diagnosis at first presented a problem There was a definite appendicitis syndrome of generalized abdominal pain, nausea, vomiting, pain in the right inguinal fossa, and diarrhoea Examination revealed a lump which might have been an abscess In none of the literature at my disposal in this medical outpost is it suggested that intussusception would arise in the differential diagnosis of appendicitis, and possibly this syndrome has not before been observed in intussusception Perhaps a blood count would have helped

The extreme rarity of appendicitis among the natives was a factor against the diagnosis, but the absence of bowel history save for three days' diarrhoea with no passage of blood and mucus, was against intussusception, though the mobility of the tumour was in its favour The absence of dysentery in the history ruled out dysenteric typhlitis The upward shifting of the tumour the following day was strongly in favour of the diagnosis of intussusception

Thomas B L Bryan, M B, B Ch
C M S Hospital Gahini Ruanda

Collision of Twins

The following case may be of interest because of the rarity of the condition

Case Report

Mrs D a primipara of 33 was first seen at the ante natal clinic on February 26, 1937, the calculated date of confinement was April 15 The patient's history, general examination pelvimetry, etc, revealed no abnormality Abdominal palpation however, showed that the uterus was far larger than it should be for the stage of pregnancy A radiograph was ordered, to confirm the suspicion of twins, but the patient neglected to report at the x ray department and also failed to attend the ante-natal department until April 9 Two days later labour started, and she was admitted to hospital.

Examination at the onset of labour revealed twins, one presenting by the breech, the other by the vertex. Labour was normal except for premature rupture of the membranes, and the first child presented at the vulva as a footling right sacro anterior Delivery progressed normally until the infant was extruded as far as the umbilicus, but delay then occurred Vaginal examination showed the arms in the normal position, these were brought down and light traction exerted on the legs and pelvis, but the child could not be delivered, and it became evident that there was some serious obstruction Pulsation of the cord now ceased

It was thought that the twins might have locked, and I was called in to see the patient The first twin was born as far as the lower part of the chest, and both hands were delivered, the back being to the right Abdominally there was one head palpable in the right iliac fossa and a second child lying in the left occipito anterior position, the head of this twin being at a considerably lower level and engaging in the pelvic brim. The heart sounds of this second child were good Under anaesthesia the hand was passed into the vagina and the above findings confirmed The neck of the first twin was considerably elongated, and the head of the second twin was well engaged in the pelvic brim but had not yet descended into the pelvic cavity After several attempts it was found possible to push the head of the second twin—that is the lower head—up out of the pelvis An assistant aided this manœuvre by external manipulation of the breech and body of the second twin through the abdominal wall This was found to be of great assistance in moving the head of the second twin out of the pelvis. Traction was then made on the legs of the first twin and this was easily delivered The lie of the second twin was now corrected to a vertex by external version As the patient recovered from the anaesthetic pains came on and the second twin advanced easily Low forceps were applied to shorten labour This second twin was alive it weighed 5 lb 1 oz. and subsequently did well The third stage was normal The twins were identical uniovular males.

The puerperium was normal except that involution was rather slower than usual there being two small fibroids in the uterine wall

I would like to express my thanks to Dr W D Sturrock, physician in charge of the department, for permission to publish this case.

J H Spence M B, M M S.A,
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population rising from 415 000 to 657 000 had yielded annual averages for each of the seven year periods of, respectively 643 cases and 112 deaths 1,254 cases and 176 deaths and 1 137 cases and 146 deaths reaching in 1927, 1 826 cases and 219 deaths

In 1928, when immunization was started there were 1 632 cases and 157 deaths Thereafter with each succeeding year's increase in the numbers immunized there has followed a steady decline in the diphtheria incidence and mortality, and as the result of a particularly strenuous campaign in 1933 when over 47 000 children were treated by the end of 1935 a total of nearly 116 500, or well over 50 per cent of the child population under 12 years, had been protected As the accompanying Graph II demonstrates, the fall since 1928 has been remarkable, the records in 1935 with 183 cases and twenty one deaths being but a tenth of the figures in 1927 whilst in 1936 only eighteen deaths from diphtheria were recorded in Montreal's population of 863 000 But, to maintain the low incidence and mortality to which diphtheria has fallen in New York and Montreal the further success of immunization must be dependent on the respective campaigns being continuous and unremitting in order to keep up a protection rate at least equal to half the number of births each year

The Position in the British Isles

If such can be achieved in New York and Montreal, why should it be beyond achievement in London and elsewhere in Great Britain? Why should London with a population three millions less show six to seven times as many diphtheria cases and deaths as New York? Surely we should not be resigned to a fatalistic view that co ordination and enterprise of the medical profession, and the necessary education of the general public cannot overcome apathy and indifference and bring about effective control of diphtheria by means of immunization, directed mainly to the protection of children under 5 years of age It is encouraging to know that, thanks to Dr Thomson's efforts immunization has now become available in Belfast (Commencing October 1 1936 he reports that approximately 5 000 have been immunized in the course of the first year's work)

The accompanying table provides a list of the fifty towns with their populations in 1930 and 1936 and the number of diphtheria cases and deaths in that seven year period as well as of those immunized up to the end of 1930 and 1935 and during 1936 The figures given under Immunized indicate the total of those who have received a complete course of prophylactic inoculation irrespective of post Schick testing and do not include either those found Schick negative on primary test—that is the naturally immune—or the immunized adults of hospital staffs In a parallel column is given for each town the approximate immunized percentage of the total population

For comparison similar particulars of three cities in Scotland (Edinburgh Dundee and Aberdeen) with Aberdeen County and three cities in Ireland (Dublin Belfast and Cork) have been appended to the list Of these Cork it will be noted presents the highest protection rate of all—15 per cent—with about 12 000 immunized in a population of over 80 000 of all ages and as the work has largely been devoted to the treatment of children under 15 years, the proportion of child population protected has reached over 50 per cent The desired continuance of the fall in diphtheria incidence and mortality recorded in Cork city in 1935 and 1936 will depend on that proportion of the immunized being maintained and increased year by year

The details of the table attached have been derived either from annual reports of the years concerned or from information kindly supplied recently as well as in years past by many medical officers of health to all of whom grateful acknowledgement is due for their ready help It remains to point out that the London County Council is in no way responsible for any of the observations made or opinions and conclusions expressed in the course of this paper I have also to thank Mr E S Glass for his skilful drawing of the graphs.

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SEX-LINKED MICROPHTHALMIA SOMETIMES ASSOCIATED WITH MENTAL DEFICIENCY

BY

J A FRASER ROBERTS, M A , M B , D Sc , F.R.S Ed.

Principal Investigator to the Burden Mental Research Trust Stoke Park Colony Bristol

In 1935 two blind and mentally defective brothers were admitted to Stoke Park Colony The family history then supplied was strongly suggestive of recessive sex linked inheritance This was confirmed when a fuller history was obtained A search of the literature soon revealed the fact that this particular family had been previously described by Ash (1922) Since 1922 however several more children have been born, and it also proved possible to extend the pedigree

It seems desirable for several reasons to give some further account of this family In the first place although Ash stated that the condition was *microphthalmia* he did not describe the appearance of the eyes Further he obtained his information from one family, DII 10–18 in the pedigree, and saw only three blind individuals (DII 10 11 14) who were then young Therefore although it was noted that DII 10 was an epileptic it was hardly possible for Ash to discover from the persons he saw that the eye defect in this family group was sometimes associated with varying degrees of mental deficiency As far as I can discover this is the only certain example of sex linked microphthalmia that has been described so on that account, and because of the remarkable variability in the effects of the genetic factor the family merits a fuller description

The Inheritance of the Defect

The defect is clearly due to a recessive sex linked factor and the pedigree shows no anomaly of any kind There is no suggestion that any male who receives the factor is not born blind and certainly none that the heterozygous females are not entirely normal The defect has appeared in four generations and there is some evidence that it can be traced for six for I 7 informed me that her mother often told her that her (the mother's) grandmother certainly had one and possibly two blind boys The six generations would cover a period of about 200 years

Reviews

MEDICINE IN RUSSIA

Russian Medicine. By W Horsley Gantt (Pp 214 12 illustrations. 2.50 dollars net.) New York Paul B Hoeber Inc. London Harper and Bros (Medical Book Department) 1937

The latest addition to the series of small books on the history of medicine in different countries bearing the general title *Clio Medica* deals with Russia, and some of the matter incorporated in it appeared in our columns in 1924–7 and in 1936 as a Medical Review of Soviet Russia Dr Gantt has three important qualifications for his task, (1) first-hand experience of the country and knowledge of its language, (2) impartiality which is not the impartiality of ignorance, (3) a vivacious style It is true that literary purists may take exception to some of the phrasing and that academic historians may think that the account of Russian conditions before the war of 1914–18 is scrappy and disjointed But English literary critics have no particular claim to dictate to American writers and a well balanced history of a thousand years is not easily compressed into 163 small pages

It is quite safe to say that most ordinarily educated people in England know practically nothing of Russian history down to the war A few anecdotes of Peter the Great and of other dramatically striking figures the campaign of 1812 and the Crimean war are about all the items we have in our memories Of names famous in medical or scientific history before Metchnikoff and Pavlov Pirogov, Mendeleev and v Baer are remembered by most of us and Chebysheff by those who are statisticians but few others In our own time Metchnikoff Pavlov, and Tchouprov are among the very great names of scientific history The vague general impression most of us have is probably this that Russia was populated by large numbers of peasants culturally barbarous ruled despotically by chieftains themselves cruel barbarians with a veneer of foreign polish, and that the cities of St Petersburg and Moscow were frequently the scenes of events which make life in Rome under Tiberius as described by Tacitus seem as sane and humdrum as Trollope's Barchester Dr Gantt's story of the remoter past rather confirms this general impression—indeed provides some picturesque details When we are horrified as we must be by events of our own time in Russia it is proper to remember that no horror of modern times is without a parallel in the past The great famine of 1920–1 (the story of which is illustrated by a photograph so revolting that it should have been omitted from a book intended for general reading) was the worst in history but in 1891–2 thirty five million people are said to have starved and in 1911 one third of the population of European Russia were famished

Dr Gantt's account of the recent history of medicine is interesting He has no doubt that in 1935 the position of scientific men and the conditions under which they worked were much improved although he is very far from suggesting that Russia is a paradise for men of science or medical practitioners He is however sure that no reversion to a pre war organization is possible The question is no longer Will the Soviet Government succeed in its experiment? but What will be the effects on the coming generation of this new order of life?

CLINICAL DIAGNOSIS

Grundriss der Klinischen Diagnostik By Hans Horsters (Pp 615 127 figures 4 coloured plates RM 12 geb RM 13 60) Berlin and Vienna Urban and Schwarzenberg 1936

The foundation of the art of medicine is diagnosis, but the principles of medical diagnosis may be set out in various ways Indeed, each teacher may present the subject-matter in his own way and require his students to follow a set method Professor Horsters of the University of Berlin has brought together the outlines of clinical diagnosis in a new book, in which the emphasis is on the broad principles rather than detailed chemical and technical methods Following the revival of interest in the due consideration and allowance for the constitutional make up of the patient, the author throughout lays stress on the clinical type He recognizes three main types—the narrow-thin the muscular, and the round-fat—but does not develop further the proneness of one type more than another to special diseases Indeed, an abnormal constitution is not necessarily equivalent to a diseased constitution Certain diseases however, are hereditary, and the inheritance of blood groups appears to follow biological laws The author then proceeds to set out and discuss the information that may be gathered by careful clinical examination of the patient as a whole and of the individual organs, using the ordinary methods of inspection, palpation percussion and auscultation There are then twenty pages on general x-ray examination and forty more on the general chemical physical and morphological methods of examining blood and urine The remainder of the book gives in detail the ways of examination and diagnosis in diseases of the various organs There are good discussions of differential diagnosis with tables for rapid revision This part is very completely done in quite a small compass and includes some notes on mental diseases and on poisons, including war gases There is a good index and the few illustrations in the text are helpful The book is handy and the information given is accurate and as full as can be in a small volume

SEROLOGICAL DIAGNOSIS OF SYPHILIS

The Laboratory Diagnosis of Syphilis The Theory Technic and Clinical Interpretation of the Wassermann and Flocculation Tests with Serum and Spinal Fluid By Harry Eagle M D Foreword by J Earle Moore M D (Pp 440 27 figures. 21s net.) London Henry Kimpton 1937

The syphilologist depends so much on the serologist that it is the duty of the latter to make his tests as sensitive and specific as possible Unfortunately in only too many laboratories methods are employed which are out of date and insensitive it is to be hoped therefore that *The Laboratory Diagnosis of Syphilis* by Harry Eagle, will be widely read and there can be few serologists who will not learn a great deal by a careful perusal of its contents

The first part of this book is devoted to the theoretical side of the Wassermann reaction including the nature and properties of complement, antigen and reagin (a better name than Wassermann substance or antibody though a good deal of evidence is adduced to show that it is antibody in the true sense of the word) There follow accounts of the author's own reaction of the Kolmer technique and of a method of using a human cell haemolytic system Part II deals with flocculation tests and their mechanism It is argued that reagin is a protein and that flocculation depends on the deposition of reagin

Description of the Eyes

Six blind males from three different families have been personally examined They are DII 21, 22, DIII 1, DII 10, 11, 14 These are all that could be traced of those still alive, the remaining eight blind males shown in the pedigree being now dead

DII 21 AGED 17 YEARS

Both eyes sunken in sockets, cornea normal in diameter Intraocular tension minus Nystagmus not observed

Right Eye—Cornea shows dense leucoma adherens—no vascularity Anterior chamber shallow Pupil drawn up and very small Lens not seen

Left Eye—Opaque cornea (ground glass appearance) with vessels from ciliary zone Iris adherent to cornea

DII 22 AGED 6 YEARS 7 MONTHS

Both eyes slightly sunken in sockets, cornea normal in diameter Intraocular pressure minus Nystagmus

Right Eye—Cornea clear anterior chamber normal, pupil moderately dilated Iris blackish brown and tremulous Lens light yellow, soft in appearance and dislocated downwards and outwards Fringes of iris pigment adherent to lens.

Left Eye—Cornea shows leucomata Newly formed vessels are to be seen running from iris down and out over the lens capsule Anterior chamber rather shallow Fully dilated pupil Lens subluxated forwards—greyish and soft in appearance

DIII 1 AGED 4 YEARS 10 MONTHS

Both eyes sunken in sockets Cornea of normal size and entirely clear Curvature accentuated, giving deep anterior chamber Iris bluish grey with a rather dull, structureless and homogeneous appearance Intraocular tension minus Rapid, rather coarse nystagmus on turning eyes to either side

Right Eye—Pupil fixed about 3 mm in diameter with slightly irregular margin Lens shows streaky white opacities

Left Eye—Pupil smaller than in right eye about 2 mm in diameter Lens completely opaque and whitish grey

DII 10 AGED 29 YEARS

Both eyes much sunken in sockets Intraocular tension minus Nystagmus similar to DIII 1

Right Eye—Cornea normal in size, white opaque patches all over Lens not seen

Left Eye—Cornea small white patches all over Narrow fringe of iris Pupil about 8 mm in diameter with ragged edge Lens yellowish white and soft in appearance

DII 11 AGED 26 YEARS

Both eyes much sunken with everted lower lids Both corneae small Intraocular tension minus Nystagmus similar to DIII 1

Right Eye—Cornea shows white patches Lens not seen

Left Eye—Cornea completely opaque ground glass appearance Very similar to left eye of DII 21 Lens not seen

DII 14 AGED 21 YEARS

Both eyes somewhat sunken in sockets Intraocular tension minus Nystagmus similar to DIII 1

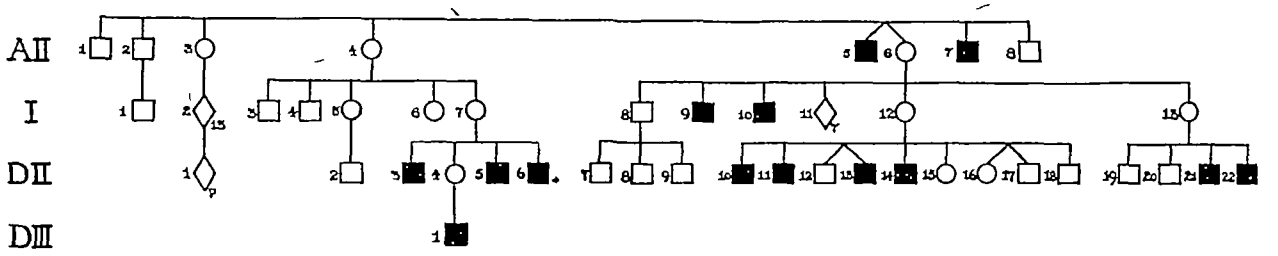
Right Eye—Cornea normal in size Dense white patches render it almost completely opaque Lens not seen

Left Eye—Cornea smaller than normal Opacities, especially a dense central patch but cornea not as opaque as in right eye Pupil about 3 mm in diameter, with slightly irregular margin Lens opaque and yellowish white

The mothers of all these boys were seen All stated that the abnormality could be detected immediately after birth In the case of the five in which there are corneal opacities both mothers stated definitely that the whitish appearance of the front of the eye was present at birth, and that, as far as they knew, there had been no change in the appearance of the eyes since that time

The Nature of the Eye Condition

Waardenburg (1932) quotes van Duyse, who, in the French *Encyclopaedia of Teratology (Ophthalmological)* divides microphthalmia into three groups The first is true or simple microphthalmia, the second is microphthalmia associated with coloboma, *the third is microphthalmia* without coloboma but associated with various other abnormalities, such as opacities of the cornea, aniridia, smallness or absence of the lens, and opacities



Genealogical chart showing the incidence of microphthalmia inherited as a sex linked recessive condition (International symbols)

of the lens This classification seems to be generally accepted

The cases here described fall into the third somewhat heterogeneous group That it should be heterogeneous is perhaps not surprising, for in this family, for example, there are considerable differences not only between affected individuals but also between the eyes of the same individual Smallness at least of the cornea is itself a feature not always present

The Mental Condition

Two of the six patients examined may confidently be said to be of normal mentality These are DII 11 and DIII 1 DII 11, aged 26, is well above average intelligence The little boy, DIII 1, is only 4 years and 10 months, but he, too, is above the average in mentality for a child of his age He talks freely and intelligently and showed much interest in and knowledge of the things around him He correctly repeated songs and recitations that he had memorized and performed gymnastic exercises that would have been remarkably good for an ordinary boy of his age

The elder of the two boys at Stoke Park Colony (DII 21) must be classified as an imbecile He can talk, repeat rhymes, etc, can count his fingers, and is continent, but he needs help in order to dress and to feed himself He shows little understanding of what is said to him, and his speech includes much meaningless repetition His brother (DII 22) is an idiot able to walk but unable to talk or to dress himself He is incontinent, his activities are purposeless, and he is subject to violent outbursts of temper

around the lipoidal particles of the antigen, thereby causing their aggregation An outline of seven representative tests is given, including the Eagle, Hinton, Kahn, Kline, Meinicke, Müller, and lentochol-citochol There follow a discussion on the spinal fluid—in which a preference is shown for the Wassermann reaction as against flocculation tests—other tests for syphilis (for example, the Luetin test), the clinical evaluation of the serological report, and the statistical comparison of serological technique and the method of choice

Dr Eagle is a wholehearted exponent of ice-box as against water-bath (37° C) fixation and of employing a pure, highly fortified antigen He uses two different amounts of patient's serum and a pooled complement from at least five guinea-pigs in a fixed amount (one unit volume of a 1 in 10 dilution) Amboceptor is titrated with each batch of tests and 2½ units are added to 3 per cent sheep cells Fixation takes place in the ice box for four hours and water-bath for half an hour Results are read after thirty minutes For his own flocculation test he employs a highly fortified antigen, shakes as in the Kahn, incubates four to eight hours at 37° C, and finally centrifuges for ten to fifteen minutes

Undoubtedly there will be those who disagree with some of the author's pronouncements Must a technique be bad and "out moded" if water bath fixation only is employed, and does native amboceptor necessarily give rise to insensitive results? There are those who deny this latter, and some workers employ an excess of haemolytic amboceptor to obviate such an event Whether it is unnecessary to titrate complement is a moot point, even if one uses sera from a large number of guinea-pigs, *a priori* that is no guarantee that the pooled complement will have a normal titre, as anyone who has worked in the Tropics knows Not all that is to be found in this book must be taken for "gospel," but Dr Eagle is evidently an expert biochemist, and what he has to tell us is both stimulating and highly instructive There is a representative bibliography

RADIOLOGICAL DIAGNOSIS

Textbook of Diagnostic Roentgenology By Lewis J Friedman M D (Pp 646 638 illustrations 42s) New York and London D Appleton-Century Co Inc 1937

This is a useful textbook for the student of radiology, more particularly for those who are preparing for the examination for a diploma in medical radiology While necessarily brief it is comprehensive, and at the end of each section references are given which will be helpful to the student

The opening chapters deal with electricity, high-voltage apparatus, x-ray tubes, and *x*-ray physics These are useful, though hardly sufficient for the requirements of the student *X*-ray technique is fully considered, and the various radiographic accessories, such as the Potter-Bucky diaphragm, intensifying screens, casettes, etc, are well described An excellent chapter entitled Dark-room Procedures' gives the student all he requires to know regarding the fitting up of a dark room, the design of developing tanks, and details of the various photographic processes involved in making an *x*-ray film

The second part of the book is divided into sections dealing with the various systems of the body The development of the osseous system is well described, and an excellent account is given of the common fractures In the chapter on diseases of bones and joints brief descriptions are given of many rare conditions in addition to the well-recognized ones Further chapters are devoted to the respiratory system, the cardiovascular system, the alimentary tract, the biliary tract, and the genito urinary tract The author enumerates the normal and abnormal conditions met with in the radiographic examination of these systems His descriptions are terse and to the point All that is of importance is mentioned, but one often feels that further details would have been beneficial If, however, the student is guided in his reading by the excellent list of references at the end of each chapter he will not be disappointed

The illustrations, which are numerous, are all in the negative and are uniformly good In addition there are many line drawings A useful index completes a thoroughly practical textbook on diagnostic roentgenology

SURGERY OF THE EAR, AIR PASSAGES, AND NECK

Operative Surgery The Ear Air Passages and Neck By Dr Martin Kirschner with the collaboration of A Lautenschlager and Dr O Kleinschmidt Translated by I S Ravdin B S M D and George M Coates, A B, M D Third volume (Pp 528 460 illustrations, mostly coloured 50s net) Philadelphia and London J B Lippincott Co 1937

The third volume of *Operative Surgery*, by Professor Martin Kirschner, contains an account of the surgery of the ear and air passages by Dr Lautenschlager and of the surgery of the neck by Dr Kleinschmidt The American edition is a translation by Dr G M Coates and Dr I S Ravdin, who have also edited the two parts respectively The first part includes the surgery of the ear and its complications, operations on the nose and accessory sinuses including also the lachrymal apparatus and transnasal pituitary operations, also minor and endoscopic operations on the pharynx and larynx, and ends with a chapter on tracheobronchoscopy The second part, by Dr Kleinschmidt, and entitled 'Operations on the Oesophagus and on the Neck," includes oesophagoscopy, numerous external operations on the neck including those for torticollis and cervical ribs, operations on the blood vessels and nerves of the neck, the various types of pharyngotomy, external operations on the larynx including laryngotomy and various methods of laryngectomy, tracheotomy, and a chapter on operations on the thyroid and thymus There is finally a chapter of general interest on tumours of the neck The scope of the book is thus unusual, and it is written rather from the point of view of the general surgeon than from that of the ear specialist or the throat specialist, though the first half is inclined to follow the conventional lines of specialism in otology and laryngology, and the second half inclines more to the recognized domain of general surgery

It will be seen that anyone contemplating interventions in these parts, intracranial operations excluded, will find instructions and directions including liberal illustration of anatomical and surgical details The methods described, however, are German, and some of them would now be regarded as obsolete in Great Britain As examples may be given the bridge operation of Killian on the frontal sinus, suspension laryngoscopy, and high tracheotomy, all described in detail It is difficult to imagine that anyone would now undertake the operation of lateral pharyngotomy by the method of Kronlein, also described in full detail and apparently recommended This disinclination to discard the classical and conventional, possibly even to cling to them, is seen in numerous instances throughout the book, a striking one being the adherence to proximal instead of distal illumination in endoscopy The American editors, however, have not failed to intervene parenthetic-

DII 10, aged 29 is an imbecile, though not of as low a grade as DII 21 He walks and talks but for the most part sits silent From time to time however, he is able to express himself coherently when a subject is mentioned that interests him He can dress and feed but not shave himself At the age of 7 following an attack of measles he had epileptic fits which continued till he was 17 After a period of remission lasting four years the fits recommenced and now occur about once a week

The third surviving blind boy in this family (DII 14) must be classified as feebleminded He went to the Blind School and learnt to read and copy braille He copies very slowly however His mentality appears to be of about a 10 year level He is docile and cheerful and can look after himself generally dressing washing, and feeding but not shaving himself One of his great pleasures is the constant repetition of stories by his elder blind brother about such things as events at the Blind School Thus of the six males personally examined two are of normal mentality one is feebleminded, two are imbeciles, and one is an idiot

It is possible from the very clear information given by their relatives to make some estimate of the mentality of a few of the other affected males who are now dead The mother of the three boys DII 3 5 6 stated that the eldest, who died at the age of 5 could talk and play the piano So far as she could tell he was quite normal mentally He died following an epileptic fit, his first The second boy was an idiot who was unable to talk or even to walk unassisted He commenced to have epileptic fits for the first time at the age of 16, and died at the age of 18 following fits The third boy apparently exhibited the most extreme degree of idiocy in the whole series He was unable to walk or talk and could not even stand He was fed by means of a bottle till his death at the age of 14 He did not have any fits The fourth blind male (DII 13) in family DII 10–18 died at the age of 1 year and 5 months so no statement can be made regarding his mentality

As regards the earlier generations the only information available is that AII 5 who died at the age of 47 was mentally defective This was definitely stated to be so by his nieces

Notes on Other Persons shown in the Pedigree Chart

AII 3—The rest of the family have now lost touch with AII 3 but state that she had thirteen children all normal and that her daughters have several sons also all normal

AII 7—Died aged 9 years. Blind Mental state unknown

Sibship I 8-13—*Birth order and sex of some individuals uncertain though it seems fairly certain that the total number was 12, including two blind males.* Several other children died in infancy before the birth of my informants, I 12 and I 13 who were themselves the youngest in the family I 9 and I 10 were both blind and died young before the birth of I 12 and I 13

DII 16—Died aged 1 month. Eyes normal.

DII 17—Died aged 6 months. Eyes normal.

Discussion

Inherited microphthalmia is a rare condition but in regard to microphthalmia inherited as a sex linked recessive this family group appears to be the only undoubted case yet described Waardenburg (1932) in his invaluable book on hereditary diseases of the eye considers it possible that this type of inheritance may have some times been overlooked but quotes Ash's pedigree as the only clear example I am not aware of any other published since 1932 Apart from his however, there are several features to be noted In the first place the appearance of the eyes varies very considerably in different persons and the two eyes in a single individual may be strikingly different A somewhat heterogeneous group of maldeveloped eyes has usually been accepted as forming an entity and there would seem to be at least a genetical justification for this course Another point is that the appearance of the cornea in some cases could easily be mistaken for the end result of an ordinary inflammatory process yet the condition is strictly an inherited one the cornea is apparently opaque at birth and there is no suggestion of post natal inflammation a point about which I was careful to inquire The condition therefore would seem to be yet another example of an abiotrophy closely simulating the end results of an infective process

Perhaps the most remarkable feature is the association with mental deficiency The blindness is compatible with normal mentality as in two of the cases personally examined but in other instances there may be any grade of mental deficiency ranging from feeblemindedness to the most extreme idiocy There is no suggestion of any mental deficiency in the family apart from the blindness The numerous normal members that I have seen are entirely normal and would as a group have to be classed as of above average intelligence Nor could any history be obtained of mental deficiency apart from blindness in those members of the family that I did not see The persons who provided the information were unusually objective in their statements and had formed an accurate estimate of the mentality of the blind males had any persons not blind been mentally defective I am sure that the fact would have been appreciated and that I should have been informed

It has been noted by several writers that microphthalmia may be associated with mental impairment For example Ramsey (1898) states that it is occasionally related to defective mental development and Parsons (1904) states that there is sometimes an association with brain malformations and idiocy Kubik (1923) described a 12 day rabbit embryo with complete bilateral anophthalmia and aplasia of the forebrain and midbrain The father of this rabbit had microphthalmia with coloboma Kubik considers that the condition ranges from the slightest colobomata through microphthalmia cyclopia, and anophthalmia to cases in which there is more or less extensive aplasia of the sections of the brain from which the eye is developed In papers dealing with hereditary microphthalmia in man however there is seldom any reference to impaired mental development Usher (1921) described a family group containing eleven affected persons and stated that one of these was mentally affected and died in an asylum but such instances would seem to be rare

In the case of the family described in this paper it is impossible to say in the absence of the examination of a brain whether the mental deficiency when present is due to specific malformations of the type described by Kubik or whether the entire brain would show the underdevelopment and maldevelopment that is so characteristic of the brains of ordinary mental defectives The blind and mentally defective persons do not show any abnormal neurological signs of note and apart from the blindness would fall into the large group of mental defectives of no particular type so it is perhaps unlikely that the mental impairment is due to cerebral aplasia of a limited and special kind

The genetic factor in this family group produces very diverse effects and is constant only in producing blindness

ally on numerous occasions when the German colleague is thought to require correction or shows some lack of emphasis This is especially the case in the part devoted to operations on the thyroid gland The editor has here offered so many interpolations that the page rather suggests the paper of a candidate after handling by a critical examiner than part of a textbook and if the account is worth anything which it certainly is the author might have been left to tell his tale with less interference, however vast and exceptional the experience of the editor may have been The translation on the whole is well done though occasionally sentences are encountered which have been so rendered that they are devoid of any intelligible significance

The book will be of value and help chiefly to a surgeon who contemplates one of the less common but classical and recognized operations on the neck for he will find it well described and beautifully illustrated

A HAEMATOLOGICAL ATLAS

Atlas of Haematology By Edwin E Osgood M A M D and Clarence M Ashworth (Pp 255 325 illustrations frontispiece in colour 45s net) San Francisco J W Stacey Inc 1937

The great attraction of this haematological atlas is the beautiful collection of over 300 coloured photo-engravings of stained cells from the blood and bone marrow of various cases normal and pathologic at a magnification of 2 500 This permits reproduction of quite minute differences of detail, yet even at this we find it is not invariably easy to decide if the structure of one cell nucleus is more or less finely or coarsely granular than another Unfortunately the authors have introduced a most disturbing nomenclature However old-fashioned it may be, we all know what we mean by a polymorph and to call it a "lobocyte is laughable All the red cell series are given fresh names even the non nucleated and mature red cell appears as an akaryocyte —followed by non-nucleated erythrocyte in parentheses Basophilic normoblast becomes prokaryocyte Then again the "mast cell, an old well understood term means nothing as progranulocyte S and there are other changes equally distracting to peaceful reading

The book is said to be written for clinicians technicians and students. It is of course agreeable to have such a collection of illustrations but owing to the unavoidable weight and consequent expense of the volume, and the complicated arrangement of the letterpress, it will be more useful to the leisurely researching haematologist than to the busy clinician and is certainly not a book for students The publishers are much to be congratulated on their extremely beautiful reproductions

Notes on Books

Bushveld Doctor by Mr C Louis Leipoldt F R C S (Jonathan Cape 10s 6d) is a most interesting but modestly written account of the Bushveld and an achievement in preventive medicine in the Transvaal The author born in South Africa but medically educated in Europe was while an assistant medical inspector of schools in London under Dr James Kerr appointed medical inspector of schools in the Transvaal It was by first appointment of the kind and no arrangements about its duties had been made individual examination of children and the help of a trained nurse had not been contemplated On arrival he found that if he stopped a boy at school he could be convicted of *crimen injuria* a particularly comprehensive term which might connote anything from exhibitionism to indecent assault The general opinion was that children in the Transvaal were extremely healthy but his inspections, which entailed an enormous amount of difficult travelling revealed an appalling state of disease among the children especially from malaria, "the curse of the Bushveld, and bilharziasis The author's graphically told experiences include an account of the old President, Paul Kruger, whom he saw in his last days in Holland and of whom as a Bushveld man he gives a very pleasant picture quite different from that generally drawn Another and most impressive chapter is that on "the right to die and euthanasia

Mrs C F Lyel's *Herbal Delights* (Faber and Faber 15s) is a pretty book within and without, and it would make a charming present for the kind of friend who likes to know about tisanes, syrups, confections electuaries juleps vinegars and conserves and can enjoy the drawings of herbs by Miss Rivers Moore There is nothing in this volume that need offend those of us who frown upon the activities of the author in the field of medical herbalism

In *99 Wimpole Street* (Chapman and Hall, 5s) Mr J Johnston Abraham the master craftsman of *The Surgeon's Log* has collected into book form a number of essays the majority of which reflect on life as seen through the doctor's window In one of these he deplores the inaccuracies of the modern novelist in medical matters For example in an otherwise admirable book one of the chief characters while still a house surgeon, already possessed a European reputation because he had discovered the bacillus of amoebic dysentery In another, Mainly About Grooves he deprecates the monotony of outlook in this modern age of mass production Pitying the occupants of the worst groove of all those with no real interest in life and no settled occupation he recalls Sir Andrew Clark's prescription for duchesses—to eat mushrooms for breakfast that they had collected themselves at six o'clock in the morning Other essays deal with the cruising habit the modern composition of Harley Street and various aspects of medicine The best of all, Why Women Dress is a fine piece of penetrative analysis There have perhaps been too many books of this type by medical authors in recent years but Mr Abraham's remarkable powers of observation and proved literary ability justify him in adding to their number This is a good bedside book

Observation by cinematograph studies and detailed records of babies and their food has enabled Professor A Gesel and Dr F L Ilg to discuss in *Feeding Behaviour of Infants* (J B Lippincott Co 21s) the exact way in which the normal healthy baby behaves when more or less left alone to determine his own feeding habits It is clear that although certain general rules and regulations must be established in regard to infant feeding —and the infants studied developed in general conformity with such laws—each baby has an individual mode of interpretation It follows that the greatest success in the management of infant feeding will be secured when wide individual variations are allowed For example weaning from a bottle to cup may occur at ages varying from 64 weeks to 100 weeks Attempts to push on with weaning before the child is willing to co operate may result in disturbances of behaviour This volume will be of great interest to students of child psychology It is well documented and profusely illustrated mainly from the cinematograph studies mentioned above

Dr James Alexander Wilson has now published Volume II of *A Contribution to the History of Lanarkshire* It contains over ninety illustrations and lists of pre Reformation clergy Volume I was published in November 1936 The price of each is 21s., and the publishers are J Wylie and Co, 27, Gordon Street Glasgow, C 1

of microphthalmic type It is unprofitable to speculate as to the additional influences that determine such big differences in the mentality of affected persons They are perhaps unlikely to be genetic, in view of the wide range of the effects and in view of the occurrence of very different mentalities in affected persons in the same sibship It may be more reasonable to conclude that the organism during critical stages of its development is for genetic reasons abnormally sensitive to non genetic influences and that these, entirely trivial in the case of normal persons, are on occasion capable of modifying the development of the brain and so of profoundly affecting its ultimate structure

Summary

1 A family group is described in which microphthalmia is inherited as a sex-linked recessive condition

2 The appearance of the eyes in six affected persons shows much variation

3 The blind males may be of normal mentality or may exhibit any grade of mental deficiency from feeblemindedness to profound idiocy There is no mental deficiency in the family group apart from the blindness

I am greatly indebted to Mr A E. Iles, consulting ophthalmologist to Stoke Park Colony, for the description given above of the eyes of the two patients at that institution (DII 21 22) and for his advice on the examination of the other blind persons and on the preparation of this paper

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MODERN CONTROL OF SCARLET FEVER*

BY

W R F COLLIS, M D., F R C P, F R C.P I., D P H.

Physician to the National Children's Hospital Paediatrician to the Rotunda Hospital Dublin

This paper is written with a view to elucidating some of the problems with which the clinician is confronted when dealing with scarlet fever and haemolytic streptococcal pharyngitis It is now generally accepted that scarlet fever occurs through certain types of *Streptococcus pyogenes* multiplying in the body and giving off an exotoxin which on gaining admission to the circulation causes the skin capillaries to dilate, the characteristic rash resulting This toxin is neutralizable by its specific antitoxin

Whilst working with Dr F Griffith some years ago I took thirteen strains of haemolytic streptococci obtained in epidemics of scarlet fever and pharyngitis from different parts of England, and tested their toxigenic power on patients with known skin reactions to standard Dick toxin We found that the amount of toxin produced by the different strains was very variable, some filtrates giving a positive reaction when 0 1 c cm of a 1 in 4,000 solution was injected intradermally, others almost none when 0 1 c cm of a 1 in 50 solution was similarly used When we correlated these findings with the type of epidemic from which the strains had been cultured we found that

1 In the epidemics caused by the powerful toxigenic strains were many cases of clinical scarlet fever and a few cases of simple pharyngitis

2 Where medium toxigenic strains were the cause the number of cases of clinical scarlet fever and of pharyngitis were about equal.

3 Where a low toxigenic strain was the cause no clinical scarlet fever cases or only an occasional one appeared among many cases of pharyngitis

It was clear that erythema, one important element of the clinical syndrome of scarlet fever, may be absent in cases of scarlatinal infection—that is to say, given an acute infection with haemolytic streptococcus a severe or transient erythema may develop or none at all The conclusion that may be drawn from these observations is that scarlet fever cannot be considered as a specific disease like plague or cholera it is one of the protean manifestations of streptococcal infection

Further studies of the immunology of the haemolytic streptococcus show that the exotoxin is only one of its weapons of offence, among others being its lytic and invasive powers Hence clinically acute pharyngitis caused by a haemolytic streptococcus can occur, without resulting rash, if (1) the patient has sufficient antitoxin to neutralize the toxin produced by the invading streptococcus, (2) the organism has little or no toxigenic power For these reasons the term scarlet fever, which was introduced before the aetiology of the disease was known, may be misleading At present tonsillitis with erythema is called scarlet fever, and is a notifiable disease against which the most strict precautions must be taken—for example, hospitalization, isolation, etc—while pharyngitis caused by the same organism but without erythema is regarded as a mild complaint for which no special measures are necessary This attitude has caused the clinician much trouble in the past, particularly when dealing with epidemics of scarlet fever or pharyngitis in the wards of children's hospitals or in semi isolated communities such as schools

It has been found that the isolation of cases of clinical scarlet fever for six weeks does not stop the spread of the disease Public health notification and hospitalization have not reduced the morbidity during the past twenty five years In several well known schools outbreaks of scarlet fever have occurred term after term for over a year, often followed by severe complications, although the doctors in charge employed all the usual methods of control laid down in the textbooks The best example is given by Glover and Griffith (1930), who described an outbreak of 'scarlet fever" in a school of fifty boys which continued for three terms They show how all the cases were caused by the same organism, the fresh outbreaks being brought about by patients whose throats still carried the germ when released after the usual isolation period

Recently I have had the opportunity of testing clinically the validity of the above experiments and observations in an epidemic which occurred in a Dublin public school

TABLE I—*Showing Time of Occurrence of Eleven Cases of Pharyngitis at a Public School*

June	1	2	3	4	5	6	7	8	9	10	11
Pharyngitis	1		1				1				1
C Erythema		1		1				1			
Carriers						4					

If Table I is examined it will be seen that on June 1 a case of acute pharyngitis occurred More accurately it

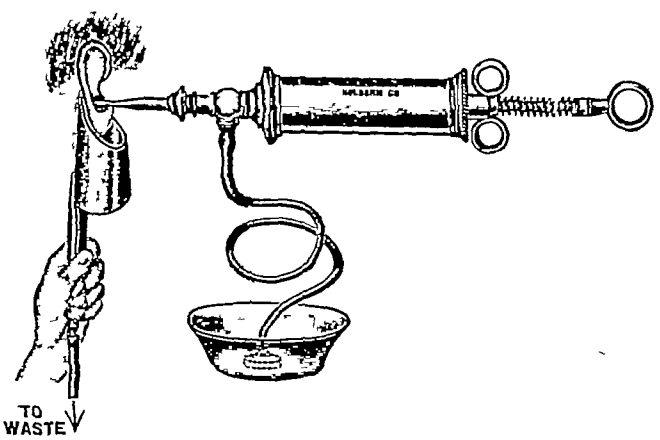
* Read in the Section of Diseases of Children at the Annual Meeting of the British Medical Association Belfast 1937

Preparations and Appliances

IMPROVED EAR SYRINGE AND TROUGH

Dr B RICHARDSON BILLINGS (Petts Wood) writes

I should like to bring to the notice of all those who occasionally have to syringe out ears a modification of mine, which has been ably carried out by the Holborn Surgical Instrument Co, Ltd of 26 Thavies Inn London E C 1 By introducing between the syringe barrel and its nozzle an adaptor with a two valve one way system the formerly slow and laborious refilling of the syringe for each charge is rendered unnecessary A spring on the piston rod facilitates suction While the filling of the syringe is rapid and easy the force and direction of its discharge are still under the control of the



operator An additional refinement is an ear trough which fits well under the ear and has a handle for the patient to hold Down this handle runs a waste pipe connected to a rubber tube which empties into a convenient receptacle The top end of this waste pipe projects a little above the floor of the trough, permitting lotion to run away but trapping any cerumen ready for exhibition With these added refinements ear-syringing is converted from a tedious messy performance into a quick cleanly, and easy process satisfactory alike to patient and operator The syringe also has other uses.

"SHIELDS" TO PREVENT CONTAMINATION IN GASTRO INTESTINAL SURGERY

Mr A SIMPSON SMITH M Chir (London, W 1), writes

At the Buckston Browne Research Farm some three years ago the mortality from peritonitis in gastro intestinal anastomoses at my hands was very high Since the introduction of the shields about to be described peritonitis has become an uncommon event and during the past two years the appliances have been used to advantage in human intestinal surgery

The devices are made of rubber, and have folded ends to fit over the outer blades of opposed intestinal clamps, as in the diagram The inner blades are covered with the usual tubing a small portion of which is made to project over the metal ends so that an artery forceps can later hold them together (A) It is convenient to apply the clamp with the small shield to the stomach or bowel further from the operator, and the clamp with the flapped shield to the bowel nearer the operator so that any fixed catgut ends can be readily slipped underneath the flap by the assistant (See diagram) This manœuvre is not essential but it avoids the assistant s hand stretching over to the operator s side and is no more arduous to remember than the application of the right hand component of a Lane s gastrojejunostomy clamp to the stomach The advantages of these shields are

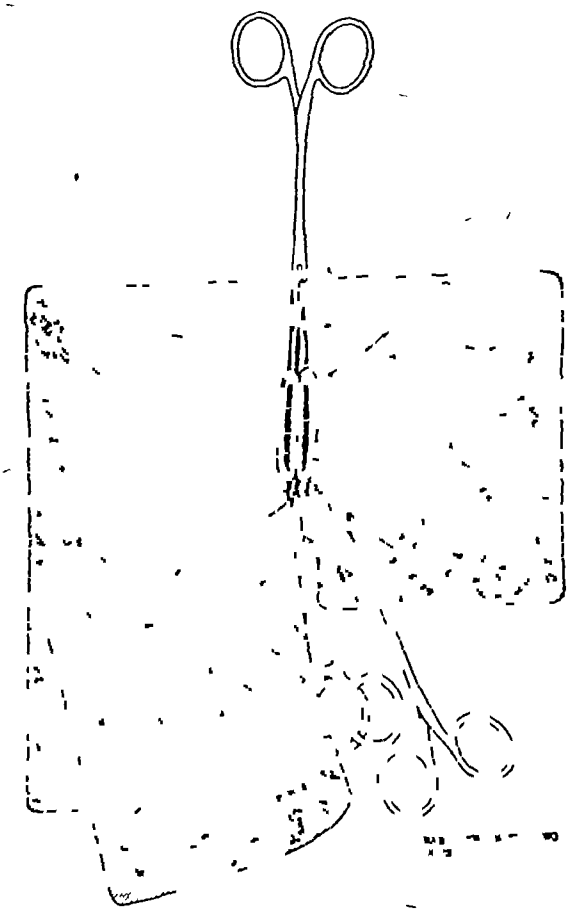
1 Any inadvertent intestinal oozing over the edge of the anastomosis slowly runs down the rubber and can be mopped up long before it has any chance of soiling the peripheral towels. It cannot seep into the peritoneal cavity

2 All instruments are covered up and sewing becomes a pleasure rather than an exercise in avoiding projecting handles

3 The "catching of the length of suture material, or needle or operator s finger on swabs that used to be laid on either side of the anastomotic line is entirely eliminated on the smooth rubber

4 The flap of the shield eliminates the necessity for any "catch" to hold the handles of the clamps together The distal ends are kept in place by an artery forceps placed one jaw up either lumen of the inner rubber tubes (A)

5 If the anastomosis is done under local anaesthesia and the patient coughs coils of small intestine cannot push



through the rubber sheets, or foul themselves by falling across the anastomotic line

6 The shields are of great use in partial gastrectomy, gastrojejunostomy and entero anastomosis but are not intended to usurp the great use of the Rankin and similar clamps in aseptic intestinal or colonic surgery

Messrs Down Bros are the manufacturers of these shields in the sizes necessary for large, medium, and children s alimentary clamps

I am grateful to Sir Arthur Keith and to Professor John Beattie for kind permission to use these shields at the Buckston Browne Research Farm and at the Research Department of the Royal College of Surgeons, and I have to thank Mr Steward of the Royal College for the excellent diagram, and Mr Paske also of the College for preparing the first set of shields

should be stated that a boy who had been "seedy" for some time was admitted to the sanatorium suffering from pharyngitis and cervical adenitis The next day a boy was admitted with a very acute pharyngitis he subsequently developed the typical erythema of scarlet fever On the 3rd and 4th two other boys were admitted with acute pharyngitis one developing erythema the other not Two days later the whole school had their throats swabbed The previous four cases of pharyngitis showed pure growths of haemolytic streptococci and four carriers were discovered Strict isolation followed During the following six days three more cases of pharyngitis appeared one of them developing a rash The school was Dick tested and anti scarlatinal serum was given to all positive cases No further cases of pharyngitis with or without erythema occurred

Technique

In dealing with an epidemic of scarlet fever the problem of sorting out carriers of haemolytic streptococci is always one of considerable difficulty since if a group of people have their throats swabbed a number of the resulting culture plates usually show colonies of haemolytic streptococci The streptococci from the different persons often belong to different types some of which are not of epidemic importance Streptococcal strains can be differentiated to some extent by their cultural appearances and definitely by precipitation and agglutination methods The preparation of the culture plate is of importance if the individual colonies are studied the double layered plate (in which first a layer of plain agar is poured over the plate and allowed to set and then a thin layer of blood agar) being the best Horses blood is better than human blood in the preparation of the blood agar as it does not contain specific antibodies to the haemolytic streptococcus while human blood may

In the epidemic reported here the causal organism had a characteristic appearance on the plates being large and rough and having a wide zone of haemolysis around Other streptococci which were isolated were small and smooth with small zones of haemolysis Dr Griffith typed the dominant strain and found it to be *Streptococcus pyogenes* Type I Altogether eleven of the boys (other than those clinically affected) had some colonies of haemolytic streptococci in their throat cultures but with repeated cultures following the above methods seven were eliminated as non pathogenic leaving four definite carriers of the epidemic strain The latter four are those mentioned above

TABLE II—*Showing the Subsequent History of the Patients*

Case	Type	Weeks Elapsed Before Haemolytic Streptococci Disappeared	Complications	Surgical Treatment
1	Clinical case	8	Left mastoiditis	Ethmoidectomy
2	—	9	—	Tonsillectomy six weeks
3	—	10	Axillary abscess	Incision
4	Carrier	6	—	—
5	—	8	—	Tonsillectomy six weeks
6	—	9	—	Tonsillectomy six weeks
7	—	—	—	Adenoidectomy six weeks
8	Carrier	—	—	—
9	—	3	—	—
10	—	5	—	Tonsillectomy six weeks
11	—	—	—	Tonsillectomy six weeks

The foregoing table shows the subsequent history of the three patients with clinical scarlet fever the four with pharyngitis without rash and the four carriers

The organism was a highly toxic strain All three cases showing erythema were very ill Two of them developed further complications—in one an acute ethmoiditis in the other a severe axillary abscess Their throat cultures were positive for eight nine and ten weeks respectively

The four cases of pharyngitis without rash were not nearly so ill indeed in two of them the temperature did not rise above 100° F but their throat cultures remained positive for six, eight nine and twenty two weeks respectively the last case being that of the boy who had started the epidemic Every form of treatment was tried for this boy gargles throat paints etc adenoidectomy (his tonsils had been removed years previously) open air holiday in the country All failed and he was not allowed to return at the beginning of the following term In the end he cleared up spontaneously In the case of the four carriers the throat cultures were positive for two three five, and six weeks respectively

Local antiseptic treatment appeared to have little or no effect on the throat infection Hence in five cases with persistent cultures associated with enlarged tonsils and adenoids tonsillectomy was performed All these cases cleared up within ten days of the operation It should be noted that the above epidemic occurred before the general acceptance of the specific action of prontosil on haemolytic streptococcal infection It is possible that the whole course of the epidemic might have been shortened by its use and complications and operations avoided

Discussion

It is clear from the above analysis that if an epidemic of scarlet fever is to be stamped out in a community the old method of six weeks isolation or waiting until peeling is complete is altogether inadequate and should be replaced by one of control by throat cultures Also isolation must include not only clinical cases of haemolytic pharyngitis but also carriers of the specific organism In the epidemic reported here it is impossible to say whether the administration of anti scarlatiniform serum had a preventive effect on the development of further cases of pharyngitis It is noticeable that no further cases appeared after its administration but against this we must place the fact that strict isolation of all positive cases was started at the same time In addition the fact that pharyngitis occurred in four cases unassociated with erythema shows that the invasive power of the organism is not checked by the presence of circulating antitoxin in the patient

Conclusion

Whilst the name scarlet fever is an unscientific term which may lead to misunderstanding it has been established by usage and there would be many difficulties in replacing it by the more aetiologically correct title haemolytic streptococcal pharyngitis No opportunity however should be neglected of emphasizing both to members of our profession and to the laity that an acute pharyngitis or tonsillitis may have the same causal agent as typical scarlet fever and may be a focus for the spread of scarlatinal infection In applying modern knowledge on the epidemiology of streptococcal infections the practical problem of supplying a service for streptococcal throat swabs on a large scale will arise and the whole problem

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A SURVEY OF THE BRITISH HEALTH SERVICES

The report of P E P, which is summarized elsewhere in this issue (p 1235), claims to be the first attempt to show how all the health services in Great Britain—preventive, curative, environmental, and ancillary—work and fit together, what they have achieved, and where their defects and problems lie The claim is justified The annual reports of the Ministry of Health and of its Chief Medical Officer are descriptive of the work for which they are responsible, and from time to time these reports contain surveys of special problems or of periods of endeavour The Registrar-General, in his annual reviews and decennial supplements, traces the measurable course of disease and death From the medical point of view our Association has issued grey books on many aspects of the health service, and in 1930 it brought them together in the Proposals for a General Medical Service for the Nation, a report which is at present under revision Only last year the Committee on Scottish Health Services published the result of its long deliberations on the machinery for maintaining the health of the people of Scotland, covering for that country nearly as wide a field as the report of P E P But this survey is more comprehensive in its range than anything that has yet been done and more frankly, though constructively, critical of the chaos in which the many independent and sometimes conflicting health agencies operate

The report of P E P must not be thought of as a description and evaluation merely of the statutory health services This it does in great detail dealing with central and local authorities areas of local government and problems of environmental hygiene such as housing water supplies atmospheric pollution and the control of infectious diseases, as well as the more modern personal services like the care of mothers and children, school health and the prevention and treatment of tuberculosis and venereal diseases Its examination however extends much further embracing voluntary hospitals the position and functions of the general practitioner the consultant, and the specialist, the influence of occupation on health and the place of the industrial medical officer, problems of research and genetics, nutrition, physical education, and rehabilitation of the disabled The need for experimentation not only in medical and social science but also in the science of administration is emphasized, a plea which seems to justify the British system of delegation of executive responsibility to local authorities, provided these are big enough to reach a reasonable standard of efficiency

The standard of factual accuracy is high It is, however, not the case that "the minimum salary for all but probationers is £600 a year" in the public health service, as the authors aver Apparently they have not seen the memorandum of recommendations in regard to salaries of whole-time public health medical officers (commonly known as the Askwith Memorandum), agreed by conference between representatives of local authorities and the British Medical Association in 1929 and still in force The error is rather an important one, since the context suggests that private practice is financially attractive because there is no great demand for posts in the public health service at the salary mentioned The posts apparently meant carry a commencing salary of £500 per annum for officers with "at least three years' experience in the practice of their profession subsequent to obtaining a registrable qualification," and in effect, though not statutorily, they involve hospital experience and a rather expensive and prolonged period of postgraduate study for a degree or diploma in public health

P E P decides definitely in favour of extensions of medical benefit, as every responsible body exploring the subject in recent years has done Its view is that the cost should be met by insurance The report recommends that insurance committees should be abolished and replaced by county and county borough councils, and the authors would obviously like to find means of getting rid of approved societies, most of which they regard as democratic only in name Extensions should include not only dependants, independent workers earning less than £250 per annum, and dependants of the latter group, but also consultant and specialist services, in the form of advice and treatment at consulting centres, advice at home for those unable to travel, and laboratory provision They do not agree with the majority view of the Royal Commission of 1926 that the consultant and specialist services should be separate and distinct from the out patient departments of the hospitals and local authorities, maintaining that the administrative changes consequent on the Local Government Act, 1929, and the growth of hospital con-

of hospitalization and isolation will need revision It should not be assumed from this that I am in favour of abolishing fever hospital treatment for clinical scarlet fever, but rather that accommodation should be provided also for acute pharyngitis caused by the same organism

I wish to express my thanks to Dr F Griffith for his co-operation in this work and his help and advice in the composition of this paper

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VITAMIN E IN THE TREATMENT OF HABITUAL ABORTION*

BY

DAVID CURRIE, Ch M., F R C S , M C O G

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During the past few years the importance of the vitamins in the maintenance of the growing embryo has been repeatedly demonstrated In 1922 Evans and Bishop discovered that rats when given a fairly normal diet failed to reproduce unless certain essential foodstuffs were present, while in all other respects they were normal The females exhibited oestrus and even conceived, but they failed to deliver the young either the foetus died *in utero* and was reabsorbed or the uterus aborted

The Missing Factor

Other observers, working independently, came to similar conclusions The essential missing factor was found in fresh green vegetables—for example, lettuces—but the most abundant yield was obtained from the embryo of seeds, especially the germ of wheat Sure (1924) called this essential factor vitamin E This vitamin is supplied for clinical purposes in wheat-germ oil, and animals deprived of it show definite defects in their ability to reproduce The males suffer irreparable damage to the germinal epithelium of the testes, and whereas the sex glands in the female are unaffected, the vitamin deficiency leads to the death of the foetus, with subsequent abortion or reabsorption (Evans and Burr, 1927)

Vogt-Möller (1933) of Copenhagen first made use of the vitamins as a therapeutic agent in cases of sterility and abortion in domestic animals, and his results were such that he was tempted to apply the method as a means of cure in habitual abortion in women He reported a series of nineteen patients treated with a preparation of wheat-germ oil called "fertilan," sixteen of whom gave birth to living children

If we are correct in assuming that the vitamin has such an important action in aiding the growth of the foetus it is difficult to explain why women taking the varied and sufficient diet of to-day need any addition of an essential accessory food factor It may be that those women who abort possess a personal idiosyncrasy, possibly, in them, the developing embryo demands a greater concentration of the vitamin, or perhaps they are unable to absorb the necessary amount from the normal diet

Treatment with Wheat-germ Oil

It was Vogt-Möller's paper and the offer of wheat-germ oil from Glaxo Laboratories Ltd that encouraged me to treat habitual abortion with vitamin E, and the results obtained show similar satisfying figures to those published by Watson and Tew (1936) and Miles M'Gonigle (1935) Watson in his paper has pointed out that vitamin E bears more resemblance as regards clinical features, physiological properties, and clinical significance to the luteal hormone (progestin) than to other hormones This is a point of interest, because other observers (Johnson, Krohn, and Kane) have achieved satisfactory results in the treatment of habitual abortion with the use of the luteal hormone, and as James Young (1937) has pointed out it may be that the work of the vitamin is completed when the placenta is fully developed Until recently it was the accepted view that the action of the corpus luteum ceased about the middle of pregnancy, and this statement was substantiated by the fact that women did not necessarily abort if the ovaries were removed after the twelfth week We now know that the amount of luteal hormone continues to increase during pregnancy even though the corpus luteum diminishes in size, and it is believed that the hormone is supplied by the placenta during the later months and that a deficiency of it leads to toxic conditions such as albuminuria, eclampsia, and accidental haemorrhage At present I am attempting to cure these conditions by the injection of Schering's proluton

If this hypothesis be true, then vitamin E is only essential during the early months of pregnancy, and by reason of the aid it gives in the formation of the placenta it provides for the supply of luteal hormone in the later months

These latter details were unknown to me three years ago when I began treating cases of habitual abortion with wheat-germ oil, and the majority of the cases here described have had no treatment other than vitamin E, save for the addition of vitamins A and D and calcium which were given to a small number of patients Each case was examined for such accepted causes of abortion as fibroids, retroversion, torn cervix, syphilis, and other general diseases, and on only two occasions was the blood Wassermann reaction found to be positive One capsule containing three minims of the oil extract was given daily from the first attendance until the day of delivery

Results

Over fifty women have been given wheat-germ oil during pregnancy, but since habitual abortion implies that more than one pregnancy has failed to go to term I have included in Table I only those patients who have experienced more than one abortion Having allowed for this we find that thirty seven women who had had collectively 130 pregnancies gave birth to only sixteen viable children Under treatment these women produced thirty-seven living children Two of them aborted, there were two sets of twins, and four children died in hospital from prematurity

The appearance of albuminuria of pregnancy to a severe degree was a new problem that arose during treatment Five patients showed gross signs of toxaemia, in one it was necessary to induce labour by puncture of the membranes, and in two Caesarean section was carried out Similar complications are now being treated by the injection of proluton.

Table I shows the results in detail It will be noticed that in the great majority of cases treatment was not instituted until after the twelfth week of pregnancy—that is, until the placenta was fully formed—and yet the

* Read at a joint meeting of the Sections of Obstetrics and Gynaecology and Nutrition at the Annual Meeting of the British Medical Association Belfast 1937

tributory schemes have made any such arrangement unacceptable The estimated number of dependants is 15 millions, of independent workers (tentatively) 1,030,000, with dependants of these at 850,000 At a capitation fee of 9s extension of the present medical benefit would therefore cost £10,130,000 annually, at 6s, £7,750,000 The fee of 6s is used in the alternative calculation because it was mentioned by the Committee on Scottish Health Services, but it is not accepted as being adequate *P E P* offers no opinion as to the sufficiency of 9s, but it clearly envisages a raising of the standard of service and possibly a limitation of panels, which would open up the whole question of remuneration in insurance practice Specialist and consultant services, on the basis of the Royal Commission's estimate of 2s per insured person in England and Wales and 2s 9d–3s in Scotland, and taking insured persons at 15 millions, together with the 14–16 age group, would cost roughly £2 million, and extensions to dependants and others £1,700,000 Improved dental benefit for both the present and the new beneficiaries would cost more than £4 million A maternity service comparable to that about to be established in Scotland is advocated, and this again should be financed through insurance. Allowing only £1 for cash benefit instead of the present £2, as suggested by the Royal Commission, such a service would involve total maternity costs of £3 5s per woman of insurance status confined and a total new expense not exceeding £700,000 per annum It is assumed in relation to all these extensions, with the possible exception of consultant and specialist benefit, that the cost would be borne equally by the State and the contributors, although some of the surplus funds of approved societies now spent on dental benefit should be utilized to finance a statutory benefit More than £18 million would have to be found and the employees' share would entail additional weekly contributions of 3d per week In the authors' opinion there is strong evidence that workers are able and willing to make such payments, and they deprecate any further burden on the rating system, whoch they regard as obsolete and inequitable They do recognize, however, that the growth of these and other forms of insurance, such as hospital contributory schemes, may lower the standard of life by the weekly drain on income As the majority and minority reports on the Scottish health services showed, these points are highly controversial, but the mode of finance is not one which concerns medical practitioners in their professional capacity, and we shall therefore make no further comment on them It will be noted that the new benefits proposed do not extend to hospital in-patient treatment.

The extension of benefits, however financed, has been for many years a part of the British Medical Association's programme, and it is satisfactory that it should receive this weighty, if anonymous, support The report regards consultant and specialist benefit not only as a direct advantage to the beneficiaries but also as an essential contribution toward an increase of efficiency among the insurance practitioners so brought into contact with consultants The general practitioner is regarded as the pivot of any health service, but collaboration should be carried further by the establishment of clinics at which practitioners and specialists will meet and work together, after the manner of the Dawson and Welsh reports of 1920 P E P does not share the profession's preference for the isolated private consulting room

Space precludes reference here to many of the interesting and important topics dealt with in this report There is little to be cavilled at and much that has the unqualified support of our Association The authors confess that they are far from satisfied with their survey, and that its purpose will have been served if it induces those who are concerned with the British health services to look at them in relation to the national life and less as a mass of separate experience It is likely that this object will be attained The Secretary of the B M A has issued a statement to the newspapers welcoming the report and commending it to the notice of the profession and the public

PSYCHOLOGY IN A CHANGING WORLD

It is frequently said that the world is changing so rapidly that the man in the street is quite unable to keep pace with or understand what is happening Perhaps this applies to no subject more than to psychology The devotees of psychology insist that it is now a science it is often discussed with a show of erudition in the public press, it claims to offer something for the solution of all sorts of contemporary problems, and yet it is looked at askance by many learned and responsible people Through this maze Professor Aveling[1] has sought, not unsuccessfully, to lead the earnest inquirer

To understand modern departures in this branch of study it is necessary to know something of the old psychologies, from the theoretical constructions of Aristotle through Aquinas and the school men to Descartes, Locke, and Hume, who each explored a path from the philosophical starting-point, and to Wundt, who began to try out experimental methods and so became the father of modern

[1] *Psychology: The Changing Outlook* By Francis Aveling D Lit D-Sc Ph D London Watts and Company (2s 6d)

TABLE I—*Habitual Abortion*

Case No	Age	No of Abortions	Complications	Time of Occurrence of Abortion in Weeks	Children Born Alive at Term	Results	Remarks	Treatment Instituted
1	26	5	—	24—28	—	Alive 34	—	Wk. 20th
2	30	5	—	12—18	1	Abort. 15	—	5th
3	26	5	—	8—32	—	Alive FT	—	19th
4	38	5	—	8—16	—	Twins 32, *1 Died*	—	13th
5	33	5	—	28—30	2	Alive 32	—	21st
6	31	5	—	8—28	1	Alive FT	—	26th
7	36	5	Albuminuria	12—20	—	Alive 38	Punct. Memb	6th
8	33	4	Threat. Ab 18	12—28	1	Alive FT	—	14th
9	29	4	Albuminuria	5—16	—	Alive FT	—	16th
10	25	3	—	24—28	—	Alive FT	—	26th
11	29	3	Albuminuria	8—16	—	Died FT	C.S	14th
12	33	3	—	12—32	—	Alive 38	—	15th
13	32	3	—	24—28	1	Alive FT	—	22nd
14	36	3	—	12	—	Alive FT	C.S	8th
15	25	3	—	24—32	1	Alive FT	—	22nd
16	36	3	Threat. Ab 22	24—32	—	Alive FT	—	17th
17	34	3	—	18—32	1	Alive FT	—	2nd
18	26	3	Albuminuria	18—32	—	Alive 39	—	22nd
19	33	3	—	8—32	1	Alive FT	—	26th
20	31	3	—	5—36	3	Alive FT	—	14th
21	27	3	—	28	—	Alive 38	—	23rd
22	38	3	—	12	—	Alive FT	—	19th
23	30	3	—	12—16	—	Abort. 23	—	7th
24	35	3	—	8—24	—	Alive FT	—	11th
25	26	2	—	8—28	—	Alive FT	Forceps	18th
26	28	2	—	14—16	1	Alive FT	—	23rd
27	26	2	—	28—30	—	Alive FT	—	23rd
28	32	2	—	16	1	Alive 36	—	14th
29	30	2	Albuminuria	28—34	—	Alive FT	—	2nd
30	41	2	—	14—36	—	Alive FT	Forceps	24th
31	34	2	—	12	—	Died 33	Breech	2nd
32	29	2	—	10	1	Alive FT	—	15th
33	36	2	—	12—16	—	Alive FT	—	16th
34	40	2	—	20	1	Alive FT	—	8th
35	22	2	—	12	—	Alive FT	—	22nd
36	33	2	—	7—12	—	Alive FT	—	15th
37	23	2	—	12—16	—	Twins 36, 1 died	—	14th

Previous pregnancies, 130 Viable children, 16

Under treatment 25 full term 1 died 3 38 weeks 1 39 weeks 2 36 weeks, 1 died (twin) 1 34 weeks 1 33 weeks, 1 died 2 32 weeks, 1 died (twin) 2 abortions.

results show sufficient success for some credit to be ascribed to the use of the vitamin even after complete placentation I wish to emphasize this point because as I have mentioned before some observers consider that the vitamin is of value only in the early months Naturally, some of these women might have gone to term unaided, as did two who failed to return until they were in labour

Wheat germ oil has also been given with success in cases of threatened abortion Fifteen of these have been so treated and fourteen taken successfully to term (Table II) Along with the administration of the vitamin the other recognized methods of treatment were used

TABLE II—*Threatened Abortion*

Case No	Age	Para	History	Week of Loss	Length of Treatment	Result
1	38	2	1 12 weeks	16	20 weeks	FT
2	23	2	1 12 weeks	24	17	FT
3	22	2	1 12 weeks	30	4 ,,	FT (WR—)
4	31	3	2 NFT	26	6 ,,	38 weeks
5	31	6	1-4 NFT 5 Placenta praevia	24	9 ,,	38 weeks
6	28	1	Albuminuria	32	6 ,,	36
7	20	1		38	4 ,,	FT
8	22	1		6	13 days	FT
9	28	1		31	8 weeks	FT
10	18	2		26	3	FT
11	38	5	1-4 NFT	24	13 ,,	FT
12	35	2	1 NFT	12	24 ,,	FT
13	27	2	1 32 weeks	19	4 ,,	Vesicular mole
14	31	3	1 24 weeks—died	28	8 ,,	FT
15	22	1	2 28 weeks—alive	29	2	FT

Under treatment 11 full term 2 38 weeks 1 36 weeks 1 vesicular mole

Conclusion

In conclusion may I say that in vitamin E we appear to have a means of treating a most distressing condition with some hope of success Up to the present the amount of vitamin and the length of time it should be administered are open to discussion, but until further observations are made it would appear safer to give it throughout the whole of the pregnancy in a dose of not less than three minims of the oil extract daily

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The Field Studies Department of the Institute of Sociology is organizing a winter school of sociology and civics to take place from January 1 to 8 In addition to a course of general lectures on sociological subjects by specialists there will be a systematic study of field work methods Kensington will be taken as the area for such studies and visits will be paid to a large number of historic social and economic institutions The natural features of the borough its history population, housing industry health and recreation will be surveyed The school is intended to meet the needs of members of the teaching profession, social workers and others interested in local history and modern social developments Particulars may be had from the Institute of Sociology, 35, Gordon Square, W C 1

psychology From this groundwork six main paths have developed The theory of knowledge has been explored and tested mathematically by Spearman and his colleagues with the result that the two-factor theory—that intelligence depends on a factor of general ability interacting with certain special abilities—has become the foundation of modern education The drive towards conduct has been elucidated in many ways, notably by the psycho-analytic school of Freud and its derivatives, who have studied the impulses and urges which act as a *vis a tergo*, and also by the hormic or purposive school—its most notable exponent is McDougall—who study the goal or purpose of conduct Both of these schools lay stress on the dynamism of emotion and feeling in contradistinction to the old conceptions of the forceful influence of ideas The Gestalt school has studied the method of apprehension of experience, attempts to correlate psychological with physiological concepts, and seeks to prove (with considerable success) that the mind works in terms of wholes which may be subsequently analysed into component details and does not work by a simple synthesis of irreducible units The older method of introspection has been elaborated and developed, while a special school of behaviourists has striven to work entirely by objective methods and by excluding consciousness from their field of observation

At first sight it would appear that all these different schools of thought merely bite their thumbs at each other and can only agree to differ, but more recently there is no doubt that in their practical application they are beginning to come together, for in many respects those who deal with applied psychology are finding that they can usefully draw from all these fields of inquiry Modern psychology is proving its use in many respects notably in education, both in the grading of intelligence and capacities and in the formulation of special methods in industry in the study of fatigue and its avoidance, and in fitting the individual for his job and in finding a suitable job for the individual In medicine the study of the psychoses and psychoneuroses has been much advanced but apart from this there is a considerable improvement in the understanding of how individual patients suffering from all sorts of illness react to their environment In criminology and law it is being realized that many crimes are expressions rather of disease and maladjustment than of vice, and so a fresh impetus is given to ensuring prevention of crime before it is too late

As to the future we may look for a simplification and a greater exactitude of psychological language which is very desirable and a *rapprochement* between the various schools so that the science of psychology may become coherent. Much still requires to be done to enable feeling and will to be understood and tested as can knowledge at present, and the conceptions of the dynamism of the unconscious and the wholeness of mental apprehensions promise fruitful fields for future research

THE NATURE OF THE ROUS AGENT

Is the immediate stimulus to malignant proliferation chemical or microbic? This is perhaps the greatest question in cancer research at the present day and both the possible direct and the unqualified answers to it have their adherents while needless to say there are others not prepared to affirm that all malignant disease has any single cause It is beyond question that much human cancer is due to the action of chemical "irritants" and the disease can be produced experimentally both by these and even more readily with the more recently discovered carcinogenic hydrocarbons On the other hand a number of malignant tumours in fowls and several innocent tumours in other animals are unquestionably caused by an agent which is recoverable from a filtrate of the tumour itself and is generally regarded as a living virus Attempts have been made to reconcile these facts and to formulate a unified conception of the origin of cancer by assuming that the immediate and persistent cause of malignant neoplasia is always a living virus and that when chemical stimuli appear to be the cause of cancer they act only by rendering cells susceptible to this virus There are a few workers who take quite the opposite view and far from belittling the chemical stimulus and exalting the virus to a position of universal significance seek to attack the virus in its own stronghold of the fowl tumours by questioning its living nature The agent of the Rous sarcoma the first discovered and best known of these tumours has been submitted to almost every conceivable form of physical and chemical treatment in order to elucidate its nature and there are records of the preparation of active extracts of such tumours by methods which might be expected to eliminate or destroy a living micro organism Further experiments on these lines are now reported by Jobling Sproul and Stevens [1] who have produced tumours with the material obtained by extracting dried tumour tissue with various lipoid solvents They attribute their positive results to precautions connected with temperature rapidity of manipulation and protection from oxidation during the process Only those familiar with such operations are qualified to judge the significance of this result which naturally depends on a good deal of technical detail but the authors statement that similar treatment applied to material containing the vaccinia virus gave an inactive product adds some weight to their argument. The description of their numerous experiments is accompanied by a condensed review of foregoing work on the nature of the fowl tumour viruses and by an elaborate and far reaching argument which it

[1] *Amer J Cancer* 1937 30 667 685

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is far from easy to accept. That active extracts can be obtained from the Rous tumour which contain very little protein or carbohydrate, but consist mainly of lipoids, is a proposition which this work carries a stage further towards acceptance and it is one which cannot easily be explained away But it is more questionable whether these facts have any relation to the high lipoid content of tumours generally, to the effect of lipoids on the growth of existing tumours or to the chemical structure of known carcinogenic compounds The last word on this subject is a long way from being said and for those without too rigid convictions the position is full of interesting possibilities

BEGINNINGS OF BRITISH OPHTHALMOLOGY

The belief that English ophthalmic literature began in 1622 with the publication of Richard Banister's *Breviary* and that at the start was tainted with literary piracy was questioned by Mr Arnold Sorsby at the last meeting of the Ophthalmological Section of the Royal Society of Medicine There was quite a considerable English ophthalmic litèrature before that date and the charge of plagiarism could not be brought against Richard Banister In its early stages, English ophthalmology was closely bound up with that of France, to its great advantage for French ophthalmic literature favourably dominated the specialty till well-nigh the middle of the nineteenth century, when progress in the study of eye disease took on a more international character The beginning of an independent French ophthalmology dates back to the publication in 1585 of *Maladies de l'Œil* by Jaques Guillemeau A few years later, at any rate before 1590, an English translation appeared going into at least two editions, and was apparently unobtainable by 1622, when Richard Banister with full acknowledgement, brought out a third edition and added a *Breviary* of his own Previous historians seem to have been more concerned with charging Banister with plagiarism than with assessing his own contributions to ophthalmology—and these were of no mean order He has left two highly important documents on the social status of oculists in the seventeenth century one being his *Breviary* and the other an unpublished manuscript recently discovered by Mr R R James He must also be credited with the first description of hardness of the eye antedating Mackenzie's rediscovery by over two hundred years Not only is there no reason to charge Banister with plagiarism and with quackery as Hirschberg and Casey Wood have done, but there is proof that he was a qualified and skilful practitioner a good observer and a pioneer in a new branch of knowledge Banister was not alone in his pioneer efforts Later in the century there was Daubigney Turberville who was the first to recognize colour-blindness and the first to use a magnet to extract a foreign body embedded in the eye There was also William Briggs the first to describe the optic disk and to name it papilla and to contribute to ocular physiology the discovery of corresponding points in the retina Throughout that early period there were a number of lesser publications on the hygiene of the eye, of no great significance ophthalmologically, and unauthorized and unacknowledged reprints of previous work The acme of literary piracy was reached with Sir William Read oculist to Queen Anne and well known to his contemporaries as a charlatan Of the two books credited to Read one is supposed to have gone into two editions and the other to be no longer extant This latter volume Mr Sorsby was fortunate enough to discover in the library of the Royal College of Surgeons, and was able to show that the three publications are all one and the same, the only difference being substituted title pages The incongruity of its contents led him to the further discovery that the book passing under Read's name was nothing but an unauthorized and unacknowledged reprint of Banister's *Breviary* and the third edition of the English translation from Guillemeau that Banister had brought out in 1622 The only additional material in Read's book consisted of a series of case reports on miraculous cures obtained by Read's "styptic water" and "dextrous hand" The ophthalmic literature of the sixteenth and seventeenth centuries thus represents an incongruous mixture of important original observations, insignificant expositions of ocular hygiene and an active trade in plagiarism That there was piracy cannot be doubted but overshadowing it is the excellent seamanship of seventeenth century pioneers of British ophthalmology

THE TRAINING OF NURSES

There is something wrong with our system of training nurses At a time when medical science is advancing in every direction, when new opportunities are always opening up for the well qualified nurse and when other careers are overstocked with applicants nursing appears to be losing its popularity and its appeal Numbers of our hospitals report a shortage of applicants, and almost all of them admit that they are failing to attract the better educated type of student So writes Dr Harold Balme as a justification for his little book of criticisms and suggestions [1] In seeking the reason for this state of affairs he finds that the present method of training nurses is both antiquated and inadequate It tends to stultify intelligence, not to educe it, to repress initiative, not to encourage it to dry up personal sympathy, not to foster it, to place the major emphasis upon *how* to perform certain duties, not on *why* they are important, and, in short, to develop quick and mechanical action rather than intelligent understanding in the fight against disability and disease He is a caustic critic of autocratic rule in hospitals "Many a young probationer has told me of occasions when she has been 'dressed down' by a sister in a way which no mistress however provoked would dream of using towards one of her maids unless she was prepared to see the girl walk straight out of the

[1] *A Criticism of Nursing Education with Suggestions for Constructive Reform* By Harold Balme M D F R C S H Milford, Oxford University Press (2s 6d)

forasmuch as the wedge shaped slice is made from the dorsum of the tongue, elevation of the tip must take place This method thus mechanically assists that organ to assume the position insisted on by those teachers who have been most successful in ameliorating this defect

The first operation was performed on January 7, 1841 I chose for this case the method by which a wedge-shaped portion is removed from the posterior part of the tongue for, as I have remarked I felt more confidence in this than in the other method

Frederick Doenau, a highly intelligent and talented boy of 13 years of age had stuttered from his earliest childhood and to so painful an extent that the defect was thought to be quite incurable [Apparently his stammer was a really bad one and the presence of a stranger affected him in a manner most painful to behold] The boy s mother caught eagerly at my offer to make an effort to cure him accordingly, with the assistance of Drs Holthoff and Hildebrandt, the operation was performed as follows The boy sat with his head leaned against the breast of an assistant, the tongue, being protruded as far as possible was grasped on its anterior half with the forceps of Müseux being thus compressed laterally, and drawn forwards by one assistant The gentleman against whose breast the boy s head rested retracted the angles of the mouth with a pair of blunt hooks Grasping now the tongue as near to its root as possible between the thumb and forefinger of the left hand, I passed the bistoury through it, and divided it completely from below upwards a strong ligature passed through the posterior edge of the wound served to fix it temporarily and to prevent too great a strain upon the slender band which alone connected the mass of the tongue to it the anterior lip of the incision was now grasped and laterally compressed between the modified hare lip forceps and a wedge shaped slice excised out of the whole thickness of the tongue It will be found more convenient to make this second incision from above downward and with a small straight knife The posterior edge of the wound was now, by means of the before mentioned ligature and a sharp double hook drawn so far forwards that the needles with the ligatures could be conveniently passed through it six strong sutures served to bring the edges of the wound together and to restrain the haemorrhage To effect the latter object they must include the whole depth of the wound within their loop That the haemorrhage was considerable may be imagined from the nature of the operation which should not be attempted by all persons indiscriminately As soon as the boy s mouth was washed out I desired him to pronounce some of those words which he had before found especially difficult, he did so without stuttering or hesitation.'

The boy was put to bed and soon recovered, so much so that on the tenth day after the operation he was presented by Dr Dieffenbach to His Excellency the Baron Humboldt, who testified the liveliest interest in the happy re-establishment of the boy

Frederick Kiel, son of a schoolmaster at Potsdam, 16 years of age, tall, slender, and intelligent, had stuttered badly for six years, following an inflammatory infection of the lungs The operation took place on January 19, 1841

'I followed nearly the same plan of operation as in the case before related, by which a portion of the tongue near the root was removed The tongue being drawn forward with Müseux forceps, a strong ligature was passed through it at its most posterior part and then pushing the bistoury through the tongue the incision was completed from below upwards. The anterior lip of the wound, as before was held between the forceps, and a wedge-shaped slice of three fourths of an inch in breadth at its top taken away in the whole thickness of the tongue the edges of the wound were brought together by means of six strong sutures the bleeding was not inconsiderable but it ceased after the application of the sutures. Immediately after the operation I made the young man repeat a few words which he did without any stutter whatever with the *gene* only that might be expected after an operation on the tongue Strict quiet was ordered for him and frequent rinsing of the mouth No particular constitutional disturbance followed the operation and except the swelling of the tongue the symptoms did not differ from a severe catarrhal inflammatory sore throat He had some difficulty in deglutition and his tongue was coated On the third day after the operation he had already quitted his bed and pronounced single words without difficulty On the fourth day the tongue was scarcely swollen at all, its motions were free and the patient could already pronounce a short sentence, he neither grimaced nor stuttered On the fifth day I drew out one suture and the others in the course of the two following days On the eighth day the wound was healed and the patient completely cured of his former most painful defect Many physicians who have seen him since that time can speak as to the complete success of this operation'

At the time of the publication of the book sixteen stutterers had been relieved The excised portions of the tongue consisted of parts of the genioglossus, some of the proper fibres of the tongue, and small portions of the styloglossus and hyoglossus

Herr Dieffenbach certainly impressed Mr Joseph Travers, but the reader is left wondering whether the good results claimed for this operation were not wholly psychological For when all is said and done, the operation was carried out in the pre-anaesthetic days!

WILLIAM BROCKBANK, M.D

Reports of Societies

BRONCHOSCOPY IN DIAGNOSIS AND TREATMENT

A combined meeting of the Sections of Medicine and Laryngology of the Royal Society of Medicine on December 3 was held for a discussion on the value of bronchoscopy in diagnosis and treatment Mr C A SCOTT RIDOUT was in the chair

Mr V E NEGUS, in opening, said that the original purpose of bronchoscopy was to remove foreign bodies, this called for constant practice, and no branch of surgery gave more satisfactory results Some cases of lung suppuration were found to be caused by foreign bodies which had not been suspected, and bronchoscopy (for both examination and treatment) was essential for a cure Even if the foreign body could not be removed its effects could be counteracted by bronchoscopic aspiration of secretions and improved drainage Afterwards lobectomy might be possible Bronchial abscess responded almost invariably to bronchoscopic treatment Basal bronchiectases did not respond well to this method, but some patients might continue to live happy and useful lives if periodical bronchoscopic treatment were carried out In the case of squamous celled carcinomata only palliative treatment was possible, but a good deal could be done to permit of aeration and drainage of lobes shut off by the mechanical obstruction of growths The cause of an unexplained haemoptysis could be determined by direct examination The method in cases of asthma was not justified

Dr L S T BURRELL said that in haemoptysis of unknown origin it was a matter of great importance to have a bronchoscopic examination made if the haemorrhage could not be explained in other ways It was sound to teach students that haemoptysis was due to tubercle, but there were other causes Frank carcinoma of a bronchus generally showed itself first either by slight haemoptysis or blocking of the bronchus and consequent collapse of the lung In those cases lipiodol would show the blocked bronchus, and that was strong evidence in favour of carcinoma He had been much impressed by the great increase in the scope of the thoracic surgeon in successfully removing not only a lobe of lung but an entire lung Bronchoscopy did much in determining whether a case was operable or not Nowadays bronchiectasis was largely diagnosed by x rays and lipiodol Many of these cases could be treated well by bronchoscopic aspiration

house" He maintains that the root of failure in the existing system lies in the attempt to combine the education of young probationers with the need for utilizing their labour in order to carry on the existing work of a busy hospital It is this that accounts for the long hours of duty the inadequate opportunities for rest and study and the various vexatious restrictions to which it gives rise This leads Dr Balme to his conclusion That we can never hope to have an ideal nursing college nor a really satisfactory method of training until nursing education is entirely separated from the responsibility of providing the nursing services of the hospital with which it is connected In other words, such a hospital must be adequately staffed with its own trained nurses and must not depend to more than a limited and minor extent upon such assistance as it may derive from the duties performed by the student nurses during their course of training He maintains that there is no question that what is deterring educated girls from taking up nursing as a career is the arduous and antiquated conditions which exist in the hospitals and that if these were removed and the whole status of nursing raised to a professional level by the shutting down of non approved training schools there is every reason to expect a large influx of well educated student nurses This is a book to be read by hospital governors be they laymen or members of the medical profession and it will no doubt be brought to the notice of the Interdepartmental Committee on Nursing lately set up by the Minister of Health and the President of the Board of Education

Q CAMPS

The problem of dealing with young people who offend against the law is one of the most pressing of these times So much of what is called juvenile delinquency results not from real weakness, but from a wrong attitude to life The delinquent offends against the law because he has never been trained in a sound moral and social outlook Prison is the worst possible thing for offenders of this kind—and indeed for offenders of most kinds—but the trouble is to know what to do with young people who need moral training Borstal takes a good many of the more troublesome ones but its methods are drastic and expensive Q Camps is the name of an organization which suggests one possible solution for certain boys and youths It is still in the experimental stage "Q" is meant to suggest a quest of inquiry and to obviate the drawbacks of a descriptive title There is as yet only one camp situated in twenty six and a half acres of land in a rural district not far from London It was started in May 1936 and is conducted on the principle of affording the fullest possible scope for learning a satisfactory mode of life by experience The camp chief is helped by an educational director and a specialist in gardening farm work and handicrafts There is room for about fifty members at present about thirteen are in camp They live under canvas in summer and in wooden huts in winter they grow vegetables and flowers look after poultry and goats do elementary carpentry and building, cooking and handicrafts play games act plays and learn many other kinds of activity They are between 16½ and 25 years of age and come from social organizations the courts' probation officers or at the invitation of friends They apply their own discipline themselves through the camp council The staff have the advice of a number of practising psychiatrists, whose word is important in the selection of cases The tolerant atmosphere of the camp is said by Dr Dennis Carroll one of its chief exponents [1] to afford scope for a non social member to discover with the minimum of resentment that the achievement of his wishes depends very largely on his degree of co operation with his fellows The success of such an experiment depends upon personal ability and achievement This venture has yet to prove its practical value and judgement must be suspended until it has been allowed time to do so

TULAREMIA

A few months ago A P Thomson G H Wilson and S McDonald[2] described three cases of a disease apparently contracted in Ireland in which lesions suggestive of tularemia were present in the liver of one of them. Certain features presented by these cases—the long incubation period the presence of a marked eosinophilia and the absence of specific antibody for *B tularensis*—definitely disposed of the idea that they were infections with that organism Dr Thomson and his colleagues although admitting this suggested that the condition described might have been due to infection with a hitherto unrecognized bacterium related to *B tularensis*, and this very naturally has aroused a keener interest in tularemia in this country Apart from the fact that it was a hitherto unknown bacterial species the discovery of *B tularensis* by McCoy and Chapin in 1911 attracted interest mainly because the disease caused by it in ground squirrels in California presented post-mortem appearances closely resembling those of plague Even when some years later the researches of Francis showed that human infections with this organism were occurring in the United States the source of this infection being certain species of wild rabbits the interest in this country still remained a somewhat detached one apart from one or two laboratory infections tularemia was unknown in these islands Since that time the situation has changed materially It is true that naturally occurring authentic cases of tularemia have yet to be found in Great Britain, but the geographical distribution of the disease has extended considerably It has been reported from most parts of America the rabbit fever studied by Ohara in Japan has been shown to be tularemia and cases have occurred in Siberia and in various parts of Europe, including Norway and Sweden. The report of the session of the Permanent Committee of the International Health Office[3] in May, 1937 draws attention to the extension of tularemia in

[1] *Lancet* 1937 2 1002 and 23
[2] Ibid 2 9
[3] Office Internat d Hyg Pub, 1937, 29 1091 (See *British Medical Journal* 1937 2 388)

Dr EWART MARTIN (Edinburgh) raised the question whether, after all the profession had advanced far enough in this matter No endoscopic examination should be performed without a previous examination having been made of the pharynx, and it was very important that the operator should have good monocular vision He thought that much more use could well be made of the bronchoscope for both diagnosis and treatment The physician and radiologist must be the senior partners and in treatment the thoracic surgeon must take a share In his clinic the bronchoscopy was done under local anaesthesia, but for nervous patients he used avertin It was important to know when to call in the thoracic surgeon Sometimes the enthusiasm of a young man had led him to open a chest in cases which should not have been touched operatively, it should have remained in the hands of the physician In some recent medical textbooks there was not even a mention of bronchoscopic treatment even for cases of lung abscess

Dr H V MORLOCK said that in his hospital physician and radiologist were united in one person There was no doubt that every bronchiectatic patient should have a diagnostic bronchoscopy carried out In many such cases the bronchiectasis was secondary to some cause which only bronchoscopy could reveal Mr F C ORMEROD exhibited slides of some interesting cases from the standpoint of differential diagnosis and in which bronchoscopy clarified the situation completely Mr T B LAYTON thought Mr Morlock's paper showed endoscopy in this country was advancing along proper clinical lines and he hoped that before long it would be considered necessary to have whole time bronchoscopists appointed

INVESTIGATION OF STERILITY

At a meeting of the Devon and Exeter Medico-Chirurgical Society on November 25, with the president Dr R C NORMAN in the chair Dr MARGARET C N JACKSON read a paper on the investigation of involuntary sterility bringing to the notice of the society the work she and others were doing at the Exeter and District Women's Welfare Centre at the Exeter Dispensary

Dr Jackson explained that while methods of contraception were taught at the clinic to couples who were physically, mentally and economically unfit to have children conversely an effort was being made to investigate and treat the involuntarily sterile who wanted and were fit to have, children It might be assumed that roughly 10 per cent of all marriages were involuntarily sterile The factors involved were complex but in only some 30 per cent of sterile matings were the husband or wife or both absolutely sterile In the remaining 70 per cent there was only relative sterility In quite a high proportion the fault lay with the male—some authorities gave a figure as high as 57 per cent but she considered 20 per cent nearer the mark in this country

Factors in Aetiology

There were many factors to be taken into consideration (1) Natural fertility was always reduced in persons over the age of 30 (2) There might be some general condition —for example syphilis (3) Dietetic deficiencies and particularly lack of vitamin E might be manifested in the female by habitual abortion and in the male by abnormal spermatogenesis (4) Among the endocrine disturbances which might affect fertility were hypogonadism and other forms of endocrine imbalance evidenced possibly by a lowered basal metabolic rate menstrual abnormalities or anovular menstruation (5) Coital difficulties which might give rise to sterility were dyspareunia impotence relative disproportion a wrong position wrong timing in relation to the fertile period and certain psychological factors (6) Many local pelvic abnormalities in the female might affect fertility—for example maldevelopment, malposition or tumours of the uterus the type of bulky uterus associated with a history of abortion and menorrhagia infections of the cervix thickening or blockage of the tubes and cysts or other tumours of the ovaries (7) In the male such conditions as hypospadias phimosis, or undescended testicle might be at fault (8) Possible abnormalities of the seminal fluid were oligospermia, aspermia and azoospermia or perhaps a poor buffering power on the part of the fluid which was of special importance in cases in which the vaginal secretion was markedly acid Necrospermia was revealed by the examination of cervical smears taken soon after coitus

Absolute sterility in the male was dependent upon such factors as non descent of the testicles destruction of both these organs by trauma inflammation or new growth or blockage of the ducts Factors in the female were conditions such as imperforate hymen some forms of infantilism and hypogonadism destruction of both ovaries or complete blockage of the Fallopian tubes Setting aside the question of absolute sterility any one of the factors mentioned might alone be insufficient to affect fertility but when two three or more such factors were associated sterility would often result It was therefore important that a routine investigation of both partners should include an exhaustive inquiry into the history a careful physical and bacteriological examination of the genito urinary system estimation of the basal metabolic rate and a Wassermann test Much information of value concerning the husband could be learnt from the wife who was often advised to induce him to see his own doctor with a view to physical examination

Special Investigations

The investigation of the seminal fluid was of paramount importance and although examination of specimens of seminal fluid was the usual procedure it sometimes proved possible to arrange for cervical smears to be taken two to twelve hours after coitus and to observe the vitality of the spermatozoa in the cervical secretion The routine pelvic examination should include investigation of the patency of the tubes by insufflation or lipiodol injection and subsequent x ray examination If however air passed through the tubes at a pressure of from 80 to 150 mm of mercury there was no need to proceed further The question as to whether anovular menstrual cycles were present was difficult to determine but, on the assumption that basal temperature might give an indication Rubenstein of Ohio had suggested the taking of the rectal temperature every morning at the same hour under conditions of rest and fasting A fall of a degree or more tended to occur for a day or two before ovulation

Discussing the collection of semen Dr Jackson said that some condoms were lethal to sperms and should not be used for collecting specimens Dr J R Baker and his co-workers at Oxford had compiled a list of sheaths free from this disadvantage The transfer of the specimen to a glass tube immediately after collection was important The examination of the fluid included estimation of the volume (3 to 5 c.cm.) the number of spermatozoa per c.cm. (100 to 150 millions) and their degree of activity and the very variable resistance to the action of standard spermicides should be investigated It was also necessary to know the *p*H and the buffering power of the seminal fluid the longevity of spermatozoa and the effect upon them of certain acids Any structural abnormality of the spermatozoa was noted as also was the presence of other cells and debris With all the information obtained from both partners and keeping the list of possible operative factors in mind a process of elimination should help in arriving at the cause of the sterility At times the remedy might prove easy and almost immediate but in other cases much patience was needed on the part of all concerned Meaker of Boston now claimed that living

Lower Austria and its spread thence to Czechoslovakia as well as to an outbreak among the garrison of Luleburgaz in Turkish Thrace There is thus evidence that the disease is widespread in both the New and the Old Worlds and when one adds that the host range of this bacterium now includes hares wild rabbits, water voles, and some species of grouse, as well as ground squirrels and that some of these susceptible mammals are indigenous in this country the possibility of tularemia arising here is by no means remote Man becomes infected either through direct contact with an infected rodent or through the intermediary of a biting insect and infection enters the body by various routes the skin—particularly through cuts and abrasions—the conjunctiva, and the mucosa of the nose and throat. The disease takes various forms which fall into two main groups—the typhoidal and the glandular In the former, lesions at the portal of entry are minimal or absent and the infection becomes generalized from the start with the formation of multiple foci in the different organs particularly in the lungs In the glandular type of the disease there is considerable resistance to the infection as evinced by the development of a marked primary lesion and the enlargement of the glands draining the primary focus This type of tularemia is further divided into the ulcero-glandular the oculo-glandular, and the glandular, according to the site of the primary lesion the first of these is by far the commonest form for tularemia to take Pneumonia may be a prominent feature—in an analysis of 400 cases by Foshay[1] it was present in 18 2 per cent.—and many authorities consider this complication the chief cause of death from tularemia Foshay points out, however, that pneumonic lesions are present in only half the fatal cases and attributes the chief cause of death to septicaemia When on the lookout for cases of tularemia the points to bear in mind are that it occurs in those whose occupation brings them in contact with infected rodents—gamekeepers, rabbit catchers, poultrymen, cooks, butchers—and that the commonest form for the disease to take is an ulcer on the skin, usually of the hands or forearms associated with enlarged lymphatic glands and fever The laboratory investigation of the human disease is concerned with the demonstration of specific agglutinins in the patient's serum, providing evidence which is invaluable in the making of a correct diagnosis

RADIOLOGY OF THE CARDIOVASCULAR SYSTEM

Before the advent of radiology little could be discovered regarding the morbid anatomy of the heart during life Moderate or gross enlargement of the heart and aorta could be determined by clinical methods but slight changes in the size of the heart, various changes in its shape and a majority of lesions in the great vessels could at best be suspected or inferred from groups of clinical data The use of *x* rays in the study of the cardiovascular system has shown that the deductions drawn from certain clinical methods notably percussion have been erroneous In a recent monograph Dr H Roesler[1] has assessed the value of the various radiological methods of studying the heart and blood vessels and has brought together the great mass of researches that have been undertaken during the last quarter of a century The earlier chapters are concerned with the radiological study of the anatomy and dynamics of the normal cardiovascular system, teleradiography, orthodiagraphy and arteriography are discussed while such newer methods as volumetric reconstruction and kymography receive attention Succeeding portions of the work deal with the radiological aspects of cardiovascular disease from the point of view of aetiology the structural changes in disease, the use of the *x* rays in the examination of the aorta and pulmonary artery, and the radiology of pericardial disease and peripheral vascular disease Dr Roesler's exposition of these problems reveals the complexities that have always surrounded the radiological study of the heart Whereas this method in other departments of medicine has remained largely qualitative (as in diseases of the lungs and digestive tract) here the matter has become one of intimate anatomical relation and mensuration—for example the deviations produced in the trachea and oesophagus by enlargements of the heart and aorta and the determination of the limiting dimension of the silhouettes of the various structures in relation to age and build Further, these radiological studies have shown the close relationship that exists between the efficiency of the heart and the vascular state of the lungs The author shows on every page his intense interest in his subject, and this treatise bears the stamp of careful thought and personal observation

HONORARY PHYSICIANS TO THE KING

The King has made six appointments as Honorary Physician to His Majesty from the members of the medical profession engaged in public health work both in central and local government The appointments are made for a period of three years, and the following have been appointed in the first instance Sir Arthur MacNalty Chief Medical Officer, Ministry of Health and Board of Education, Sir Edward Mellanby, Secretary of the Medical Research Council Dr J H Hebb Director-General of Medical Services, Ministry of Pensions Dr J C Bridge, Senior Medical Inspector of Factories Home Office Sir Frederick Menzies Medical Officer of Health and School Medical Officer to the London County Council and Dr A S M MacGregor, Medical Officer of Health for Glasgow

The eighth annual reports of the National Radium Trust and Radium Commission for 1936–7, including a statistical report, are issued to day as a Command Paper (Cmd 5612), price 1s 3d. net Further reference to this publication will be made in an early issue

[1] *Arch intern Med* 1937 60, 22

[1] *Clinical Roentgenology of the Cardiovascular System* By Hugo Roesler M D Baillière Tindall and Cox. (34s)

babies had been born to 47 per cent of previously sterile couples investigated and treated at his clinic, and even in her own small series of cases Dr Jackson had met with success—notably in some cases in which there had been twelve years of sterile married life

At the conclusion of Dr Jackson's paper a series of slides were shown and a colorimetric method for estimating the *p*H of fluids was demonstrated At the same meeting Dr M Y PAGET described in detail a recent case of arteriovenous aneurysm

RECOVERY IN THE SPINAL CORD

At a meeting of the South-West London Medical Society at the Bolingbroke Hospital on December 8, with the president, Dr E G HOUSDEN in the chair, Dr J PURDON MARTIN illustrated by lantern slides a paper on recovery in the spinal cord

Dr Martin said that recovery in the spinal cord, or at any rate recovery aided by man, seemed to be a relatively recent phenomenon He quoted from a volume by Dejerine and André-Thomas, published in 1909, in which it was stated that restoration of function was never or almost never observed in diseases of the spinal cord To us to-day that seemed an amazing statement, for we saw recovery of spinal function in many conditions It was instructive to consider whether the statement was justified in 1909 As long ago as 1887 Horsley had removed a tumour which was causing paralysis by pressure on the cord Recovery had resulted, and the patient had returned to work after a few months In the subsequent years there were very few such successes from similar operations, and by the end of the century only three cases had been reported in which good recovery of function had resulted after removal of an intradural tumour Twenty years after Horsley's operation only about twenty similar successful results had been obtained, so that, so far as spinal tumours were concerned, Dejerine and Thomas were justified in their statement Nowadays about a dozen operations for extramedullary tumour were performed every year at the National Hospital, Queen Square, alone, and recovery of function resulted in very many cases Of fifty cases in the years 1932–6, twenty-two were described as cured and twelve as improved at the time of their discharge from hospital, although recovery by then had often not reached its full extent There was thus marked recovery of function in 68 per cent of cases Compression of the cord from spinal caries was another condition in which recovery from paralysis now occurred, but was probably seldom seen in 1909 Such cases were now treated by postural methods

Non-surgical Conditions

Among medical conditions, recovery of spinal function now often resulted from treatment of the subacute combined degeneration of the cord associated with pernicious anaemia, a disease which formerly was always paralysing and fatal During the development of liver therapy there had been some controversy as to whether the improvement in the patient's nervous condition was due to recovery in the spinal cord or to recovery in the peripheral nerves and improvement in his general well-being, but now there was no doubt that great recovery occurred in the cord He instanced a case which he had shown at a clinical meeting of the Society in which the signs and symptoms were spinal and in which complete recovery had resulted It was necessary to give far more liver concentrate than was sufficient to keep the blood count up to normal, and it was usually about five months before definite improvement was seen Dr Martin also referred to recoverable forms of myelitis associated with infectious diseases, and said the belief that the syphilitic forms of myelitis were the most recoverable was a mistaken one However, acute syphilitic transverse myelitis had become very uncommon, and syphilitic spinal diseases in general seemed to be much less common than they used to be

He would have thought that Dejerine and Thomas might have been familiar with restoration of function in the spinal cord in the remissions of disseminated sclerosis That was one of the conditions in which it was most often seen to-day It had to be remembered that disseminated sclerosis was probably less common twenty-five years ago than it was to-day, but was it possible that there had been some change in the character of the disease, and that remissions were more frequent now than formerly? Of the diseases in which they failed to get any recovery the chief one was amyotrophic lateral sclerosis In poliomyelitis considerable recovery occurred and might go on slowly for years, but in localized areas in the spinal cord there was complete destruction of most of the anterior horn cells, and as these cells could not be replaced it seemed impossible that full recovery of the corresponding muscles could occur This belief would not prevent them from trying the methods of Sister Kenny, but he believed that her system was in danger of being brought into disrepute because the claims made for it by its adherents were excessive

Requirements for Recovery of Function

The requirements for recovery of function in the spinal cord were

1 Removal (or remission) of the cause of the spinal disease it was necessary that the cause should be removed without severe damage to the structure of the cord or interference with its circulation.

2 Absence of serious scar formation in or around the cord Subacute combined degeneration was more favourable than most diseases in this respect, and syphilitic conditions were unfavourable Because of scarring (glial overgrowth) it was important to treat nearly all diseases as early as possible

3 Provision of any substances that were known to be necessary for the nutrition of the cord Liver and vitamin A were instances of such substances.

4 Freedom from intercurrent infections, bladder infections and infected bedsores had a very adverse effect on the recovering cord, and every improvement in urinary antisepsis played a part in enabling better results to be obtained in spinal cases

Many members took part in the subsequent discussion, and Dr Martin replied to the questions that were raised

THE RETINA AND THE ROLE OF VISUAL PURPLE

The Thomas Young Oration was delivered before the Physical Society on December 9 by Dr R J LYTHGOE of University College, London, who took as his subject 'The Retina and the Role of its Visual Purple"

Dr Lythgoe said that the key to the understanding of the processes by which the energy of a light wave caused impulses in the optic nerve lay in the retina Owing to considerable technical difficulties the anatomical details of the retina were still imperfectly known, but recent work had added considerably to knowledge As a result current views of the rods had had to be modified It was found that about 400 of these structures of the retina responsible for vision at low illuminations must be served by one nerve fibre after the demands of the cones, the organs for visual acuity, had been satisfied The conger and other deep-sea fishes had retinae almost exclusively composed of rods, and these rods were fine and fila-

SURGICAL PROCEDURES IN GENERAL PRACTICE

This is one of a series of articles contributed by invitation

THE USE AND ABUSE OF ANTISEPTICS—I

BY

LAWRENCE P GARROD, M D, F R C P

AND

GEOFFREY L KEYNES, M D, F R C.S

"Haemostasis is effected and the wound cavity temporarily packed with gauze soaked in some suitable antiseptic (for example iodine carbolic lotion 1 in 20 Dakin's solution a strong solution of brilliant green or any other that the surgeon favours)

Rose and Carless's *Manual of Surgery* 1937

That three classes of antiseptic having totally different properties, not to mention others unspecified should be considered equally useful for a single well defined purpose illustrates well the somewhat hazy notions about antiseptics and their properties which are current among users Disinfection by chemical means is a curiously neglected department of medicine, and the most elementary principles connected with it are often imperfectly understood Antiseptics which have been in use for fifty years and more are so entrenched in their positions that no amount of condemnation appears to shake surgical faith in them, and the continued popularity of those with characteristic smells and colours even suggests that in this matter an appeal to the senses has a force at least equal to an appeal to reason That practice should be so diverse and misconception so common is perhaps not surprising in view of the fact that reliable information on this subject is scarce and scattered to arrive at any true comprehension of the properties of an antiseptic it is still necessary to consult original papers In some instances doubt still remains, the available evidence may be conflicting or composed largely of rudimentary experiments made thirty or forty years ago while sometimes pertinent observations and comparisons appear never to have been made at all. Nothing short of a fresh and comprehensive inquiry into this subject undertaken by *authority can dispel all the doubts which beset it. In* what follows we aim at suggesting a rational antiseptic technique in which opinion has an adequate basis in facts so far as they are known

Factors Governing the Action of Antiseptics

The destruction of bacteria (disinfection) or interference with their activities (antisepsis) by chemical means is attempted daily in proceedings ranging between proved usefulness and utter futility The value of such proceedings must be judged ultimately by their clinical results, but in devising or making a choice between them when such results are equivocal theoretical considerations must be given weight This is not the place in which to discuss theories of disinfection but it must be borne in mind that while the chemical destruction of bacteria anywhere requires that the agent used should be present in a sufficient concentration for a sufficient time to achieve this on the body involves two if not three, other considerations of the utmost importance The foremost of these is the effect on the agent used of admixture with body fluids and other material Many antiseptics are inactivated in such an environment owing to immediate chemical combination with body proteins some, on the other hand, are not. It has next to be considered whether the damage to tissues, whether gross or only microscopic, will outweigh the advantage possibly gained by killing bacteria, some antiseptics are caustic or irritant, others comparatively bland. Thirdly, it is sometimes of interest to know whether an antiseptic is capable of penetrating or diffusing through tissue These are the factors upon which success depends and before considering specific uses we must determine how far the properties of various antiseptics enable them to overcome these obstacles

Properties of the Principal Classes of Antiseptics

We have space to deal here with only five principal classes of antiseptics examples of others will be mentioned later, while some of lesser importance will necessarily be omitted

The Halogens—Iodine and chlorine in various forms are extensively used in surgery Both of these substances will rapidly destroy almost any kind of micro organism unprotected by other material even in extreme dilution the amount of chlorine required to disinfect a swimming bath is only 0·4 part per million On the other hand, both combine with and are consequently inactivated by all sorts of organic matter, and for effective action their concentration has to be increased in accordance with the amount of such material present an increase adequate to certain purposes may be considered impossible especially since strong solutions of both are highly irritant Thus iodine is an efficient disinfectant of the intact skin but admixture with more than a certain amount of blood destroys its activity The chlorine liberated from materials such as eusol and Dakin's solution combines with proteins in the exudate of a suppurating wound and whether its continued renewal can overcome this difficulty is disputed. Chloramines and the more recently introduced azochloramid are said to retain some of their activity in the presence of proteins Iodoform has no antiseptic value as such, it is said to liberate iodine in tissues—an ancient belief lacking modern confirmation Such benefits as are secured by this and other irritating but germicidally inefficient compounds are possibly due to the exudation of fluid caused by their presence

Oxidizing Agents—Antiseptics of this class are less irritant than the foregoing but are equally prone to inactivation by organic matter of all kinds In experiments by one of us the bactericidal activity of potassium permanganate was reduced by 95 per cent on the addition of 5 per cent of blood to the test mixture, while that of hydrogen peroxide was abolished altogether Of these two the former is certainly preferable but it is doubtful whether circumstances ever occur in surgical practice in which its use is clearly indicated The notion that antiseptics which liberate oxygen have a special action on infections by anaerobic bacteria, although natural is ill founded it assumes that this type of antiseptic action is exerted in the tissues and this is inconceivable

Salts and Compounds of Heavy Metals—Mercury occupies the foremost place in this class The bactericidal action of mercury salts is exceedingly slow and sometimes more apparent than real. These substances should never

mentous The fineness of the rods in the conger's retina could not result in a higher resolving power of its eye, since some 1,600 rods must be attached to one nerve fibre It was suggested that visual purple the light sensitive substance found in the rods, was adsorbed on their surfaces, and that the large number of rods in the conger, by increasing the quantity of visual purple, improved the animal's vision at low illuminations The various methods by which visual purple could be extracted from the rods suggested that true solution of the substance was obtained only when the rod envelope was completely disintegrated The increase in visual purple would not have a great effect on animals living at very great depths where only a narrow band of wave lengths was transmitted Deep sea fishes also improved their vision at low illuminations in other ways—namely by having large aperture eyes, and also by the movements of pigment which protected the rods and their visual purple during exposure to light The eyes of the monkeys had been shown to possess a remarkable adaptation to habit day hunting species having a cone type of retina night hunting forms having mostly rods, while in addition the retina was lined with tapetum which appeared to act by reflecting light back on to the rods

Recent work on visual purple had shown that the quantum efficiency of the bleaching process was about unity, and in addition visual purple had a high extinction coefficient Photochemically light produced a maximal effect on visual purple The bleaching of visual purple by light did not result in colourless products but in the production of a yellow substance with acid base indicator properties There were probably other intermediate products of the bleaching The presence of these coloured breakdown products in high concentration might considerably modify the perception of light of different wave lengths, and if present in concentrations of 100 of the yellow substance to 1 of visual purple would probably shift the wave length of maximum luminosity from a scotopic value of 505 mμ or so to a photopic value of 515 or 520 mμ This was not enough to account for the Purkinje shift and it had to be concluded that the secrets of the cones and colour vision were still far from solution

VITAMIN B AND NICOTINIC ACID

In an address to the Birmingham University Biochemical Society on December 9 Dr LESLIE HARRIS of the Cambridge Nutritional Laboratory referred to the findings in some current work on the chemical nature of the pellagra preventing factor

Dr Harris said that the suggestion of a connexion between nicotinic acid and vitamin B was not a new one About twenty four years ago Funk in England and Suzuki in Japan had succeeded in isolating nicotinic acid from active anti neuritic concentrates and it was once supposed that nicotinic acid might in some way be related to vitamin B_1 Later investigations had proved conclusively that pure nicotinic acid itself had no anti neuritic action and there the matter was left for some years although the possible physiological importance of nicotinic acid was emphasized by Euler's discovery that the acid amide of nicotinic acid was a component of cozymase Recently however it had been found that nicotinic acid or its amide had a growth promoting action for certain micro-organisms (Knight, Mueller Holiday) or for pigeons or rats kept on various diets deficient in some portion of the B complex (Funk and Funk Frost and Elvehjem) Special importance had attached to the statement of Elvehjem and his co-workers that nicotinic acid or its amide was curative of "black tongue" in dogs and work had now been done to link these new results with observations made at the Cambridge Nutritional Laboratory a year or so ago Here experiments by Birch, Gyorgy, and himself had shown that what had hitherto been called vitamin B consisted in reality of three distinct factors—namely lactoflavine vitamin B (the rat dermatitis factor), and the pellagra preventing factor proper The latter appeared to be identical with the anti black tongue factor for dogs More recently he had confirmed these results as to the tripartite nature of the vitamin B_2 complex and had shown furthermore that monkeys also developed a disease (monkey pellagra) analogous with human pellagra when given a diet deficient in the pellagra preventing factor but containing the other known constituents of the B_2 complex

Experimental and Clinical Trials

A trial of nicotinic acid on monkeys which were developing symptoms of nutritive failure on a diet deficient in the pellagra preventing factor now indicated that this substance had in fact a curative action further work was needed however to ascertain whether nicotinic acid was the sole deficiency in such a diet Nevertheless these results and the findings of other workers seemed sufficiently encouraging to warrant a trial on human beings suffering from pellagra Through the collaboration of Dr A Hassan of the Faculty of Medicine Cairo tests under controlled conditions had been made on pellagrins in Egypt In preliminary trials two cases of spontaneously occurring pellagra at the Khanka Asylum and three at Abuzaabal Prison had been examined together with three controls All variables such as the composition of the basal diet the amount of work done daily and the extent of exposure to sunlight, were kept unaltered for all subjects Nicotinic acid given by mouth up to a maximum level of 1/3 gramme daily was found to hasten the subsidence of the erythema in all the cases At the asylum the general condition of the pellagrins was likewise improved but at the prison the beneficial effect seemed largely limited to the specific action on the erythematous lesions It might safely be concluded therefore, that the nicotinic acid duly rectified a deficiency in these pellagra producing diets The results made it seem likely that the prison diets were deficient in some additional factor and in fact the asylum diet did contain more meat and more greens was better prepared and included some wheaten bread—the bread at the prison consisting of one quarter of maize The possibility had therefore still to be borne in mind that nicotinic acid was not the sole major deficiency in some pellagra producing diets—in other words that pellagra as sometimes seen might be accompanied by more than one dietary error Apart from this it seemed probable that nicotinic acid or its amide was the less active form or precursor of a more active variation of the pellagra preventing vitamin which could be formed from it within the animal body

At a meeting of the Manchester Medical Society on December 1 1937 the president Professor W FLETCHER SHAW introduced Professor R W JOHNSTONE who delivered an address on some contacts of medicine and obstetrics He drew attention to the significant part which the association of medical diseases with pregnancy played in the production of maternal mortality This was illustrated by statistics from the English reports on maternal mortality and morbidity of 1930 and 1932 and the Scottish report of 1935 on the same subject as well as by other figures The main contributory disease groups were found to be heart disease non tuberculous respiratory diseases and kidney disease The proper treatment of diseases associated with pregnancy depended upon an understanding not only of the disease processes but of the nature of the strain to which pregnancy subjected the various organs of the body The importance of close co-operation between obstetricians and physicians in the treatment of these cases was emphasized

be used when rapid action is desired ('rinsing" in mercurial solutions implies a total ignorance of their properties), nor are they effective in the presence of serum proteins, with which they combine Bacteria apparently killed by mercury perchloride may resume growth if treated with ammonium sulphide to precipitate the mercury or if placed in a medium containing blood A vast amount of experimental work has failed to take this fact into account, and a grossly exaggerated idea of the bactericidal power of this substance has consequently been current for many years Mercury biniodide is a weaker antiseptic than perchloride and somewhat less irritant Among compounds of mercury the best known, mercurochrome, is by far the least efficient, and only the strongest solutions used under the most favourable conditions are likely to have any effect On the other hand, phenyl mercuric nitrate, metaphen, and merthiolate are much more bactericidal than mercury perchloride, they suffer the same disadvantage of being largely inactivated by serum proteins and still more by blood

Coal-tar Derivatives—The distillation of coal tar yields a series of compounds, beginning with phenol, which is soluble in water, moderately bactericidal, and exceedingly poisonous, and proceeding, with increase in the temperature of distillation, through others in which bactericidal power increases and toxicity and also solubility diminish They furnish two classes of antiseptics solutions of phenol and of cresols (lysol), which are ideal for *in vitro* disinfection but too caustic for application to the body, and emulsions of tar acids of higher boiling point which are more bactericidal and less caustic, and therefore more suitable for bodily use, such are izal, cyllin, and many others Recently several antiseptics have been produced, the first of which was dettol, in which the active constituent is a pure substance of this class combined with chlorine instead of a mixture of several, these are less bactericidal than the foregoing, but are comparatively bland and hence applicable in greater concentration or even undiluted

Whereas the activity of phenol and cresols is well maintained in the presence of organic matter, that of emulsified disinfectants in this class is depressed by it to a varying and greater, but not extreme, degree, appropriate concentrations are experimentally effective in the presence of such materials as blood and serum All disinfectants of coal-tar origin vary in activity with temperature more than any others, warm solutions may be many times more effective than cold

Dyes—This term covers a large variety of powerful antiseptics, some having interesting but highly specialized actions with which we have no space to deal A distinctive place among them is occupied by the acridine compounds, of which an example is acriflavine, since these are the only substances which have been proved by controlled animal experiment to be capable of averting wound sepsis They kill or prevent the growth of pyogenic cocci in extreme dilution, act slowly, and in some cases are more bactericidal in serum—a unique property They are also relatively non-toxic, sufficient concentrations for antiseptic action demonstrably leaving the activities of leucocytes unimpaired, this property is also unique It is therefore possible to infiltrate tissues with solutions in order to prevent infection or to arrest it at an early stage

We now come to the practical application of such facts as these Let it first be understood that choice depends on purpose, there is nothing more foolish than to suppose that because this or that compound is a "good antiseptic" it should be employed for any purpose whatever Quite different considerations govern the choice of an antiseptic for use in the body or outside it. In the body an antiseptic will have two main purposes—the prevention and the treatment of infection, with their separate indications—and many different kinds of environment must be considered, according to the site of application and the conditions existing there

Chemical Disinfection Outside the Body

Among the many materials used in surgery some are best sterilized by heat, others require chemical treatment Three factors govern the choice of agents for such purposes their efficiency, their freedom from corroding or other spoiling action, and their cost. The last of these is of most importance in choosing an agent for what may be called gross disinfection, since large quantities may be required for disinfecting furniture, linen and towels, utensils, and excreta Either carbolic acid (5 per cent) or lysol (2 per cent) is commonly employed for such purposes, and both these substances are well suited to them Lysol is not only a little more than twice as strong a disinfectant as carbolic acid, but is also at present half the price, its use therefore involves only one quarter of the cost of using carbolic acid Izal (1 per cent), Jeyes' fluid (1 per cent), and other emulsified disinfectants are also suitable for such purposes, and are economical

Instruments—The ideal method of sterilizing all metal instruments is by dry heat, though in this country the necessary equipment is rarely to be found Boiling, preferably in 1 per cent sodium carbonate, is advocated by some, even for scalpels Those who prefer not to subject sharp instruments to heat should keep them in a mixture of 1 part of lysol with three of spirit The common practice of 'sterilizing" scalpels in spirit alone, and indeed the use of spirit for various other purposes, raise questions of considerable doubt In numerous experiments undiluted alcohol has been shown to have only a weak bactericidal action, and from some of these it appears that under certain conditions staphylococci may survive in it for half an hour or even several hours, while some reports allege that spirit may itself contain living bacteria, doubtless in the form of spores That *these are completely resistant to its action has been* shown by demonstrating living sporogenous bacteria in material which has been immersed in spirit for twenty years and more The bactericidal action of alcohol is undoubtedly increased by dilution with water to an optimum strength of 70 per cent and by the addition of a trace of alkali, but spirit so treated would be unsuitable for some of the purposes for which it is used Although the employment of spirit as an antiseptic is almost universal, and may be said usually to give satisfaction, we venture to suggest that its suitability merits careful re examination

Catheters—Special considerations apply to non-metallic instruments, and among these a difficult problem is presented by catheters made of material that is spoiled by prolonged heat Exposure to formalin vapour, which should be continued for a minimum period of four hours and preferably overnight, cannot be depended on to sterilize the inside, since diffusion through so long and narrow a tube as a ureteric catheter in particular is too slow a process The 'formalin cabinet' commonly used for catheters is not in fact claimed by its manufacturers to be capable of sterilizing their insides A more reliable

Local News

ENGLAND AND WALES

The Thames Estuary and the Problem of Sewage Disposal of Greater London

A Chadwick Public Lecture with this title was given by Dr William Butler at the London School of Hygiene on December 7 He said that the importance of the estuary among the health conditions of London could not be exaggerated It was not merely the largest open space of the metropolis, but if unpolluted would function as the parks did in renewing the atmospheric oxygen and restoring centrally other health agencies Pollution of the estuary above and below the sewage outfalls of the London County Council was now very serious At times the whole of the dissolved oxygen in the waters of the estuary throughout the county of London entirely disappeared as a result of sewage pollution carried upstream through London by tidal resurgence The sedimentation of the grosser solids of the sewage, carried out at Barking and Crossness and recognized at the time when initially provided as of a provisional character, was now utterly inadequate Dr Butler urged the necessity of providing a barrage to prevent resurgence of the contaminated water As to purification of the sewage, the L C C had provided or had in hand work for treating about one fifth of the total volume, if its reception were limited to the waters below the barrage—a much simpler task Purification of the still limited character at present aimed at in the new plant should be extended till the whole of the sewage of the main drainage of London was to that degree treated London s population was still moving out beyond the county boundaries and was already greater than that within The difficulties of sewage treatment in outer London had been considered in the 'Report on Greater London Drainage of 1935, issued by Sir George Humphreys and Mr Pierson Frank The lecturer expressed agreement with its recommendations that all arrangements for sewage disposal in and around the metropolis should be co ordinated and planned The need for such unification was urgent. Proposals for the treatment of sewage in ten or fewer centralized disposal works distributed throughout Greater London, and sited with a view to possible ultimate conveyance of the sewage to Dungeness, there to be discharged into the sea, together with the rest of London s sewage, were criticized by the lecturer, who contended that the whole of the sewage of Greater London should be brought as originally intended into the main drainage system of the metropolis, which already dealt with about three quarters of the total, and that this sewage should all be conveyed to the lower estuary below the proposed barrage and after adequate treatment, there discharged The sites owned by the London County Council at the present sewage outfalls were sufficient for this A pure Thames above the barrage would thus be ensured while below the condition of the estuarial waters would be improved beyond comparison

Certifying Factory Surgeons' Dinner

The annual dinner of the Association of Certifying Factory Surgeons was held at the Langham Hotel, London, on December 8 with the president, Dr T E Flitcroft, in the chair The Factory Department of the Home Office was proposed by Dr E H Strange, who pleaded for a closer co operation between certifying factory surgeons—to be known under the new Factories Act as examining surgeons—and the district inspectors and other permanent officials of the Home Office In replying, Mr D R Wilson Chief Inspector of Factories, though refusing to commit himself did hint that the opportunity given by the new Factories Act for a revision of the remuneration of certifying factory surgeons would be taken Dr J C Bridge, Senior Medical Inspector of Factories, also replied to the toast and in paying tribute to the work done in preventive medicine by general practitioners in their capacity as certifying factory surgeons told some stories about Form 190 The toast of 'The Association of Certifying Factory Surgeons' was proposed by Dr G C Anderson, who drew attention to the fact that the British Medical Association s proposals for a general medical service for the nation were undergoing revision He said that the B M.A would welcome any contribution to that revision which the Association of Certifying Factory Surgeons would care to put forward It had lately been suggested that school medical records would soon be available to panel practitioners, he thought that it was just as important that the records of the certifying factory surgeons should be available in the same way The president, Dr Flitcroft, gave a brief history of the Association of Certifying Factory Surgeons and its development under successive Factory Acts Concluding his long and interesting speech, he said that the relations between the Factory Department of the Home Office and the association had never been more cordial The toast of 'The Visitors" was then ably proposed by Dr L P Lockhart, and on behalf of the many distinguished guests Sir Ernest Graham-Little and the Rev Robert R Hyde replied

Old Epsomian Dinner

Members of the Old Epsomian Club gathered in force at the Café Royal on December 9, when the club celebrated its diamond jubilee Nearly 120 old boys and their guests were present Dr S Duke Turner, last year s president, again took the chair, in the regrettable absence of Lieut Colonel W L Crawford, D S O, this year s president, affectionately referred to as the Lord Nuffield of the College for his recent benefactions to his old school The toast of 'Floreat Epsomia" was replied to by the head master, the Rev A C Powell, who took full use of the opportunity to record the still further progress the school had made in the last year A survey of the work and the play showed a standard in each which most schools would find hard to beat The growth in the numbers at the school to a total of 500 had necessitated considerable additions to the teaching staff, and a heavy capital outlay on new buildings, which as usual the council had provided as soon as the request was made Mr D S Clogg, one of the joint honorary secretaries of the club in a happy speech proposed the toast of The Visitors, paying great tribute to Lord Leverhulme, president of the school, for his active interest in all its affairs

There are not many men,' he said, 'who would have altered important dates in their own large organizations in order to preside at the annual general meeting of Governors of a school one day and at its Speech Day the next' Among other guests to whom particular reference was made were Sir Cuthbert Wallace, President of the Royal College of Surgeons, Dr Henry Robinson, chairman of Epsom College Council, and Mr D C Bartley, vice chairman Referring to Mr A P Herbert s unique method of addressing the House of Commons in verse, Lord Leverhulme said that while he had never aspired to a seat in the House of Commons, and while he would never dare to address the House of Lords in poetic strain he did feel that he might address this, perhaps the third most august body in the country, in such a manner Then, to the delight of everybody, he made a clever speech in poetry which took the gathering by storm Sir Cuthbert Wallace, who also replied for the visitors, paid tribute to numerous old boys of the school who had worked under him and with him for a long period of time Although in a minority perhaps, he was one of those who still felt that boys would be better fitted for all kinds of work in after-life if they pursued general and literary studies right up to leaving school, and only took the first of their professional examinations after doing so

alternative is immersion in 0 1 per cent. mercury perchloride for at least one hour, the lumen being filled with the solution by means of a syringe, and freed from it before use by similar treatment with sterile distilled water Thorough cleansing, particularly of the eye of the catheter, is indispensable before sterilization by any chemical method can be effective

Suture Materials—Nine recent examples of post-operative tetanus derived from catgut revealed the fact that long discredited methods of sterilizing catgut were in use, and some of these methods are still recommended in surgical textbooks Catgut is a dense and impervious material, to destroy spores embedded in it is the hardest task a disinfectant can have, and quite beyond the powers of many that are efficient enough elsewhere Be it said again with the utmost possible emphasis that exposure not merely for days but for weeks, months, or even years, to spirit, mercury perchloride or biniodide, chromic acid essential oils, or 5 per cent carbolic acid will not sterilize catgut Nor will dry heat or hot xylol, heat is only applicable during the process of manufacture

Material sold under the description of "sterile surgical catgut' may not be manufactured in this country except under licence, and is dependable for sterility The term boilable applied to such catgut refers only to the fact that the tubes containing it can be so treated in order to sterilize their outsides before opening without damaging the contents It raw or partially sterilized catgut is to be used there is only one way in which it can be completely sterilized, and that is by immersion for ten days in Claudius s solution (1 per cent iodine 1 5 per cent potassium iodide in distilled water) Other suture materials are neither so dangerous nor so susceptible to damage Silk may be boiled (theoretically it would be better autoclaved) and stored in either 5 per cent carbolic acid or 0 1 per cent mercury perchloride Silkworm gut is treated similarly

Anaesthetic Apparatus—Rubber face masks should be immersed after cleaning in 0 1 per cent. mercury perchloride for at least one hour, or if this delay is inconvenient in 5 per cent carbolic acid or 2 per cent lysol for fifteen minutes, thorough rinsing is necessary after the latter treatment, or the next patient s face may suffer The extensible concertina tubing employed in some anaesthetic apparatus can harbour a quantity of secretion and multitudes of bacteria in its crevices it should be similarly treated, and carefully dried before further use

(To be concluded)

A Riley and H I Suby (*New Engl J Med* October 14 1937) who record a personal case state that the genito urinary complications of typhoid fever include retention of urine polyuria albuminuria pyuria haematuria haemoglobinuria urobilinuria, bacilluria infarcts and abscesses of the kidney nephritis pyelitis cystitis epididymitis and orchitis, oophoritis salpingitis gangrene of the genitals disturbed menstrual function and premature labour The authors case was that of a man aged 30 with no history of venereal disease who in the first week of typhoid fever developed prostatitis and vesiculitis Throughout his stay in hospital repeated urine cultures were negative for *B typhosum* but cultures of the prostatic secretion were positive Complete recovery finally took place. No previous examples have been recorded of prostatic invasion with typhoid bacilli in a living patient. Marchildon and Pick, however have reported two cases in which typhoid bacilli were cultivated post mortem from the prostate in one and the seminal vesicles in the other

BRITISH HEALTH SERVICES

A COMPREHENSIVE AND CRITICAL REVIEW

P E P (Political and Economic Planning) is an independent non party group consisting of more than one hundred members who give their spare time to sociological studies Its latest achievement is a *Report on the British Health Services*[1] which has taken three years to compile and the material for which has been drawn from two hundred persons or organizations It is one of those objective treatises of which an outstanding example is Charles Booth s work on the life and labour of the people of London written out of abundant information, dispassionate but sympathetic and progressive P E P works anonymously but the report reveals the expert hand It is written with inside knowledge, but in a spirit of critical detachment The section on the British Medical Association, for example, is an admirable statement If it has a fault it is that the Association is represented entirely as a central legislative body whereas it possesses a strongly organized periphery Frequent reference is made to the Association s Proposals for a General Medical Service for the Nation its Hospital Policy,' the exhaustive and challenging report of its Physical Education Committee, and the recently framed ethical rules for industrial medical officers—"a good example of the free development of new ideas within the framework of well tested and time honoured ethics

Scope of the Survey

This survey is one of the most difficult tasks P E P has undertaken, although it has tackled such subjects as international trade and the development of social services The difficulty arises from the bewildering number of fragmentary and often conflicting specialisms and the differences of attitude and approach The health services are like a big old hospital which has had to make numerous extensions and annexes and has lost its unifying centre The survey begins with the impersonal protective services including housing and sanitation passes to the health of the industrial worker also largely an impersonal service and reaches the individual in the services for mothers and infants, the pre school child, and the school medical service Then follows a description of the organization of the medical profession, the training of the student the working conditions of the general practitioner, consultant and public health officer and the allied services such as nursing dentistry and pharmacy The way is then open for a broad consideration of national health insurance, its defects and anomalies and the respective places of voluntary and council hospitals After touching on medical research nutrition physical education and psychological medicine the report concludes with an assessment of the annual cost of ill health which runs well into nine figures

It is not until all these matters are brought within the covers of one crown quarto volume of 400 pages that one realizes how large and complex they are There are 19 000 insurance practitioners in Great Britain giving 50 million attendances a year More than 5 million people participate in hospital contributory schemes A thousand voluntary hospitals treat in a year 1¼ million in-patients and nearly five times as many out patients Nearly 500 convalescent homes help a quarter of a million persons to get fit after illness More than 150 000 mental patients are maintained out of public funds The health of the school child in England and Wales is looked after by the equivalent of 700 whole time doctors Some 14 700 dentists make a valiant attempt to look after the nation s teeth, and 8 000 district nurses bear much of the burden which the daily care of ill health lays upon the community How do these services work? How do they fit together?

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[1] *Report on the British Health Services* (P E P 16 Queen Anne s Gate S W 1 10s 6d cloth 7s 6d paper boards, postage 6d extra)

London County Council

It was reported to the London County Council at its meeting on November 30 that Dr J D Rolleston medical superintendent of the Western Hospital and small-pox consultant, would retire from the Council's service in February next on attaining the age of 65 Dr Rolleston entered the service of the Metropolitan Asylums Board in 1900 and was appointed to his present position in 1926 Reference was made to the zeal and ability with which he had carried out his duties in the Council's service After being advised that many patients with chronic eye disease in the Council's Whiteoak school for children would recover more quickly if put on a special ketogenic diet containing more fats and less carbohydrates than the normal dietary, it was decided last year to introduce the new diet for a trial period of twelve months On the whole the results have been satisfactory, and it is proposed to extend the experiment for a further twelve months at an estimated cost of £1,700 It is anticipated that in connexion with the residential treatment of tuberculosis in voluntary institutions under the Council's tuberculosis scheme an average of 1,250 beds for civilian adults will be required during the year This is nearly 100 higher than the original estimate and the reasons for the increase are that a smaller number of beds at the Council's special hospitals are available than had been anticipated that more notifications have been received during the first nine months of this year than in the corresponding period of 1936, that the experience of modern treatment of pulmonary tuberculosis by surgical methods indicates that a favourable result can be obtained in a greater number of cases if they are retained for longer periods under residential treatment, and that more beds are required for patients in settlement sanatoriums and for patients who are otherwise destitute or who would have to return to unsatisfactory home conditions

Joint Tuberculosis Council

At the November meeting of the Joint Tuberculosis Council twenty three members were present and there was a very full agenda. Skiagraphic terminology was considered and a committee comprising Drs G Jessel (convener) James Watt W H Dickinson G H Hebert, and W Burton Wood was appointed to consider this question and report thereon A memorandum was presented by Dr Blackmore concerning holidays with pay and it was resolved that in the considered opinion of this Council the provision of compulsory holidays with pay would be a great forward step toward the promotion of public health The honorary secretary Dr Ernest Ward was asked to send a copy of this to the Ministry of Health and to the secretary of the Government committee dealing with the subject The shortage of nurses was discussed and the Infection Committee together with Drs Lissant Cox Roberts McDougall and Heaf were asked to prepare and arrange for the submission of evidence to the Departmental Committee Investigating the Nursing Services A very important memorandum on the Government's milk policy was presented by Dr Hawthorne on behalf of the Milk Committee After describing the present position the memorandum regretted the delay suggested in enforcing pasteurization orders and criticized the use of the word accredited The object of the memorandum, which will be sent to the Ministries of Health and Agriculture and medical Members of Parliament is to secure the supply of safe milk to all consumers

Consultants for Mental Observation Units

At three of the mental observation units of certain hospitals of the London County Council—namely St Alfege's and St Clement's Hospitals and St Pancras Institution—consultants outside the Council's service are to be employed These will be men and women of consultant status who have had previous experience of mental services The need for such officers only arises at these three hospitals where the size of the mental observation unit warrants the services of a consultant for two sessions a week The arrangements at the other three units—Fulham St John's and St Francis's Hospitals—which are visited weekly by medical officers in the mental hospitals service are satisfactory and to be continued It is proposed that the positions of consultants in mental diseases should be created from February 1 at the three units in question for duty for a total of six sessions a week at the rate of remuneration prescribed for consultants and specialists generally—namely £200 a year for two sessions a week and £75 a year for each additional session plus payment for emergency visits at the rate of two and a half guineas It is not anticipated that more than very occasional emergency visits will be necessary

SCOTLAND

District Nursing in Scotland

At the annual meeting in Edinburgh on December 3 of the Scottish Branch of the Queen's Institute of District Nursing Dr J M Mackintosh Chief Medical Officer to the Department of Health for Scotland said that women particularly in rural areas should be confined in the home as far as possible and not in institutions This was desirable unless there was some abnormality which required hospital treatment or the patient's home conditions were so unsatisfactory that the services could not be safely carried out there He was gratified to see the close co operation between the Department of Health and the Institute of District Nursing in the Highlands and Islands where the nurses were held in high regard He looked forward to seeing in country districts generally an amalgamation of the two great services of district nursing and midwifery The Queen's Institute had a good record in regard to the reduction of sepsis The days were gone when all that was necessary to make a good nurse was a loving heart an object in life and inability to do anything else and it was the duty of the public in order to get good nurses to secure attractive conditions of training attractive pay and prospects variety of interest and in particular the provision of refresher courses and the continuance of interest among nurses during service The Duchess of Richmond and Gordon chairman of the Scottish Council said that the council had decided to raise nurses salaries from January next as salaries were raised in England last year The number of cases nursed during the past year was 134 663 and the number of general maternity visits was 2 334 688 being an increase of 200 000 on those of the previous year The annual report stated that when the Maternity Services (Scotland) Act came into force there would be a greater demand for nurses than had been the case in former years and the Scottish Council was doing its utmost to meet such demands It was hoped that work under this Act would be entrusted to the district nursing associations The new rates of pay would be £70 per annum rising to £95 or for those undertaking maternity nursing £75 rising to £100 with allowances for board and uniform

Honorary Physician to the King in Scotland

Among the six members of the medical profession engaged in public health work who have been officially appointed honorary physician to the King is Dr A S M MacGregor medical officer of health for Glasgow Dr MacGregor graduated M B Ch B at Glasgow in 1904, taking the M D degree in 1928 and the D P H of Cambridge in the following year He was for a time assistant physician in the Belvedere Fever Hospital house surgeon in the Western Infirmary and house physician in the Royal Infirmary of Glasgow Dr MacGregor has interested

The Medical Practitioner's Key Function

The general practitioner does not make his appearance in this story until the middle of the report, but he is declared to be the pivot around which the necessary reorientation of health services must take place The view of P E P is that diagnosis is itself the first and most important of specialisms and that the general practitioner should be recognized as a specialist in diagnosis First it has something to say about the economics of the profession It costs about £1,500 and takes five years' training to acquire a medical qualification In effect there is a stiff entrance fee to the profession, with the result that those with ability but no capital are lost to medicine Moreover, many doctors who have had to borrow to buy their practices have yet a further charge on their resources But once established in his profession the practitioner's income compares favourably with that of doctors in other countries and with that of other professions, save the law, in this

But the private practitioner is losing ground, and in the view of P E P measures to reverse this tendency are called for, partly from the health services as a whole, which should be 'tidied up' to enable the general practitioner to pass on for specialist treatment with the minimum of impediment those who require it, and partly from the special efforts of the general practitioner himself to reassert his position by adopting methods more closely in touch with common needs It is disturbing to find large numbers of general practitioners, after having been taught at great expense to use modern diagnostic equipment and to exercise judgement as between patient and specialist, launched out into a system which does not enable them to do their job properly

The very complexity of modern medicine makes it the key function of the general practitioner to ensure that the best use is made of the specialist services available to him It is pointed out that the patient who goes straight to the specialist, whether private or at hospital, is running the risk of wasting time and money, because the specialist can have no knowledge of his medical background and is trained to deal with only one group of diseases Yet modern developments have magnified the importance of the specialist, whose very name has a hypnotic attraction for the public, and his tendency to take over more and more of the work of the general practitioner has been increased by the creation of local authority clinics To some extent this development is essential, medicine being an ever-growing science and division of labour a necessary means of advance But it has encroached too far upon the province of the general practitioner, who has vital tasks to perform It is only the general practitioner, who is part of the health services himself but is also acquainted with the medical record and environment of the person requiring attention, who can intelligently and sympathetically determine the needs of the case

The Solitude of General Practice

For various reasons the general practitioner is rarely able, in existing circumstances, to fill the role marked out for him, still less to act as family health adviser He is too overburdened with routine work to exercise judgement, with the result that he is short circuited by one uncoordinated specialist agency after another The insurance practitioner, at any rate in large towns, often has neither the facilities nor the equipment necessary, and tends to become little more than an agency for signing certificates Further, instead of having his medical and intellectual interests stimulated by constant co-operation with members of his profession, as in hospital practice, he is too often isolated in his crowded surgery Yet again his training has been in the detection and cure of sickness Of individual preventive medicine there is little knowledge and even the rich patient who asks for a regular overhaul, comparable to the examination of his teeth by his dentist, must still be told that he is asking for the impossible Medical etiquette also handicaps the practitioner in doing constructive health work He cannot go to a potential patient, and the patient goes to him only when he is sick The old-fashioned family doctor who did a considerable amount of midwifery was able to give some general supervision to the health of the children, but nowadays the practitioner is often called in only in trouble, and then with scarcely disguised reluctance and lack of confidence, or, what is even worse, regarded as an oracle

The nation requires a large body of well educated and competent general practitioners, gaining a reasonable livelihood, and finding in their work interest and opportunity One thing which is needed is better organization of practices The suggestion is made that the position of such practitioners might be strengthened and public confidence in them fully restored if they had some scheme of working in local groups or well equipped central dispensaries, with the latest diagnostic and therapeutic equipment, and perhaps a small operating theatre and pathological laboratory The practitioner would thus be removed from his intellectual isolation and placed in surroundings where he could utilize the knowledge and experience of his fellow workers and give reciprocal help

The Gaps in National Health Insurance

One chief means for restoring the position of the general practitioner would be to bring dependants into national health insurance If this were done it might be practicable to set a limit to the extent of the private portion of the practice in relation to the insured, but the limit must, of course, be governed by the size of the capitation fee The extension to dependants would diminish the economic loss occasioned by ill-health At present a substantial part of such loss is incurred because the disease is not treated until an advanced stage, owing to the reluctance of the sick person to incur a doctor's fee, or to make use of the district medical service because of its association with public assistance, or to wait for hours in out-patient departments The working classes, saving on other insurances, should be able to carry the burden of half the cost amounting to 3d a week, the State carrying the other half, an annual contribution of £9 million

National health insurance is incomplete in other respects The insured often find their particular need either not covered by the scheme itself, or not covered by the society which they have joined, or covered only to a small extent Specialist services should be brought in, dental benefit extended to all the insured, and the national maternity service linked up with the insurance system so that the medical supervision of a pregnant or nursing woman would be in the hands of her own insurance practitioner At present the approved society organization causes obvious iniquities, and should be replaced by a structure more suited to contemporary needs

A large amount of space is devoted to a discussion of the place of the voluntary and the public (municipal) hospital The disadvantages of voluntaryism are mentioned, one being the large amount of time and energy devoted to "raising the wind" On the other hand, it is pointed out how frequently the public hospitals and public health services in general are handicapped by piecemeal and anomalous methods of organization which have no justification on health or administrative grounds One of the weaknesses of public hospitals is their dependence upon local government areas rarely corresponding with the most natural regions which the hospital, if untrammelled would serve

The complete merging of the two systems, if it comes about at all, will not be completed for a considerable time It should not be beyond the wit of man to devise some machinery to preserve the independence, originality, and boldness in experiment of the teaching hospitals while bringing them into a co ordinated system As for nursing

himself greatly in problems connected with epidemiology, and his contributions on this subject are well known His work has more recently been concerned with public health administration in Glasgow, and he was a member of the Departmental Committee on Health Services in Scotland

FRANCE

[From our Correspondent in Paris]

An International Study of Red Cross Health Activities

The newly created advisory committee of the League of Red Cross Societies met recently at its headquarters in Paris to discuss the future of Red Cross health activities in different parts of the world The Red Cross Societies of Great Britain the U.S.A., Germany, Austria, Colombia, France Guatemala, Italy Poland, Siam, Sweden, and Yugoslavia were represented at this meeting which was presided over by Dr Rene Sand, Senior Medical Officer of the Belgian Ministry of Health The British Red Cross was represented by Dr C Lillingston, and the American Red Cross by Surgeon General (retired) Hugh S Cumming The discussions were informal and no resolutions were adopted The subjects discussed were Red Cross action in connexion with rural hygiene, nutrition, mental hygiene, the health programme of the Junior Red Cross in the secondary schools, the health of the merchant seaman, and blood transfusion the last-named being a subject in which many national Red Cross societies are now interested It is hoped that the contacts established or renewed between the secretariat of the League and the experts in public health advising their respective national Red Cross societies will promote not standardization, but a certain continuity and cohesion of Red Cross health activities throughout the world

Who Owns X-Ray Negatives?

A recent discussion in the French medical press has revealed wide divergencies of opinion and practice with regard to the ownership and custody of x-ray negatives As a rule the French radiologist keeps his negatives but lets the patient have a copy or proof on paper wherewith to mystify himself In the course of this correspondence it was pointed out that the radiologist in the U.S.A not only keeps his negatives but is also chary of giving proofs to his patients, who have to satisfy themselves with an explanatory note Professor Laquerriere much prefers the American to the French system, and the only concession he would make with regard to the latter is in the case of industrial accidents when it may be advisable for one proof to be given to the injured person and another to his employer Professor Paul Boudin, the well-known medico-legal expert, has taken the line that the patient should own what he pays for to which reasoning Professor Laquerrière has replied with a *reductio ad absurdum* question, asking if the patient is entitled to claim the test tube in which his urine has been examined because, forsooth he has paid for the examination It seems to Professor Laquerrière as futile and risky to put *x*-ray negatives or photos into a patient's hands as to trust microscopical sections to him, for in either case the patient is likely to paw these delicate preparations to their undoing and his own interpretation of them may be as unwholesome as it is wide of the mark

A New Book on d'Arsonval

Dr Louis Chauvois has just published a book on d'Arsonval (Paris J Oliven 1937) The subject of this biography is till so much alive that although past 85 he has been known to drive his car several hundred kilometres a day with the light-heartedness of a 20-year-old Dr Chauvois's book is a happy combination of personal anecdotes and commentary on the development of the electrotherapy to which d'Arsonval has contributed so much One of the anecdotes concerns Claude Bernard's discovery of d'Arsonval in 1873 Claude Bernard was giving a demonstration of animal heat when the galvanometer on which he relied failed to work At the end of the demonstration an unknown medical student in the front row came to his rescue This was d'Arsonval's introduction to a most happy assistantship under his teacher When Brown-Sequard succeeded to Claude Bernard's chair he also took over the still young d'Arsonval as his assistant, and it was this phase of d'Arsonval's career that gave him a lasting interest in the problems of internal secretions In 1894 d'Arsonval succeeded Brown-Séquard, and he remained at the Collège de France until 1930 His best known contributions to medical science concern high-frequency treatment, and only those who have themselves pursued parallel studies can tell how much he has enriched every other field in which he has worked

"The First shall be Last"

What a fascinating collection of incidents and short stories could be made if a publisher were to group in one volume the *reminiscences of doctors invited to retail their* most dramatic experiences while "walking the hospitals" Dr J B Landau of Paris has given in *La Presse Médicale* for October 20 a good sample of what such a book should contain The year was 1905, the scene was the Maternity Department of Saint-Antoine, and the leading figure was the famous Dr Bar who, by the bed of a woman in travail, discussed the case with Dr Brindeau, his assistant Having carefully examined the enormous abdomen, Dr Bar addressed the class about him as follows 'I find a very large infant which does not, however, occupy the whole of the abdomen Though I can feel nothing behind this infant in spite of all my efforts to do so, this space can only be occupied by a second infant much smaller than the one I have just palpated Between the two placentas we shall find a one way communication benefiting the large and robbing the small infant But there is an inherent justice the large child the profiteer, satiated during intra-uterine life, will find it difficult to make his way after birth and to adapt himself The other, the puny one, will be less exacting and, better trained to fight, will come off victor' Dr Landau adds that subsequent events confirmed Dr Bar's prognostic flight of imagination

Dr Siredey Honoured

The amphitheatre of the Saint-Antoine Hospital was the scene a few Sundays ago of a touching ceremony at which a presentation was made to the octogenarian Dr Siredey formerly president of the Academy of Medicine and vice-president of the Association Générale des Médecins de France Returning thanks for the many speeches delivered in his honour, Dr Siredey dwelt on the shortcomings of life when old age has overtaken a man but he gave the lie to the rather tragic picture he had painted by the vivacity of his gestures and by his wit

The New Doyen of the Paris Faculty of Medicine

Professor Roussy has been nominated Rector of the University of Paris, and his functions as Doyen of the Paris Faculty of Medicine have devolved on Professor Tiffeneau, who has had a distinguished career as chemist and pharmacologist He was for some time a lecturer on chemistry at the Sorbonne Later he was appointed professor of pharmacology at the Paris Faculty of Medicine In 1927 he was elected a member of the French Academy of Medicine His contributions to pharmacology have been notable particularly in connexion with the relationships between chemical constitution and pharmacodynamic action

homes, which owe their existence to class and income distinctions, these will probably be replaced in the long run by the hospital paying ward One thing which they can best provide is accommodation for the chronic sick who are able to pay Nursing homes might be brought into closer association with local hospitals as satellite establishments

"Priorities" in the Health Problem

P E P considers it important to outgrow the practice of confining the term health services to what are really sickness services The nation needs sickness services, but if it regards them as a substitute for true health services it will find the confusion expensive in money and in suffering Many developments most vital to health are considered primarily from other standpoints

"The retailer who brings a more varied and higher grade diet or more suitable clothing and footwear within the reach of the masses of the population may well play quantitatively a more important part than the doctor in promoting general health The research worker is now generally accepted as a first rate contributor to health improvement but how many people recognize the apt journalist or public relations officer or film producer who can express essential health principles in simple form and get them adopted in practice as equally essential health workers?

The method of large scale advertising which has led the public and even the medical profession to favour and use proprietary health preparations to an extent far in excess of their real value and importance is deprecated. Indeed by the extravagant tone of commercial advertising and publicity a mass of uninformed customers are overpersuaded into purchasing many articles of food and drink which otherwise they would not think of purchasing and which on health grounds they would be better without. Reference is also made to the often unsatisfactory handling by the Press of health matters

Some calculations are made as to the annual cost of ill health, leaving out environmental services The "bill comes to £185 million, or one twenty-fifth of the national income In this total doctors and medicines including State and State insurance contributions as well as voluntary and private, account for £75 million On scientific research the State spends about £200 000 little more than one tenth of 1 per cent of the annual burden which medical research would help to reduce Much more research ought to be done, not only on the medical side but into the social and economic causes of ill health—for example strain in factories and ill-health caused by excessive journeys to work

With regard to physical education, the report states that at present we are turning out a population of "physical illiterates, unable to use their leisure in a constructive and healthy manner What we need is an educational system in which hygiene and physical education will not be subjects with a Cinderella status in the curriculum, but an essential and organic element in general education.

Finally, certain "priorities are named The first is with regard to nutrition a subject which occupies a great amount of space in the report, but of which only the skeleton recommendations can be given here These are

More effective measures to reduce costs of production and above all of distribution

Readjustment of national policies in order to secure free and unrestricted supply without any element of taxation of foods essential to nutrition

Propaganda and education to effect the necessary changes in national spending habits and diet

Subsidies to lower the prices of certain essential foods, or to bring specially cheap or free supplies to those shown to need more nutritious food and unable to afford it.

The second "priority is the provision of a general practitioner service for the dependants of insured persons The third is the allocation of a small sum of money for the encouragement of wider studies on causes of ill health and of independent study of the actual results and weaknesses of specific health services, national or local P E P urges that the task which it has attempted should be carried out as a continuous function of government

There should be men and women constantly tracing back into the factory the office the traffic system, and the home the origins of defects and diseases which are a burden on the nation There should also be in the universities and schools men and women evolving and conveying to the new generation an attitude of life based on healthy minds and bodies and prepared to face the implications instead of stopping short, as we still do at the stage of lip service

BRITISH RADIOLOGICAL CONGRESS

SYMPOSIUM ON INDUSTRIAL DISEASES

The eleventh annual congress arranged by the British Institute of Radiology was held at Westminster from December 8 to 10 The formal opening by the President of the Institute Dr Russell J Reynolds was attended by Queen Mary who also visited the exhibition of apparatus The two medical sessions over the first of which Sir Arthur MacNalty presided were symposia on radiology in the investigation of industrial diseases and in the physics session *x* ray research in industry was the subject

Silicosis among Pottery Workers

Several of the contributions related to silicosis Dr C L. SUTHERLAND of Sheffield said that the diagnosis of silicosis was a tripod one of the legs being the radiological examination a second the industrial history and the third the clinical history and examination and of these the most important was the first Nevertheless the classification of stages of the silicosis by the *x*-ray film should be avoided. Silicosis appeared to affect the upper part of the lung asbestosis the lower perhaps because the silica was a lighter particle He quoted the following passage from *The Citadel*

"There in the changing room the men stood before him stripped to the waist and with his fingers his stethoscope he plumbed uncannily the hidden pathology of those living lungs a fibroid spot here the next an emphysema then a chronic bronchitis Carefully he localized the lesions upon the diagrams printed on the back of every card

Dr Sutherland s verdict was that he could not have done it! The demonstration of silicosis was in the province of radiology

Dr J F BROWLEY of Birmingham described silicosis among pottery workers pointing out the special difficulties of the problem owing to the numerous processes concerned, the variety of the materials and the indomitable character of the Staffordshire workmen The harmful agent he believed to be the uncombined silicon dioxide dust in the form of flint English pottery was divided into two main classes china and earthenware, and although the Staffordshire potter was loath to sacrifice any of the fine qualities which had made his ware so justly famous he would benefit in health if the public could be satisfied with flint free earthenware particularly sanitary ware and forgo a certain beauty of appearance in their bathroom tilings

The same subject was considered by Dr KEMP HARPER of Stoke on-Trent In a survey of pottery workers all of whom had been employed for at least twenty years, silicosis was found in 35 per cent of the general earthenware workers in 38 per cent of the sanitary tile workers in 31 per cent. of the china workers, in 30 per cent of the china polishers and in 18.5 per cent of the flint middlemen The important factors were the intensity of silica in the dust the extent of exposure, the degree of cleanliness in working and the adequacy of ventilation

Correspondence

Treatment of Psychoneuroses

SIR,—If Dr E Fretson Skinner (*Journal* December 11, p 1196) is right the majority of practitioners will decline his suggestion that they should themselves treat those of their patients who suffer from neurosis According to him the psychological approach has no guideposts, and each patient will require about 100 hours' attention from the same doctor if he is to be treated properly If the first proposition is true not only will the practitioner not know how to begin but it is clear that no teacher will be able to instruct him The second proposition is true for every therapist who believes it to be so but not for others

If a doctor starts by letting a patient believe that his case will take about 100 interviews of one hour each then it will certainly not take less For many reasons most neurotics are not in a great hurry to be well and if the doctor says it will take 100 hours the patient will accept this and it happens accordingly Dr Skinner will probably scout the idea that he says anything of the kind to the patient but if there is one thing certain in psychotherapy it is that the doctor cannot help communicating his beliefs to the patient no matter how much he puts himself on guard

Now it is quite certain that there is an enormous number of these patients who are made well in a lasting way after a very few interviews which may be regarded as some proof of sufficient treatment I have published some examples where with quite short courses of treatment, patients with neurosis of many years standing and of by no means trivial degree have remained well for periods of from ten to thirteen years There are of course, patients who will require more than 100 hours They are not likely to be helped by the general practitioner, but they are not very difficult to recognize I have, however no doubt in saying that the majority of patients seen in practice, and most emphatically even in specialist practice do not need more than half a dozen psychotherapeutic interviews Dr Desmond Curran in a recent paper in the *Lancet* was so impressed with the ease with which many out patients got better after one or two interviews that he was inclined to think that the recoveries were spontaneous He was, of course undervaluing his own personality

Now about the tortuous approach without any guideposts For all these simple cases which form the bulk of Dr Skinner's 35 per cent of sick people quite visible paths have been made by many pioneers of whom Dubois of Berne and Dejerine of Paris may be mentioned I have myself, for nearly thirty years followed the roads they so clearly marked out and the results have been so striking that I have often wondered why all this pother about the difficulties of approaching the neurotic patient continues Their methods do entail a good deal of concentration on the part of the doctor but there are no other difficulties The method of Dejerine particularly will be found to synthesize what Dr Skinner regards as alternatives it combines suggestion re-education and an analysis of many unconscious factors it has the supreme advantage that it does not queer the pitch for any advance to deeper analysis By its employment many patients will be relieved of their illness and if in its simpler use it fails, one has nothing to contradict if one wishes to dig more deeply If this should become necessary, and if the case is likely to prove a long one, the avenue of approach has again been marked out by Freud himself and many of his followers especially Edward Glover Without endorsing all their conclusions it has seemed to me that these writers have indicated very clearly how to proceed—I am etc,

London W 1, Dec 11 T A ROSS

SIR,—It is certainly significant, and welcome that there should be correspondence on this topic simultaneously both in your columns and in those of the *Lancet* The whole question becomes more interesting and more challenging daily, as fresh evidence accumulates of the widespread incidence of these illnesses, and of the emotional causation of many bodily symptoms and syndromes One is reminded of the late Sir Walter Fletcher's wisecrack In fifty years time half of medicine will be dietetics and the other half will be psychological medicine

From all over the country there comes evidence of interest in the problem and perplexity about its solution Furthermore our profession which must ultimately solve the puzzle is being pressed on every hand by teachers, social agencies, magistrates clergy and others who are all of them confronted with individual problems or the social implications of this group of disorders How are these conditions best treated, and above all how are they to be prevented most effectively? How are the recommendations for changes in the medical curriculum being implemented and how are our needs for postgraduate training to be met? What plans can and should be made to provide the most adequate treatment for difficult cases in every part of the country? These are but a few of the questions which are constantly in the minds of many of us The whole matter is moreover urgent from a national point of view since presumably the slump that is foretold will bring economic insecurity which like the anxieties of war will lead to the breakdown of great numbers of persons who at present maintain a tolerably stable existence

We were told recently in the Press that the Ministry of Agriculture is going to spend a vast annual sum in the effort to eradicate animal diseases the Ministry of Health (is distinct from the Board of Control) seems hardly to be convinced that there *is* a problem to be solved in connexion with the psychoneuroses I believe that if the British Medical Association were to appoint a special committee representative of general medicine public health and psychiatry to investigate these questions as fully as possible and to make practical suggestions something effective would result We need a 'ten year plan' *to deal with this aspect of national unfitness* Approved societies local authorities magistrates and sociologists are all looking for such a lead but above all it will be welcomed by our own colleagues who carry the responsibility for the sick—I am, etc,

London W 1 Dec 13 J R REES

Early Diagnosis of Pulmonary Tuberculosis

SIR,—I was interested in the article on the early diagnosis of pulmonary tuberculosis (*Journal* December 4, p 1103) by Dr Geoffrey Marshall who stresses three methods of investigation (1) examination of the sputum (2) radiography of the chest and (3) recording the temperature In some cases obscure tachycardia may perhaps also form a suspicious sign

Just recently I saw a young man aged 21 complaining of neuritis of the left shoulder and arm When his condition

Dr J L Grout of Sheffield discussed silicosis among grinders, whose condition had impressed a poet of the eighteenth century

> So draws the grinder his laborious breath
> There, coughing at his deadly trade he bends"

Certain operations in dressing the stone were important factors in dust production The inhalation of the dust, consisting chiefly of silica, resulted in silicotic islets in the lungs. A peculiar grittiness was experienced in cutting through a silicotic lung, and this was due to the fibrous nodule which had formed as well as to the nidus of silica In more advanced cases these nodules coalesced He divided the radiographic appearances into three stages (1) discrete shadows indicating small nodules of fibrosis, (2) the whole of the lung field occupied by shadows with some coalescence to form more or less dense opacities, and (3) massive areas of consolidation

Other Dusts and Micro fungi

Dr J V Sparks of London brought forward the subject of asbestosis, which, he said, differed from other forms of pneumonoconiosis by the character and chemical composition of the particles inhaled The shape of the particles caused them to be arrested in the bronchioles rather than in the alveoli, and they were incapable of being readily transported into the lymphatic system Therefore pulmonary asbestosis gave a quite different pathological and radiological picture The symptoms of the disease—the cardinal one being dyspnoea, which in the late stages might be extreme—were much more pronounced than the physical signs or radiological appearances suggested Unfortunately it was impossible to recognize the disease radiologically in its early stages, and when the radiological evidence—fibrosis—was present it meant that the disease was advanced

An interesting contribution on particles of organic matter which tended to lodge in the lungs of agricultural workers was made by Dr R Fawcitt of Ulverston The matter in question was the micro-fungi in hay, straw, foliage, roots, and soil, also in the excreta of animals, rendering the worker liable to asthma, bronchitis, and pneumonia, frequently of a type which ran a protracted course In the United States the extent of micro-fungus infection was recognized by the appointment in some hospitals of a whole-time mycologist The essential points were the occupational history, the source and mode of infection, the clinical findings (dyspnoea being out of all proportion the chief symptom), the discovery of the fungi in the sputum, and the absence of tubercle bacilli on repeated examination As one who had devoted his leisure to the study of fungus Dr Fawcitt brought many interesting types before the meeting, in particular those which appeared in a cloud of dust when rotting hay was being handled It was a moot point whether workers who had had a mycotic infection should be allowed to enter a trade in which there was a risk of silicosis

Dr J F Brailsford of Birmingham said that practically all the radiographs used to illustrate the papers given during this congress were of workers dying of pulmonary fibrosis due to inhalation of dust The changes shown were definite and profuse, and admitted of no hesitation in recognition and diagnosis The extent and, to a large measure, the nature of the lesions in these cases could have been judged from a clinical examination, having the knowledge of the nature of the workers' employment While such an exhibition of destruction of human life showed an unfavourable aspect of modern industrial processes it did not materially contribute to preventive medicine He did not believe this to be the best use of radiology, which with more careful study permitted of the recognition of damage to lung tissue in apparently healthy workers, and by so doing indicated the danger of the work and the susceptibility of the workers, permitting of their removal from the injurious process before irrevocable damage had been caused

Respiratory Efficiency

Dr Esther Killick brought forward certain investigations which are taking place in the Department of Industrial Medicine, Birmingham University, with a view to correlating the tests of respiratory efficiency with radiological appearances in the lungs Tests were made for the vital capacity of the lungs, the ventilation equivalent for oxygen, the dead space, expressed as a percentage of total air, and the exercise tolerance test She showed tables giving the results of these tests in a few chosen individuals together with the radiographs, and pointed out some interesting correlations She hoped the tests would help to decide how much, if any, pulmonary damage resulted from exposure to dusts which had been regarded as comparatively harmless

A radiological study of excretion of dust from the lungs was presented by Dr A E Barclay He drew attention to the powerful but delicately balanced action of the cilia, covered with a blanket of mucus, in such excretion Ciliary action was indeed the only normal method of excretion from the bronchi and bronchioles, for coughing must be regarded as pathological In his experiments cats had been used because of their large trachea Dust, in the shape of fine particles of bismuth carbonate and also of powdered lead glass, was insufflated into the lungs of these animals, and the process of excretion watched under the *x* ray screen, the cat being anaesthetized and a tube passed down the trachea with the laryngoscope These experiments were not comparable to those relating to dust in industry, the quantities passed into the cat's lung being infinitely greater than it would be possible to inhale But the lungs were shown to be capable of excreting these large quantities, and even the powdered lead glass dust was excreted as strongly and effectively as the other The glass dust was insufflated into a number of cats on more than one occasion—twice in four, and three times in two—and always the excretion was just the same as at the first, and the cat was none the worse afterwards On the other hand, if the dust was wet it was carried right down into the alveoli, where it was extremely difficult for the lung to get rid of it There appeared to be a defence mechanism against dry dusts at the entrance to the alveoli.

Wide-field X-Ray Therapy

The eighteenth Mackenzie Davidson Memorial Lecture was delivered during the congress, the lecturer being Dr S Gilbert Scott and his subject wide-field *x*-ray therapy Dr Scott said that in *x*-ray work very small radiation fields had generally been used, and as apparatus became more powerful the field became smaller still Two things were hindering progress first, that deep therapy was considered the only method of applying *x* rays, and, secondly, that cancer was the only condition which *x* rays could treat But cancer was relatively a rare disease, while the benign conditions which *x* rays could treat were legion His own interest in wide field work had been aroused many years ago by experiments on guinea-pigs in which the whole body was exposed to *x* rays—in other words, these animals received an *x* ray bath It was found that if a heavy dose were given to the animal a subsequently grafted tumour took readily, but with a lighter dose the graft would not take, and with very light doses the animals thrived

In comparing deep *x* ray therapy with the wide field method, he said that the latter employed a low instead of a high kilovoltage, long or medium rays instead of short, medium instead of high penetration, light instead of heavy filtration, a large field instead of a small, and a small dose instead of a large The maximum skin dose given with deep *x* ray therapy was about 600 *r* units, but in wide-field therapy it was only 60 to 100 units The effects, instead of being local, were general and constitutional The patient, not the growth or other local condi-

did not respond to ordinary treatment he was sent to an orthopaedic hospital for further investigation X rays revealed nothing in the shoulder region but some suggestive lesions in his lung apices On examination of his chest no physical signs could be made out even by the tuberculosis medical officer and there was no sputum to examine As the patient was a glass blower he was advised to change to an open air occupation About three or four weeks later he developed a haemoptysis with some expectoration which then showed some tubercle bacilli in it Even now the only physical sign is his shallow respiration

This case shows how important it is to have radiographs taken in cases in which there is any suspicion of tuberculosis —I am, etc,

Surbiton, Surrey Dec 5 L B SHELTON

Atelectasis and Bronchiectasis

SIR,—I was interested to read Dr F G Chandler's comments in the *Journal* of December 4 (p 1141) on my article on atelectasis and bronchiectasis (November 13, p 963) The temporary and physiological bronchial dilatation such as I described should *for reasons of treatment* be kept in a separate group and this point I emphasized at the end of my article Cases of atelectasis with bronchial dilatation have been submitted to what is often an unnecessary, and sometimes a fatal, lobectomy While emphasizing the temporary nature of the condition I purposely used the term 'bronchiectasis to catch the attention of those who recommend these premature operations If there were any practical value in Dr Chandler's wish to change this term I think he would agree that it would be difficult to do so satisfactorily If we do not wish to use the term "bronchiectasis" for some forms of dilatation it is necessary to give a clear definition of what 'bronchiectasis" really does mean, and this as is very evident in Dr Chandler's letter, is no easy matter It may be difficult even after long observation to make a clear separation between the temporary and permanent conditions on clinical and radiological evidence The lobe may remain collapsed for months and then may re expand Infection may be present, and there is usually nothing in the radiograph to indicate whether the atelectatic lobe will re-expand and persistent bronchiectasis be avoided The real difficulty lies in determining when the bronchial dilatation becomes irreversible, and in making this decision naturally pathological aid cannot be sought

The distinction can only be made by allowing adequate time and treatment for re expansion of the lobe If it fails to re expand, the bronchi, as in other forms of bronchiectasis, whether wet or dry, may develop a persistent heavy infection, and surgical intervention may become necessary Before treatment to promote re-expansion has failed, any attempt to distinguish the condition of the bronchi by the giving of names would merit Dr Chandler's scorn as a 'classifying of flowers by their colours Is it not simpler and less self-deceptive to keep the one term 'bronchiectasis for all bronchial dilatations and to remember that in atelectatic lobes this condition may be temporary?—I am, etc,

G H JENNINGS

British Postgraduate Medical School, Dec 6

Research on Rheumatism

SIR—I must at once thank Sir Leonard Hill for his amiable approval of my attempts It is only right and in justice to others that I should state that from the first and throughout I was and have been assisted by well-known investigators in this country, the Dominions America, and on the Continent Only experience and the younger generations will prove whether a completely specialist unit is the best for such a subject as 'rheumatisms —I am, etc,

Bath, Dec 8 F JOHN POYNTON

"Cures" in Rheumatic Disease

SIR—Mr Timbrell Fisher's letter (*Journal* November 27, p 1094) is very opportune His remarks are particularly applicable to most of the-so-called clinics devoted to physiotherapy I would like the opportunity of calling attention to the system which has been adopted at the Institute of Ray Therapy, from its inception, in reference to the classification of discharged patients The term "cured" is not employed at all In its place the term "fit" is used, and that applies to those patients who have been free from symptoms for at least a month and who are either considered fit to return to work or who have already returned to work without any recurrence of the symptoms Although no very extensive follow-up system has been adopted, there is no record of any patients discharged as fit having come back for treatment

Cases that cannot come under this heading are discharged as improved ' only when the condition has so materially improved as to justify the assumption that no further improvement can be expected Where patients show little or no sign of improvement they are discharged as "no improvement"

I would like to add my support to Mr Fisher's plea that the misleading term 'cured' should be abolished No one can say a case is cured unless there has been no relapse over a period of years and a very close follow-up has been instituted —I am, etc,

London W 1, Dec 9 WILLIAM BEAUMONT

SIR—Mr A G Timbrell Fisher (*Journal* November 27, p 1094) writes in reference to the use of the term cure ' in spa advertisements, and to its application to such notoriously intractable conditions as the chronic rheumatic diseases Dr G L Kerr Pringle (December 11, p 1198) in a very reasonable reply concludes that the term cure ' is comprehensive and concise, and free from objection when correctly used He quotes the definition, a particular method or course of treatment directed towards the recovery of the patient" This definition, I consider, has in the past been more or less accepted, but times change, and I feel that at present there are many members of the medical profession, and also of the public, who do not use the term in the above sense or understand it to mean "care ' or "a particular method or course of treatment,' but would define it as 'treatment which does away with disease and restores health"

Mr Timbrell Fisher regrets that advertisements emanating from lay authorities publicity departments make use of the word cure in a reckless manner, and rightly assumes that medical men at spas and elsewhere view such advertisements with grave concern Dr Kerr Pringle also objects to these extravagant advertisements

I have previously stressed the point that advertisements which deal with health matters and the therapeutic indications of spas and health resorts must be accurate, and that such advertisements should only be issued by publicity departments when they have been censored and approved by the medical officer of health and by local medical committees If such a procedure were adopted it would not be possible to receive the following advertisement, which has just come through the post ——— Spa will Cure your Rheumatism The use of the word "cure"

tion, was treated In deep therapy all attention was concentrated upon the growth the patient was almost regarded as something attached to a tumour! The speaker added that in his technique he originally used two tubes one behind and one in front of the patient but now he employed a wide angle metalix tube which gave a dose widely over the trunk at the optimum distance—seventeen inches—from the patient

After such mild and wide field treatment by x rays some people felt better immediately some felt depressed and suffered from headache Distortions of taste and smell were not uncommon and one patient said that his hearing was so acute for two hours after the bath that he could even hear the watch ticking in another man's pocket Salivation and intense hunger were sometimes induced and frequency of micturition occurred Asthma was the first condition treated the value of the treatment being discovered accidentally In purely allergic asthma relief could be confidently predicted in the infective type of asthma many cases were relieved in a mixture of the allergic and infective types the results were poor Satisfactory results were obtained in migraine but here as in all cases the rays were not directed at the seat of local trouble, the condition was treated as a constitutional disease Good results appeared in the chronic infective rheumatic group He had even noticed an improvement in the condition of mental defectives submitted to the treatment for various conditions A village idiot who had been treated for asthma became a very efficient domestic servant and a dullard won a scholarship He stressed the point that an enlarged gland or other condition was not treated directly but benefited under the general stimulus that care must be taken not to oversaturate the patient, and that it was better to err on the side of underdosing It seemed to him that the functioning of the ductless gland system was affected favourably and the natural defensive powers of the body reinforced

Exhibition of Apparatus

In association with the congress an exhibition was arranged to which twenty commercial firms contributed One of the novelties was an entirely new instrument called the "telecord" an arrangement whereby the x ray exposure is synchronized with the cardiac cycle thereby securing a greatly reduced exposure time for chest radiographs There was also a historical and scientific section which included a number of Crookes's tubes and other apparatus dating from 1896 also some bromide prints of radiographs of the same period As examples of modern work Dr Russell Reynolds showed his x ray cinematograph apparatus from the physics department of St Bartholomew's Hospital came an exhibit illustrating the effect of radiations on liquids and gels from the Royal Cancer Hospital an apparatus for the investigation of the quality of radiation inside a scattering material, and from the Strangeways Research Laboratories some examples of gamma radiation on growing tissues Other exhibitors were the National Physical Laboratory the physics department of the London County Council the University of Reading, and a number of individual research workers.

D Jorda (*Vestnik Chirurgii* 1937 **53** 139 3) describes briefly the organization of the blood transfusion service of the Spanish Republican Army The headquarters of the service at Barcelona has at its disposal 2,300 donors belonging to the different blood groups Citrated blood which has been properly tested for sterility is sent to the front in special glass containers in vans fitted with refrigerators Since October 1936 350 litres of blood have been used The same organization also supplies the standard sera for group testing and blood plasma for intramuscular and intravenous injections The author also describes the technique of the collection and the conservation of the blood and the apparatus used for the transfusion

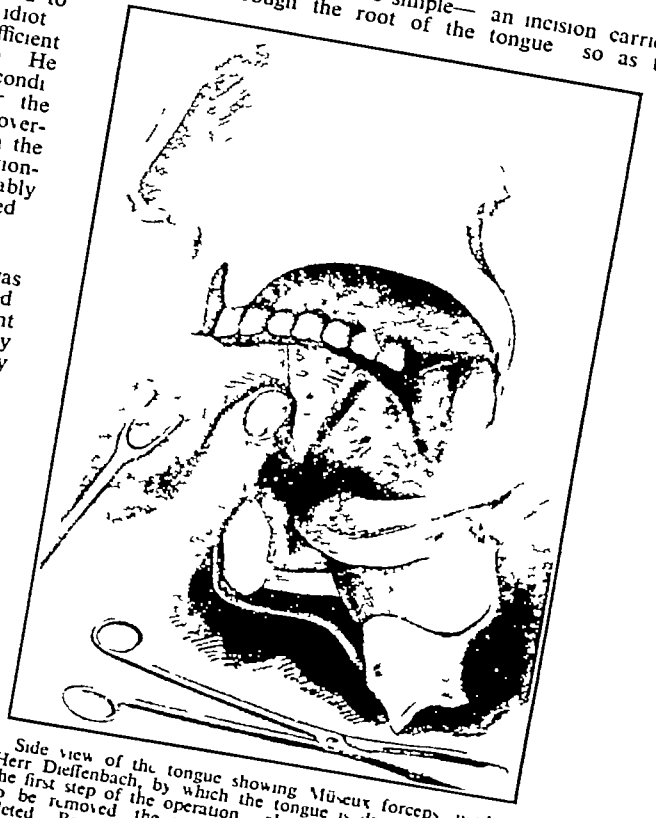
Nova et Vetera

PARTIAL GLOSSECTOMY AS A CURE OF STUTTERING

In 1841 a small book was published in London entitled *Memoir on the Radical Cure of Stuttering by a Surgical Operation* by J F Dieffenbach translated from the German by Joseph Travers, late house surgeon to St Bartholomew's Hospital The translator in a preface writes "In the following memoir M Dieffenbach has laid before the world another proof of his genius as an operative surgeon Time alone can show how far this operation may be generally applicable but the success of the first sixteen cases and the very small proportion of untoward circumstances attending them, hold out the fairest prospect of its coming speedily into general use

Dieffenbach's Operation

This operation was quite simple— an incision carried completely through the root of the tongue so as to



Side view of the tongue showing Müseux forceps used by Herr Dieffenbach, by which the tongue is drawn forwards in the first step of the operation also the wedge shaped portion to be removed the posterior or first incision already completed Beneath is another form of Müseux forceps

produce an alteration in the condition of its nervous influence allaying the spasm of the chordae vocales etc Actually three methods were tried "(1) the transverse horizontal division of the root of the tongue (2) the subcutaneous transverse division in which the mucous covering of the tongue is left inviolate and (3) the horizontal division with excision of a wedge shaped portion The author is more sanguine as to the success of the latter method than of the two preceding ones as here some shortening of the tongue must necessarily ensue

in this sentence surely means that the waters and treatment at that spa, in the words of the above definition, do away with rheumatism and restore health—I am etc

Torquay, Dec 11 K R Collis Hallowes

Medical Climatology and Hydrology

Sir,—The space which you so generously gave the Bath Conference of the British Health Resorts Association encourages me to ask you to allow me to develop a point I raised in one of the discussions

This association which began as a patriotic effort to encourage our health resorts to justify the medical profession in urging patients to seek health at home has gradually increased its scope Having the support of the two Royal Colleges the B M A and the Society of Medical Officers of Health its strong Medical Advisory Committee has naturally been led to consider the more technical medical affairs connected with these resorts

The value of climate and waters in the treatment of various forms of ill health has been recognized from time immemorial but much of their reputation still rests on empirical grounds That is no reflection on their value but we as a profession would much prefer to base it on more scientific grounds This will not be done until the subjects of medical climatology and hydrology are dealt with in the medical curriculum—either ante or post graduation We find that in nearly every Continental country encouragement is given to this study by the Governments and by the educational authorities but so far nothing has been done here Our approaches to these authorities have been met with the answer that there is no demand for such education or for a diploma recognizing that such training has been given And the Government which used the spas with great effect during the war, has since practically ignored their existence

I hate to think that this country is behind any other in anything of real value to its citizens but it is difficult to believe that we who do nothing are right while all the other countries which recognize the value of training in medical climatology and hydrology are wrong The demonstrations we saw at Bath and elsewhere have greatly impressed us with the excellent work that is being done the value of which we feel is far from being as much recognized as it ought to be

I write this letter in the hope that it may lead other people to ask why it is that Great Britain is almost the only country in which State recognition and encouragement have not been given to a form of treatment universally acknowledged to be beneficial and why our educational authorities have so far done nothing to train and earmark the practitioners who are working or wish to work in this specialized field—I am etc

Alfred Cox
General Secretary British Health Resorts Association

London W 1 Dec 13

Spa Treatment of Rheumatism

Sir,—The report in the *Journal* of the health resorts conference at Bath showed that there was a distinct difference of opinion amongst spa specialist physicians as to the value of hydrology in cases of rheumatoid arthritis This illustrates the difficulty of treating this disease A large number of rheumatic cases are treated at home nowadays this is not surprising owing to the increased knowledge of the diseases in question and the therapeutic measures available amongst medical practitioners The difficulty, however is diagnosis and even the specialist is sometimes doubtful as to whether a case is purely rheumatoid arthritis, rheumatoid arthritis plus gout or gout plus gonorrhoeal arthritis Medical diagnosis and treatment is becoming more and more specialized Hospitals solely for the treatment of rheumatic diseases at, for example, Bath Buxton and Harrogate enable their staffs to acquire a knowledge of these diseases which is available to all—I am, etc,

Bath Dec 13 A Gordon Watson

Trichinosis

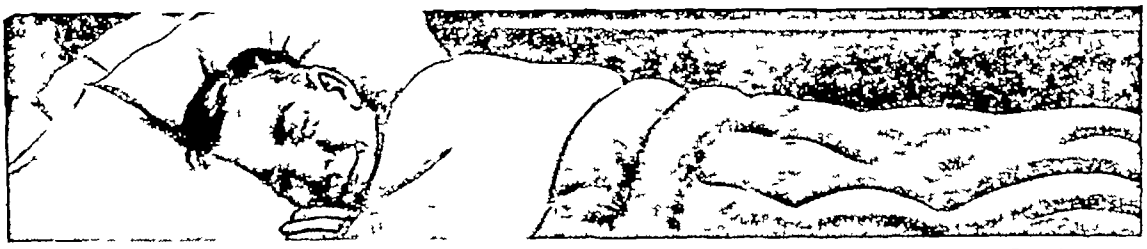
Sir—In his paper on subclinical trichinosis (*Journal* December 11 p 1162) Mr V D van Someren says The above constitutes all the published records of trichinosis in the British Isles which it has been possible to trace I have a distinct recollection of an outbreak among the boys on the training ship *Worcester* It was at first thought to be enteric fever Mr Power who was then principal medical officer of the Local Government Board investigated the matter and reported that it was trichinosis The date must have been about 1880 and one would think a record could be traced I remember too that the episode prompted *Punch* to produce some amusing verses about a cottager who owned a few pigs Fearing they might be infected he killed one of them and sent a present of pork to the vicar of the parish warning his wife to watch the effects at the vicarage before eating any of that pork—I am, etc.,

Camberley Dec 13 S W Sutton M D

Spinal Anaesthesia

Sir—I have followed with great interest the articles and correspondence on the question of spinal anaesthesia We have used this form of anaesthesia as a routine for every operation below the diaphragm for some six years or more In 1936 we administered it on 173 occasions for such varied procedures as gastro-enterostomy nephrectomy appendicectomy Caesarean section prostatectomy amputations and excisions of joints in the lower limb, and even sometimes for the application of forceps Throughout this period we have used a drug that I have never seen mentioned in the pages of the *Journal*—namely tropacocaine We use the 5 per cent preparation put up by Merck in 1 c cm ampoules

As Chinese patients are notoriously good surgical risks and rarely nervous premedication is not the rule though some patients are given 1/4 grain of morphine just before coming to the theatre For fistula in ano or lower limb operations the needle is inserted at the fourth lumbar space and immediately cerebrospinal fluid is obtained we inject, without withdrawal of fluid 1 c cm For abdominal operations the third space is entered and 2 c cm injected The patient s head is then lowered with a view to preventing any unpleasantness due to a fall in the cerebral circulatory pressure I must confess however that we have never once observed the blood pressure having previously satisfied ourselves from the practice of others that this is unnecessary Generally there is a smooth sequence of operative events Occasional nausea or subjective shortness of breath is overcome by advice to breathe deeply or by an injection of ephedrine hydrochloride Satisfactory anaesthesia usually lasts from one to two hours or even longer depending on the quantity of tropacocaine injected If towards the end of a long operation any complaint is made local infiltration with



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novocain will almost invariably allow a painless closure Supplementary general anaesthesia is a rarity

Throughout the six years in question only one death could be in any way attributed to the spinal anaesthesia —in a much exsanguinated and moribund patient, with a ruptured extra-uterine pregnancy, who died before the incision could be made This was early in the series, when blood transfusion was impossible and the newer continuous intravenous saline administration was not in use The only serious complications traceable to the spinal anaesthetic were also early in the series, and may have been due to faulty technique These were three cases of painless sloughing of an area of skin on the calf In each instance this was preceded by a blister like that due to a burn from a hot water bottle The latter possibility, needless to say, was carefully exluded

Post anaesthetic headache is rare and always temporary This is I feel due to the fact that only a drop or two of cerebrospinal fluid is permitted to escape, and also to the small volume of anaesthetic solution injected

This method which is in general use in many hospitals here, has proved so valuable to myself and others that we have not thought it worth while to try any other — I am, etc,

W R SLOAN M D, F.R C S Ed

Irish Presbyterian Mission Hospital
Kirin, Manchuria, Nov 25

Spinal Anaesthesia for Caesarean Section

SIR —May I contribute to this discussion a suggestion that is, I believe, in accordance with the facts of anatomy and physiology? A pregnant woman differs from a normal patient in that her 'splanchnic area' is enormously enlarged, and both the number and the calibre of the blood vessels, the tonus of which is abolished by spinal anaesthesia, are much greater at the end of pregnancy than at any other time The marked fall in blood pressure following the administration of a spinal anaesthetic, which in a normal patient is noticed only after paralysis of the mid-dorsal nerves—that is, in upper abdominal anaesthesia—will in a pregnant woman manifest itself as soon as the upper two lumbar roots are affected, these latter conveying the vasoconstrictor fibres to the enlarged pelvic viscera This, no doubt, is the explanation of the "rachi-sensitivity" referred to by Mr G A Bagot Walters (*Journal* November 13, p 995)

The reported fatalities during Caesarean section have occurred shortly after the spinal injection, and it would appear that these patients have bled to death into the vessels of their own greatly enlarged "splanchnic pool" It is interesting in this connexion to note that among your correspondents who affirm the safety of a Caesarean section under spinal anaesthesia are those who advocate the use of ephedrine (Dr H K Ashworth, October 2, p 671, and Dr Katharine Lloyd Williams, October 23, p 826) Ephedrine is a drug which prevents a fall of blood pressure by virtue of its peripheral action upon the paralysed splanchnic vessels, and acts to its best advantage in late pregnancy when the splanchnic area is at its maximum One would like to learn whether those who have reported fatalities have overlooked the value of ephedrine under such conditions, or have employed the drug without allowing a full thirty minutes for its action to take effect I submit this as a possible explanation of the marked differences not only of opinion but also in clinical experience expressed in your columns, although the successful series of cases at Cairo reported by Dr R B Coleman (October 23 p 826), between 1915 and 1927, before the use of ephedrine became general, weighs against an explanation on these lines It would, I fear, be uncharitable to Dr Coleman and his surgical team to suggest that these patients may have fortified themselves with their own adrenaline!—I am, etc,

D STANLEY-JONES, M B, B.S, B Sc, F R C.S

Hayle Cornwall, Dec 6

*** With this letter the correspondence may now be closed —ED, *B M J*

Fractures of the Scaphoid

SIR —I was very interested in Mr Salisbury Woods's account of the union of the carpal scaphoid after six weeks' delay in treatment (*Journal* December 4, p 1119)

The diagram in his report shows that the site of fracture was through the middle of the navicular bone, a position unfavourable to an effective blood supply to the fragments Lorenz Bohler has shown that the normal blood supply to the navicular is by way of two main arteries, one entering by the tuberosity and the other at the middle of the bone This is important, as a fracture of the tuberosity, being extra-articular and having a good blood supply, will heal with any or no treatment at all, a fracture distal to the middle of the bone will heal well if properly immobilized, but a fracture through the middle or proximal part, when treatment is delayed, will need long and uninterrupted fixation, since these last fractures either destroy the main artery or at least cut off the blood supply of the proximal fragment

Mr Salisbury Woods does not mention whether the first *x*-ray examination showed any cavitation of the fragments An abnormal blood supply to the bone in his case is indicated, first, by the absence of traumatic cavitation, and, secondly, by the rapid subsequent union I stress this point because it is only the exceptional case which will unite so rapidly, the majority needing from four to six months fixation unless hastened by drilling the bone An important point causing delay in treatment is that in a radiograph taken immediately after the accident the fracture may be very difficult to see, even if one is looking for it, while a few weeks later, as the fracture gap widens, it is obvious

In my limited experience of these cases I have found that when the fracture of the navicular is the only injury the patient often treats it as a sprain and comes late for treatment, but when it accompanies a Colles's fracture, as it often does, the break is not easy to see in the radiograph, and may be overlooked until later, when it becomes apparent Time, however, has by then been lost and disability prolonged —I am, etc.,

Evesham, Dec 5 G HARVIE DUNCAN F R C S.Ed

Applying for Hospital Posts

SIR —I would like to give my strong support to the letter appearing above the initials "F R C S" in the *Journal* of December 11 (p 1200) Most of us have vivid memories of that difficult time in our life when we were trying to obtain a footing on some honorary staff Why should it be necessary for hard-up aspirants to spend their money on a beautiful printed form of application when the typewriter can do all that is necessary for one-twentieth of the cost? Why, also, should election committees waste their time in listening to the well known testimonial that conveys very little real information concerning the merits of the candidate? Personally I pay no attention to testimonials, but generally tell those who call upon me that a personal letter from those who know

exist to cover them But we do not think that the allowances are adequate The proportion of rent rates, etc, allowable must cover the garage and that portion of the establishment used privately by the assistant as well as the surgery and waiting room We should have thought that two thirds would have been allowed though the difference between that and three fifths is not substantial To reckon wages and not board seems a clumsy way of estimating the professional element in the expense of the staff The proper basis would seem to be to treat as allowable a high proportion of the cost of the maid—say four fifths—one half the cost of the gardener chauffeur and, say, one half of the cost of the cook—she is employed purely in working for the indoor assistant and the other two members of the staff and to that extent is employed professionally These suggestions, however are of course made without any knowledge of the particular circumstances and such ratios naturally vary according to the facts of each case

Partial Residence Abroad

"SOY asks in what circumstances any special relief can be claimed by one who is obliged to live abroad three quarters of each year owing to ill health The income is derived from the United Kingdom

*** Assuming that Soy has recently been a resident of this country subsequent absence would not give any relief, at least while he returns periodically to the United Kingdom. If on the other hand he has been residing in, for example, India and has then adopted the habit of life mentioned he would not have to prove the cessation of United Kingdom residence But even then it would be of no benefit as regards income derived from this country, unless it were interest on one of the Government issues to which the special exemption of non residents applies

Cost of Dispenser Secretary

'M B' employs a dispenser secretary he pays her £156 per annum and supplies her and her 18 year old daughter with board and lodging, considered to be worth at least £156 per annum. The inspector of taxes objects to the allowance of £312 as a professional expense on the ground that the amount is excessive

*** From the list of duties supplied it appears to be clear that the employee's services are varied—for example, she drives the car—and would justify remuneration above the ordinary dispenser scale It is however, mentioned that she supervises my household and of course in so far as that extends to non professional work—for example, house keeping—the remuneration would have to be regarded as partly of a private nature On the whole, some figure between the £156 hitherto allowed and the £312 now claimed would probably be a reasonable compromise We suggest that the question could best be discussed personally with the inspector with a view to compromising the claim at, say £225 or £250

LETTERS, NOTES, ETC.

Drug Treatment of Typhoid

Dr G L L LAWSON (Rooty Hill N S W) writes Forty-eight years ago I had to deal with a severe epidemic of typhoid in New South Wales Dr Ashburton Thompson the medical officer of health for New South Wales, suggested to me that since typhoid was due to a micro-organism a germicide should be useful in treatment. It was agreed to use blue ointment and about 10 or 20 grains were rubbed into the right groin one day, the left groin on the second day and over lower abdomen on the third day and continued in this rotation At the same time a mixture containing about 1/20 grain of iodine was given two or three times a day A prescription appearing in a medical journal a few months previously formed the basis of this prescription The fore going gave very satisfactory results About this time I read Dr Illingsworth's little book and I decided to change to iodide of mercury I prescribed liq hydrarg. perchlor 1½ oz. potass iodidē grains 24 to 48 spt chlorof 48 minims and aq menthæ pip to 12 oz 1 oz. to be taken every four hours in plenty of water for four doses daily The amount of potassium iodide and the size and frequency of the dose were varied to suit the condition of the patient Tinct nuc vom 5 to 10 minims was added to each dose as required and was given on the first sign of tremulousness. Tinct. opii 2 to 4 minims or mist. cret. with aromatics was added if there was marked diarrhoea The injunction was better than the liquid The illness lasted about one month, and after the temperature had subsided the medicine was continued for fourteen days, otherwise the temperature rose again The diet was soft and varied in the later stages, well-cooked porridge and even a glass of beer being allowed daily After ten to fourteen days the potassium iodide was usually changed to sodium iodide If called upon to treat another case I would use the injunction and would give internally hydrarg cum cret grain 1/4 pulv pro mist. cret grains 4 sacch. lact grains 10 pulv amyli q s the whole to be well triturated together and given every four hours if awake To be varied with hyd iodid virid 1/32 grain in tablet form well diluted every hour for five or six doses then every two hours or three hours.

Wireless Consultations

Dr PHILIP SIMON (Cardiff) writes For the past fifteen months I have been surgeon on a liner travelling between England and South America On ten occasions I have received wireless calls for medical aid from cargo ships—nine English and one foreign—none of course, having a doctor on board Some minor cases were treated to a successful conclusion the more serious until the ships passed out of range On the return of these ships to their home ports might I not have expected from the owners a notification of what had happened to the patient? Such an act of common courtesy, at least, would appear to be due to the profession A word of thanks, too might justifiably have replaced the complete absence of information which I have been accorded

Magsorbent

Kaylene Limited announce that the retail selling price of magsorbent powder is to be reduced by 40 per cent on December 1 This reduction in price applies both to the United Kingdom and to the Irish Free State Magsorbent is a synthetic hydrated magnesium trisilicate which has been used for the treatment of peptic ulcer, hyperchlorhydria, and acid dyspepsia

Opportunities for Women Medical Students

Dr J MCNAMARA (Kensington W) writes Your article (December 4 p 1124) dealing with the difficulties encountered by women trying to enter the medical profession is painful reading Why should women be so treated and where is our sense of fair play? From the days of the gallant struggle by Dr Sophia Jex Blake and Mrs Garrett Anderson to our own time the attitude of many leaders of the medical profession in this matter has been deplorable

Diaries and Calendars for 1938

We have received from Messrs Frederick Aldridge (34 Paternoster Row London E.C 4) a copy of their *Hospital Diary* for 1938, compiled by Mr F P Carroll In addition to the diary proper—which this year has a cellophaned thumb-index—there is a section of special interest to hospital officers and those engaged in hospital administration it includes notes on hospital law by Mr Clement Cobbold M A, Secretary of the Royal Cancer Hospital There is also an alphabetically arranged guide to hospital suppliers The price of the diary bound in leather cloth, gold blocked, is 5s 6d post free

Messrs John Walker and Co Ltd (5 and 6, Warwick Lane London E C 4) have sent us a selection of diaries and calendars for 1938 The latter are printed in the bold and clear type for which Walker calendars are noted and the diaries are attractively bound in leather covers of various colours and are obtainable in many different sizes to fit all pockets The prices range from 1s upwards

Christmas Fare is full of useful instructions on preparing, cooking and serving a Christmas dinner at home and includes a Cook's Time table for Christmas Day Copies can be had free from the British Commercial Gas Association 1, Grosvenor Place, S W 1, or from local gas showrooms

Messrs Cadburys have sent us in good time for Christmas an acceptable package of chocolates cocoa and Bourn Vita from their factory at Bournville whose reputation for enlightened management is known to every reader

their work will carry some weight I also agree with F R C S' that much valuable time would be saved not only for the applicants but for the members of the honorary staff, by a preliminary weeding out of all unsuitable candidates before the actual calling begins This is usually done in the case of applicants for house appointments It might also be carried out by an election sub committee in the case of appointments to the honorary staff—I am, etc

London Dec 10 KENNETH WALKER

Traumatic Perirenal Haematoma

SIR—Mr Hamilton Bailey has some interesting remarks on this condition in his book *Emergency Surgery* (p 343) I wonder what his advice would have been however, in the following case

A girl aged 10 stumbled backwards while carrying a bucket of water which fell on to her abdomen She complained of pain and a swelling became visible shortly afterwards apparently arising from the left iliac fossa She was brought to me five weeks after the accident and by this time the swelling had increased enormously She was very ill was in considerable pain and fever had been present for a week Haematuria was denied but numerous red cells were present in the urine On examination she was obviously in much pain and lay with the left hip flexed The swelling was the size of a football and caused a tense prominent bulging in the left flank occupying also the loin and extending to the iliac fossa A tentative diagnosis of infected hæmatoma following a ruptured kidney was made and operation was embarked upon after twenty four hours preparation Incision was made over the tense part of the swelling in the flank and the haematoma exposed Its wall was extremely thin and an attempt to increase the exposure caused a sudden cascade of bright arterial blood under intense pressure about two pints of blood were lost in as many seconds Respiration immediately became sighing. *The cavity and rent were rapidly plugged* with gauze and the patient was removed to the ward where she died after ten minutes

In this case the haematoma was so large that exposure of the renal pedicle or of the rupture was impossible and it is difficult to see how the fatal issue could have been avoided—I am, etc,

N Nigeria Nov 11 A L CRADDOCK

West London Post-Graduate College

SIR,—Dr Maurice Shaw's statement as dean of the West London Post Graduate College in the *Journal* of December 4 (p 1144) will not be agreeable reading to a very large number of graduates That lady students should have better opportunities than so far afforded them for clinical study is admitted by all, but why choose the West London Hospital which has been responsible for postgraduate teaching for men from different parts of the United Kingdom and every British Colony? The change is already being felt, but when the West London finally closes its doors to graduates it will be a sad and hard day for qualified men who come on study leave from the Dominions and Colonies The college gives extremely good value and is very well run Save midwifery, every branch of medicine and surgery including gynaecology, is taught and taught well by experts who are not only very efficient in their respective departments but are also very good teachers I have been on the books of this college since 1912, attending a few months at a time every few years I therefore speak from real experience on the value of the college, and I think I am voicing the feelings of all graduates who have attended and are attending the hospital

The loss to graduates is a very big gain to undergraduates and I would offer my congratulations not to the West London Hospital but to the undergraduate students There is a large amount of clinical material, and the physicians and surgeons concerned, whether in the out patient department in the wards or in the operation theatre invariably go all out to give students the best value Would it not be possible to let the West London remain a postgraduate college with special arrangements for undergraduates that will not clash with graduate study? The University of London would surely not disapprove of it as a place of study for the M B, B.S degrees for external students as well as a college for postgraduates—I am etc,

London W Dec 10 POSTGRADUATE

Auguste Forel and His Work

SIR—In his remarks on the autobiography of Auguste Forel in the issue of December 4 p 1121 your reviewer fails to appreciate the historical importance of this great man Although his study of ants dated from his earliest years and won him recognition as an authority in myrmecology unquestionably Forel's most important work is that on the sexual question which was translated into sixteen different languages and was published in as many editions the first in 1905 and the last in 1931 shortly before his death Next in importance comes his book on hypnotism, of which twelve editions were published and of which Pierre Janet (*Psychological Healing* 1925 **1** 195) writes This important work did much to spread Bernheim's teaching in Switzerland and subsequently in Germany undermining faith in Charcot's doctrine which at first received general acceptance No mention of those works is made by your reviewer while Forel's scientific campaign against alcoholism in which he received the help of the eminent physiologist von Bunge is dismissed with a few slighting words

On the other hand the high esteem in which Forel was held by competent critics during his life was shown on the occasion of his sixtieth and seventieth birthdays by special numbers dedicated to him of the *Journal für Psychologie und Neurologie* in 1908 and of the *Zeitschrift für die gesamte Neurologie und Psychiatrie* in 1918 to which contributions were made by Ramon y Cajal, Oppenheim, Piltz, Bleuler, Gaupp Spielmeyer, and many other eminent neurologists and psychiatrists

No less laudatory were the obituary notices Professor Douath of Budapest (*Z ges Neurol Psychiat* 1931, **136**, 642) described him as *decus humani generis* as well as a glory to his Swiss fatherland Professor Veraguth of Zürich (*Dtsch Z Neurol* 1931, **122**, 117) spoke of him as a dominant personality, and one of the founders of modern medical psychology and psychotherapy, and Adolf Meyer of Baltimore (*J nerv ment Dis* 1931 **74** 785) wrote Through the death of Auguste Forel the world has lost one of the outstanding and dynamic figures of Swiss science and medicine Forel stands as an example of pathfinding and practical creativeness of a high order

No mention is made by the reviewer of the attack at the age of 64 of cerebral thrombosis, of which Forel gave a masterly account in the *Journal fur Psychologie und Neurologie* in 1915 and 1924, nor of the dauntless manner in which he carried on his manifold activities—until his death nearly twenty years later—in spite of the grave disabilities caused by right hemiplegia and dysphasia followed by glaucoma in both eyes

EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

493 Prognostic Value of Tuberculin Reactions

J HOLM (*Nord med Tidskr*, September 4, 1937 p 1456) gives an account of tuberculin tests of 1 608 medical students examined in Copenhagen in the course of three years Up to 1 mg of internationally standardized tuberculin was administered intracutaneously (Mantoux test), and all the positive reactors underwent screening which, if it revealed any shadows was supplemented by radiography As many as 1,192 showed a positive reaction among them were twelve students already known to be suffering from tuberculosis Of the remaining 1 180 positive reactors hitherto thought to be well nineteen were found on further examination to be suffering from more or less definite pulmonary tuberculosis ' Thus there remained 1,161 Mantoux positive students with normal lungs The subsequent fate of these students was compared with that of the 416 originally Mantoux negative students The Mantoux-positive group was periodically re-examined radiologically whereas the Mantoux negative group was periodically re-examined by tuberculin testing During the observation period not one of the 1 161 Mantoux-positive students developed pulmonary tuberculosis But of the 416 originally Mantoux-negative students there were as many as nineteen who developed pulmonary tuberculosis In the same observation period eighty-two of the 416 originally Mantoux negative students became tuberculin positive It would seem from these figures that a student who is tuberculin negative when first examined is more likely to develop pulmonary tuberculosis during his academic career than one whose reaction to the Mantoux test is positive from the outset

494 Eventration of the Diaphragm

A C SINGLETON (*Brit J Radiol*, September, 1937 p 677) discusses the rare condition generally referred to as eventration of the diaphragm its aetiology is still uncertain and it is usually discovered accidentally There is no history of injury, and the condition is probably congenital though phrenic nerve injury at birth may conceivably be the cause in a certain number of cases The radiographic examination reveals a high paralysed intact diaphragm The lesion practically always affects the left dome of the diaphragm, though a small number of cases in which the right diaphragm was involved have been observed There are no clinical symptoms and when physical signs are present they are not characteristic of eventration

495 Myasthenia Gravis

F S KENNEDY and F P MOERSCH (*Canad med Ass J* September, 1937, p 216) analyse a series of 108 cases of myasthenia gravis observed between 1915 and 1932 The analysis has not furnished any helpful information regarding the possible aetiology of the condition although some form of infection did appear to act as a precipitating factor in 31 per cent of the cases The age of the patients at the time of the onset of symptoms varied from 10 to 77 years but in the majority of cases the patients were affected during the third and fourth decades of life The disease may represent an acute rapidly fatal process or it may run a long mild course The average lapse of time between the first appearance of symptoms and the making of a correct diagnosis was about four and a half years In cases in which the disease is of the ophthalmoplegic type it is especially prone to be chronic and relatively mild. The most frequent early sign is a disturbance of the ocular muscles Weakness of the masseter muscles was present in only 14 per cent of cases Twenty seven patients had remissions of an average duration of 2 2 years Thirty four deaths occurred in the patients observed between 1915 and 1932 These cases had practically no treatment, and the mortality, therefore, represents essentially that of the untreated disease From 1932 the patients received adequate treatment embodying new therapeutic agents such as ephedrine and glycine, benzedrine sulphate, prostigmine and vaccines The results of this new therapy have been so striking that the authors believe that they are on the threshold of a definite understanding of the disease and of its rational treatment

Surgery

496 Spondylitis Deformans

J KRAFT (*Hospitalstidende* September 14, 1937, p 1017) has undertaken a study of 204 men and 100 women treated for spondylitis deformans in a Danish Red Cross hospital between 1930 and 1935 The age incidence of this disease was greatest between 45 and 55 for men and between 50 and 55 for women The youngest patient was only 23 years old It is unlikely that spondylitis deformans is a form of polyarthritis, for in this material the two diseases co-existed in only four men and two women It is also unlikely that spondylitis deformans is due to an infection of such structures as the intervertebral cartilages, for an infection would assuredly be associated with a high rate of sedimentation, and the author has found this rate to be relatively low in most of his cases The rarity with which spondylitis deformans is associated with a rise of temperature is also incompatible with the conception of this disease as an infection On the other hand spondylitis deformans was associated with arthritis and osteo-arthritis in other parts of the body in 16 per cent of the women and 25 per cent of the men in the author's material The seat of this associate arthritis was often the hip The author is pessimistic with regard to the prognosis for spondylitis deformans not given treatment This should consist of massage warmth, baths diathermy, and other electrical treatment. Failing relief from other measures, considerable benefits can be obtained by means of a corset supporting the spine and taking pressure off it

497 Regional Enteritis

J H. ZAAIJER (*Zbl Chir* September 11, 1937, p 2137) discusses on the basis of seven cases the clinical features of regional ileitis as described by American observers in 1932 since the caecum or colon may be affected, he prefers to call it unspecific regional enteritis The name *intestinal phlegmon* used in antecedent German descriptions is not always appropriate The most characteristic anatomical features are (1) the primary restriction of inflammatory conditions to a limited region of gut (2) the mimicry before and/or during operation, of ileo-caecal tuberculosis (Giant cells are not infrequently found, and they were present in one of Zaaijer's series but the condition is certainly not tuberculous) Clinically it frequently happens as in three of these cases that acute or subacute appendicitis is diagnosed other forms are those mimicking tuberculosis or recurrent invagination of the gut with colic diarrhoea and melaena, cases with some degree of stenosis usually diagnosed as carcinoma near the caecum and fistulous forms often confused with actinomycosis or tuberculosis Pyrexial attacks are common and a sausage shaped tumour may be palpable To show the difficulties of diagnosis Zaaijer mentions that the x ray demonstration of a "twisted cord which has been claimed to be characteristic of regional ileitis was found by him in two cases only—one of omental adhesion after perforation and one of enlarged mesenteric glands,

As regards the reviewer's charge of Bolshevism, Forel relates that, though he rejoiced at the overthrow of Czarism, on hearing of his election as a member of the New Russian Academy he declined to accept the honour unless the misdeeds of the Soviets ceased immediately—I am, etc,

London S W 6 Dec 5 J D Rolleston

Frumenty for Constipation

Sir—There is one perennial problem which is always facing physicians in general practice, and that is the problem of constipation Each age has boasted of discoveries which are proclaimed as being preventives or cures, but in spite of the constant succession of new claims as the result of new discoveries, there is no ailment more common to day and more difficult to deal with in a rational way I would like to draw attention, however, to the fact that before England was conquered by Scotland one heard very little of this trouble Amongst many sad results of the Scottish conquest there was the voice of the conqueror, which proclaimed that from that time onward porridge should be made of oats, and that no Englishman should have the right to call his own national wheaten dish porridge, and that all who wished to be loyal to the conquerors should henceforth begin their day with a bowl of oatmeal

If we turn to the ancient Saxon chronicles we find a phrase like this

> The reason given by the Churchwardens of Middlewych for not letting the school children come to church on the Wakes Sunday was that their little bellies will be so full of furmetty, that they will only be going in and out all Church-time

This is an illustration of the effect upon national health of the old English dish of 'frumenty" From a physiological point of view the demands of the body for proper functioning are fairly simple The food must be of a digestible character to stimulate the digestive organs It must contain a sufficient bulk to enable the muscles of the alimentary canal to function fully, and steadily pass on, inch by inch, the contents of the bowel, and this bulk must be of a somewhat spongy consistency, and should be neither very dry nor very soft The tendency of modern life is to aim at producing foods which are advertised as being "entirely digested Such a food, if eaten alone, does not fulfil the requirements of a physiological food, and sooner or later tends to produce early intestinal atrophy, unless this is counteracted by added purgatives

The life history of the liver fluke is an illustration of the effect of the use of entirely digestible foods, and the complete atrophy of the alimentary canal in the liver fluke is a striking warning of the evils connected with the too great use of 'completely digestible foods Without dealing with the other problems of dietary, I would like, therefore, to draw attention to the extreme value of the old English dish of 'frumenty' as a complete preventive of constipation in normal human beings As an old schoolmaster I recognize that the curse of constipation begins early in life, and that the habit of pill-taking which is so common in later years, has its origin in schooldays If, however, the English dish of "frumenty' is used instead of the Scotch porridge, constipation can be practically prevented In my own practice I advise a cupful to be taken once a day, and gradually increased up to three or four times a day until the bowel function is restored to normal Once this has been obtained the amount of frumenty can be reduced so that from once a day to two or three times a week 'frumenty" eaten with honey or black treacle and cream becomes a delightful dish as well as a food entirely curative of the serious evils resulting from constipation—I am, etc,

London, E C 4 Dec 11 Josiah Oldfield

Ether Convulsions

Sir—During six months as a resident anaesthetist in London I had the misfortune to have no fewer than five cases of so called ether convulsions All five completely recovered after a long post-operative sleep The technique of treatment which was taught me by Dr B Rait-Smith was, first, stop the ether, secondly, lower the feet and raise the head of the patient, and, thirdly, compress both common carotid arteries simultaneously for five to ten seconds The convulsions immediately cease In one case they began again, and the procedure was repeated If the convulsions do not stop, I maintain that the carotid arteries have not both been completely compressed This seems to me to be the easiest and surest method of dealing with the condition

I may add that in my opinion the convulsions are due to an overdose of ether under the conditions of the moment, usually in hot weather, in a toxic young patient. The overdose may be transitory, and even produced by carbon dioxide during induction, causing a sudden excess of ether vapour to be absorbed—I am, etc,

Ely, Dec 12 J B Bamford

"Stoppages" for Medical Charity

Sir—With reference to Dr Henry Robinson's article on "Legacies to Medical Charities" in your issue of November 27, I should like to go further than Dr Robinson, and suggest that in addition to legacies all medical men should contribute a small amount to the medical charities during their lives

There are approximately 16,500 "panel doctors" in England and Wales attending 16,500 000 insured persons if we include Scotland we might safely put these figures at 20,000 and 20,000,000 respectively My suggestion is that these 20,000 panel doctors be approacned through their panel committees and asked to sanction a 'stoppage of, say, a farthing per patient from their quarterly cheques in favour of the Royal Medical Benevolent Fund or other charities This small 'stoppage'—as the collier calls it—would amount to an annual sum of about £80,000, and would mean on the average an annual donation of £4 per panel doctor This as "the eye didn't see the heart wouldn't grieve after"

Colliers, by sanctioning small 'stoppages" from their weekly pay, are able to provide funds for building stately halls picture palaces, and baths, and I feel that the "panel doctor, if approached in the proper manner, would not be a laggard in contributing towards the well-being of his less fortunate brother's dependants

I hope that those who are best placed for judging this suggestion will give it their full consideration and determine the best ways and means of bringing such a scheme into being—I am, etc,

Llandilo Carm Dec 7 J H Lloyd

To mark the fiftieth anniversary of the foundation of the Victoria Dispensary for Consumption in Edinburgh—the first clinic for the diagnosis, treatment, and control of tuberculosis—the November number of the *American Journal of Public Health* has a sympathetic editorial entitled "Sir Robert W Philip—World Benefactor

and that in one apparently typical case operation four months after ileo-caecal resection showed tuberculosis of the colon Of Zaaijer's cases two showed primary disease of the ascending colon, five of the terminal part of the ileum The general opinion is that radical excision followed by anastomosis is called for, but cures have occasionally been seen after conservative treatment, or in cases judged inoperable Zaaijer advises (1) resection in one operation but if this appears too dangerous (2) ileocolostomy followed later by excision, and (3) in children, especially in acute cases closure of the abdomen with no other treatment than possibly, appendicectomy The prognosis except in advanced cases, is good, and Binney, in a collected series had a mortality of only 4 per cent All Zaaijer's patients recovered excisions were done in all save one, a child aged 7

498 Fractures in Childhood and Adolescence

N PAUS (*Norsk Mag Laegevidensk* September, 1937, p 1193) has undertaken a statistical analysis of the 270 patients under the age of 20 who received treatment for fractures of the long bones of the limbs at his hospital between 1921 and 1932 Only seventy-seven of these patients were girls, although under the age of 5 there were more girls than boys (twenty-five and twenty respectively) It would thus seem that the comparative masculine restlessness which is conducive to fractures does not show itself before this age With advancing years, and particularly after the age of 10 this characteristic feature of the male appears to develop more and more, for between the ages of 10 and 14 fractures were four times as common in boys as in girls, whereas between the ages of 15 and 19 they were five times as common (fifty males to ten females) Sixty-five per cent of the girls were under the age of 10, whereas 61 7 per cent of the male patients were over this age Three years or more after discharge the author re-examined 248 of his patients, and though some of them were cases of supracondylar fracture of the humerus all were found to be perfectly fit for work In sixty-nine out of seventy-seven cases of fracture of the femur recovery was excellent, whereas this was the case with only twenty-four of the thirty-nine cases of fractures about the elbow-joint In 195 of the 248 cases recovery was so complete that the site of the former fracture was only radiologically demonstrable The power of recovery diminished gradually with increasing age, under the age of 5 as many as forty out of forty-three patients showed an ideal recovery, whereas between the ages of 15 and 19 such a recovery could be claimed for only thirty-five out of fifty-three patients The author concludes that in the first twenty years of life the prognosis in these cases is more influenced by the patient's age than by the character of the treatment he receives

Therapeutics

499 Ultra-violet Treatment of Erysipelas

M E KNAPP (*Arch phys Ther* September 1937, p 572) refers to 510 cases of erysipelas treated by ultra-violet radiation alone The treatment gave consistently good results over a period of eight years The dosage varied, but in general ranged from 5 to 20 erythema doses applied to the involved area and a margin of one to three inches of normal skin Mercury vapour lamps were used in all the cases The resulting erythema was treated by applications of white vaseline The only complication resulting directly from erysipelas itself in the series described was abscess formation This occurred in about 6 per cent of cases In about 31 per cent of cases erysipelas was a complication of other pre existing diseases, and most of the deaths occurred in this group The treatment seems to be particularly useful in reducing the mortality from erysipelas in small children.

500 Plethora Rubra

E DRUSCHKY (*Med Klinik* September 3, 1937, p 1195) believes that the so-called 'red hypertension" is caused by a retention of metabolic end-products, including the xanthoproteins It is not yet quite certain whether there is not at the same time an avitaminosis, but it has been definitely proved that the condition can be favourably influenced by a suitable diet The 'red hypertension may finally develop in a number of ways (1) the high blood pressure may remain constant over a number of years, (2) it may result in an apoplexy, (3) it may give rise to attacks of angina pectoris, (4) cardiac failure may result, and (5) it may change into a "white hypertension' The treatment consists in the administration of cathartics in daily enemata, and in a fruit-juice diet This treatment is alternated by periods of raw food diet Physical therapy is carried out at the same time The author reports good results from this treatment in fifty cases

Diseases of Children

501 Influenza in Children

C A ALDRICH (*J Pediat* September, 1937, p 331) records his observations on 1,146 cases of influenza, in children of all ages, occurring between February, 1930, and January, 1936 During this period the disease appeared in yearly epidemics of considerable proportions, except in the winter of 1933–4, when there was a much smaller wave Laryngitis or croup arose in smaller epidemics at the same time as those of influenza, making it seem probable that croup is a manifestation of influenza in infancy The influenzal epidemics showed no chronological relation to the prevalence of general respiratory disease Otitis media and capillary bronchitis were by far the commonest complications, 70 per cent of the children who developed capillary bronchitis were known to be asthmatic The prognosis generally was extremely good, the only death being due to meningitis secondary to mastoiditis

502 The Vitamin B Complex

C LORING JOSLIN and SAMUEL T HELMS (*Arch Pediat* September, 1937, p 533), in order to study the effect of vitamin B on growth and weight, placed 100 infants alternately into two groups—Group A and Group B (the control group) The experiments were continued for a period of one year and the effect on weight, growth and constipation recorded at intervals Both groups were fed on a diet suitable for the age, the only difference being the addition of vitamin B to the diet given to Group A It was found that the infants in Group A increased in weight and height more quickly than did the control group It was also noted that the infants in Group A suffered far less from constipation than did those in Group B A further experiment was carried out with a series of nursing mothers, and it was found that if nursing mothers were given extra vitamin B their infants gained weight more quickly and were less constipated The addition of vitamin B to the diet of constipated infants relieved this trouble, and in the same way children with anorexia soon began to take food more readily when extra vitamin B was added to the diet

503 Normal Metabolism of Iron

H OLDHAM P W SCHLUTZ and M MORSE (*Amer J Dis Child* August, 1937, p 252) have studied the relative availability of inorganic and of organic iron in the diet of the normal infant The subject of their investigation was a normal healthy infant aged 6 months, it being presumed that by that time the iron store present at birth would have been largely depleted Foods were selected which for the most part are commonly used in infant

Obituary

J FRANCIS DIXON, M A, M D

Late Medical Superintendent Leicester City Mental Hospital

We regret to announce the death on November 26 after a long illness, of Dr J Francis Dixon of Littlethorpe House, Narborough, who retired in May, 1937 from the medical superintendency of the City Mental Hospital Leicester

Born in Dublin in 1871, he was educated at Merton College Surrey On leaving school he went out to New Zealand and spent some years ranching, after which he returned to Ireland and entered Trinity College Dublin, taking the B.A in 1896 and the M B B S B.A O in 1899 On qualifying Dr Dixon held resident appointments at Sir Patrick Dun s Hospital and the Royal City of Dublin Hospital, and at the outbreak of the Boer War he was accepted as a civil surgeon, going out to New Zealand on a troopship in charge of sick and wounded There he obtained a commission as medical officer to the New Zealand Mounted Rifles proceeding to South Africa with this unit serving there and returning with it to New Zealand He had intended taking up general practice in New Zealand, but for family reasons returned to this country After acting as house physician at the Bethlem Royal Hospital London in 1903, he decided to take up mental work as a career and was appointed assistant medical officer later senior and deputy medical superintendent at the Three Counties Asylum, Bedford In 1904 he graduated M D., and in 1911 M A In the same year he was awarded the certificate of the Royal Humane Society for attempting to save the life of a patient from drowning He was appointed medical superintendent at the City Mental Hospital, Humberstone, Leicester, in November, 1911

At Humberstone Dr Dixon soon introduced the policy that he was to pursue throughout his service there—namely, improvement of the welfare and treatment of the patients converting the institution from an asylum to a mental hospital and improving the conditions and training of the nursing staff The outbreak of the Great War soon interrupted this work and as he was already an officer in the Territorial Army he was mobilized in *1914*, proceeding to France with the North Midland Field Ambulance After sixteen months service he was demobilized on grounds of ill health, but on recovering resumed his military duties in 1916, and served in this country until May 1917, when, at the request of the Board of Control he was discharged from the Army and returned to Humberstone After the war he continued to develop his policy of improving the feeding and clothing of the patients under his care permitting increased freedom parole and leave of absence and latterly providing facilities for the treatment of psychoneurotic and early psychotic patients in out patient clinics and in the hospital as voluntary patients

Shortly before he retired the Visiting Committee converted an old Georgian house to a unit for the treatment of convalescent voluntary patients of both sexes under the one roof The provision of such a homely atmosphere for treatment had long been one of Dr Dixon s ideals so as a tribute to his work the house was named the Francis Dixon Lodge Another and earlier tribute was the publication in 1923 of the first number of the *Patients Magazine* written printed, and published entirely by the patients as a protest against the allegations being made against mental hospitals at that time Since 1923 the magazine has been published quarterly, and it continues to be a brightly written commentary on hospital events, with original articles Such a publication, and the reasons for it must be unique The present-day atmosphere of Humberstone and the good name it enjoys among the people of Leicester stand as a memorial to The Colonel, ' as he was affectionately known to his patients During the last few years his health broke down, and after an operation he retired in May, 1937

Dr Dixon was a member of the British Medical Association the Royal Society of Medicine, the Royal Medico Psychological Society, serving on the Council and on the Educational Committee and of the Leicester Medical Society, of which he would have been president two years ago but for indifferent health A good sportsman, he played Rugby football and polo in his youth and cricket till the war years, and until his last illness was a keen and excellent shot. He had a rare charm of personality that endeared him to all who met him, and was loved and esteemed by his patients and staff A genial and generous host, he was a raconteur with a ready Irish wit—a man with many friends The very large attendance of City Councillors, including the Lord Mayor of Leicester friends and colleagues, staff and patients, at the funeral service at St Mary s Church, Humberstone, on November 30 and at the memorial service in the Mental Hospital Chapel on December 5 was a fitting tribute to his memory He married Miss Helen S Seymour in 1928, and is survived by her

T W D

Dr DONALD FERGUSON who died on November 30 was born in 1861 the youngest son of the late Alexander Ferguson J P, Morvern Argyllshire He was educated at the Glasgow High School and Glasgow University where he graduated M.A in 1886 and M B C M in 1888 For forty two years he had practised in Warrington during which period he was a very active member of the British Medical Association He held office as chairman and representative of the Warrington Division and latterly as member of Branch council For a number of years he served as chairman of the Warrington Local Medical and Panel Committee which committee he represented on the Warrington Insurance Committee Apart from the British Medical Association and national health insurance he was interested in educational matters, and was a member of the Warrington Educational Committee for a number of years He was of an independent yet kindly nature, loyal and earnest in his friendships and simple in his tastes and faith He leaves a widow two daughters and two sons, one of whom is Dr Fergus R Ferguson, a consulting physician in Manchester

An unusually varied career ended with the death of Dr EDWARD ARTHUR ALDRIDGE at Worthing on December 4 The eldest son of the Rev E H Aldridge, he studied medicine at St Bartholomew s Hospital, and after qualifying L R C.P I in 1877 went out to China as medical officer to the Imperial Customs Maritime Service and practised for seventeen years in the interior of China in 1893 the high rank of Mandarin was conferred upon him by Imperial decree After returning to England he entered Trinity College, Cambridge graduating B.A in the Classical Tripos of 1898 and taking the M R C P I diploma in the same year He then went to Leeds Clergy School and was ordained after holding curacies he became rector of Sakly on Humber and later of Hanmington, Hants In the early months of the war he went to France as medical officer to the 1st Battalion of the Grenadier Guards was severely wounded received the

feeding As the infant became older the feeding was varied The child remained in good health during the time of the experiment The iron metabolism was studied for twenty eight periods each of five days Special methods were used to collect all urine and faeces even though the infant was able to run about the nursery The general plan of the study was to note the retention of iron and the formation of haemoglobin when different amounts of iron were taken Tables are given in the article showing the intake and excretion of all iron Retention of iron was found to be much higher with a diet which contained iron and copper salts than with one which contained the same amount of metals but with the copper in the form of a wheat germ product It is suggested that the vitamin B fraction in the wheat germ may in some way be responsible for this The iron of beef of which a large portion is organic was well utilized The optimal requirement of iron for a child less than 1 year of age seemed to be just a little over 0 5 mg per kilogramme of body weight

504 Congenital Anaemia

B S DENZER and J PARTER (*J Mt Sinai Hosp* N Y September–October 1937, p 117) report a case of congenital anaemia in an infant and discuss its relationship to the other forms of anaemia of the newborn The infant responded at once to a blood transfusion and the presence of a high percentage of reticulocytes and of nucleated red cells indicated good regenerative powers It is now recognized that congenital anaemia of the new born is closely related to universal oedema of the foetus and icterus gravis Congenital anaemia is the mildest of the three conditions and the salient features are anaemia erythroblastosis enlargement of the liver and spleen and jaundice. The case is compared with others recorded by various writers The pathology of congenital anaemia is discussed, and its close relation to erythroblastosis is shown in a detailed table of symptoms and signs The authors think it is biologically sound to believe that a single factor, effective possibly at different stages of development, may cause such diverse conditions as universal oedema, icterus gravis and the various types of congenital anaemia Treatment consists in blood transfusion, given early, for without this the prognosis is poor

505 Diphtheria Immunization

C JENSEN (*Ugeskr Laeg* October 7, 1937 p 1037) reports from the State Serum Institute in Copenhagen and from the Blegdam Fever Hospital the investigations he and his colleagues have undertaken in connexion with diphtheria immunization. He points out that the system of giving three successive subcutaneous injections of some diphtheria antigen has proved unsatisfactory in practice because so many persons fail to present themselves for the second and third injections On the other hand unless the quantity of antigen is large enough to give a violent local or general reaction a single subcutaneous injection is incapable of creating an effective immunity He has, he believes, found a satisfactory middle course He gives a single injection of purified toxoid with aluminium hydroxide and then instils intranasally purified toxoid He began using this method in 1933 and in addition to applying it to many children he has studied its effects in about 600 nurses between the ages of 20 and 30 Four weeks after the preliminary subcutaneous injection he gives three intranasal instillations at intervals of one week and he has found that these instillations of isotonic neutral toxoid provoke no general reaction while the local reaction is limited to a slight sense of tickling at the time of the instillation As an additional precautionary measure under conditions calculated to promote the chances of infection the instillation can be repeated (A preliminary communication on this subject made by Dr Jensen to the Royal Society of Medicine was reported in the *Journal* of April 17 at page 826)

506 Peptic Ulcer in Childhood

According to N TORO (*Pediatria* Naples October 1, 1937, p 904) acute gastric or duodenal ulcer is not very uncommon as a result of congestion or embolus, in infancy in later childhood ulceration is more often chronic It is certain that acute ulcerations occurring within the first year and demonstrable by haemorrhagic signs may in some cases go on to the formation of chronic ulcers and Proctor at the Mayo Clinic found that 2 1 per cent of adult patients with peptic ulcer had symptoms dating from infancy The literature contains about 100 authenticated cases of chronic peptic ulcer from the ages of 2 to 14, duodenal and pyloric predominating over gastric The greater incidence apparent during the past twenty years is probably due in part to the more careful supervision of children s health While it was formerly held that perforation and bleeding were specially frequent in ulceration in childhood during the past ten years perforation has occurred in 14 per cent only of reported cases—a figure not far removed from the incidence of perforation in adults The gastric acidity is usually normal The diagnosis should be more often suspected, and can be confirmed radiologically The prognosis in childhood is a little more grave than in adult life, both because of the greater frequency of acute ulceration and of the difficulty of securing efficient and prolonged medical treatment This should always be tried in the first place but the outlook for operative treatment is very favourable No death appears to have occurred from operation in non-perforated cases six cases of resection being included Toro reports three cases of ulcer near the pylorus in children aged 10 to 12, successfully treated by gastro-enterostomy

507 Generalized Vaccinia

J D ROLLESTON (*Brit J Child Dis* July–September, 1937 p 187) who records an illustrative case, states that vaccinia is a rare condition and with a few exceptions is found exclusively in children The following statistics indicate its rarity in different countries France, six to eight cases among 500 000 to 600 000 vaccinations, Germany fifty to sixty cases in 2,285 578 vaccinations and Denmark four cases among 39 915 vaccinations As a general rule the prognosis is good and the condition is only likely to be serious and even fatal, when it supervenes on a pre-existing dermatosis especially eczema seborrhoeic dermatitis or impetigo According to modern views generalized vaccinia is due to a haematogenous outcropping of the virus of the vaccine which enters the blood stream even when vaccination follows its usual course Its rarity is due to the fact that the balance between the virus and the virucidal substances in the blood is not often disturbed in persons with an intact skin whereas eczema and other pre existing dermatoses are liable to upset this balance Rolleston s case was that of a male infant aged 7 months who developed a generalized vaccinial eruption after a single insertion of Government lymph The lesions though generalized were sparse, the face and trunk being little affected There was no constitutional disturbance and apart from a severe attack of gastro enteritis recovery was uneventful

508 Treatment of Tuberculosis

K KLARE (*Dtsch Tuber bl* November 1937 p 261) traces the evolution of the treatment of tuberculosis in childhood during the twenty six years he has specialized in this subject and the twenty years in which he has been in charge of a hospital for tuberculous children in Scheidegg He has repeatedly noticed that the immediate success of a preventive course of sanatorium treatment in childhood has been stultified by the outbreak of open pulmonary tuberculosis at puberty The mortality of open pulmonary tuberculosis in childhood and adolescence is about 80 per cent The author has found that

Military Cross, and attained the rank of major, R A M C (T) In 1922 he was transferred to the R.A F Medical Service as squadron leader From 1926 to 1928 he was British chaplain at Rouen, and afterwards for some years rector of Wiston, near Steyning, Sussex A kindly man, of untiring energy and zest for life, his chief outdoor recreations were mountain climbing hunting, and cross country running, at which he excelled even at an advanced age

The death of Mr JOSEPH JOPLING BROWN, announced in this column on December 4, has caused widespread sorrow in Newton Abbot His health had not been good for some time but he was working in full harness up to the day before his death Soon after proceeding to the M S degree and the F R C S Ed, he sailed as ship s surgeon on the *Falaba* and was at sea when war was declared in August, 1914 He obtained a commission in the R A M C, and went direct to the Dardanelles in 1915, he served in Gallipoli and was invalided home, but continued war service in several large military hospitals In the latter part of 1922 Dr Brown went from Barnsley, where he had practised since the war, to Newton Abbot for reasons of health, and was appointed to the surgical staff of the Newton Abbot Hospital He soon secured a large practice and became popular among all classes of the community He was actively associated with many organizations, and keenly interested in Freemasonry, sport, and music

A correspondent sends us some further details of the career of Dr MARSHAM A BECKETT MCCARTHY of whom an obituary notice appeared on December 11 Dr McCarthy returned to this country from New Zealand early in the war, and worked continuously at Millbank as captain R.A M C until he was demobilized Later he was at the headquarters of the Ministry of Pensions, under Dr Gossage, until his services were no longer required In New Zealand, among his many professional interests and activities he was colonel R.A M C (Vol) Dr McCarthy's lifework was entirely devoted to the benefit and service of others

Dr FRANCIS WILLIAM O CONNOR (whose obituary was published on November 6, p 942), after serving as assistant director of the Division of Medical Education, Rockefeller Foundation, in 1928 became Director of the Department of Tropical Medicine and Associate Professor of Medicine at Columbia University

The following well-known foreign medical men have recently died Senator ALESSANDRO LUSTIG formerly professor of general pathology at Florence and author of a treatise on general pathology, aged 80, Professor GIULIO MASINI formerly director of the dermatological clinic at Genoa, aged 84 and Dr ETIENNE ROLLET professor of clinical ophthalmology at Lyons from 1905 to 1932, aged 75

The Colyer prize was founded in June, 1926, to commemorate the twenty-five years' service of Sir Frank Colyer as honorary curator of the Odontological Museum The accumulated income of this fund may be used every third year for the purpose of awarding a prize for the best original work in dental science completed during the previous five years by a dental surgeon educated at any duly recognized dental school in Great Britain or Northern Ireland who has not been qualified to practise more than five years at the date of the award Applications from candidates for the third award should be submitted to the Royal Society of Medicine, 1, Wimpole Street, W 1, not later than March 31, 1938, together with a general account of their researches, both completed and in progress A document declaratory of the award will be presented with the prize If no work of sufficient merit be submitted the prize will not be awarded.

Universities and Colleges

UNIVERSITY OF OXFORD

Dr A G Gibson Nuffield Reader in Morbid Anatomy has been elected to a Professorial Fellowship at Merton College

The following candidates have passed in the subjects indicated

MATERIA MEDICA AND PHARMACOLOGY—G F Bader, J J Brenner, E G W Clarke A J F Eberle A R Elsom J C Hawks J C Hill, R Park, G L L Reynolds M G Simmons W J Tyson, E J Wood *Woman* V D Maxwell

PATHOLOGY—T W Branch J T Burrowes, N F E Burrows, C D Cormac H J L Dickinson E S Elliott S E Furber, M W Hemens, S J S Hughes F J Ingham S H Llewellyn Smith J B Longmore, J N Macdonald G K McGowan, R A. Shawyer W A. H Stevenson G D Walker G J Walley R. T Warren, C W M Whitty *Women* E M R McKee M M Pickles

MEDICINE SURGERY AND MIDWIFERY—L B Bok R. C Browne, D G W Clyne, H J L Dickinson F G Ethiraj, T Gadian, S R Gloyne, F J Ingham D A Ireland J E Lovelock H Muller, C I Murphie H G Owen Smith J A Partridge I B Pirie J C Prestwich C W R Rayne Davis, R Roaf N E Stidolph C M F Walters D Whitteridge

UNIVERSITY OF CAMBRIDGE

At a congregation held on December 11 the following medical degrees were conferred

M B, B CHIR.—*C G Rob M I A. Hunter J Richardson H Sirota

M B—*N S Williams, J W Cope G I F Tweedie, B Rothery

* By proxy

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated

THIRD M B, B.S—*†M Albert *‖¶A B Birt *†N E James, *†§Olwen B Jones, *†D Landsborough *‡C C S Pike *‡H. Spencer, J C Adams, Mary J Allardice, D R Ashton J C Baillie, E J W Barnard Beryl E Barsby, L J Blay R Bloom, T K Bradford, J D Bradley-Watson G C Brentnall, Mary E Bunting, B Cates L R Chaperon, Dorothy R Clarke D W J Cohen, Margaret T Collins, Gwendolen K. G Coote, M L Corera G H Darke, P M Davies, R D L Davies P H Denton Margaret R Dix, I Donald Isabella E L Doxat J E Ennis, T J Evans J Farr Joan M Faulkner E Garland Collins, Rachel Goldenberg, J H Goonewardene, D Graham Brown, T E Griffiths E H Hambly D T K Harris, G Herbert, G B Hollings E B C Hughes, G S Irvine, S F Jayawardene, Ursula J Jeffery, J G Jesson I D Jones, J Kastelian, Gladys E Keith, A. R R Kent, B S Kent, G M Kerr, J D Kinnear Iris M Lamey, H A Leggett, A D Le Vay, E R Mountjoy Mary G Murphy Alice L Musgrave Muriel L Newhouse, M G O Flynn V G Peckar F E Pitt Payne, N Ponnampalam Dorothy S Pope A E K Price, O N Ransford A N Roy C P Sames, J A. Smart, E. R. Smith, Christine M Stacey, G R Steed, Shelagh M Streatfeild, R. W Thomson, D P van Meurs P W Vilain R. N E Watt, R R Willcox, A M Williams M R. Woods, M Yasin *Group I* Sheila M Anderson, J R Ascott, Evelyn G Ashton, Mary Baker, A D Bateman, A. A Beazeley, P E G Burnett, H S Davies, Eva M Drown L R L Edwards Phyllis M Edwards, B H Ellis C N Faith G A Fairlie-Clarke Rachel D Fidler, A. C Gee C H George, G L Gryspeerdt N Hamlin, Ruth Hull, A H Jack, E Japha, E L Loewenthal Norma M MacLeod J T Mair, C S Nicol A. J Nimmo, T Partington, Elisabeth C Randell S T Rutherford, G Shneerson J H. Sproule, A Stephens L Stirling G K Taylor, J W Thompson W G Tillmann, Eileen W Town J W B Waring R M Williams, A. D Willis, L J Wolfson G Wynn Williams *Group II* C E Aston G D S Briggs, J C McC Browne Elizabeth M Cadbury L F Dale J J Dubash, G F Edwards B F B Gulliver J H H Keall C K. B Lennox W M Owen F L E Musgrove Gladys L Neill, N G G Talbot, I E J Thomas, Mary R Thompson, D M Wallace C P Warren R O Yerbury

* Honours † Distinguished in medicine ‡ Distinguished in pathology § Distinguished in forensic medicine and hygiene ‖ Distinguished in surgery ¶ Distinguished in obstetrics and gynaecology

At a recent meeting the University Court was informed that a gift to the Middlesex Hospital Medical School of £500 had been made by an anonymous donor to form The Rudyard Kipling Fund to be applied by gift or loan to students or recently qualified men of the School to enable them to continue their studies which might otherwise have to be abandoned owing to financial stringency It was also informed of

tuberculosis of the bronchial glands and infiltrations of the lungs require on an average six months' treatment The same interval is required for discharging cervical glands whereas lupus with its tendency to recur, and tuberculosis of the bones and joints take a much longer time to heal The larger the joint the longer the time required for recovery, and while tuberculosis of the hand elbow, knee, and foot may be cured in a year to a year and a half, tuberculosis of the spine requires two years and tuberculosis of the hip from two to three years As for the length of the observation period before a permanent cure can be claimed, ten years' observation is needed for open pulmonary tuberculosis, and five to seven years for extra pulmonary tuberculosis Giving the immediate results on discharge from his hospital for what they are worth, the author states that of nearly 9 000 patients, 66 3 per cent were discharged as good results, 28 4 per cent as improved, and 5 3 per cent as not improved He has abandoned overfeeding and other devices for excessive fattening of his patients, and he has found heliotherapy most dangerous and quite unsuited for cases of pulmonary disease Even the benign inflammatory forms of intrathoracic tuberculosis in childhood are unsuited for ultra-violet therapy

Obstetrics and Gynaecology

509 Cotte's Operation

L KRAUL (*Zbl Gynäk* September 18, 1937, p 2218) simplifies Cotte s operation of section of the superior hypogastric plexus by removing a length of 3 to 4 cm of the tissues between the lower mesenteric veins on the left and the iliac veins on the right, between the peritoneum and periosteum of the fifth lumbar vertebra, instead of dissecting out the plexus He also supplements it by division of the ovarian plexus in the infundibulopelvic ligament As well as for relief of pain in dysmenorrhoea, neuralgia, and inoperable genital carcinomata, Kraul has done Cotte s operation, with good results, (1) in inflammatory adnexal conditions when radical excision is technically difficult or inadvisable on account of the patient s youth or reduced general condition and (2) at the conclusion of total hysterectomy to prevent pain from adhesions and residual pelvic inflammation

510 Transvesical Closure of Vesico vaginal Fistulae

M DOUGLASS (*Surg Gynec Obstet* October, 1937, p 534) points out that closure of high vesico-vaginal fistulae is a difficult surgical procedure When the fistula is situated in an accessible part of the anterior vesical wall and when the uterus is *in situ* the classical method used by the majority of gynaecologists may be suitable, but in certain cases the transvesical route gives better access With a deep Schuchardt incision many apparently inaccessible fistulae can be reached, but the transvesical method of closure is recommended in cases with marked fixation due to repeated unsuccessful attempts at repair , in those cases in which the fistula is closely adjacent to the ureteral orifice , or when the uterus has been removed Four cases are reported in which a vesico-vaginal fistula was closed in one attempt by the transvesical route A suprapubic incision was made and the fistula elevated by means of a safety pin in the form of a hook The mucosa was incised and reflected, and concentric purse-string sutures were so arranged as to evaginate the fistula into the vagina The mucosa was then sutured with interrupted chromic catgut No 00, and the anterior bladder wall was closed with interrupted plain catgut sutures and the fascia approximated with interrupted stitches A large suprapubic catheter was inserted The patients were nursed in the prone position for thirteen days, the bladder being kept entirely empty In all four cases the results were satisfactory Transvesical closure is recommended as the method of choice in the treatment of small but inaccessible vesico-vaginal fistulae on account of the ease of access to the operative field, which can be kept dry, and the relatively easy exposure of the fistula , sutures can also be placed accurately with little or no trauma to the tissues

Pathology

511 Inactivation of Tetanus Toxin by Vitamin C

C W JUNGEBLUT (*J Immunol* , September, 1937, p 203) quotes observations by various authors which have shown that diphtheria toxin, poliomyelitis virus, encephalitis virus, and the tobacco mosaic virus may be inactivated by *l*-ascorbic acid In the present paper evidence is brought forward to show that ascorbic acid may also inactivate tetanus toxin Mixtures of 2 m l d of toxin and either natural or crystalline vitamin C (*l*-ascorbic acid) if incubated for half an hour became non toxic to guinea-pigs Inactivation is not due to the presence of the acid as such, since experiments showed that the toxin was not injured by exposure to a *p*H of 6, which is lower than that of the ascorbic acid It may be due to the oxidation of the reduced ascorbic acid, but no conclusive evidence could be found to support this explanation It may be noted that, though ascorbic acid neutralizes tetanus toxin *in vitro* it confers little or no protection on animals that have already been inoculated with toxin. Even when given in large doses subcutaneously it was able to save the lives of only four out of sixty guinea pigs that had been injected with 2 m l d. of toxin

512 Allergic Reactions

K HANSEN (*Med Klinik* August 6, 1937, p 1057) lists the syndromes formerly known as 'idiosyncrasies,' but now regarded as allergic—namely, serum sickness, hay fever, asthma, urticaria, certain affections of the mucous membranes, the digestive tract, the skin, and the reproductive system (including haemorrhage and spontaneous abortion), migraine, Ménière's syndrome, muscular and articular rheumatism etc Skin and mucous membrane are the barriers which normally resist the entrance of foreign bodies into the system , but bacteria, quite apart from the possibility that they may themselves act as antigens, play an important part in breaking down this resistance The typical local manifestation of allergy, which Rössle calls "hyperergic inflammation' (brisk exudation with extreme contraction of the vessels, and fibrinoid swelling of the connective tissue, which may even go on to local necrosis, followed by the formation of granulomata) is a sign that the body is doing its utmost to oppose the penetration of the antigen The allergic asthma attack also is a defensive reaction According to Hansen, two groups of disturbances may result from allergic causes (1) Those consisting essentially of functional changes which are reversible and leave no permanent trace behind them, as in migraine, transient affections of the oculomotor or facial nerves, and Ménière s syndrome Other examples of this group are urticaria, and Quincke s oedema, paroxysmal tachycardia, and angina pectoris Allergic angina would appear to be due to spasm of the coronary arteries in a person sensitized to some particular antigen—for example, salicylic acid, ragweed, phenolphthalein carrots, tomatoes, milk, eggs, spinach, cabbage, or even digitalis and strophanthin (2) The second group includes those cases involving deep structural and therefore irreversible, changes in the tissues These are all expressions of a haematogenous hyperergic inflammation, and result in the formation of granulomata A granuloma, even in the case of specific diseases such as syphilis tuberculosis, typhoid, etc , Hansen regards as being always an expression of an allergic reaction

gifts to University College Hospital Medical School of £5 000 by an anonymous donor to be applied to purposes of original research in the Department of Dermatology and £200 from Mrs A M Suckling of Edgbaston Birmingham for the purpose of establishing a prize in obstetrics and gynaecology

Studentship in Oto rhino-laryngology

Applications are invited for the Geoffrey E Duveen Travelling Studentship of the value of £450 for research in any aspect of oto-rhino laryngology — The studentship is normally tenable in the first instance for one year part of which shall be spent in study abroad in accordance with a scheme to be approved by the Studentship Board but it may be extended for six months or for one or two years and during the extended period the student may be allowed to undertake research at the Royal Ear Hospital or some other laboratory approved for the purpose Full particulars can be obtained from the Academic Registrar University of London W C 1 and prescribed forms of application must reach him not later than December 31

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

Part-time Course in Mental Deficiency

The London School of Hygiene and Tropical Medicine in co-operation with the Central Association for Mental Welfare will hold a part time course in mental deficiency in February and March 1938 The course which is designed to enable medical practitioners to qualify for recognition as certifying officers as far as elementary school children are concerned under the Mental Deficiency Acts will be held in the afternoons and will be open to a limited number principally those employed as assistant school medical officers The fee for the course is six guineas

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council held on December 10 the registrar was instructed to send the council's congratulations to Sir Edward Mellanby on his appointment as Honorary Physician to the King

Dr R W John was appointed research assistant to the Department of Pathology

Dr M A. MacConaill was appointed representative of the University at the International Congress of Anthropological and Ethnological Sciences to be held at Copenhagen in August 1938

Sir Arthur Hall and the Dean of the Faculty of Medicine Professor G A Clark were appointed representatives of the University on the executive committee in connexion with the million pound appeal for the voluntary hospitals of Sheffield

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC TRINITY COLLEGE

The following candidates have been approved at the examinations indicated

FINAL MEDICAL EXAMINATION—*Part II M B* W T Kenny H M V Buchanan C H Blackham T P Griffin J R Steen Bridget P Mansfield M D Thorp T Fallon M C Warnock N M Sharry R C H Cooke, S Rubin B W Hughes J F Rushworth R S MacL Cooke R J Sandys C G Reilly C W L. Macnamara M D M Bergin J C M Neilly N Marks H S Boyce F A Hanna D B George *B Ch* †J R Steen †E. M G Cochrane S G Heaton D P Beckett Grace M Wild S Tomlinson J N G Drury J B Plews J M C Caldwell C W L Macnamara J G Nixon N Jackson Patricia M J Conway C H Blackham Maureen N S Mason M D Thorp C G Reilly S Rubin *B A O* *M F X Slattery †J P Condon ††P Griffin ††W Hanna †H J R Henderson †R A. Lutton †D P Beckett D E Meares N Jackson L N Lynch H S Boyce E R Coetzee L I Warnock R J Sandys

* First-class honours † Second-class honours

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A Council meeting was held on December 9 with the President Sir Cuthbert Wallace Bart. in the chair

Permission was given for the Society of Medical Superintendents to hold a meeting at the Buckston Browne Surgical Research Farm Downe Kent on Thursday May 19 1938 and for the Anatomical Society to hold a meeting at the College and at the Buckston Browne Surgical Research Farm in June 1938

The Council gratefully received a gift from Lady Bland Sutton of an autographed copy of the Hunterian Oration delivered by Sir John Bland Sutton in 1923 and an autographed copy of the speech delivered by Mr Rudyard Kipling at the Hunterian Dinner the same evening. The Council also received with thanks from Mr L R Braithwaite a miniature of John Abernethy

Diplomas

Diplomas of Fellowship were granted to the following forty four candidates

P McG Moffatt G Hyman J H Hughes A K Monro R G Gilbert R G Reid, G C Sawyer F W Shepherd W R Hunter D R Davies G A Myers M B Khan A H Hunt T G Tregaskis A F Bryson H M McGladdery J L *Collis* H T Laycock A H M Siddons D Bhatia B B Hickey F B Thomas S Glaser L J Honeywill J Hanekom, P T Joseph B N Bandyopadhyaya J W Cope S K Datta C S Day Gladys H Dodds G K Harrison T J B A MacGowan B T H Mattelmsson G M Mes G N Morris R K Reeves A M Rennie A H Sangster W N Searle H A D Small R G Taylor N J Townsley J F Ziegler

Diplomas in Anaesthetics were granted jointly with the Royal College of Physicians of London to the following twenty four candidates

A H L Baker A H Bruce Eva G Byrde J C Buckley Bessie E Cook Ellen B Cowan M H A Davison A J S Da Freitas L M De Silva S F Durrans Florence Faulkner W B Gough G Gray J R G Harris J K Hasler Ursula Y Im Thurn Freda C Kelly J O Moffat D A Prothero G R Rawlings Captain W H Scriven R.A.M.C E W O Skinner G C Steel O Walker

It was reported to the Council that at the examination for the Primary Fellowship just concluded in Australia three candidates out of six were successful at Sydney and seventeen out of thirty five were successful at Melbourne

Lectures

The Council arranged for lectures to be given in February next by Sir Arthur Keith F.R.S on the Mount Carmel skeletons and by Dr W E Gye director of the Imperial Cancer Research Fund on cancer research

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow held on December 6 with the President Dr John Henderson in the chair the following were admitted Fellows of Faculty Kenneth Fraser M.B Ch B Alexander Lyall M B Ch B Rustom Jal Vakil M B B S Anna Varred M B B S

BRITISH ASSOCIATION OF RADIOLOGISTS

The following have satisfied the Fellowship Board at the examination for the Fellowship of the Association held at the beginning of December

*F Ellis M B Ch B D M R *†R McWhirter M B F.R.C.S.Ed D.M.R.E †E L Rubin M D D.M.R.E *M C Tod M B F R C S Ed D R †J Z Walker M B Ch B D M R E

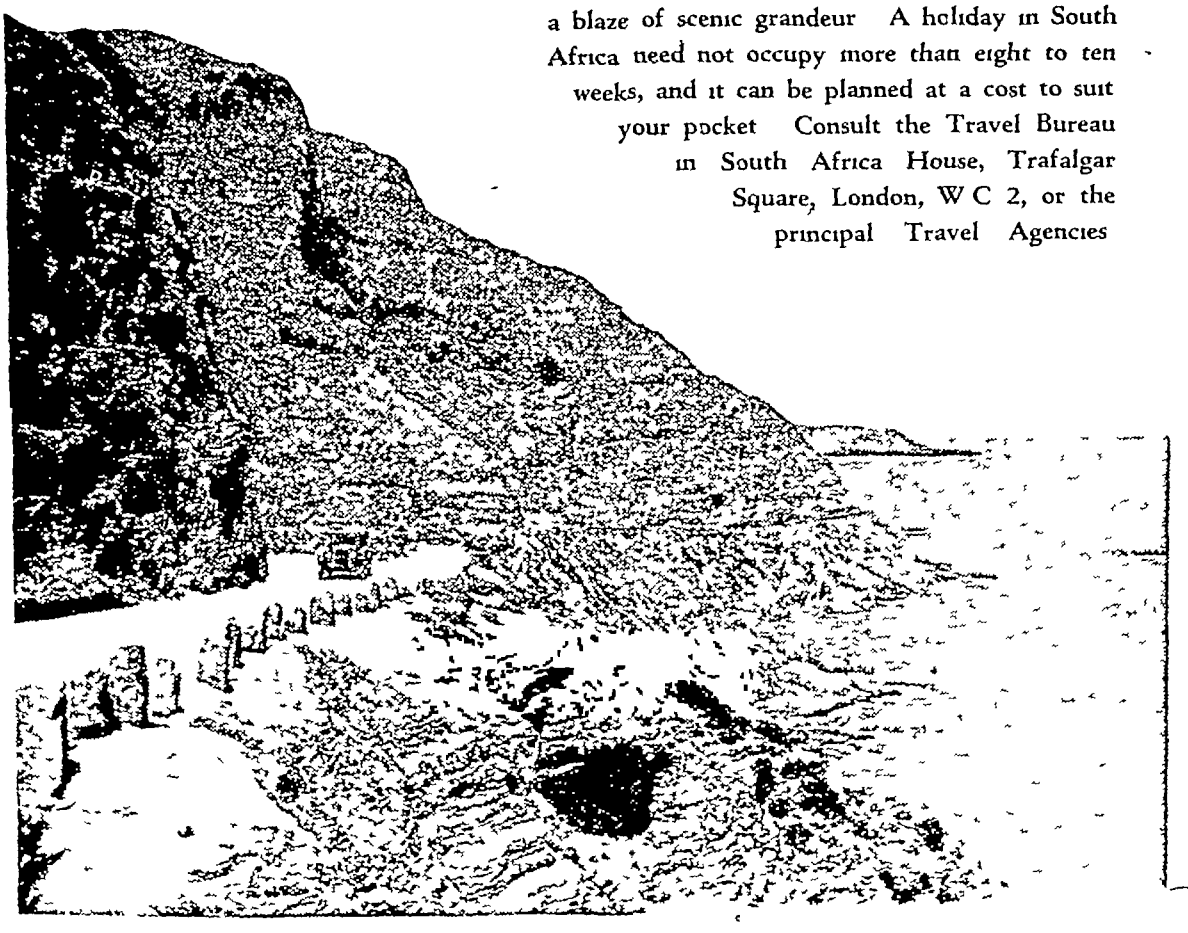
* Honours in radiotherapeutics † Honours in radiodiagnosis

J Caspersen (*Norsk Mag Laegevidensk* October 1937) gives an account of a Norwegian community of some thousand persons of whom six developed typical paratyphoid fever while three others harboured paratyphoid bacilli in the stools without presenting any clinical signs of the disease With only one exception this epidemic was confined to three houses The community derived its water supply from two main sources and its milk supply from one and neither supply could be incriminated. Numerous tests of the blood stools and urine of possible carriers were at first negative but the concentration of most of the cases in one house drew attention to a year and a half old dog. It transpired that the animal had suffered from violent diarrhoea in the first half of February It had recovered about March 1 and it was in this month that the epidemic broke out. Though no paratyphoid bacilli could be found in the dog's stools agglutination tests were positive in a dilution of 1 in 320 after two hours Twenty three samples of blood from other dogs served as controls, and none of them gave a positive agglutination reaction.

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The Services

HONORARY SURGEONS TO THE KING

The King has approved the appointment of Colonel S G S Haughton C I E. O B E V H S and Colonel N M Wilson O B E I M S as Honorary Surgeons to the King in succession to Major General E A Walker, C B, and Major-General Sir Frank P Connor, D S O, I M S, who have retired

MILITARY CROSS

The King has approved the award of the Military Cross to Captain James Alexander Deanes Johnston, R.A M C, for distinguished services rendered in the field in connexion with the operations in Waziristan during the period November 25, 1936, to January 16, 1937

DEATHS IN THE SERVICES

Colonel THOMAS ELWOOD LINDESAY BATE C I E. C B E., Bengal Medical Service (ret) died in Dublin on December 3, aged 85 He was born on July 29 1852, the son of Thomas Bate chief officer of coastguard at Ballygarry, County Wexford educated at the Adelaide Hospital Dublin and took the L R C P and S I in 1870 He entered the Indian Medical Service as surgeon on March 31 1875, attained the rank of colonel on July 13 1905 and retired on July 12 1910 He served in the second Afghan war in 1878–80 and received the medals Most of his service was passed in the Punjab in civil employ, which he joined in 1880 In April, 1891 he was appointed Inspector General of Jails in the Punjab, and in July 1905 Inspector General of Hospitals in the same province He received the C I E on June 26 1902 and the C B E on January 7, 1918, for services in England during the war of 1914–18

Lieut Col. WILLIAM GAVIN HAMILTON I M S (ret) was killed in the railway accident at Castlecary, near Falkirk, on December 10 at the age of 63 He was born on October 4 1874 was educated at St. Bartholomew s Hospital and took the M R C S Eng L R C P London in 1899, and subsequently the D P H at Cambridge in 1913 He entered the I M S as lieutenant on June 28 1900 became lieutenant-colonel on December 28 1919, and retired on October 4 1929 He served in the war of 1914–18 in Egypt and on the hospital ships *Syria* and *Vascova* He served in the Jail Department in Bengal and prior to his retirement held the post of Inspector General of Jails He was elected a member of the British Medical Association in 1900, and was an associate member of the Edinburgh Branch and the Edinburgh and Leith Division of the Association

Medical Notes in Parliament

The Royal Assent was given on December 9 to the Expiring Laws Continuance Act and the National Health Insurance (Juvenile Contributors and Young Persons) Act

The House of Commons will rise on December 23 and meet again on February 1 This week good progress was made in the House with the committee stage of the Coal Bill A debate was arranged on the Special Areas and unemployment The Blind Persons Bill, with amendments, was read a third time in the House on December 7

The Housing (Agricultural Population, Scotland) Bill was reported with amendments to the House of Commons on December 9 from the Standing Committee on Scottish Bills

The Pharmacy List (Amendment) Order, 1937, and the Poisons Amendment Rules, 1937, both dated November 2, were laid on the table of the House on December 13

Training Doctors in Treatment of Gas Cases

In the House of Lords, on December 13 Viscount SWINTON moved the second reading of the Air Raid Precautions Bill He said that a special system of training had been instituted for doctors The Home Office, in co operation with the British Medical Association had selected sixteen doctors from different parts of the country for special training in medical treatment of gas cases These sixteen doctors had already passed through the special course something like 10 000 doctors and 10 000 nurses He was told that that was unequalled in any country

The Bill was read a second time

Medical Officers of Health and Private Practice

Lord MERTHYR gave notice that in the House of Lords, on December 15, he would ask how many county councils in England and Wales had failed to formulate arrangements for securing that medical officers of health should not engage in private practice as medical practitioners, and what steps were proposed for ensuring better observance of the law

Typhoid and Sewage Discharge into Sea

Captain PLUGGE asked on December 9, whether inquiry had been made as to the danger of cases of typhoid fever being caused by people bathing in the sea into which crude sewage was discharged Sir KINGSLEY WOOD said investigations by the Royal Commission on Sewage Disposal showed that any sewage discharged was rapidly rendered innocuous in the sea Sewage was so discharged by many towns, but before approving schemes the Ministry of Health required tidal observations to be made to ensure that the outfall was placed where the sewage would be carried out to sea and not returned to the beaches.

Compulsory Pasteurization of Milk

The Conservative Agricultural Committee at the House of Commons on December 7, resolved that the advisability of compulsory pasteurization of milk should be reconsidered by a Royal Commission The committee noted the existing wide divergencies of opinion between doctors on the advantages and disadvantages of pasteurizing milk, and noted reports that in some countries the adoption of this policy had led to disregard of the production of clean milk from healthy herds It further noted that the Economic Advisory Council s Committee on Cattle Diseases reported pasteurization to have a destructive effect on vitamins C and D in milk

Population Bill Questions Amended

In the amendments to the Population (Statistics) Bill the number of questions to be asked on registration of a birth or death has been limited provision is made for secrecy even in relation to proceedings in a court of law Paragraph 3 of the schedule will be deleted, and no further questions can be asked under the provisions of the Bill The questions to be asked will be

On Registration of a Birth—(*a*) The age of the mother (*b*) the date of the marriage, (*c*) the number of children of the mother by her present husband and how many of them are living and (*d*) the number of her children by any previous husband and how many of them are living

On Registration of a Death—In the case of a man, whether he had been married and if so, whether he was married at the date of death In the case of a woman who had been married (*a*) the year of her marriage and the duration of the marriage, (*b*) whether she had children by her husband or a former husband and in the case of husband or wife, the age of the surviving partner

The Bill will no longer contain questions which raise any point regarding legitimacy or questions relating to dependants brothers and sisters The questions now to be asked on birth registration will, by ascertaining the number of children,

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show the fertility of the mothers in connexion with which also it is necessary to know the age of the mother and the date of the marriage On the questions to be asked on death registration those which ascertain the age of the surviving wife of a deceased married man are similarly necessary for the effective use of the fertility information The remaining questions will provide information on childless marriages

No date is yet named for the committee stage of the Bill

Small pox Experiments with Inactivated Vaccinia Virus—Mrs. TATE asked on December 7 what action was being taken to meet what the Rolleston Vaccination Committee in its second report in 1930 described as the urgent necessity of trying to find some means of protection against small pox other than that of the direct introduction of a living virus into the organism Sir KINGSLEY WOOD replied that experiments were carried out in 1929 and 1930 at the Freedom Research Laboratories of the London Hospital to test what immunity if any, could be produced by inactivated vaccinia virus A report was published in the *Journal of Hygiene* for January 1932. Though slight immunity was produced in some cases the results of the experiments gave little assurance that solid immunity could be produced in this way

Microscopes for Ship Surgeons—On December 7 Mr OLIVER STANLEY informed Major DOWER that the provision of microscopes for ship doctors on long voyages was fully examined in consultation with the Royal Colleges of Physicians and Surgeons, the Ministry of Health and the shipowners some years ago and it was decided that there was not a sufficient case for making the provision of microscopes compulsory He was having the question reviewed

Death Certification in Herbalist's Case—Mr BERNAYS told Mr W Leach on December 8 that he knew a Darlington woman was recently prosecuted for failing to call in a doctor during the fatal illness of her five year old boy Mr LEACH asked why as the child had previously been treated by a herbalist, the local registrar refused to accept the herbalist's statement as to the cause of death and whether "in view of the fact that the great majority of the 3 000 children who die in this country every year from diphtheria have been treated with antitoxin by a registered medical practitioner the Minister would amend the law relating to the certification of death Mr BERNAYS said the Registrar of Births and Deaths reported the death to the coroner in accordance with the regulations which required him to report any death the cause of which was not certified by a registered medical practitioner in attendance during the last illness In these circumstances the Registrar was required by law to enter in the register the cause of death as certified by the coroner Sir Kingsley Wood did not propose to take any steps to amend the law relating to the certification of death

Small pox and Vaccination at Oldham—Mr VIANT asked on December 9 how many days elapsed between the discovery of the first small pox case at Oldham in 1936 and the vaccination of the contacts Sir KINGSLEY WOOD said the first vaccinations of contacts were carried out the day after the diagnosis of the first patient was established and twelve days after her illness began The number of contacts vaccinated or revaccinated was 282 The number of subsequent cases was ten, including one doubtful one Of these four patients varying in age from 54 to 72 were vaccinated in infancy one aged 41 was vaccinated in 1916 and five including the doubtful case were unvaccinated

Isolation Period in Infectious Diseases—Mr CROWDER asked on December 9 if the attention of the Minister of Health had been called to the practice of certain hospitals in discharging patients who had suffered from infectious diseases while still able to transmit such infection to other people and whether he would issue instructions to the local authorities and others concerned to ensure that strict isolation was insisted upon in such cases Sir KINGSLEY WOOD said his attention had not been called to cases of this kind There was no definite period of isolation after which scarlet fever patients could be guaranteed free from infection but he had no knowledge that it was the practice of any hospitals to discharge patients while they were known to be a potential source of infection It was the general practice as an added precaution to advise that the patients should so far as possible be isolated at home especially from susceptible children for a fortnight or so after discharge He did not think the issue of instructions would serve any useful purpose

Capital Contributions to Voluntary Hospitals—Mr LIPSON on December 9 asked the Minister of Health to consider taking powers to enable him to make contributions to voluntary hospitals towards the cost of schemes of capital expenditure approved by him Sir KINGSLEY WOOD answered that local authorities could make capital contributions to voluntary hospitals and in many instances had done so The powers suggested did not therefore appear to be necessary

Packing Straw and Foot and Mouth Disease Virus—On December 13 Mr W S MORRISON informed Mr Short that he was aware that importers of goods from the Continent used packing straw over and over again and research had been made into the question whether this straw might be a source of foot and mouth disease The experiments of the Foot and Mouth Disease Research Committee showed that on hay and straw the dried virus of foot and mouth disease might remain active for some weeks but in the absence of evidence against this material there did not appear to be any case for further action

Free Meals and Milk to School Children—Mr KENNETH LINDSAY furnishes the following details concerning public elementary schools maintained by local education authorities

Number of Children Receiving Free Meals and/or Free Milk as a Percentage of the Total Numbers on the Registers

Type of Area	Number of Children on the Registers on March 31 1937	Number of Children who received Free Meals and/or Milk in June 1937	Percentage Col. 3 of Col 2
(1)	(2)	(3)	(4)
England and Wales Total	5 123 490	419,334	8 18
Counties	2,044 180	158 617	7 76
Boroughs and urban districts	838,298	62,469	7.45
County boroughs	1 774 126	168 081	9 47
London	466 886	30 167 (approx. figure)	6.46

Notes in Brief

Prescriptions of insulin to diabetics under the National Health Insurance Act now number well over a quarter of a million a year and show an increase of nearly 28 per cent over the period of four years

On a total establishment of 12 283 female nurses in public mental hospitals the shortage is 758

In the last three years schemes for supplying water in rural areas have been approved for 2 400 parishes at a total estimated capital cost of £7,500 000

In the twelve months ended November 30 last the numbers of soldiers admitted to hospital on account of cerebrospinal fever were London 8 Woolwich 4 Caterham 3 Bury (Lancs) 2 and one each at Aldershot, Canterbury Halifax Lichfield and Preston Three soldiers' children were also admitted one each at London Parkhurst and Woolwich

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The twenty eighth annual exhibition of scientific instruments and apparatus, arranged by the Physical Society will be held at the Imperial College of Science and Technology Imperial Institute Road South Kensington S W 7 on January 4 2 30 to 9 p m January 5 4 to 9 p m January 6 2 30 to 9 p m Admission to the exhibition is by ticket only Members of institutions and scientific societies may obtain tickets from their secretaries tickets may also be had direct from the Exhibition Secretary 1 Lowther Gardens, Exhibition Road S W 7

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Medical News

The House of the British Medical Association, including the Library, will be closed for the Christmas holiday from 4 p m on Friday, December 24, to 9 a m on Tuesday, December 28 (Library 10 a m)

The House and Library of the Royal Society of Medicine will be closed for the Christmas holiday from Friday December 24, to Monday, December 27, both days inclusive The Library will be closed on December 28 also

The first annual dinner of the newly formed London-Manchester Medical Society will be held at the May Fair Hotel Down Street W 1, on Thursday, January 20 at 7 45 p m Tickets are 12s 6d each, and inquiries should be addressed to the secretary, Mr Albert Davis, F R C S, 93 Harley Street, W 1, from whom further particulars can be obtained

The annual congress of the Ophthalmological Society of the United Kingdom will be held in London next year at the house of the Royal Society of Medicine on April 28–30 The opening discussion will be on the "Differential Diagnosis of the Causes of Exophthalmos"

The December issue of the *Journal of the London Society* (Lancaster House, St James s, S W 1, price 1s) contains the text of an address on The London Hospitals Past, Present and Future," delivered by Mr C E A Bedwell, House Governor of King s College Hospital

To the July–September issue of the *American Anthropologist* T Wingate Todd contributes an article on "The Scientific Influence of Sir Grafton Elliot Smith"

In an article on Medicine in England in 1837," contributed to the October issue of the *American Journal of Surgery* J Hamilton Crawford writes about the leading medical journals of the time

The *Cliftonian* in its October number published a tribute to one of its most distinguished old boys who have adorned the surgical fraternity—Sir Percy Sargent This pious tribute was paid by his familiar friend at St John s College, Cambridge, Mr L G H. Horton-Smith who like his brother, Sir Percival Horton-Smith Hartley, their father, and other members of this distinguished family, was a Fellow of the College In 1892 Percy Sargent s classical friend addressed him in Latin, and two years later celebrated his twenty-first birthday in Latin verse These forty-year old pearls of speech, which recall the compliments of a past age, have now, by the request of the *Cliftonian* been reproduced with the gifted author s translation into the vulgar tongue

The council of Epsom College will shortly elect a girl to a St Anne s Scholarship of £30 per annum Candidates must have been not less than nine years of age on July 1 1937, and must be orphan daughters of medical men who have been for not less than five years in independent practice in England or Wales Application must be made on a form to be obtained from the secretary of the College, 49 Bedford Square, W C 1, and must be returned to him, duly completed, not later than January 15, 1938

At the annual meeting of the Royal Surgical Aid Society at the Mansion House, London, on December 7 it was announced that the amount received last year in subscriptions and donations had been £54,000 Lord De La Warr proposing a vote of thanks to the treasurer and committee of management, said that he was glad to have this opportunity on behalf of the Government to pay tribute to the magnificent work of the Society, which was regarded as a vital link in the health services of the country

Up to the time of going to press the number of known or suspected cases of typhoid fever in the present outbreak at Croydon was 278 with 23 deaths

Miss Helen Simpson visited the Children s Heart Home at Lancing, Sussex, on December 8 to open a new nurses' home the building of which was begun after a broadcast appeal by Miss Simpson last year The institution now requires £1,000 to clear itself of all debt on the new building

The eighteenth salon of doctors, dentists, pharmacists, and veterinary surgeons will be held at 'La Nouvelle Galerie de Paris, 212, Faubourg Saint-Honoré, from January 30 to February 13, 1938 Further information can be obtained from Dr Pierre Bernard Malet, 46, rue Lecourbe, Paris 15e

Sir John Thomson-Walker, the eminent urological surgeon who died on October 5, left estate of the gross value of £184,774, with net personalty £170,850 He bequeathed to the University of Edinburgh (where he was a student), 'in the hope of encouraging the study of the history of medicine, on which this great medical school has had such a profound and lasting influence, his collection of engraved portraits of British and foreign medical men, numerous books, and £500 to provide accommodation for the prints

Dr Allan Bigham has been appointed honorary dermatologist to the newly created skin department of the Bradford Royal Infirmary

Dr Charles S Curtis, a graduate of Harvard Medical School, has been appointed medical superintendent of the hospitals and schools conducted on the coasts of Labrador and Newfoundland by the International Grenfell Association

Dr Albert Mouchet has been elected vice-president of the Association Française de Chirurgie and to hold office as president of the congress in 1939, Dr Imbert of Marseilles being president for 1938

Dr Franz Volhard, professor of internal medicine at Frankfurt, has recently been awarded the Billroth medal by the Medical Association of Vienna

The honorary degree of Doctor of Science was recently conferred on Dr Alexis Carrel of the Rockefeller Institute for Medical Research at the annual convention at Albany of the University of New York State

One hundred years ago Marie Jean Pierre Flourens, Professor of Comparative Anatomy at the University of Paris, localized the respiratory centre (nœud vital) in the medulla oblongata Legallois had come very close to its discovery in 1812

Sir Charles Wyndham, actor manager and founder of the Wyndham Theatre, the centenary of whose birth occurs this year, studied medicine in London and in Dublin and served as a surgeon in the American Civil War His original name was Charles Culverwell He died in 1919

To commemorate the centenary of the birth of Charles Frederick Chandler, New York s first public health chemist (December 6, 1836), Dr Haven Emerson on October 20 gave an address at Columbia University

Announcement is made of the forthcoming publication of an *Annual Review of Physiology* in which it is proposed to survey once a year the developments of the preceding year or biennium in the major fields of physiological research The series will appear under the auspices of the American Physiological Society, Inc, and the Annual Review of Biochemistry, Ltd, Stanford University California The new review will conform in general style and format to the *Annual Review of Biochemistry* Dr J Murray Luck is the managing editor The first volume is expected to appear in February, 1939

Sir Andrew McPhail professor of the history of medicine at the McGill University faculty of medicine, has retired from his chair

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Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B M A HOUSE TAVISTOCK SQUARE W C 1

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated Correspondents who wish notice to be taken of their communications should authenticate them with their names not necessarily for publication

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Secretary B M A House Tavistock Square W C 1 on receipt of proofs Authors over seas should indicate on MSS if reprints are required as proofs are not sent abroad

All communications with reference to ADVERTISEMENTS should be addressed to the Advertisement Manager Orders for copies of the *Journal* and communications with reference to subscriptions should be addressed to the Secretary B M.A House Tavistock Square W C 1

The TELEPHONE NUMBER of the British Medical Association and the *British Medical Journal* is EUSTON 2111

The TELEGRAPHIC ADDRESSES are
EDITOR OF THE *BRITISH MEDICAL JOURNAL* *Aitiology Westcent London*
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The address of the B.M A. Scottish Office is 7 Drumsheugh Gardens Edinburgh (telegrams *Associate Edinburgh* tele phone 24361 Edinburgh) and of the Office of the Irish Free State Medical Union (I M.A and B M.A) 18 Kildare Street Dublin (telegrams *Bacillus Dublin* telephone 62550 Dublin)

QUERIES AND ANSWERS

Apex-beat and Chest Measurements in Children

Dr FRANK C EVE (14 Albion Street, Hull) writes Could any of your readers kindly help me in an investigation I am carrying out on the above relationship? What my paper needs is a record of the growth of chest girth and of the apex beat to mid line measurement in small children which has been carried out annually for five or ten or fifteen years They should be normal children but of course, the influence of an intercurrent illness would add interest. The record of even one child through a term of years would be worth publishing but numbers would be much better The only hope seems to be a medical parent or the doctor of some public or private school

Painful Tongue

"WORRIED" writes Perhaps some of your readers could advise me as to the treatment of a female patient, aged 50 who for the past two years has been suffering from pain in the tongue "like burning pins and needles The gums and buccal mucous membrane are also affected. There is nothing abnormal to see or feel. Analgesic mouth washes progynon vitamin B therapy iron and arsenic etc have been tried without avail. The general condition is fair and the blood count normal.

Natural Sunlight and Ultra-violet Light Therapy

Dr WALTER P KENNEDY (Royal College of Medicine Baghdad) writes Dr R A. Johnson's letter (*Journal* November 6 p 946) on the possibility of screening sunlight for therapeutic use in Southern India raises a question which is not easy to answer as so many variables are involved In the first place it is by no means proved that only the ultra violet fraction of radiation is therapeutically effective and indeed this idea is probably erroneous Saleeby insists that visible light rays seem to have special anti-infective powers and believes that it is the whole of solar radiation as it reaches us which is physiologically impor tant At the Finsen Institute they believe that the sun is unquestionably the best source available Phelps (1930 *J Bone and Joint Surg* **12** 253) pointed out that marked improvement in extrapulmonary tuberculosis was obtained at seaside sanatoria as well as in the Swiss Alps and while there is considerable short wave ultra violet light in the latter situation the absorption of short ultra violet rays in the former is very great Few observations have been made on ultra violet radiation in the Tropics, especially with reference to therapeutic properties Marsh (1931 *Medical Report of the Anglo-Persian Oil Company*) work ing in Southern Iraq, where the annual mean shade tem perature range is from 66 4° F to 116 F has made some measurements with the oxalic acid-uranium acetate method He says that to obtain one erythema dose from the ultra-violet component of sunlight there would entail exposure of the naked skin to the sun on a bright day of (*a*) half an hour between 10 a.m and noon in the months of April to August (*b*) two hours between 7 a.m. and 9 a m in the months of April to August (*c*) four hours between 8 a m. and noon during the first half of February Observa tions of a slightly different type made at the Royal College of Medicine Baghdad give a general support to this report. Physicians in the Tropics interested in the ultra violet com ponent of sunlight could make valuable additions to know ledge by making measurements both day by day and hourly on occasional days. Accurate radiometric measurements are the ideal but they are difficult to make and are expensive Useful results however can be obtained by simple means the oxalic acid-uranium acetate method, described by Freer and Gibbs (1932 *J Phys Chem* **16** 709) the nitrite method mentioned by Walker (1937 *Analyst* **62** 667) and Owen's (1935 *Lancet* **2** 589) instrument, which costs £7 10s The last named is particularly adapted to long period investiga tions and takes but a minute to read daily The methylene blue method is widely used but is not to be recommended Both direct solar and diffuse sky radiation should be measured When the altitude of the sun is low the ultra violet part of sky radiation considerably exceeds that of the direct sun. Dr Johnson refers to the high proportion of infra red rays at his station. The special importance of this can be seen in the emphasis Sundstroem (1926 *University of California Publications Physiol* VI 1) lays on the existence in tropical regions of a continuous reduction of the capacity of the body to cool off Without data on the relative humidity at Golden Rock one cannot estimate to what extent this is operative Kata thermometer measure ments would be most illuminating My experience in Baghdad is that with the temperature at 110 F and the relative humidity approximating 15 to 18 the conditions obtaining in July and August it is possible to sit stripped near a bathing pool from 10 a m to noon and even longer without ill effect. How advisable this practice is one hesitates to say but it is quite common to European residents

Incapacitating Diarrhoea

Dr ALEXANDER FRANCIS writes Emdee's morning diar-rhoea is undoubtedly a vasomotor disturbance Not infre-quently such attacks of diarrhoea are found to alternate with headache asthma and vasomotor rhinitis, but some-times diarrhoea is the only symptom. Ordinary intestinal remedies are useless, but as soon as the vasomotor system is made stable the trouble will disappear

Income Tax

Proportion of General Expenses

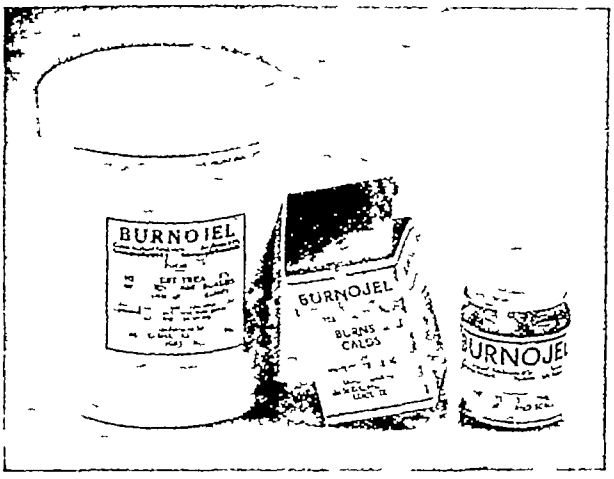
M S carries on his practice mainly from a surgery apart from his house but the latter is used for emergencies calls out of hours private appointments, etc The house has eight rooms of which four are on the ground floor The authorities will not allow more than one third of the running expenses of the house and of the maid's wages Is that reasonable?

*** We could not advise M S to take his claim for a higher ratio to appeal If the surgery had been on the premises so that the general expenses would have included the cost of surgery cleaning and attendance one half would be the normal ratio Seeing that the specific surgery running costs are separate and deductible as such the ratio of one third of the general expenses would seem adequate to cover the professional element in those expenses.

Proportion of General Expenses

"SALOPIAN S" household consists of himself an indoor assistant a married couple (cook and gardener-chauffeur) and a maid The inspector of taxes has allowed three-fifths of the rates heating, lighting, etc (the surgery is in the house) and the *wages* of the cook, maid, and half those of the manservant. He has allowed 30s per week for the food of the assistant, but nothing for the keep of the servants as he considers the wages deduction sufficient to cover all the professional expense

*** The circumstances are not usual—no family and the assistant living in—and no specific practice can be shown to



It is gratifying to record an instance of burns of the third and fourth degree which have responded to an unusual extent to a novel therapy The case was that of injury from boiling water embracing the lateral crural area from the knee to and including the anterior pedal aspect At the perophery of trauma large bullae were intermingled with folds of necrotic epithelium In the middle longitudinal or fibular axis the cutis vera was destroyed Treatment was begun in hospital soon after occurrence The bullae were incised and necrosed skin removed A thin layer of copper guaiacol sulphonate with acriflavine was applied and covered with sterile strips of gamgee The patient who had shown much fortitude declared her pain relieved and was discharged The copper guaiacol sulphonate known commercially as Burnojel is easily spread by a bone spatula Unlike tannic acid in its many forms of preparation this chemical produces no dark scab

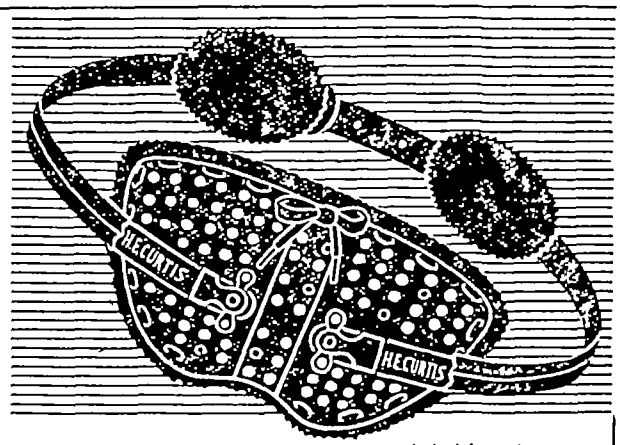
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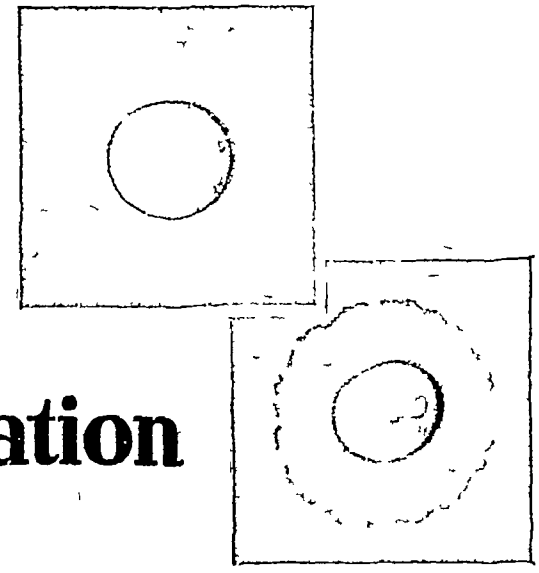
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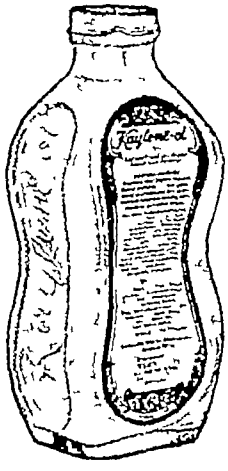
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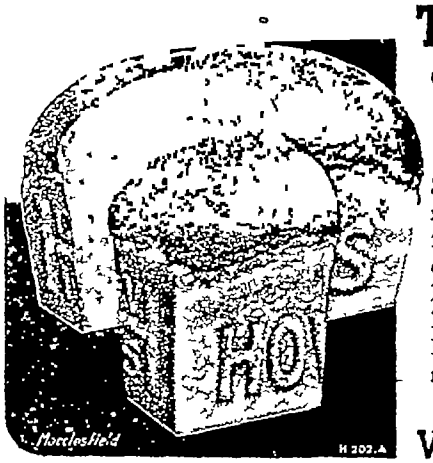
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The CHESTERFIELD LECTURES constituting a systematic Course in Dermatology will be given at 5 p.m. from January 4th to February 24th

SYLLABUS—WINTER SESSION

1938		Subject	Lecturer
Jan. 4	Tues.	Syphilis	Dr. A. C. ROXBURGH
„ 6	Thurs.	Ringworm Infections	Dr. J. M. H. MACLEOD
„ 11	Tues.	*Pityriasic Dermatitis*	Dr. G. B. DOWLING
„ 12	Wed.	Elements of Histopathology	Dr. I. MUENDE
„ 13	Thurs.	Pigmentary Disorders	Dr. W. N. GOLDSMITH
„ 18	Tues.	Eczema	Dr. W. GRIFFITH
„ 19	Wed.	Histopathology of some Common Skin Diseases	Dr. I. MUENDE
„ 25	Tues.	Sycosis	Dr. L. FORMAN
„ 27	Thurs.	Erythemato-Squamous Eruptions	Dr. G. DUCKWORTH
Feb. 1	Tues.	Tuberculosis Cutis	Dr. J. E. M. WIGLEY
Feb. 3	Thurs.	Electro-Therapeutics	Dr. R. T. BRAIN
„ 8	Tues.	Common Skin Diseases in Childhood	Dr. H. T. BARRON
„ 9	Wed.	Histopathology of some Common Skin Diseases	Dr. I. MUENDE
„ 10	Thurs.	Bullous Eruptions	Dr. J. L. FRANKLIN
„ 15	Tues.	Diseases of the Nails	Dr. H. CORSI
„ 16	Wed.	Histopathology of some Common Skin Diseases	Dr. I. MUENDE
„ 22	Tues.	Baldness	Dr. HUGH GORDON
„ 24	Thurs.	Malignant Conditions of the Skin	Dr. A. BURROWS

An Examination will be held at the end of the Course in March and the CHESTERFIELD MEDAL will be awarded to the best candidate provided the required standard is reached. An intensive Course will also be held during the month of May.

CLINICS.—Instruction will be given daily in the Out-Patient Department, as follows:—

Monday	2 P.M.	Dr. GRIFFITH	Wednesday 2 P.M.	Dr. WIGLEY	Friday, 2 P.M. Dr. FORMAN
	6 P.M.	Dr. MUENDE (Pathologist)	6 P.M.	Dr. DOWLING	6 P.M. Dr. BRAIN
Tuesday,	2 P.M.	Dr. DUCKWORTH	Thursday 2 P.M.	Dr. CORSI	Saturday 2 P.M. THE MEDICAL
	6 P.M.	Dr. HEGGS	6 P.M.	Dr. GOLDSMITH	REGISTRAR

LABORATORY.—Arrangements can be made for Classes, individual instruction or for research work. For Particulars and Fees apply to the Dean.

FEES.—For Hospital Practice, including Lectures, One Guinea per month. Registered Medical Students may attend the Lectures free on signing their names and giving the name of their Hospital.

Medical Practitioners will be welcome as occasional visitors on presentation of their cards. For further particulars apply to Dean or Secretary.

LEONARD G. R. TURPIN, Secretary. J. E. M. WIGLEY, M.B., Dean.

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(UNIVERSITY OF LONDON)

DIPLOMA IN CLINICAL PATHOLOGY

A special course commencing on January 10th, 1938, will be held for a limited number of students desirous of taking the Diploma in Clinical Pathology (University of London).

Further particulars can be obtained from the Dean, British Postgraduate Medical School, Ducane Road, London, W.12.

DEPARTMENT OF MEDICINE

A Course of Six Lectures on

NEPHRITIS

will be given by Professor ARTHUR ELLIS, M.D., F.R.C.P.

on January 4th, 11th, 18th, 25th, February 1st, 8th, 1938 at 4.30 p.m.

DEPARTMENT OF PATHOLOGY

A Course of Four Lectures on

SURGICAL PATHOLOGY OF DISEASES OF THE RECTUM

will be given by Dr. CUTHBERT DUKES, O.B.E., M.Sc., M.D.

on January 5th, 12th, 19th, 26th, 1938 at 4.30 p.m.

These lectures are for regular students of the School but a limited number of tickets are available without fee to medical practitioners. Applications for tickets should be addressed to the Dean, British Postgraduate Medical School, Ducane Road, W.12.

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Prospectus from the DEAN, West London Hospital, Hammersmith, W.6

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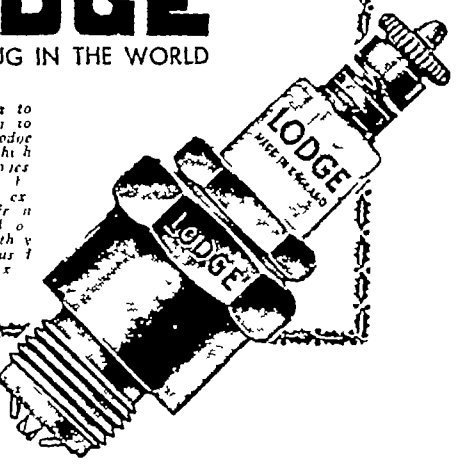
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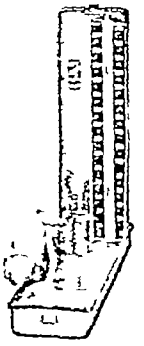
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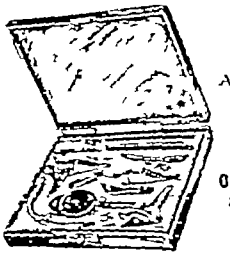
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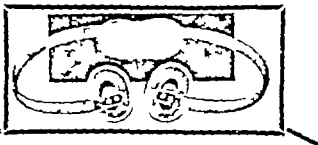
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Vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in April, 1938

Candidates below the age of 28 years are preferred, and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career Officers transferred to the permanent list will receive a gratuity of £1,000 (less Income Tax)

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post Graduate study

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than February 28th, 1938

THE WELSH NATIONAL SCHOOL OF MEDICINE (UNIVERSITY OF WALES)

ASSISTANT LECTURER IN THE DEPARTMENT OF MATERIA MEDICA AND PHARMACOLOGY

Applications are invited for the full-time post of Assistant Lecturer in the Department of Materia Medica and Pharmacology in The Welsh National School of Medicine Cardiff at a salary of £500 per annum.

Further particulars of the appointment may be obtained from the undersigned by whom six copies of application with the names of three referees must be received not later than January 3rd 1938

S. C. EDWARDS
Secretary

The Welsh National School of Medicine
The Parade Cardiff

CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT

TUBERCULOSIS SECTION

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from single registered male medical practitioners for the post of Assistant Resident Medical Officer in the Tuberculosis Section of the Public Health Department The successful candidate will be employed both in a Sanatorium and in a Dispensary Candidates should have held a resident general hospital appointment and an appointment in some institution recognized for the treatment of tuberculosis

The commencing salary will be at the rate of £4 0 per annum rising by £25 to £500 per annum with emoluments valued at £150 per annum and the appointment will be terminable by one month's notice on either side

The successful candidate will be required to pass an approved medical examination to contribute to the superannuation scheme established under the Local Government and Other Officers Superannuation Act 1922 as amended by Section 8 of the Birmingham Corporation Act 1935 (Annuities for Widows) and if under thirty years of age to join the Birmingham Municipal Officers Widows and Orphans Pension Scheme

Forms of application and a summary of duties may be obtained from and should be returned with three recent testimonials to the Chief Clinical Tuberculosis Officer 151 Great Charles Street Birmingham 3 not later than December 2nd 1937

Council House F H C WILTSHIRE
Birmingham 1 Town Clerk

GOVERNMENT OF INDIA

Applications are invited for appointment (on a permanent and one temporary) in the MEDICAL RESEARCH DEPARTMENT of the Government of India Three permanent posts are open to candidates possessing the requisite qualifications whether officers of the Indian Medical Service or not the remaining posts are reserved for officers of the Indian Medical Service

Qualifications FOR FIVE APPOINTMENTS Experience in Bacteriology Special knowledge of the Bio-Chemistry and Physiology of Micro-Organisms will be an additional qualification

FOR THE SIXTH POST Experience of Malarial Research Applicants must be competent research workers capable of undertaking independent enquiries on malaria in the field and in the laboratory

In addition all candidates other than officers of the Indian Medical Service will be required to hold a registrable medical qualification

Commencing pay in scale Rs 625 rising to Rupees 1350 a calendar month in accordance with age qualifications etc Indian Medical Service officers will draw pay of rank plus duty technological special pay of Rs 150 per mensem (Rupee = 1 6d approx)

Provident Fund or for those already in Government pensionable service pensionary status

Further particulars and form of application may be obtained on application by postcard from the High Commissioner for India General Department India House Aldwych London W C Last date for receipt of completed applications 10th January 1938.

BOROUGH OF BARKING

RESIDENT MEDICAL OFFICER BARKING HOSPITAL

Application are invited before January 3rd 1938 from qualified medical practitioners for the designated appointment of RESIDENT MEDICAL OFFICER at the Barking (Infectious Diseases) Hospital comprising 106 Bed

Previous medical appointment in an infectious diseases hospital are highly desirable

Salary £350-£450 plus emoluments valued at £150 per annum

Particulars of duties and application forms may be obtained from the undersigned

Prospective candidates requiring further information may communicate with the Medical Officer of Health Public Health Department Central Hall Chambers East Street Barking (Telephone Ripple way 3880) S A JEWERS
Town Hall Barking Town Clerk.

COUNTY BOROUGH OF GATESHEAD

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER (FEMALE)

Applications are invited from duly qualified medical women in possession of the Diploma of Public Health or similar qualification for the post of Assistant Medical Officer in the Public Health Department The person appointed shall work under the general supervision and control of the Medical Officer of Health The salary payable is at the rate of £500 rising to £600 by annual increments of £25 and the appointment is subject to the provisions of the Local Government and other Officers Superannuation Act 19— The appointment will be terminable by one month's notice from either side

A list of the duties of the office may be obtained from the Medical Officer of Health, Greenesheld House Mulgrave Terrace Gateshead to whom applications stating age and experience and accompanied by not more than three recent testimonials should be sent not later than January 3rd 1938 in envelopes endorsed Assistant Medical Officer

Town Hall J W PORTER
Gateshead 8 Town Clerk

MANCHESTER ROYAL INFIRMARY

ASSISTANT MEDICAL OFFICER

MASSAGE AND ELECTRICAL DEPARTMENT

The Board of Management invite applications from registered Medical Practitioners (men and women) for the above appointment. Previous experience in the work is not essential

The duties are to attend daily and to assist the Medical Officer in charge of the Department The appointment is part time (non-resident) for one year Salary £100 per annum

Candidates must state age and send twelve copies of their application and testimonials to the undersigned on or before Thursday December 23rd 1937

By Order
W R TINDALE
General Supt and Secretary

December 6th 1937

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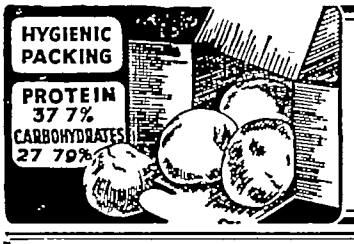
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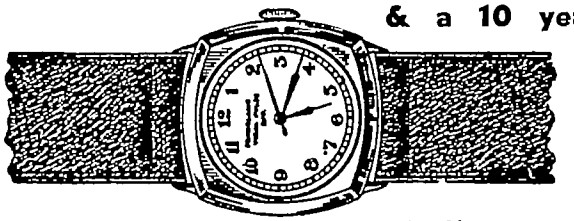
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LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one year's standing to undermentioned positions Candidates must have held resident appointment in a general hospital for at least six months. Married quarters not available

ASSISTANT MEDICAL OFFICERS (Grade I)—Salary £350—£25—£425 with board lodging and washing

(a) LEWISHAM HOSPITAL Lewisham S E.13—Duties mainly anaesthetics

(b) PADDINGTON HOSPITAL Harrow Road W 9—Duties mainly medical with anaesthetics.

(c) ST ALFEGE S HOSPITAL 48 Vanbrugh Hill Greenwich S E 10—Surgical duties

(d) ST JAMES' HOSPITAL Ouseley Road Balham S W 12—Anaesthetics

*† (e) ST NICHOLAS' HOSPITAL Plumstead S E 18—Duties mainly medical knowledge of obstetrics desirable

(f) ST STEPHEN S HOSPITAL 369 Fulham Road S W 10—Medical duties.

ASSISTANT MEDICAL OFFICERS (Grade II)—Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions)

(g) BETHNAL GREEN HOSPITAL, Cambridge Road E 2—Duties mainly medical

(h) DULWICH HOSPITAL, East Dulwich Grove S E.22—General duties

(i) FULHAM HOSPITAL St Dunstan s Road Hammersmith W 6 — Medical duties with anaesthetics

*(j) NEW END HOSPITAL Hampstead N W 3—Duties mainly medical experience in anaesthetics essential

(k) ST LEONARD S HOSPITAL Nuttall Street Kingsland Road N 1 (Two Positions)—Duties mainly medical experience in anaesthetics desirable.

*(l) ST NICHOLAS HOSPITAL, Plumstead S E 18—Duties mainly medical with anaesthetics

* No accommodation for a woman

† Appointee may be required to be non resident.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division (2a) County Hall S E.1 returnable by December 29th

Canvassing disqualifies.

ROYAL BURGH OF AYR

ASSISTANT MEDICAL OFFICER OF HEALTH AND SENIOR RESIDENT MEDICAL OFFICER AT HEATHFIELD INFECTIOUS DISEASES HOSPITAL

Applications are invited for the above appointment from duly qualified male Medical Practitioners (unmarried)

The salary will be at the rate of £350 per annum rising subject to satisfactory services, by annual increments of £25 to £525 together with board lodging and laundry at the above Hospital Preference will be given to candidates entering the Public Health services and in possession of the Diploma of Public Health The appointment will be terminable on two months notice on either side Particulars of the conditions and duties of the appointment may be obtained on application to the undersigned to whom applications stating age and experience and accompanied by copies of three recent testimonials must be delivered not later than 31st instant

Town Buildings. P A THOMSON
Ayr Town Clerk
December 13th 1937

HOSPITAL OF ST CROSS
Rugby (120 Beds)

Applications are invited for the post of One Male RESIDENT MEDICAL OFFICER (Three R M O.s)

Salary to commence at the rate of £100 per annum for the first three months, £125 per annum for second three months and at the rate of £150 per annum for subsequent months Full board washing etc provided.

Six months appointment and eligible on completion of service for further extension of six months Candidates must be prepared to commence duties immediately

The practice of the Hospital offers excellent opportunities for wide experience Certificates and other fees shared by R M O.s

Applications stating age nationality and full details with copies of three recent testimonials to be sent to the undersigned

(Signed) W COCKBURN
Superintendent and Secretary

THE ROYAL HOSPITAL WOLVERHAMPTON
(Incorporated under Charter 300 Beds)

Applications are invited for the post of RESIDENT SURGICAL OFFICER Salary £-00 per annum Experience of major surgery essential The successful candidate must hold one of the higher qualifications in Surgery

Applications, with copies of testimonials to be forwarded to the undersigned forthwith

W H HARPER
Wolverhampton House Governor
December 14th 1937

LONDON COUNTY COUNCIL
CONSULTANT AND SPECIALIST SERVICE.

Applications invited from those with experience in a mental hospital for appointment as CONSULTANTS in Mental Diseases for duty at the Mental Observation Units at —

St. Alfege s Hospital S E 10
St Clement s Hospital E 3
St Pancras Institution N W 1

Two routine sessions a week at each

Application may be made for appointment to one or more of the three establishments

Salary £200 a year if appointed to one establishment £350 a year if appointed to two establishments and £500 a year if appointed to the three establishments Additional remuneration at a rate of £2 12s 6d a visit for emergency visits made in excess of number of routine sessions.

Application forms containing full particulars obtainable (stamped addressed foolscap envelope necessary) from the Medical Officer of Health (Staff Division) County Hall Westminster Bridge S.E 1 returnable by January 3rd Persons appointed required to carry out duties assigned by the Medical Officer of Health. Women eligible. Canvassing disqualifies

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners with appropriate qualifications for five appointments as ASSISTANT PATHOLOGIST in the Council s pathological service Salary £650-£25-£800 Four of the appointments will be in Group Laboratories and candidates should have special experience in one or more branches of pathology in relation to the diagnosis and treatment of disease the fifth is at the Central Histological Laboratory experience in morbid histology and post mortem work is essential Forms of application and further particulars (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division 2) County Hall Westminster Bridge S E.1 returnable by January 17th 1938

Canvassing disqualifies.

LONDON COUNTY COUNCIL

Applications invited for two full-time positions of ASSISTANT MEDICAL OFFICER Duties chiefly concerned with slum clearance and school medical work and special experience relating thereto is desirable Applicants must hold Diploma or Degree in Public Health Salary £750

Forms of application (stamped addressed foolscap envelope necessary) from Medical Officer of Health (S D 5) County Hall Westminster Bridge S E.1 returnable by January 8th, 1938 Canvassing disqualifies

METROPOLITAN BOROUGH OF FULHAM
TEMPORARY ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE—RESIDENT

Applications are invited from unmarried qualified medical practitioners of either sex for the temporary post of Assistant Medical Officer for Maternity and Child Welfare. The Officer will be resident at the Borough Maternity Home and will take medical charge of certain Maternity and Child Welfare Clinics Experience in obstetrics and in anaesthetics essential

The services of the lady or gentleman appointed will be required for three months subject to two weeks notice on either side. The salary will be at the rate of £350 per annum together with emoluments valued at £150 per annum

Further particulars and an application form will be sent on receipt of a stamped addressed foolscap envelope The latest date for applications is December 31st

Canvassing will disqualify

Town Hall W TOWNEND
Fulham S W 6 Town Clerk

COUNTY OF THE CITY OF WORCESTER
ASSISTANT MEDICAL OFFICER (male)

Applications are invited for the above appointment. Applicants must hold a Diploma in Public Health have had experience in Tuberculosis and have held resident hospital appointments Experience in the Poor Law Medical Service will be an advantage Age not to exceed 35 years

The commencing salary is £500 rising by annual increments of £50 to £700 and the post is designated for purposes of Superannuation

The officer appointed will work under the direction of the Medical Officer of Health and will be required to assist him in other duties as directed

A form of application and further particulars may be obtained from the Medical Officer of Health to whom applications should be returned not later than December 31st Canvassing directly or indirectly will be a disqualification.

Guildhall C H DIGBY SEYMOUR
Worcester Town Clerk
December 1937

COUNTY BOROUGH OF BIRKENHEAD
DEPARTMENT OF THE MEDICAL OFFICER OF HEALTH

BIRKENHEAD MUNICIPAL HOSPITAL

DEPUTY MEDICAL SUPERINTENDENT

Applications are invited for the appointment of Deputy Medical Superintendent (Resident) at the Birkenhead Municipal Hospital (547 Beds)

The remuneration attached to the appointment will be £450 per annum rising by increments of £25 to a maximum of £550 per annum together with residence board etc.

Applicants must be single fully qualified and registered and must be capable of performing major surgical operations

The appointed candidate will have the status of Assistant Medical Officer on the staff of the Medical Officer of Health

The appointment will be made subject to the Local Government and Other Officers Superannuation Act 1922 and is determinable by three months calendar notice on either side.

Candidates who possess an extra qualification in surgery will be specially considered.

Forms of application and further particulars relating to this appointment can be obtained from Dr D Morley Mathieson Medical Officer of Health 9 Hamilton Square Birkenhead

Canvassing directly or indirectly will disqualify the applicant

Applications endorsed Deputy Medical Superintendent should reach the undersigned not later than Monday January 3rd 1938

E. W TAME,
Town Hall Birkenhead Town Clerk

COUNTY BOROUGH OF BURNLEY
MUNICIPAL GENERAL HOSPITAL

JUNIOR RESIDENT MEDICAL OFFICER (Male)

Applications are invited from fully qualified medical men for the position of Junior Resident Medical Officer at the Municipal General Hospital Burnley to take up duties on January 23rd next The appointment will be for a period of twelve months

Salary at the rate of £150 per annum for the first six months £200 per annum for the second six months plus full residential emoluments

Further particulars and application form may be obtained from the Medical Officer of Health St. James Street Burnley to whom applications together with copies of testimonials should be forwarded Canvassing either directly or indirectly will be a disqualification

HARRY PLOWMAN
Town Hall Burnley Town Clerk
December 13th 1937

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY

The Board of Management invite applications from unmarried persons for the following posts which become vacant on January 1st, 1937

HOUSE SURGEON duties in Male Female and Children s Wards under Consulting Surgeon

This post is recognized as approved experience in connection with the Examination for the F R C.S (Eng) degree

HOUSE PHYSICIAN duties in Male Female and Children s Medical Wards

Salary in each case at the rate of £150 per annum with board residence and laundry Six months appointment

Total Resident Staff 8

Applications stating age qualifications and experience together with copy testimonials to be forwarded to the undersigned as soon as possible

Royal Infirmary JOHN GIBSON
Preston Superintendent and Secretary
December 14th 1937

HAMMERSMITH DISTRICT NURSING ASSOCIATION
London County Council Treatment Centre.

DENTAL SURGEON

Applications are invited from qualified registered Dental Surgeons for the above part time appointment in connection with the London County Council School Treatment Centre

The Dental Surgeon will be required to attend nine sessions a fortnight for which a remuneration of £60 per annum for one session a week will be paid The School Treatment Centre will be closed during the ordinary school holidays (i e approximately eight weeks)

Applications stating age qualifications and experiences accompanied by copies of not more than three recent testimonials must be submitted to the undersigned not later than January 1st 1938

(Miss) F E FOSTER
Hon Secretary
Hammersmith District Nursing Association
10 Mall Road Hammersmith W 6
December 14th 1937



Good Night And Thanks So Much

Let the escutcheon be unsullied and the honour of the hostess enhanced Let the parting guests give thanks—and be truly thankful In short, let the Sherry Party be a success, and the Sherry play its appointed part in promoting friendliness and fellow-feeling

This, the earnest wish of every hostess, is repeated here so that we may point out that Findlater s Sherries can do much to make a successful party

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MARCH BROWN Generous but without heaviness.	6/
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For Mental Defectives of either sex
Under private management
Apply to Dr Langdon Down,
Normansfield Teddington

PRIVATE PATIENTS

LONDON COUNTY COUNCIL —Accommodation for Male Patients (voluntary temporary or certified) is provided in the Private Section of CLAYBURY MENTAL HOSPITAL Woodford Bridge Essex Term exclusive of clothing and special luxuries £4 a week for London cases £5 5s a week for others

For particulars apply to the Medical Superintendent at the Hospital or to the Chief Officer Mental Hospitals Department Shell Mex House Strand W C 2

ASHWOOD HOUSE, KINGSWINFORD STAFFORDSHIRE

An old-established PRIVATE HOME for the care and treatment of Ladies and Gentlemen mentally afflicted Probationary cases and convalescent patients are received as well as those regularly certified

The home is beautifully situated in its own grounds of 40 acres

Full particulars as to terms etc may be obtained from the Resident Medical Officer

THE GROVE HOUSE, CHURCH STRETTON SHROPSHIRE
A private Home for the care and treatment of Ladies and Gentlemen mentally afflicted Voluntary and Temporary Patients received under the Mental Treatment Act
Medical Superintendent Dr Cecil Ma

COMBINED DISTRICTS OF EAST GRINSTEAD URBAN AND UCKFIELD RURAL

MEDICAL OFFICER OF HEALTH

Applications are invited by the Councils of the above Districts (the total area of which is 118 696 acres and estimated population 47 880) for the appointment of MEDICAL OFFICER OF HEALTH part of whose duties will (for the time being) be that of Medical Superintendent of Infectious Diseases Hospital (15 beds) In addition to his duties as Medical Officer of Health the person appointed will be required to act as Assistant School Medical Officer under the direction of the County Medical Officer of Health

The appointment will be subject to the provisions of the Sanitary Officers (Outside London) Regulations 1935 and preference will be given to candidates who have had previous experience of public health administration and of school medical inspection and practical experience in the treatment of infectious diseases.

Salary will be at the rate of £800 per annum with travelling expenses within the district of £100 per annum office accommodation and clerical assistance will be provided The salary will be subject to review at the end of two years

The person appointed will be required to devote his whole time to his duties which may include medical examination of candidates for appointment to the permanent staff of the respective Councils and will not be allowed to engage in private practice as a medical practitioner He will be required to give three months notice to terminate his appointment

The appointment will be subject to the approval of the Minister of Health and the Secretary of the Board of Education and to the provisions of the Local Government and Other Officers Superannuation Act 1937

Applicants must not be over 40 years of age and the successful applicant will be required to pass a medical examination. He will be required to reside within the area at a place to be approved by the combined authorities

Applications on form to be obtained from the undersigned should be completed and returned to other with copies of not more than three recent testimonials in a sealed envelope plainly endorsed Medical Officer of Health so as to reach me by not later than the first post on Tuesday the 21st day of December 1937

Canvassing either directly or indirectly will be a disqualification

J HAYDN THOMAS
Clerk to the Uckfield Rural District Council

Council Offices,
Beacon Road
Crowborough Sussex
December 1st 1937

BOROUGH OF ECCLES

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the appointment of an Assistant Medical Officer of Health (male or female) at a salary of £600 rising by four equal annual increments to a maximum of £ 00 per annum The appointment will be a designated post under the Local Government and Other Officers Superannuation Act 1937 and the successful candidate will be required to undergo a medical examination.

Applicants must be duly registered Medical Practitioners and should have had special experience in midwifery and ante-natal work Preference will be given to candidates possessing the D C O G The possession of a Degree or Diploma in Public Health will be an additional qualification

The Officer appointed will be required to devote his whole time to the duties of the office and to act under the direction of the Medical Officer of Health The duties will be mainly in connexion with the Ante natal Clinic the Municipal Midwifery Service the Child Welfare and School Medical Services

The appointment will be held during the pleasure of the Council and will be terminable by one month's notice on either side.

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the Medical Officer of Health Public Health Department Irwell Place Eccles not later than December 31st 1937 Envelopes should be endorsed Assistant Medical Officer

Canvassing directly or indirectly will be a disqualification

Town Hall Eccles A V RIDGWAY
December 8th 1937 Town Clerk

LINCOLN ODDFELLOWS FRIENDLY SOCIETY'S MEDICAL INSTITUTION MU
2 Unity Square Lincoln

ASSISTANT MEDICAL OFFICER

Applications are invited for the position of Assistant Medical Officer whole time duty Salary £425 per annum with house and rates free Also car allowance Duties to commence January 1st 1938 Recent testimonials

Any further particulars may be obtained on application to the undersigned Applications to be sent in by December 23rd 1937

C E. COUSANS
Secretary

COUNTY COUNCIL OF MIDDLESEX

SURGEON—GRADE I—REDHILL COUNTY HOSPITAL EDGWARE

Applications are invited from registered Medical Practitioners for the above appointment on the pensionable staff The appointment is a senior one in the Council's general hospital service and applicants are expected to be medical men or women of high qualifications and professional attainments who are devoting their time wholly or chiefly to the practice of general surgery The officer appointed will work under the direction of the Medical Superintendent of the Hospital and will give his whole time to the duties of the post He must be prepared to undertake the teaching of nurses and if required of tudents and to carry out such other duties as the Council may from time to time direct

The Hospital is one of 255 beds for acute medical and surgical cases and for maternity Large extensions of over 300 further beds are nearing completion In addition to a full-time physician junior surgeon obstetrician and pathologist there is a resident medical staff of five and a part time radiologist pathologist and dental surgeon

Salary £1 000 per annum rising by annual increments of £ 0 to £1 400 per annum The salary is inclusive and any fees received by the officer appointed must be paid over to the Council

The appointment is non resident, but the successful candidate will be required to reside within a short distance of the Hospital The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by three months notice on either side

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than January 5th 1938 Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed "Surgeon Redhill County Hospital

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE Z
Clerk of the County Council

Middlesex Guildhall,
Westminster S W 1
December 9th 1937

GENERAL POST OFFICE

HEADQUARTERS MEDICAL BRANCH (MALE STAFF)

There is a vacancy for a Male ASSISTANT MEDICAL OFFICER in the Headquarters Medical Branch The appointment is pensionable and carries a salary which commences at £500 a year and rises by annual increments of £25 to a maximum of £800 a year The rates of salary are liable to review

Each candidate must be a fully qualified medical practitioner a natural born British subject and the child of a person who is or was at the time of death a British subject Preference will be given to candidates under 30 who have held one or more Hospital appointments The successful candidate will not be allowed to engage in private practice in addition to his official duties

Applications stating qualifications age etc with copies of any recent testimonials should be sent to the Chief Medical Officer General Post Office London E C 1 not later than December 30th 1937

Political influence should not be sought in support of applications it would prejudice rather than assist the candidature

The Male Medical Staff at Headquarters consists at present of a Chief Medical Officer a Second Medical Officer and four Assistant Medical Officers Information as to the duties can be obtained from the Chief Medical Officer

Candidates may be required to attend for personal interview in London at their own expense

COUNTY BOROUGH OF ROTHERHAM

ASSISTANT MEDICAL OFFICERS

Applications are invited for the posts of ASSISTANT MEDICAL OFFICERS (1 male and 1 female) Applicants must be duly qualified and registered Medical Practitioners

The successful applicants will be responsible under the supervision of the Medical Officer of Health for duties appertaining to the school medical service and to public health services

Experience of school medical work and other public health work essential Preference will be given to candidates possessing a Diploma in Public Health

The commencing salary is £600 rising subject to satisfactory service by annual increments of £25 to a maximum of £700 per annum and the posts are designated for the purposes of the Local Government and Other Officers Superannuation Act 1922.

Applications stating age experience and qualifications accompanied by copies of not more than three recent testimonials must reach the undersigned not later than December 9th 1937

CHAS L des FORGES
Municipal Offices Rotherham. Town Clerk.
December 7th 1937

COUNTY OF LINCOLN—PARTS OF LINDSEY URBAN DISTRICT OF HORNCASTLE, URBAN DISTRICT OF WOODHALL SPA RURAL DISTRICT OF HORNCASTLE.

ASSISTANT COUNTY MEDICAL OFFICER AND DISTRICT MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified male Medical Practitioners registered in the Medical Register as the holder of a diploma in sanitary science public health or State medicine for the above mentioned whole time joint appointment. (Combined area approximately 117 917 acres population 16,344) Candidates must not be over 45 years of age The inclusive salary will be £800 per annum with travelling allowance according to scale.

The appointment will be made by the District Councils in accordance with the Local Government Act, 1933 the Public Health (Officers) Act 1921 and the Sanitary Officers (Outside London) Regulations 1935 and the appointment under the County Council will be made in accordance with the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930

The post of Assistant County Medical Officer will be a designated post under the Local Government and Other Officers Superannuation Act, 1922 The posts under the District Councils will ultimately be subject to the Local Government Superannuation Act 1937

Applications on forms obtainable from the Clerk of the County Council County Offices Lincoln, with copies of not more than three recent testimonials must be returned not later than Monday January 3rd 1938

Canvassing in any form will be a disqualification

Dated this 7th day of December 1937

ERIC W SCORER
Clerk of the County Council
J E. CHATTERTON
Clerk to the Woodhall Spa Urban District Council and the Horncastle Rural District Council
R CHATTERTON
Clerk to the Horncastle Urban District Council

CORPORATION OF WILLESDEN

ASSISTANT MEDICAL OFFICER (MALE)

A whole-time Medical Officer (Assistant male) holding a registrable qualification in Public Health is required in the Health Department of the Corporation of Willesden Applicants must be under 40 years of age

The salary is £600 per annum, rising after three years satisfactory service by increments of £30 per annum to £750

The appointment is subject to the Local Government and Other Officers Superannuation Act 1937 to three months notice on either side to the Council's Regulations concerning officers of the Council and to residence within the Borough of Willesden The successful applicant will be required to pass a medical examination

Application forms with full particulars of the appointment may be obtained from the Medical Officer of Health Health Department 54 Winchester Avenue Kilburn London, N W 6 and must be returned to him not later than 9 a m on Friday January 7th 1938

Envelopes containing communication relative to this appointment must have Medical Officer written on the top left hand corner

Town Hall E A PRATT
Dyne Road Kilburn Town Clerk
London N W 6

CITY OF BRADFORD

ASSISTANT CITY PATHOLOGIST required

Salary £500 per annum rising to £ 00 per annum by annual increments of £ 5

The salary is subject to a deduction of 5 per cent. under the terms of the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination

Form of application may be received from the Medical Officer of Health Town Hall Bradford and should be returned to the undersigned not later than January 3rd 1938

Town Hall N L FLEMING
Bradford Town Clerk
December 10th 1937

CITY OF BRADFORD

SANATORIUM—GRASSINGTON

ASSISTANT MEDICAL OFFICER required

Appointment tenable for one year at a salary of £175 per annum plus board and lodgings

Forms of application may be obtained from the Medical Officer of Health Town Hall Bradford and should be returned to the undersigned not later than December 28th 1937

Town Hall N L FLEMING
Bradford Town Clerk
November 30th 1937

CAMBERWELL HOUSE, 33, Peckham Road, London, S.E. 5.

Telegrams PSYCHOLIA LONDON — FOR THE TREATMENT OF MENTAL DISORDERS — *Telephone* RODNEY 4242 (2 lines)

Also completely detached villas for mild cases, with private suites if desired Voluntary patients received Twenty acres of grounds Hard and Grass Tennis Courts Putting Greens Bowls, Croquet, Squash Rackets Recreation Hall with Badminton Court, and all indoor amusements, including Wireless and other Concerts Occupational Therapy, Callisthenics, and Dancing Classes, *X* ray and Actino therapy Prolonged Immersion Baths Operating Theatre Pathological Laboratory, Dental Surgery and Ophthalmic Dept. Chapel Senior Physician Dr HUBERT JAMES NORMAN assisted by three Medical Officers, also resident, and visiting Consultants.

An illustrated prospectus giving fees, which are strictly moderate may be obtained upon application to the Secretary

The Convalescent Branch is HOVE VILLA, BRIGHTON, and is 200 feet above sea-level

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive grounds Detached Villas Chapel Garden and dairy produce from own farm Terms very moderate.

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Detached Villas standing in 12 acres of ornamental grounds, with tennis courts, etc., which Voluntary Temporary or Certified Patients may visit by arrangement for long or short periods

Illustrated Brochure on application to the Medical Superintendent, The Old Manor, Salisbury 'Phone Salisbury 2251.

PECKHAM HOUSE, 112, Peckham Road, London, S.E. 15.

Telegrams "Alleviated, London." Telephone Rodney 2641 2642

The above House which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch Kearsney Court near Dover, to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances and indoor amusements held throughout the year Terms from £3 3s. per week Illustrated prospectus and further particulars can be obtained from the Medical Superintendent.

CHEADLE ROYAL HOSPITAL

CHEADLE, CHESHIRE

This REGISTERED HOSPITAL, with a SEASIDE BRANCH at Colwyn Bay N Wales, is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES

The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary

In addition to the Main Building there are separate villas Extensive grounds. Hard and grass tennis courts, cricket and croquet grounds and a court for badminton. There are also wireless installations Golf may be had within easy distance. Occupational therapy

VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received

The Hospital is nine miles from Manchester 50 minutes by rail from Liverpool and 3¼ hours from London

For terms and further particulars apply to the Medical Superintendent, who may be seen in MANCHESTER by APPOINTMENT

Telephone GATLEY 2231 (3 lines)

LAVERSTOCK HOUSE

SALISBURY WILTS

PRIVATE MENTAL HOME FOR LADIES AND GENTLEMEN

Completely up to date. Lovely house and grounds (18 acres) Certified and uncertified cases taken. Facilities for going to the seaside.

ESTABLISHED OVER 200 YEARS

Apply to Med Supt for illustrated brochure Tel SALISBURY 2612.

CALDECOTE HALL

NUNEATON

WARWICKSHIRE

(Phone Nuneaton 241)

Residential treatment of

FUNCTIONAL NERVOUS DISORDERS

Including Alcoholism and other Addictions

(Certifiable Cases are not received)

This beautiful mansion situated in the heart of the country (less than two hours from London by L M S R) and surrounded by charming pleasure grounds in which games and outdoor occupational therapy are available is devoted to the treatment of Functional Nervous Disorders by psychotherapeutic and ancillary methods

Illustrated brochure and particulars obtainable from A E CARTER M.D., D.P.M., Resident Medical Superintendent

THE CLINIC

20 Devonshire Place London, W.1

Tel Welbeck 4444 (20 lines)

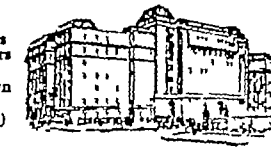
A NURSING HOME FOR SURGICAL, MEDICAL AND MATERNITY CASES

Fees 10 gns. to 18 gns per week (Average—14 gns) 150 State Registered Nurses 2 Resident Medical Officers (for emergencies) 8 Operating Theatres.

Patients only received under the supervision of their own Medical Practitioner

Drugs and Dressings free (other than Proprietary Articles)

Illustrated Brochure on application to Secretary



THE ROYAL EARLSWOOD INSTITUTION

FOR MENTAL DEFECTIVES, REDHILL, SURREY

(Formerly the EARLSWOOD ASYLUM)

PATRON H M THE KING

FOR THOSE REQUIRING CONTROL with EXPERT SUPERVISION and needing SPECIAL TRAINING in useful occupations *SCHOOLS FARMING and various TRADE WORKSHOPS*

Inclusive fees from £110 p.a. *THOSE UNABLE TO PAY* admitted by votes of subscribers with part payment towards cost.

RECREATIONS ALL outdoor games EXCELLENT BAND by Male Staff for Concerts Dancing, etc.

Apply THE MEDICAL SUPERINTENDENT Earlswood Redhill Surrey or to the Secretary Mr H. STEPHENS, 14-16 Ludgate Hill E.C.4 *Phone* REDHILL 344 *Phone* CITY 4697

HEIGHAM HALL, NORWICH

A PRIVATE MENTAL HOME situated in 11 acres of well wooded grounds For Ladies and Gentlemen suffering from Nervous or Mental Illness Voluntary Patients Temporary Patients and Patients under Certificate are admitted for treatment Fees from 4 guineas a week upwards according to requirements A few vacancies exist for Ladies and Gentlemen at reduced fees on the recommendation of the Patient's own Physician.

Apply to Dr J A SMALL Telephone 80 Norwich Telegrams Small 80 Norwich

BIRMINGHAM AND MIDLAND SKIN HOSPITAL
(For Skin Diseases and Cancer)

The Committee of Management is proceeding to the appointment of an HONORARY ASSISTANT PHYSICIAN on the Staff of the Hospital who would be responsible for one Out patient Clinic per week and for three In-patient beds The appointment will be subject to review after four years service with a view to its occupant being reappointed as Honorary Physician An Honorarium of £52 10s per annum will be offered

Applications are invited from registered Medical Practitioners who must hold the qualifications of Fellowship or Membership of the Royal College of Physicians of London or Edinburgh or Doctor or Bachelor of Medicine of a British University and be registered under the Medical Act The Officer appointed will be required to engage in Consultant practice only Further particulars may be obtained from the Secretary

Applications stating age particulars of appointments previously held together with copies of not more than three testimonials and such other information as will assist the Board in making this appointment should be forwarded to the undersigned not later than December 31st 1937

Candidates will not be expected to visit members of the Board except by invitation

T E MURTAGH
Secretary

John Bright Street Birmingham 1

ADDENBROOKE'S HOSPITAL CAMBRIDGE

Applications are invited for the post of HOUSE SURGEON The appointment will be for six months from February 1st, 1938 but is terminable at an earlier date by one month's written notice on either side Salary will be at the rate of £130 per annum with board residence and laundry

Candidates (male) who must be unmarried and duly registered are requested to forward their applications, stating age qualifications etc together with copies of not more than four testimonials to the undersigned on or before Wednesday December 29th 1937

J A BEARDSALL,
Secretary-Superintendent

ADDENBROOKE'S HOSPITAL CAMBRIDGE

Applications are invited for the post of HOUSE PHYSICIAN The appointment will be for six months from February 1st, 1938 but is terminable at an earlier date by one month's written notice on either side Salary will be at the rate of £130 per annum with board residence and laundry

Candidates (male) who must be unmarried and duly registered, are requested to forward their applications stating age qualifications, etc together with copies of not more than four testimonials, to the undersigned on or before Wednesday December 29th 1937

J A BEARDSALL
Secretary Superintendent

WEST SUSSEX COUNTY MENTAL HOSPITAL CHICHESTER

Applications are invited from gentlemen under the age of 35 years for the post of THIRD ASSISTANT MEDICAL OFFICER at the above Hospital Salary £350 rising by annual increments of £25 to £450 per annum together with board lodging etc valued for superannuation purposes at £150 An additional £50 per annum will be given to the successful candidate if he holds or upon his obtaining a Diploma in Psychological Medicine The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909

Applications stating age and experience together with copies of not more than three recent testimonials to be sent on or before January 7th 1938 to the Medical Superintendent

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY

HOUSE SURGEON wanted Ophthalmic experience preferred Duties to commence February 1st 1938 There are fifty beds for In-Patients and large Out Patient Department Salary £150 a year with furnished apartments board and laundry Ladies and gentlemen applying should state age and experience and send copies of three recent testimonials to reach the Secretary not later than first post December 21st

EUSTACE LEES
December 1st, 1937 Secretary

DONCASTER ROYAL INFIRMARY
(185 Beds)

HOUSE SURGEON (male) required immediately Six House Surgeons are resident.

Salary at the rate of £1 5 per annum with residence board and laundry

This large industrial area offers excellent opportunities for gaining experience.

Applications accompanied by not more than three testimonials to be sent to the undersigned immediately

R LANCASTER
Secretary-Superintendent

ANCOATS HOSPITAL, Manchester

ASSISTANT PATHOLOGIST Lady or gentleman whole time appointment, no private work allowed Salary £400 per annum live out Luncheon and tea provided The appointment is for twelve months and is renewable During the first six months a certain amount of research work will be conducted

RADIOLOGICAL OFFICER Lady or gentleman whole time appointment non-resident, no private work allowed Salary £400 per annum with luncheon and tea The appointment is for twelve months and is renewable Candidates must hold the D M R E Diploma

Applications for the above posts stating age and particulars of qualifications and experience to be forwarded to the undersigned on or before December 29th 1937 together with copies of three recent testimonials.

By Order of the Board
HERBERT J DAFFORNE,
General Supt. and Secretary

CARDIFF CITY MENTAL HOSPITAL
Whitchurch, Glam

HOUSE PHYSICIAN (male) age not exceeding 30 years, required for above hospital (790 beds) Salary £200 per annum with apartments board attendance and laundry Six monthly appointment renewable for a further six months The Hospital provides facilities for all modern psychiatric treatment, is equipped with Research Laboratories (biochemical and pathological) under a whole time Director of Research conducts out-patient clinics and is associated with the Welsh National School of Medicine for the teaching of Psychological Medicine

Applications together with copies of three recent testimonials, to be forwarded to the Medical Superintendent.

Duties to commence early in January 1938

ROYAL WEST SUSSEX HOSPITAL
Chichester

The Board of Management invites applications for the appointment of HONORARY PHYSICIAN to fill the vacancy caused by the retirement of an Honorary Physician

Candidates must be duly registered under the Medical Acts and a graduate in Medicine of a University recognized by the General Medical Council or a Member of the Royal College of Physicians London Edinburgh or Ireland

The vacancy will be filled by the Special Election Committee at a meeting to be held on January 17th 1938 and applications should be sent to the Chairman of the Hospital (marked personal) together with copies of three testimonials not later than January 10th 1938

Canvassing directly or indirectly will disqualify

By Order of the Board of Management
ALAN RUDDIE
December 8th 1937 Secretary

NORTH STAFFORDSHIRE ROYAL INFIRMARY
Stoke-on-Trent (390 Beds.)

HOUSE SURGEON (CASUALTY)

The Committee invite applications for the above post—half duties in Casualty Over 6 000 casualties per annum Salary at the rate of £150 per annum with board residence and laundry The appointment will be made for six months renewable Eligible for the other resident posts as vacancies arise

Applications stating age and experience with copies of two recent testimonials, to be sent to the undersigned immediately

By Order
W STEVENSON
Secretary and House Governor
December 13th 1937

PETERBOROUGH AND DISTRICT MEMORIAL HOSPITAL.

The Management Committee of the Peterborough and District Memorial Hospital invite applications for the post of a NON RESIDENT PATHOLOGIST

The salary offered is £500 per annum with share of private fees.

Applicants should have the higher qualifications or comprehensive experience

Applications with copies of three recent testimonials to be forwarded on or before December 28th next to the under-named from whom further particulars may be obtained

F A C TAYLOR
Secretary-Superintendent.

MANCHESTER ROYAL EYE HOSPITAL

JUNIOR HOUSE SURGEON required at once Salary £120 per annum with residence, board etc.

Applications (with copies of testimonials) endorsed House Surgeon to be addressed to the Chairman of the Board of Management

H R NORTH
Gen Supt and Secretary

HULL ROYAL INFIRMARY

Applications are invited from registered medical practitioners for the following post —

HOUSE SURGEON (male) at the Sutton Branch Hospital vacant January 14th Salary at the rate of £160 per annum plus residence board and laundry

The Infirmary is recognized by the Royal Colleges for the F R C S Examinations and the post now advertised is also approved by the University of London for the M S Branch I (Surgery) Examination

The Branch Hospital is not a Recovery Annexe, but a General Hospital of 100 beds fifty five of which are reserved for surgical cases

The appointment will be for a period of six months but will at any time be determinable by one month's notice on either side

Applications giving particulars of age experience and nationality and accompanied by copies of recent testimonials should be addressed to the undersigned

R J CARLESS
December 13th 1937 House Governor

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL (85 Beds)

Applications are invited from registered Medical Practitioners for the following appointment —

SENIOR HOUSE SURGEON (male and unmarried) Salary £150 per annum, with board apartments, and laundry Appointment to commence on January 1st 1938 for a term of six months renewable Previous experience is essential and applicants must have had practical experience in the administration of anaesthetics

Applications stating age nationality and previous experience, together with copies of testimonials to be sent to me

FRANK H. TOONE,
9 Leicester Road Secretary
Loughborough

KING EDWARD VII HOSPITAL, WINDSOR
(200 Beds)

Two HOUSE SURGEONS and one CASUALTY OFFICER required for beginning January 1938 Applicants must be fully qualified men or women, and registered

Salary at the rate of £100 per annum together with board residence and laundry

Applications stating age qualifications and experience accompanied by testimonials should be sent to the undersigned not later than December 20th

The Surgical appointments are recognized by the Royal College of Surgeons of England for the six months training required of candidates before admission to the final examination for the Fellowship.

A E CHURCHER Secretary

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL
(220 Surgical and Medical Beds)

HOUSE SURGEON TO OPHTHALMIC AND EAR NOSE AND THROAT DEPARTMENTS

Applications are invited from fully qualified men for the above post

The appointment is for six months

Salary at the rate of £150 per annum

Applications stating age together with copies of three recent testimonials should be sent to the undersigned as soon as possible.

M H BOONE,
Superintendent and Secretary
December 3rd 1937

HUDDERSFIELD ROYAL INFIRMARY
(321 Beds)

MALE HOUSE SURGEON required to commence duty on January 1st 1938

Salary £150 per annum with board residence and laundry

Appointment for six months subject to renewal at the discretion of the Board of Management.

The Hospital is officially recognized for the surgical practice required of non members before admission to the Final Fellowship Examination of the Royal College of Surgeons of England

Applications, with copies of three recent testimonials to be addressed to the undersigned immediately

H J JOHNSON
Gen Supt and Secretary

THE ROYAL INFIRMARY SHEFFIELD
(600 Beds)

The Board of Management invite applications for the post of SENIOR CASUALTY OFFICER

The salary attached to the post is £150 per annum with board and residence. The appointment will be tenable for the period of six months from January 1st 1938 This post is next in seniority to that of Resident Surgical Officer

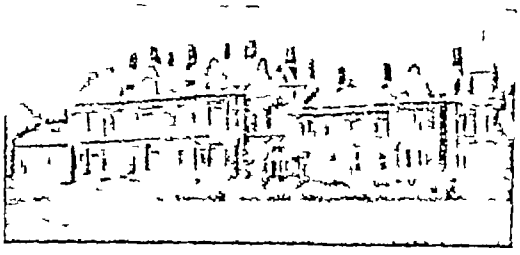
Applications with copies of testimonials to be sent to the General Superintendent and Secretary forthwith.

December 8th 1937

THE RESIDENTIAL TREATMENT OF ALCOHOLIC & DRUG ADDICTION

RENDLESHAM HALL

(Postal Address) — **WOODBRIDGE, SUFFOLK**



RENDLESHAM HALL—SOUTH VIEW

Rendlesham Hall, which is open to receive patients, is essentially a Sanatorium Its daily life and routine are that of an ordinary comfortable holiday or health resort, or of a large country house Each patient has all the privileges of a guest consistent with the prescribed medical treatment

Rendlesham Hall has 45 bedrooms and about 450 acres of gardens and park It has also a private nine-hole golf course, tennis and croquet lawns, and bowling green

Illustrated booklet giving particulars as to terms etc can be had on application to the

RESIDENT MEDICAL SUPERINTENDENT

Telegrams and Telephone WICKHAM MARKET 16. (*Toll Call from London*)

Proprietors The Norwood Sanatorium Limited

RUTHIN CASTLE, NORTH WALES

A Private Hospital or Clinic for the diagnosis and treatment of Internal Diseases (except Mental or Infectious Diseases)

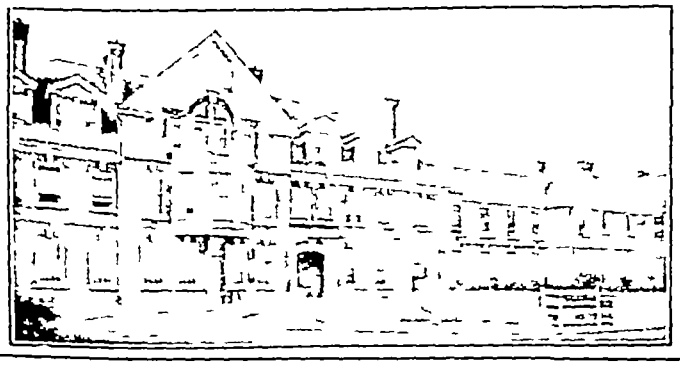
The weekly fees are from 15 guineas a week according to the room occupied rooms with bathroom are from 21 guineas. The charges include all chemical bacteriological x ray or other examinations advised by the doctors and all the usual forms of treatment in addition to board and lodging. There are no extra charges except for alcohol (when ordered) and laundry

An examination and consultation fee of 15 guineas is charged on the first visit

The climate is mild The annual rainfall is 30 5 inches that is less than the average for England There is central heating throughout

Address THE SECRETARY Ruthin Castle North Wales *Telegrams* Castle Ruthin *Telephone* Ruthin 66

ROOKSDOWN HOUSE, NEAR BASINGSTOKE, HANTS



FOR THE RECEPTION and TREATMENT OF NERVOUS AND MENTAL ILLNESS

A Superior Modern and Attractive Buildin situated in a charming and bracing lo ality 500 ft above sea level

Extensive pleasure grounds with croquet tenni bowling and putting green

Occupational Light and Hydro Therapy

ONE HOUR RAIL JOURNEY FROM LONDON

[illegible]

FEES for lodging all [illegible] within from THREE to FIVE GUINEAS a week

Literature and information may be obtained from the MEDICAL SUPERINTENDENT

[illegible]

WEST LONDON HOSPITAL
Hammersmith Road W 6
(239 Beds.)

Applications are invited for the post of whole-time non-resident MEDICAL REGISTRAR for a period of one year eligible for re-election annually for a total period of not more than three years Hours 10 a m to 5 p m Salary at the rate of £150 a year with lunch and tea provided The appointment is terminable by one month's notice on either side The duties include the supervision and indexing and filing of the medical notes of In Patients and the compilation of an Annual Medical Report. The candidate appointed must be available as substitute for the Assistant Physicians when required and he will be responsible for the electrocardiograph apparatus. He must undertake such teaching for the Postgraduate College as may be required

Candidates must be registered under the Medical Act and it is desirable that they shall be Members of the Royal College of Physicians of London.

Applications with copies of testimonials must reach me not later than Thursday December 30th Candidates must attend a meeting of the Medical Council at 5 p m on Friday January 7th and prior to that date call upon and send copies of their application and testimonials to each member thereof. They must not canvass members of the Board but nevertheless must send copies of application and testimonials to each member thereof and if so notified be in attendance at a meeting of the Board at 5 p m on Tuesday January 11th, when the election will be made

H A MADGE Secretary

WEST LONDON HOSPITAL
Hammersmith Road W 6
(239 Beds)

There is a vacancy for the post of PHYSICIAN for MEDICAL DISEASES OF CHILDREN Candidates who may be male or female must have Degrees from one of the Universities recognised by the General Medical Council and must be Fellows or Members of the Royal College of Physicians of London The successful candidate will be required in addition to other duties periodically to deliver courses of lectures to the Nurses, and to undertake such teaching for the Postgraduate College as the Board may approve.

Applications with copies only of testimonials must reach me not later than Thursday January 6th Candidates must attend the Meeting of the Medical Council at 4.30 p m on Friday January 7th and prior to that date call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of their application and testimonials to each member thereof and if so notified attend a Meeting of the Board at 5 p m on Tuesday January 11th when the election will be made

H A MADGE,
Secretary

WEST LONDON HOSPITAL
Hammersmith W 6 (239 Beds)

Required at once a NON RESIDENT CASUALTY OFFICER (male) The appointment is tenable for one year subject to one month's notice on either side The appointed candidate will be eligible for re-election for two further period of one year Salary at the rate of £150 per annum with lunch and tea daily

Candidates must be duly qualified registered *Medical Practitioners and preference will be given* to those who have held a resident appointment at a General Hospital

Applications which must be made on printed forms obtained from me must reach me not later than first post on Thursday January 13th Selected candidates will be required to call upon such members of the Medical Staff as directed to be in attendance at the Medical Council Meeting at 5 p m on Friday January 21st and the House Committee at 8.30 p.m the same day when the appointment will be made

H A MADGE,
Secretary

ROYAL MASONIC HOSPITAL
Ravenscourt Park W 6
(145 Beds)

A post of RESIDENT MEDICAL OFFICER (Male) will be vacant on January 1st 1938 M R C P qualification or a candidate for that Diploma Salary £100 p.a with board residence and laundry *Appointment for twelve months.* There are two Resident Surgical Officers

Applications with full particulars, to be sent to the Honorary Secretaries, from whom information can be obtained

THE INFANTS' HOSPITAL
Vincent Square, Westminster

Applications are invited for the post of Honorary RADIOLOGIST At least two attendances a week will be required

Applications with copies of not more than three testimonials, should reach the undersigned not later than December 31st

ALFRED J SMALL,
December 6th 1937 Secretary

WEST LONDON HOSPITAL
Hammersmith W 6 (239 Beds)

Applications are invited for the post of *HONORARY OPHTHALMIC SURGEON* for which the present Honorary Assistant Ophthalmic Surgeon is a candidate. In the event of his election there will be a vacancy for a HONORARY ASSISTANT OPHTHALMIC SURGEON for which post applications are also invited

Candidates must be Fellows of one of the Royal Colleges of Surgeons of England Edinburgh or Ireland The successful candidate will be required in addition to his other duties to undertake such teaching for the Postgraduate College as the Board may approve

Applications with copies only of testimonials, must reach me not later than Thursday January 6th Candidates must attend a meeting of the Medical Council at 4.30 p m on Friday January 21st *and prior to that date call upon and send* copies of application and testimonials to each member thereof They must not canvass members of the Board *but nevertheless must send copies of* their application and testimonials to each member thereof and if so notified be in attendance at a meeting of the Board of Management at 5 p m on Tuesday January 4th when the election will be made

H A MADGE
Secretary

MILLER GENERAL HOSPITAL
Greenwich Road S E 10

ASSISTANT OPHTHALMIC SURGEON

The Board of Management invite applications for the above honorary post

Candidates must be Fellows of the Royal College of Surgeons of England and not engaged in general practice

The duties will be to see out patients on one day a week and *a certain number of beds will be* allotted

An honorarium of 0 guineas per annum is allowed towards travelling expenses

Candidates will be expected to call upon the Members of the Honorary Medical and Surgical Staff a list of whom can be obtained from the Secretary

Applications (which must be printed or type written) giving full particulars of qualifications, age etc together with copies of not more than three recent testimonials should be sent to the Chairman of the Hospital by December 28th 1937

December 6th 1937

MILLER GENERAL HOSPITAL
Greenwich Road S E 10
(717 Beds and 18 Special Departments)

ASSISTANT PHYSICIAN

The Board of Management invite applications for the above Honorary post

Candidates must be graduates of a university and Fellows or Members of the Royal College of Physicians of London, and not engaged in general practice

The duties will be to see out patients and a certain number of beds will be allotted

Candidates will be expected to call upon the Members of the Honorary Medical and Surgical Staff a list of whom can be obtained from the Secretary

An honorarium of 0 guineas per annum is allowed towards travelling expenses

Applications which must be printed or typewritten together with copies of not more than three recent testimonials should be sent to the Chairman of the Hospital not later than December 29th 1937

December 6th 1937

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST
Brompton S W 3

The Committee of Management invite applications for the post of ASSISTANT SURGEON to the Throat and Ear Department Candidates must be *Fellows of the Royal College of Surgeons of* England

Applications with copies of testimonials must reach the undersigned from whom further particulars of the post can be obtained not later than Monday January 10th 1938

F G ROUVRAY
Secretary

Brompton
December 1937

NATIONAL HOSPITAL, QUEEN SQUARE, W.C.1.

HOUSE SURGEON

Applications are invited for the post of House Surgeon. The work is concerned almost entirely with the surgery of the central nervous system and it is desirable that candidates should have had previous experience of general surgery Applications, accompanied by three recent testimonials should be sent to the undersigned not later than Friday December 31st. The salary is £100 per annum with board and lodging

GODFREY H HAMILTON
Secretary

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W C 1

Applications are invited for the post of ASSISTANT PATHOLOGIST *(male)*

Candidates who must possess a legal qualification to practise are required to send in their applications, addressed to the Secretary *accompanied by copies of not more than three* testimonials given specially for the purpose, before 12 o clock on Monday January 3rd 1938

The appointment is for one year and is non-resident. Salary £400 per annum with facilities for Private Pathological Practice.

The selected candidate will be required to take up his duties not later than February 16th 1938 preferably earlier

All candidates must be in attendance to appear before the Joint Committee on Wednesday, January 5th 1938 at 4.45 p.m.

Forms of application copy of the rules and details of the appointment will be supplied on application to the undersigned

H F RUTHERFORD
December 1937 Secretary

SAINT MARY'S HOSPITAL FOR WOMEN AND CHILDREN PLAISTOW

Applications are invited for the post of *HONORARY OPHTHALMIC SURGEON* Candidates should be Fellows of the College of Surgeons or Masters of Surgery London Oxford or *Cambridge also have held an appointment* at an Ophthalmic Hospital or in the Ophthalmic Department of a General Hospital after graduation Applications with copies of three testimonials to be sent to the undersigned on or before December 29th 1937 from whom further information is obtainable

By Order of the Committee
A ERNEST WILKES
Secretary

DREADNOUGHT HOSPITAL, GREENWICH S E.10
(Seamen's Hospital Society)

Half time non-resident male RECEIVING ROOM OFFICER required immediately for six months. Morning or afternoon sessions with alternate Saturdays 9 a m to 1 noon Previous experience in resident posts essential The post is suitable for those studying for higher examinations Salary at the rate of £100 per annum with meals.

Applications stating age nationality and experience of *House Appointments accompanied* by copies of testimonials to be sent in to the undersigned

F A LYON
Secretary

ELIZABETH GARRETT ANDERSON HOSPITAL
Euston Road N W 1

The Managing Committee invite applications from qualified medical women for the following appointments —

HONORARY ASSISTANT SURGEON
HONORARY ASSISTANT OBSTETRIC SURGEON

Applicants must be Fellows of the Royal College of Surgeons and for the second post also Members of the College of Obstetricians and Gynaecologists Duties to commence February 1st 1938

Candidates are requested to apply to the undersigned for particulars of the posts, and to forward *before Monday January 3rd 1938 ten copies of* application, with copies of three recent testimonials. A copy of application must also be sent to each member of the Honorary Medical Staff

JEAN R MURRAY Secretary

ELIZABETH GARRETT ANDERSON HOSPITAL
Euston Road N W 1

Applications are invited from qualified medical women for the following posts —

HOUSE PHYSICIAN 1st and 2nd HOUSE SURGEONS OBSTETRIC ASSISTANT

The posts are for six months commencing February 1st 1938 Remuneration at the rate of £50 per annum with board residence and laundry

Further particulars of the posts may be obtained from the undersigned to whom applications should be sent with copies of three testimonials not later *than Monday January 3rd 1938*

JEAN R MURRAY Secretary

HOSPITAL OF ST JOHN AND ST ELIZABETH
60 Grove End Road N W 8

Applications are invited for the post of RESIDENT HOUSE PHYSICIAN (male) The post is recognized for the degree of M D London University *The appointment will be for six months from* February 1st 1938 Salary at the rate of £100 per annum with full board Applications together with copies of three testimonials, should reach the undersigned by January 3rd 1938.

Applicants will be required to attend a meeting of the Medical Committee at 8 30 p m on January 4th at the Hospital

F DUDLEY HOBBS B A.,
Secretary

ST. ANDREW'S HOSPITAL

FOR MENTAL DISORDERS

NORTHAMPTON

FOR THE UPPER AND MIDDLE CLASSES ONLY

President THE MOST HON THE MARQUESS OF EXETER C M G A D C.

This Registered Hospital is situated in 120 acres of park and pleasure grounds Voluntary patients who are suffering from incipient mental disorders or wish to prevent recurrent attacks of mental trouble, temporary patients and certified patients of both sexes are received for treatment. Careful clinical biochemical bacteriological and pathological examinations Private rooms with special nurses male or female in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance, to which patients can be admitted It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorders It contains special departments for hydrotherapy by various methods including Turkish and Russian baths the prolonged immersion bath Vichy Douche Scotch Douche, Electrical bath Piombières treatment etc There is an Operating Theatre a Dental Surgery and X-ray room an Ultra Violet Apparatus, and a Department for Diathermy and High Frequency treatment. It also contains Laboratories for biochemical bacteriological and pathological research

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres. Milk, meat fruit and vegetables are supplied to the Hospital from the farm gardens and orchards of Moulton Park Occupation Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming gardening, and fruit growing

BRYN-Y-NEUADD HALL

The seaside house of St Andrew's Hospital is beautifully situated in a park of 330 acres Llanfairfechan amidst the finest scenery in North Wales On the North West side of the Estate a mile of sea coast forms the boundary Patients may visit this Branch for a short seaside change or for longer periods The Hospital has its own private bathing house on the seashore There is trout fishing in the park.

At all the branches of the Hospital there are cricket grounds football and hockey grounds, lawn tennis courts (grass and hard courts) croquet grounds golf courses and bowling greens Ladies and gentlemen have their own gardens and facilities are provided for handicrafts such as carpentry etc.

For terms and further particulars apply to the Medical Superintendent (Telephone No 2356 and 2357 Northampton) who can be seen in London by appointment.

THE COPPICE, NOTTINGHAM

HOSPITAL FOR MENTAL DISEASES

This Institution is exclusively for the reception of a limited number of Private Patients of both sexes of the Upper and Middle Classes at moderate rates of payment It is beautifully situated in its own grounds on an eminence a short distance from Nottingham and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted Occupational Therapy Voluntary and Temporary Patients received

Tel 64117 *For terms etc apply to the Medical Superintendent*

HAYDOCK LODGE

NEWTON-LE-WILLOWS LANCASHIRE

Teleg Street, Ashton in Makerfield. *Phone* Ashton-in-Makerfield 7311

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from mental and nervous diseases either voluntarily temporarily or under Certificate. Patients are classified in separate buildings according to their mental condition

Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens, in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms prospectus etc apply MEDICAL SUPERINTENDENT

COURT HALL, KENTON, near EXETER,

for the treatment of eight Ladies, voluntary, temporary, or certified patients. Large gardens and own dairy

CLIFFDEN TEIGNMOUTH, for early and convalescent cases A well appointed house with spacious balconies and extensive views of the South Devon coast. Sub-tropical gardens own dairy in 25 acres Private road to beach

		Telephones
Resident Physicians	BERTHA M MULES M D B S	Starcross 59
	ANNE S MULES M R C S L R C P	Teignmouth 289

NORTHUMBERLAND HOUSE,

GREEN LANES, FINSBURY PARK, N 4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses Conveniently situated and easy of access from all parts. Six acres of ground highly situated facing Finsbury Park Voluntary and Temporary Patients received without certification. Occupational Therapy Psychotherapy, and other modern forms of treatment

Telephone STAMFORD HILL 2688 Telegrams SUBSIDIARY LONDON

Convalescent Home KEARSNEY COURT DOVER. For further particulars apply to the Medical Sup.

TYKEFORD ABBEY,

NEWPORT PAGNELL, BUCKS.

FUNCTIONAL NERVOUS DISORDERS MEDICAL AND CONVALESCENT CASES

The Home is a Mansion of Historical Interest, standing in 15 acres of garden and grounds, and is situated 14 miles from Northampton, and 12 miles from Bedford on the main London to Northampton Road fifty miles from London. Both sexes are accommodated Psycho-therapeutic Treatment is used extensively in suitable cases Radiant Heat. X Ray and Ultra Violet Light Diathermy and Foam Baths. Billiards, Tennis etc

Apply Dr D E. M DOUGLAS-MORRIS
Telephone Newport Pagnell 121

HILL END HOSPITAL AND CLINIC

FOR THE PREVENTION AND TREATMENT OF MENTAL AND NERVOUS DISORDERS

(20 miles from London)

Ladies suffering from all forms of MENTAL ILLNESS are received for treatment on modern lines as Voluntary Temporary or Certified Private Patients at the Hill End Hospital Convalescent or mild cases can be treated in a delightful country mansion with extensive grounds known as

HIGHFIELD HALL,

situate about a mile away from the Hospital FEES TWO TO THREE GUINEAS PER WEEK

For further particulars apply to the Medical Supt W J T KIMBER, L R C P D P M.

ST ALBANS HERTS

BARNWOOD HOUSE

GLOUCESTER

A REGISTERED HOSPITAL for the CARE and TREATMENT OF LADIES and GENTLEMEN suffering from NERVOUS and MENTAL DISORDERS Within two miles of the G W Railway and L M & S Railway Stations at Gloucester the Hospital is easily accessible by rail from London and all parts of the United Kingdom It is beautifully situated at the foot of the Cotswold Hills and stands in its own grounds of over 300 acres Voluntary Patients of both sexes are also received for treatment. Special accommodation for Lady Voluntary Patients is also provided at the MANOR HOUSE which has its own private grounds and is entirely separate from the Main Hospital For particulars as to terms etc. apply to—*G W T H FLEMING M R C S L R C P* D P M Medical Supt

Telephone No 6207 Barnwood

CHISWICK HOUSE, PINNER, MIDDLESEX

Telephone: PINNER 234

A Private Hospital for the Treatment and care of Mental and Nervous Illnesses in both Sexes

A modern country house 12 miles from Marble Arch in beautiful secluded grounds Fees from 10 guineas per week inclusive Cases under Certificate Voluntary and Temporary patients received for treatment.

Douglas Macaulay M D D P M

STRETTON HOUSE,

Church Stretton, Shropshire.

A PRIVATE HOME for the treatment of Gentlemen suffering from Mental and Nervous Illness including the allied disorders of Alcoholism and the Drug Habit All types of early Mental and Nervous cases are received without certificates as Voluntary Patients under the provisions of the Mental Treatment Act 1930 Bracing hill country See *Medical Director p* 2328 —Apply to the Medical Superintendent Phone 10 P O Church Stretton

"ECCLESFIELD," Staplehurst, Kent

(Removed from Ashford Middlesex)

PRIVATE HOME for the CARE and CURE of ALCOHOLIC PATIENTS (Ladies) Large mansion beautifully situated in 100 acres of park land Extensive views Home farm R C Chapel Under the management of the Sisters of the Good Shepherd Apply Rev Mother Tel. Staplehurst 61

WYE HOUSE, BUXTON

For the treatment of Ladies and Gentlemen mentally afflicted. Voluntary Boarders received Situated 1 200 ft above sea level facing S 14 acres of grounds.—For terms, apply to the Resident Medical Sup W W HORTON M D Nat. Tel 130

NORTHAMPTON GENERAL HOSPITAL
(322 Beds.)

The Board of Management invites applications for the appointment of HONORARY SURGEON

Candidates must be Fellows of the Royal College of Surgeons of either England or Edinburgh and shall not be connected with any dispensary nor engaged in panel practice

Full particulars of the appointment may be obtained from the undersigned to whom applications accompanied by copies of testimonials, should be sent on or before Wednesday December 22nd 1937 The present Honorary Assistant Surgeon is a candidate for the appointment

S C W DISNEY
November 30th 1937 Secretary-Superintendent.

SEVERALLS MENTAL HOSPITAL
Colchester

Required an ASSISTANT MEDICAL OFFICER (lady) at the above Hospital

Persons registered under the Medical Acts with experience of a resident appointment in a General Hospital and also practical experience of modern laboratory methods, are invited to apply for the appointment

Applicants must be prepared to join the service as locum tenens with a view to being permanently appointed to the established staff if suitable

Salary as locum tenens at the rate of eight guineas per week with board apartments washing and attendance

Applications stating full particulars of qualifications age, etc to be sent at once to the Medical Superintendent

ROYAL SUSSEX COUNTY HOSPITAL
Brighton
(Beds 272 Six R M O.s)

CASUALTY HOUSE SURGEON (male) required February 1st Salary £120 per annum with board residence and laundry

Candidates must hold Medical and Surgical qualifications of the British Empire and be duly registered under the Medical Acts

They must be unmarried and when elected, under thirty years of age

Applications with copies of recent testimonials to be forwarded to the undersigned

L L. W LANCASTER GAYE
Secretary-Superintendent

ROYAL FREE HOSPITAL,
Gray s Inn Road W C 1

Applications are invited for the half time post of GYNAECOLOGICAL REGISTRAR from duly qualified and registered medical women This post is reserved for former students of the London (Royal Free Hospital) School of Medicine for Women Salary £100 per annum. Applications, stating age and accompanied by copies of three recent testimonials must be sent to the undersigned (from whom all information may be obtained) on or before January 8th Period of appointment February 1st 1938-December 31st 1938

RICHARD T BARTLEY
Secretary

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN
(Usually known as the Children s Hospital)
St. Michael s Hill Bristol 2

The Committee invite applications for the post of HONORARY RADIOLOGIST to the above Hospital.

Applicants should please state age qualifications and experience, and apply before the 28th instant to the undersigned

REGINALD C THOMAS F I C S
December 14th 1937 Secretary

WARWICKSHIRE AND COVENTRY MENTAL HOSPITAL.
Hatton near Warwick

TEMPORARY MEDICAL OFFICER required for at least twelve months. Salary £350 per annum plus emoluments valued at £150 per annum consisting of quarters and full board together with an additional £50 per annum if the candidate should hold a Diploma in Psychological Medicine.

Applications with copies of two recent testimonials to be sent to the Medical Superintendent by January 10th 1938

ST GEORGE S HOSPITAL, S W 1

HOUSE PHYSICIAN (male) required for Children s Department. Appointment is for six months from January 15th 1938 Resident with salary at the rate of £40 p.a Preference will be given to candidates with previous experience of Children s Diseases.

Applications to the Secretary not later than December 31st.

J M. CHURCHFIELD
Secretary

WEST HAM MENTAL HOSPITAL
Goodmayes, Ilford Essex

Applications are invited for Two Male JUNIOR ASSISTANT MEDICAL OFFICERS at the above Hospital Candidates must be unmarried

The commencing salary in both cases is at the rate of £350 per annum rising by annual increments of £25 to a maximum of £450 per annum together with emoluments consisting of board laundry and attendance valued for superannuation purposes at £150 per annum The persons appointed will also be paid in addition to their salary the sum of £50 per annum on obtaining the Diploma of Psychological Medicine. The appointments are subject to six months probation and to the provisions of the Asylums Officers Superannuation Act 1909 Class 1 and to a satisfactory medical examination A knowledge of bacteriological work will be an advantage.

Applications stating age and experience accompanied by copies of three testimonials, must reach the Medical Superintendent not later than January 3rd 1938

ROYAL FREE HOSPITAL,
Gray s Inn Road London W C 1

Applications are invited from Medical women who have had extensive V D experience for the part time appointment of MEDICAL OFFICER IN CHARGE of the VENEREAL DISEASES DEPARTMENT *for Females at the above-named* Hospital as from April 1st 1938 tenable in the first place for one year Minimum salary £450 per annum The candidate appointed would be responsible for the teaching in the department of medical students and fo a postgraduate course Intending candidates should submit applications, stating age and experience with copies of three recent testimonials to the undersigned on or before January 31st, 1938

RICHARD T BARTLEY
Secretary

ST BARTHOLOMEW S HOSPITAL.

WHOLE TIME CHIEF ASSISTANT
In the X ray Diagnostic Department

Applications are invited for the post of Whole time Chief Assistant in the *X* ray Diagnostic Department of the above Hospital

The salary will be at the rate of from £400 to £500 per annum and appointment will be made as from February 1st 1938

Candidates who must possess a Diploma in Medical Radiology should send in their applications to the undersigned not later than Saturday January 15th 1938

C C CARUS-WILSON
Acting Clerk to the Governors
December 11th 1937

ROYAL FREE HOSPITAL,
Gray's Inn Road W C 1

Applications are invited for the whole time post of MEDICAL REGISTRAR Salary £200 per annum. Intending candidates who must be fully qualified and registered, should submit applications stating age and accompanied by copies of three recent testimonials, to the undersigned (from whom all information may be obtained) on or before January 8th Period of appointment February 1st 1938-December 31st 1938

RICHARD T BARTLEY
Secretary

ST MARY'S HOSPITAL, W.2.

MEDICAL REGISTRAR.

Applications are invited for the above post

Candidates for the appointment must be registered Medical Practitioners and Fellows Members or Licentiates of the Royal College of Physicians, or Graduates in Medicine of a University in the British Empire.

The salary is £.00 per annum with luncheon and tea provided

Copies of the regulations for the Medical Registrar may be obtained on application at the Secretary s Office.

Applications with copies of testimonials should reach the undersigned on or before December 31st 1937

W PARKES
House Governor

THE NATIONAL TEMPERANCE HOSPITAL
Hampstead Road London N W 1

Applications are invited for the post of MEDICAL REGISTRAR which will become vacant on February 1st 1938 Candidates must be Graduates in Medicine of a University of the United Kingdom or a Member of the Royal College of Physicians of London Honorarium 40 gns.

Applications accompanied by not more than three testimonials, to be addressed to the Secretary by January 19th.

LONDON HOSPITAL E.1

There is a vacancy for the post of FIRST ASSISTANT to the Department of Thoracic Surgery Candidates must be Fellows of the Royal College of Surgeons (England)

The appointment is half time and for one year Salary £150 per annum

Applications should be made to the House Governor and should arrive not later than Saturday February 12th.

ARTHUR G ELLIOTT
House Governor

LONDON HOSPITAL E1

Applications are invited for the post of MEDICAL FIRST ASSISTANT and REGISTRAR The appointment is for one year but is renewable annually on application for two further periods of one year Salary £300 per annum payable by the Hospital and Medical College jointly

Candidates must be fully qualified medically Applications should arrive at the Hospital not later than by the first post on Saturday February 12th

ARTHUR G ELLIOTT
House Governor

HOSPITAL FOR TROPICAL DISEASES
Gordon Street W C 1
(Seamen s Hospital Society)

HOUSE PHYSICIAN (male) required for six months from February 1st 1938 Salary £120 per annum with board residence and laundry

Applications, with copies of three testimonials to be sent in on or before January 8th 1938 to the undersigned

Seamen s Hospital F A LYON
Greenwich S E.10 Secretary
December 11th 1937

EASTERN DISPENSARY
Leman Street E.1

Applications are invited for the post of PHYSICIAN at this Institution (there are two vacancies) to attend on Wednesday or Friday evenings at 5.30 Candidates must be members of a Royal College of Physicians in the United Kingdom or Graduates in Medicine of a recognized British University There is an Honorarium attached to the posts

GEORGE W ILSLEY
December 14th, 1937 Secretary

GUY S HOSPITAL.

RESIDENT ANAESTHETIST

Applications are invited for the post of Resident Anaesthetist (male) Salary £125 per annum with board and rooms in the Residential College. The appointment will be for a period of six months in the first instance

Applications should be lodged with the Dean Guy s Hospital Medical School London Bridge S E.1 on or before December 22nd 1937

PLAISTOW MATERNITY HOSPITAL
(60 Beds)

Applications are invited for the post of RESIDENT HOUSE SURGEON open to either sex for six months Salary at the rate of £75 per annum Option by mutual agreement of further six months service salary at the rate of £100 per annum

Applications to be sent to the Secretary together with copies of three recent testimonials before December 23rd Post vacant from January 1st, 1938

Maternity Hospital C. H ANDREWS
Plaistow E.13 Secretary

KING EDWARD MEMORIAL HOSPITAL,
Ealing W 13
(145 Beds)

APPOINTMENT OF SECOND CONSULTING LARYNGOLOGIST

Applications are invited for the above appointment and should be sent by December 31st 1937 to the undersigned from whom details may be obtained

R. A MICKELWRIGHT
House Governor

PUTNEY HOSPITAL. LOWER COMMON S W 15

Applications are invited for the post of RESIDENT MEDICAL OFFICER Previous hospital appointment essential Salary £150 per annum with certain emoluments from private wards

Applications stating age and giving full particulars, together with three recent testimonials must be received by the undersigned by December 28th.

H. S HADWEN
Secretary

HARROGATE
for health....

Health in the spa waters, which are specially suitable for treatment of Disorders of the Liver — congestion cirrhosis, jaundice, cholecystitis, cholelithiasis, and tropical liver Diseases of the Skin — eczema, psoriasis, the faecal infections of the skin, etc the Chronic Rheumatic Diseases— Arthritis, Fibrositis, Neuritis, Gout, Hyperpiesis, Mucous Colitis, Functional Disorders of the Heart, Pelvic Disorders of Women, Convalescence from acute illness

..and holiday

A wide range of Sulphur waters, strong and mild, and of Iron waters, both saline and pure chalybeate, is available for dealing with the large group of disorders amenable to Spa treatment Prescribed diets obtainable at hotels and boarding houses, without extra charge Complimentary and reduced price facilities for the Cure, Accommodation and Amusements are available for Members of the Medical Profession

Full descriptive Booklet of cure and holiday facilities from Spa Manager, Information Bureau Harrogate, Local LNER Office or Agency

"IT'S QUICKER BY RAIL"

Cheap monthly return tickets to Harrogate from all stations Any train, any day

The MUNDESLEY SANATORIUM

The central building makes the Mundesley Sanatorium the best equipped building in England for the cure of Tuberculosis All the bed rooms have hot and cold running water electric light and wireless headphones The public rooms are spacious and comfortable

Resident Physicians
S VERE PEARSON
M D (Cantab) M R C P (Lond)
I C WYNNE EDWARDS
M B (Cantab) F R C S (Edin)
GEORGE H DAY
M D (Cantab)

For all information apply
THE SANATORIUM MUNDESLEY NORFOLK
Telephone Mundesley 94 *and* 95 (2 lines)

The buildings face S S W and are sheltered from the sea by a pine clad ridge The sunshine record and dry air complete a perfect site The medical equipment is of the latest kind and there is a day and night nursing staff

TERMS FROM 7½ GUINEAS WEEKLY

THE COTSWOLD SANATORIUM

First opened in 1898 and rebuilt in 1925 On the Cotswold Hills seven miles from Cheltenham for the treatment of Pulmonary and all other forms of Tuberculosis Aspect S S W sheltered from North and East elevation 800 feet Pure bracing air Special Treatment by Artificial Pneumothorax (X ray controlled) Tuberculins and Ultra violet Rays are available when necessary without extra charge X ray plant Fully equipped Dental Department Electric light Radiators hot and cold basins and Wireless in all rooms Up to date main drainage

Full day and night Nursing Staff Terms 5 gns to 7½ gns a week inclusive

Med Supt GLOSTERLY A HOLMAN BA M B T C Dub *Asst Phys* MARGARET A HARRISON M B B S Lond *Path Digist* EDGAR N DAVEY M B B Ch *Consult Laryngologist* CASSIDY DE W CHUB F R C S Edin *Consulting Dental Surg* GEORGE V SAUNDERS L D S R C S Lond Apply Secretary The Cotswold Sanatorium Cranham Gloucester *Tel* 81 and 8 WITCOMBE *Grams* HOLMAN BIRDLIP

THE CORNISH RIVIERA SANATORIUM

ROSEHILL, PENZANCE

For the treatment of patients suffering from tuberculosis

The Sanatorium stands in its own grounds of 13 acres of garden lawn and woodland and is well sheltered from cold winds The climate is mild in winter cool in summer Artificial pneumothorax and other modern forms of treatment are available Day and night nursing staff Electric light Wireless in all rooms.

Medical Supt Francis Chown, M B Lond D P H Consulting Physician (late Med Supt) Cornwall County Sanatorium.

Terms 5 to 7 guineas weekly 'Phone Penzance 598.

APPOINTMENTS—Important Notice

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District.
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	MID RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	**PUBLIC HEALTH**
LLWYNYPIA CLYDACH VALE PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Collieries Medical Aid Society)* *(Workmen's Medical Scheme)*	FIFE AND KINROSS JOINT SANATORIUM BOARD *(Resident Medical Officer)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House Tavistock Square, W C 1

Town or District.	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St. Sydney N S W	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec. Western Australian Branch British Medical Association Shell House 205 St George's Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A House 225 Wickham Terrace Brisbane B 17				

December 15, 1937 By Order of the Council G C ANDERSON, *Secretary*

RICHARD MURRAY HOSPITAL, Blackhill, Co. Durham.

HOUSE SURGEON

Applications are invited for the post of House Surgeon (male) at the above hospital which has accommodation for sixteen surgical cases and six teen maternity cases The salary offered is £100 per annum with board apartments and laundry in addition.

Applicants will require to have had previous experience as a House Surgeon in a General Hospital and preference will be given to those with similar experience in a Maternity Hospital

The appointment is for the period commencing January 1st 1938 and terminating on December 31st 1938 and is not renewable

The hospital is served by a Visiting and Consultant Surgeon and a Visiting and Consultant Obstetrician.

So far as the Maternity Unit is concerned the person appointed will be subject to the administrative control of the County Medical Officer of Health

The duties will include the medical supervision of an adjacent small Convalescent Home for mothers and young children

Applications stating age qualifications and experience and accompanied by copies of not more than three recent testimonials must be received by the undersigned not later than Wednesday December 22nd 1937

Shire Hall T W ADDISON
Durham Secretary to the Richard Murray
December 1st. 1937 Hospital Joint Board

PONTEFRACT GENERAL INFIRMARY (Yorks.)

SECOND RESIDENT MEDICAL OFFICER (male unmarried) duly qualified registered Medical Practitioner Commencing salary £150 per annum, with residence, board and laundry

The appointment to date for six months from January 1st, 1938 Applications, stating age with testimonials and nationality to be sent to the undersigned at once.

DAVID J RICHARDS
Secretary Superintendent.

THE CORBETT HOSPITAL, Stourbridge
(96 Beds and Special Departments)

Applications are invited for the post of HOUSE SURGEON which will become vacant on January 7th 1938 The appointment will be for a period of six months terminable by six weeks notice and carries a salary at the rate of £100 per annum with board laundry etc

The hospital has a Specialist Visiting Staff and Resident Surgical Officer

Applications, giving full details of qualifications age and experience accompanied by three copies of testimonials should be addressed to the undersigned forthwith

W G H WESTON
Secretary

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL
(112 Beds)

HOUSE PHYSICIAN

Applications are invited for the above post which becomes vacant on January 1st next.

Salary £130 per annum To have charge of Medical and Ophthalmic beds also to act as Resident Anaesthetist. The post is for six months in the first instance—offers valuable experience in both In-patient and Out patient work.

Applications with copies of recent testimonials should be sent to the undersigned as early as possible

JOSEPH E SEARJEANT F C C S
House Governor and Secretary

NORTH ORMESBY HOSPITAL Middlesbrough (195 Beds)

HOUSE PHYSICIAN (male and unmarried) required Salary £120 per annum with board residence and laundry

Applications stating age qualifications experience (if any) with copies of three recent testimonials should be sent to the undersigned

GEORGE WATTS
Secretary-Superintendent

COUNTY MENTAL HOSPITAL LANCASTER

TWO ASSISTANT MEDICAL OFFICERS
(1 male and 1 female) WANTED

Candidates must be single and under 35 years of age Commencing salary £500 per annum rising by annual increments of £25 to £600 per annum with further increase on promotion subject to a deduction of 3 per cent under the Asylums Officers Superannuation Act There are no emoluments

The selected candidates will be required to live in the Hospital and will be provided with board lodging etc for which a charge of £150 a year is made

The possession of a Diploma in Psychological Medicine will entitle the Officers to an additional £50 per annum

Applications giving full particulars with testimonials (copies only) should be forwarded to the Medical Superintendent on or before January 4th 1938

BIRKENHEAD GENERAL HOSPITAL. (156 Beds)

Applications are invited for the post of SECOND HOUSE SURGEON (male) for the three months commencing January 1st. 1938 Salary £100 per annum with board residence and laundry

Applications stating age nationality and qualifications, together with three recent testimonials to reach the undersigned as early as possible.

W H DANIELS
Secretary-Superintendent.

BURTON-ON TRENT GENERAL INFIRMARY

Applications are invited for the position of HOUSE PHYSICIAN AND CASUALTY OFFICER (Male) Salary at the rate of £150 per annum with board residence, and laundry Duties to commence January 1st

Applications giving age and qualifications, together with copy of testimonials, to be sent to E. W THORNLEY Secretary

(Advertisements continued on p 58.)

MONTANA HALL, Montana, Switzerland

OPEN ALL THE YEAR

THE ONLY SANATORIUM IN SWITZERLAND UNDER BRITISH OWNERSHIP AND CONTROL, AND WITH A DAY AND NIGHT STAFF OF BRITISH TRAINED NURSING SISTERS

INCLUSIVE TERMS—from 7 guineas (sterling) per week

Med Supt. HILARY ROCHE, M D (Melb) M R C P (Lond) Tuberculous Dis Dip (Wales)

THE MAUDSLEY HOSPITAL,

DENMARK HILL S E.5

Telephone RODney 2101

A CLINIC instituted by the London County Council for treatment of Nervous and Curable Mental Disorder *Voluntary patients only received*

New Out patients—MEN Mondays and Thursdays 2 p m WOMEN Tuesdays and Fridays, *2 p m CHILDREN Mondays and Fridays 10 a.m*

In patients (a) 235 beds (both sexes) in wards or separate rooms, including 35 beds in a ward of King s College Hospital which is in use as a temporary annexe of the Maudsley Hospital (b) a special ward (including some private rooms) for those patients of each sex who are paying the full cost and are otherwise suitable. Terms £5 a week, but in case of patients with a legal settlement in the County of London a less sum may be charged according to means

Terms include (with rare exceptions) all forms of treatment, for which there are exceptional facilities as there is a staff of Consultant Specialists, and the Central Laboratory of London County Mental Hospitals is attached to the hospital Inquiries of EDWARD MAPOTHER, M D F R C P F R C S Medical Superintendent.

EPILEPSY.

Owing to extensions there are at present a few Vacancies at the

DAVID LEWIS COLONY

for Ladies and Gentlemen who have Epilepsy, but are of good intelligence and sound mind

Colony life gives to most people who have epilepsy the best chance of happiness and contentment.

Apply to the Director

The David Lewis Colony, Warford, Alderley Edge

FENSTANTON,

CHRISTCHURCH ROAD

Streatham Hill, S W.2

A Private Home for the Care and Treatment of a limited number of Ladies with Mental and Nervous Disorders Certified, Voluntary and Temporary Patients received Large Mansion with 12 acres of grounds (See *Medical Directory p* 2312.) Apply Resident Physician *Telephone* Tulse Hill 7181

THE GRANGE,

near ROTHERHAM.

A HOUSE licensed for the reception of a limited number of Ladies suffering from Nervous and Mental disorders. Both certified and voluntary patients received. Approved for temporary Patients This is a large country house with beautiful grounds and park five miles from Sheffield Tel No 40030 Ecclesfield Res Phys GILBERT E. MOULD, L R C P M R C.S. *Station* Grange Lane L. & N E. Rly

EPPING HOUSE,

Little Berkhamsted, Nr Hertford, Herts

An attractive and comfortable PRIVATE HOME. Beautifully situated in its own grounds. 400 ft. above sea level Exceptionally healthy air and position affords every facility for convalescence. Foam Baths Billiards, Squash Racquets, Lawn Tennis Croquet, Bowls etc

Treatment for Ladies and Gentlemen suffering from Insomnia Functional Nervous Disorders Alcohol and Drug Habits, also Convalescing Cases

Phone Essenden 12. Apply J C BAKER, M B

TREFRIW (SULPHUR / IRON) WELLS

THE SPA OF OUTSTANDING MERIT

1 These unique waters are of exceptional merit With other properties they contain Iron as FERROUS-SULPHATE and in such concentration that the maximum prescribed dose is only ONE OUNCE.

2 Wonderfully efficacious for all forms of rheumatic disease Many very remarkable results are obtained in severe and chronic rheumatism and rheumatoid arthritis—even bedridden cases of long standing—from the home treatment alone

3 A most important feature of this Spa is the bottling of the waters in natural Spa condition for the

SPA CURE AT HOME

Particulars and specimen of the bottled waters post free from THE SPA DIRECTOR TREFRIW WELLS TREFRIW N WALES the only address from which the waters are obtainable

BISHOPSTONE HOUSE

Tel 2708 **BEDFORD** 50 *miles from London*

ESTAB 60 YEARS

FOR THE RECEPTION AND TREATMENT OF LADIES SUFFERING FROM NERVOUS AND MENTAL DISORDERS.

PATIENTS MAY HAVE THEIR OWN PRIVATE SUITES

VOLUNTARY AND CERTIFIED AND TEMPORARY CASES ADMITTED

CONSULTATIONS CAN BE ARRANGED BY APPOINTMENT

APPLY TO DR J LANGHAM MACAULAY RESIDENT PSYCHIATRIST AND MEDICAL SUPT

HOME FOR EPILEPTICS

MAGHULL (near LIVERPOOL)

FARMING and OPEN AIR OCCUPATION for PATIENTS

A few vacancies in 1st and 2nd Class Houses. FEES 1st Class (men only) from £3 p w upwards. 2nd Class (men and women) 32/ p w

For further particulars apply

C EDGAR GRISEWOOD, A.C.A.,

Secretary 20 Exchange Street East Liverpool 2

BAILBROOK HOUSE, BATH

For sufferers from Nervous and Mental Disorders with or without certificates.

The house is gloriously situated in wooded grounds of 20 acres with magnificent views of the City and the Avon Valley (See *Medical Directory*, page 2322)

For terms apply A GUIRDHAM M.A. D M B Ch D P M Resident Physician

Telephone Batheaston 8189

SPRINGFIELD HOUSE,

Near BEDFORD ('Phone 3417)

For Mental Disorders with or without Certificates. Resident Physician CEDRIC W BOWER.

Ordinary Terms: Five Guineas per week

(Including Separate Bedrooms where suitable.)

Interviews in London by Appointment.

Tel and Telegrams "Haynes Brentwood 45"

LITTLETON HALL, BRENTWOOD ESSEX

Large grounds 400 ft above sea. HOME for ladies Mentally afflicted Voluntary Boarders received. Station Brentwood and Shenfield 1 mile. Liverpool St. 26 min. Apply Dr HAYNES

LONDON, CORA HOTEL,

Upper Woburn Place near B M A. Headquarters Accommodates 235 Visitors. Modern Comforts Excellent table. A.A. and R.A C. recommended Room Bath, and Breakfast from 8/6.



THE STANBOROUGHS HYDRO

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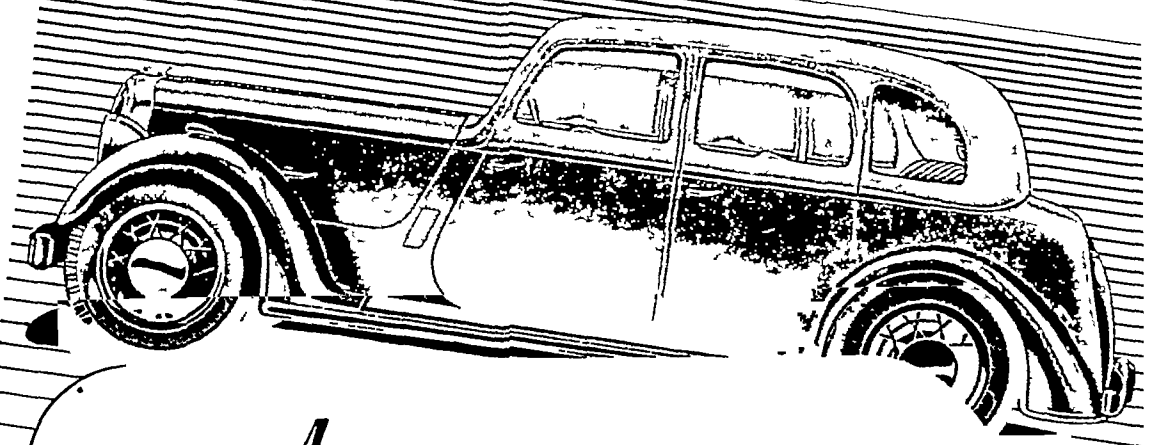
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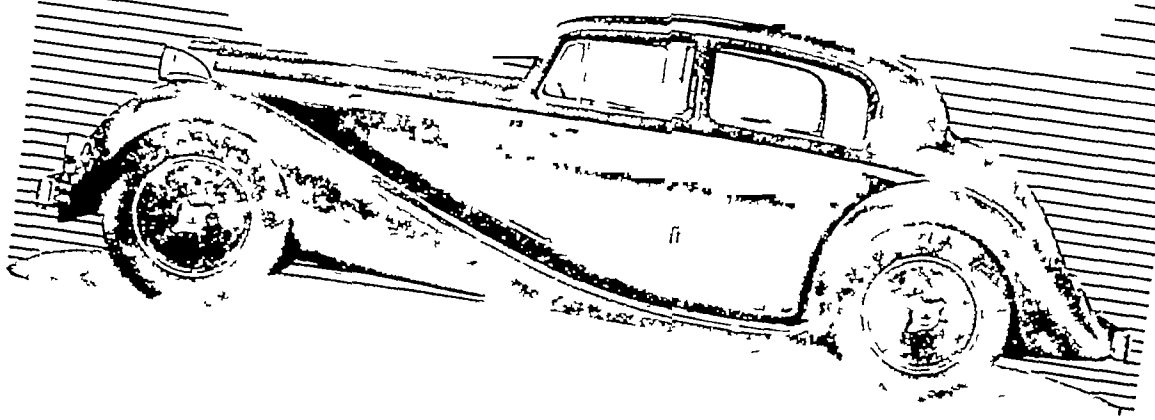
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13 YORKSHIRE—PARTNERSHIP in very old-established and steadily increasing Practice over £6,000 p.a in first rate residential town Valuable appointments and panel, 1 300 Visits 5/- to £2 2s Nice semi detached house (5 bedrooms), garden and garage to rent Incoming partner must be University Graduate, aged 26/30 held hospital appointments and be good anaesthetist One sixth share at first at two years purchase Practice well known to Bureau

14 HOME COUNTY—PARTNERSHIP in country town Practice averaging over £4,000 p.a (increasing) within 25 miles of London Good appointments and panel about 2 000 Suitable house obtainable. Incoming partner should be aged about 30 must possess F.R C.S and have had one *year s P G work Good hospital One fourth* share at first at two years purchase

15 MIDLANDS—Unopposed country PRACTICE in very pleasant hunting district Cash receipts last year, £1,097, including good appointments and panel about 500 *Well built house (5 bedrooms etc) with good garden and* garage Main electric light and water supply Price £1 100 freehold Golf etc Premium £1 600

16 HOME COUNTY—PARTNERSHIP in rapidly increasing Practice doing at rate of £2 100 in growing town *within 20 miles* Panel 1 600 Suitable house could be obtained Premium one third share £1 350

17 S COAST, popular seaside resort—Small good middle-class non-dispensing PRACTICE £350/£400 p.a No panel One appointment worth £50 p.a Maisonette (3 bedrooms etc), to rent at £160 p.a Premium £500

18 MIDLANDS—Easily worked PRACTICE in very attractive village about 70 miles from London Cash receipts, 1937 (to November 25th) £696 Panel 500 Detached modern house (4 bed and dressing rooms) gas electricity and main drainage, garden over an acre Price freehold, £1 600 Premium one and three-quarter years purchase to include stock of drugs

19 N WALES—Old established good-class PRACTICE which has always averaged over £1,200 a year in very attractive residential seaside resort Panel 425 Good house to rent or purchase Pleasant society Premium £1,800

20 AUSTRALIA—PRACTICE in small township in Victoria Receipts last year £880 Specially built house to rent at £80 p a Good climate All kinds of sport. Premium £500 English currency including drugs and dispensary fittings.

21 YORKSHIRE (N R)—Steadily increasing country PRACTICE between £1 400/£1 500 including appointments and panel worth £400 p.a Extremely attractive house (5 or more bedrooms) garage and small garden for sale Good schools and sport Premium one and a half years purchase

22 SURREY—PARTNERSHIP in sound old established and steadily increasing Practice averaging £4 445 p.a in outlying residential suburban district Panel 2 000 Visits 3/6 to 21/- Suitable house obtainable Premium for share of 11/39ths £2 900

MILTON PROPRIETARY LTD.

CHAIRMAN'S SPEECH.

The Fourteenth Ordinary General Meeting of Milton Proprietary Limited was held at John Milton House London N 7 on the 16th December 1937

The Chairman Mr H S Clough said —

You will observe from the Accounts that the profit for the year of £46 736 approximates to the profit for the preceding year of £47 564 The gross profit on trading for the year is £52 030 contrasted with £53 228 for the preceding year The Current Assets of the Company comprising its Stock Debtors and Cash with Building Societies and Bankers total £114 822 whereas its Creditors including the reserve for Income Tax amount to £30 070 After deducting this latter sum and the amount of the provision for the Final Preference Dividend of £2 596 there is an excess of liquid resources over liabilities of £82 156 The position thus disclosed is considered as highly satisfactory particularly as the total of Cash at Bank and on deposit with Building Societies is no less than £74 000

The business of the Company is conducted in a field of commercial activity in which there is much competition and this competition has been somewhat intensified during the current year It is very satisfactory to record that the Company's position has been well maintained and its trading results are shown at about the level of last year notwithstanding the fact that the new Milton Denture Powder was introduced only five months before the end of the financial year under review and a substantial proportion of the expenditure associated therewith has been included in the Accounts The Milton Denture Powder has been well received by the public and the Dental Profession, and we are satisfied that our laboratories have produced after extensive research a powder that is worthy in every way of the Company that was the pioneer in this particular field of oral hygiene Its rapid cleansing and sterilising properties are receiving widespread recognition Already several thousand dentists have expressed unqualified approval of the Milton Denture Powder—it is undoubtedly the best product of its kind on the market

I am glad to be able to report an increasing knowledge by the public of the unsurpassed antiseptic qualities of the Milton fluid which has for many years been the principal product of your Company There is no other germicide or antiseptic available to the public which is as efficacious and which possesses such valuable properties Its superiority is evidenced by pathological tests which establish it as a real germ killer it is the strongest antiseptic for personal use available to the public being more than 80 times as powerful a germicide as a Carbolic (5%) Solution and notwithstanding this it has the unique advantage of being absolutely safe and non poisonous No household should be without a bottle of Milton particularly in view of the multiplicity of uses to which it can be safely put as an antiseptic fluid and germ destroyer Fortunately no question of expense need limit the use of Milton It is relatively cheap to purchase and its great germ cidal strength enables it to be used in small quantities

Publicity has been given in the Press recently to the chlorination of water supplies as a means of eliminating the typhoid germ The same effect can be obtained domestically by the addition of a small quantity of Milton fluid to water since Milton is an antiseptic of the hypochlorite class If water treated by Milton is allowed to stand for a few minutes all taste will quickly disappear and there is the additional advantage that there is no need to indulge in the further process of sterilising the water by boiling This is a simple illustration of the superiority of Milton as a germ destroyer

The Milton Ointment which is a compound of chemically pure ingredients prepared in clean and hygienic conditions carries a high percentage of the Milton fluid and thus possesses valuable healing and cleansing properties

The Company also produces a high class Dental Cream which is in all respects equal to competitive products on the market. despite the fact that it is sold at a moderate price

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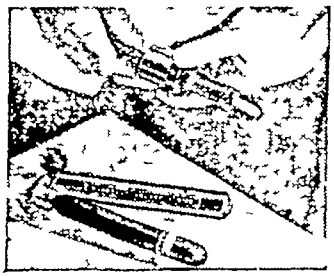
The Directors Report and the Accounts were adopted and a final dividend of 17½% less Income Tax making with the interim dividend of 7½% less Income Tax, already paid a dividend at the rate of 25% less Income Tax was declared

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Practices and Partnerships for Disposal (continued)

23 LONDON, E —Middle-class PRACTICE over £2 400 p.a in outlying district Panel 2 870 House (4 bedrooms) in excellent repair with garage and garden for sale Premium two and a-quarter years purchase

24 S COAST —PARTNERSHIP in Ophthalmic Practice about £1 700 p.a One half share would be sold to suitable man (who must possess the D O M.S) at two years purchase Good scope

25 N OF ENGLAND, Cathedral City —PARTNERSHIP in good-class Practice averaging £3 000 p.a Panel about 1 350 Visits 3/6 to £1 1s medicine extra House (5 bedrooms) with garage and garden One third share at first at two years purchase. Preliminary Assistantship Applicant must have necessary capital

26 N E COAST —Old established and easily worked middle-class PRACTICE over £1 150 p.a., in seaport town No panel Residence facing sea for sale. Premium (to include furnishings and fittings of consulting rooms small X ray plant etc) £1 000

27 ITALIAN RIVIERA —Small good-class non-dispensing season PRACTICE Further details on application

28 BRISTOL —PARTNERSHIP in increasing Practice in growing suburb Cash receipts past twelve months £2,125 Panel 2,200 House with 4 bedrooms and surgery accommodation, to rent at £60 p.a also branch surgery Scope Premium one half share £2 000 to include share of drugs etc

29 LONDON S E —Middle-class PRACTICE in pleasant open suburb Receipts 1936 £848 Panel 450 House contains 5 bedrooms, etc. Price freehold £1 400 Scope Premium £1,280

30 S MIDLANDS —PARTNERSHIP in Practice between £2,300/£2,400 p.a in county town Panel about 2 000 House (6 bedrooms) large garage and garden for sale or rent. One third share (after preliminary Assistantship) at one and three-quarter years purchase or near offer

31 S WALES —Steadily growing middle class PRACTICE doing about £500 a year in residential village, easy distance of large town Modern semi detached house (5 bedrooms) garage and garden Price £1 350 leasehold Scope Premium one year s purchase

32 SEASIDE TOWN under an hour from London —PARTNERSHIP (one half share) in chiefly middle-class Practice over £4 000 p.a Panel 650 Corner house (5 bed and dressing rooms) on main road for sale Scope for increase Premium two years purchase

33 E MIDLANDS —Country PRACTICE averaging nearly £650 p a in pleasant village Panel 500 Charming stone built house (6 bedrooms) central heating electric light power and main water garage and garden about one and a half acres for sale Scope Premium two years purchase

34 LONDON S W — Well-established Medical Woman s PRACTICE in outlying suburban district Receipts average £960 p.a No panel Purchaser could have use of surgery premises living accommodation and services by arrangement Premium one and three-quarter years purchase

35 S W OF ENGLAND —PARTNERSHIP in old established Practice £6 600 p.a in beautiful country district Valuable appointments and panel of 4 500 Centrally situated house (5 bedrooms) for sale Premium one fifth share £2 750

36 EASTERN COUNTIES —PARTNERSHIP in good middle-class Practice £2 450 p.a in county town Panel 1,200 Good house (5 bedrooms) in perfect condition to rent. Premium one half share two years purchase

37 N E COAST —PARTNERSHIP in Practice, between £2 000/£2 200 p.a in fashionable watering place Panel 1 700 Applicant should be English or Scottish aged about 30 and experienced in general practice and surgery Two-fifths share at two years' purchase after about ten months Assistantship

38 N WALES BORDER —PARTNERSHIP (with early succession) in old-established County Practice about £2,500 p.a in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one half would be sold at first with early succession Premium two years purchase

39 S W OF ENGLAND —PARTNERSHIP in steadily increasing Practice averaging over £1 800 in beautiful country district near coast Panel 1 050 Nice house (7/8 bedrooms) garage and garden Rent £120 inclusive Good sport Premium one half share two years' purchase

40 BUCKS —PARTNERSHIP in old established country Practice about £3 200 Small panel Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent. One fourth share at two years purchase

41 LONDON W 2 and W 6 —Non-dispensing and non panel PRACTICE run by two men in partnership Receipts about £1 300 and £700 respectively Premium two years and one and a half years purchase respectively Or either would be sold separately

42 WEST INDIES TOURIST RESORT —PARTNERSHIP in steadily increasing Practice doing £2,500 a year Partner must be experienced in surgery and possess M C O G Share of £1 000 at first at two years purchase

43 ISLE OF WIGHT —Well established PRACTICE about £1 200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating, garage and small garden for sale or rent Good scope Premium £2 000

44 LANCASHIRE COAST — NUCLEUS OF PRACTICE averaging £245 p.a offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms) for sale Suit either medical man or woman Premium £500 to include instruments drugs and surgery furniture etc

45 S COAST —Middle and upper-class non-dispensing PRACTICE about £3,300 in residential town and watering place No panel Visits 3/6 to £1 1s House to rent or purchase Premium two years purchase

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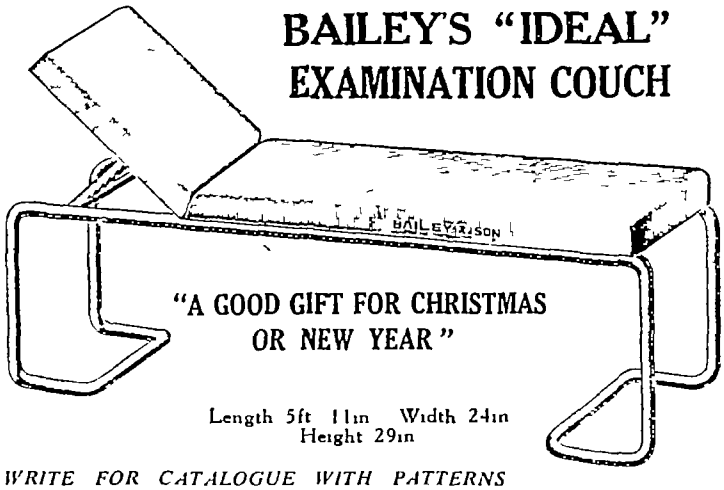
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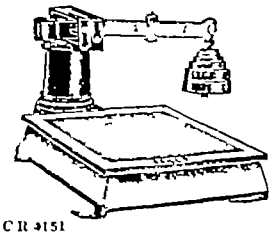
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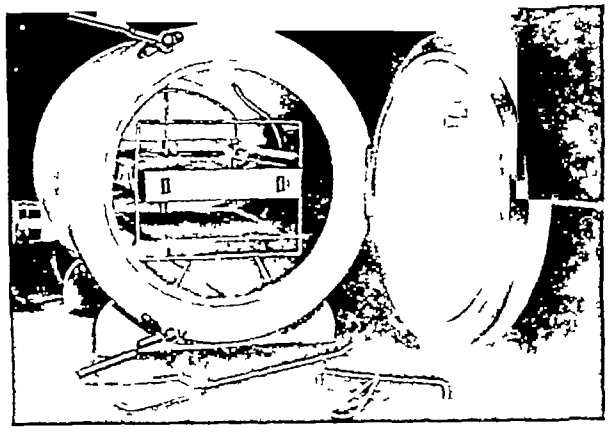
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LANCS TOWN—Old-established mixed-class PRACTICE in large town. Cash receipts approximately £1,200 p.a. Panel 745 Scope. Good house 2 reception, 5 bedrooms, 3 Professional rooms, garage and garden. Premium—£1 350—No 1010

NEAR BUXTON—Old-established PRACTICE capable of great increase Cash receipts last year £740 (increasing) Panel 862. Excellent house, 2 reception, 4 bedrooms, 3 Professional rooms (separate entrance), garage and good garden. Premium—Practice and house, £1 700—No 989

LIVERPOOL.—Very old-established middle-class PRACTICE in residential district. Cash receipts £1 100 p.a Panel 599 Good scope for energetic man. Excellent house 3 reception, 5 bedrooms, etc. Price £700 Premium—£1 600 Vendor retiring.—No 1046.

LANCS TOWN—PARTNERSHIP in mixed Panel and Private PRACTICE, to replace senior partner on equal share basis. Average cash receipts £5 680 p.a. Panel 2,900 Good house available, 2 reception, 4 bedrooms, etc. Rent £56 p.a Must be experienced and of good personality Premium—one third share (approximately £1 890 p a.)—2 years purchase (to include share of drugs, book debts, etc.)—No 1050

NEAR MANCHESTER. — PARTNERSHIP (after six months Assistantship) in good PRACTICE in residential district. Cash receipts £4 000 p.a Panel 2,500 Applicants should be English or Scottish about 30 Good house available to rent Salary £400 p a plus car allowance and free house Premium—one third share—to be arranged.—No 1045

YORKSHIRE.—Old-established UNOPPOSED COUNTRY PRACTICE in delightful district Cash receipts last year £1 300 Panel 700 yields £450 p.a Transferable appointments over £200 p.a. Excellent house 2 reception, 5 bed rooms, garage and garden with tennis court, electric light, etc. Rent £50 p.a. Premium—2 years purchase or near offer—No 1048

LIVERPOOL.—Well-established PRACTICE in pleasant district. Receipts £800 p a Panel 650 Good house 5 bedrooms, garden and garage Premium—1 year s purchase—No 928

WESTMORLAND—Old-established PRACTICE in beautiful Country town. Cash receipts last year £1 169 Panel 293 Excellent house 2 reception 6 bedrooms, nice garden and two garages Separate professional quarters, electric light, gas, main water etc. For sale. Premium—2 years purchase. Vendor retiring.—No 1040

SCOTTISH BORDER.—Well-established PRACTICE in pleasant country and seaside town Cash receipts £700 p a Panel 640 Good house nine rooms nice garden etc. Premium—1½ years purchase.—No 1041

YORKSHIRE (W R.).—Old-established mixed PRACTICE, averaging £860 p a Panel 701 Scope for increase Good house with excellent garden, *to rent at £30 p.a. Premium—£1 350 (to include drugs and fittings)*—No 1037

LANCS TOWN—Old-established mixed-class PRACTICE capable of increase owing to ill health of Vendor Cash receipts over £600 p a. Formerly doing over £1,200 p.a Panel 620 Good house (freehold) 2 reception 5 bedrooms garage and garden Premium—Practice and house—£2,100—No 1019

LEICESTERSHIRE.—PARTNERSHIP (after Preliminary Assistantship) Suitable for F R C S Local Hospital Cash receipts £5 000 p a Panel 4 000 and good appointments. House available with garden Premium—one fifth share (with increase later)—2 years purchase—No A1

MANCHESTER.—PARTNERSHIP in mixed Panel and Private Practice. Average cash receipts £2,875 p.a. Panel over 2,500 Scope. Excellent house 3 reception, 4 bedrooms, small garden. Rent £52 p.a Premium—one-half share—2 years purchase—No 1038

LANCS TOWN—Mixed Panel and Private PRACTICE in industrial district. Income £1,800 p a. Panel 1,500 House 3 reception, 6 bedrooms, and garage Rent £72 p.a. Premium—Best offer—No 996

NORTH WEST COAST—Well-established PRACTICE in Seaside town. Cash receipts £500-£550 p a Panel 450 *Modern flat to rent at £80 p a.* inclusive of rates. Premium—1 year s purchase—No 1005

DERBYSHIRE.—Old-established mixed-class PRACTICE, near beautiful country and within easy reach of large town. Average cash receipts £1 100 p.a. Panel 970 and transferable appointments £200 p.a Scope Nice detached house 2 reception, 6/7 bedrooms, garage and large garden. Freehold Premium—1½ years purchase—No 991

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town. Average cash receipts £2,450 p.a. Panel 1,200 Appointments £190 p.a. Scope Nice house in good condition, 2 reception 5 bedrooms, garden Rent £68 p a Premium—half-share—2 years purchase—No 1013

NORTH WALES—Good-class long established PRACTICE in attractive and residential seaside resort. Cash receipts last 16 years over £1,200 p.a. Panel 425 Good house with two small gardens, to rent or purchase freehold Socially very pleasant Premium—£1 800.—Vendor going abroad.—No 929

LANCS TOWN—PARTNERSHIP in middle and working-class Practice in clean town, close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception 4 bedrooms, garage and garden. Premium—one half share—2 years purchase or near offer—No 1015

SOUTH COAST—Old-established PRACTICE in popular watering place Cash receipts £1 468 p.a. Panel 825 and P M.S £65 p.a. Good corner house, 2 reception, 5 bedrooms garage and small garden. Premium—2 years' purchase—No 1047

NORTH WALES.—Old-established PRACTICE *near Sea and Country* capable of great increase. Cash receipts last year £1 026 Panel 800 Nice surgery premises. Premium, best offer—No 905

NORTH EAST COAST — Easily worked middle-class PRACTICE in present hands 33 years. Cash receipts £1 159 p a No Panel Great scope as district developing Rent of Surgery premises £26 p a. Premium—£1 000 (to include Surgery fittings, etc. and small X ray plant).—*No 1028*

LANCS TOWN—Very old-established mixed Panel and Private PRACTICE in present hands 35 years. Cash rece pts last year £916 Panel 1,223 Scope Excellent detached house 2 reception 5 bedrooms, garage and small garden For sale or would rent on lease. Prem.—1½ years pur Vendor retiring.—No 1004

MIDLANDS—Old-established mixed Panel and Private (non-dispensing) PRACTICE. Cash receipts approximately £1 900 p.a. Panel 1 950 Scope Excellent house with nice garden garage etc. Premium—Practice—2 years purchase. —No 983

DERBYSHIRE.—Old-established PRACTICE in pleasant district near large town offering great scope for increase owing to building developments. Suitable for two men in partnership Cash receipts last year £3 436. Panel 3,394 Two good houses, with ample accommodation and modern conveniences, each with garage, garden and tennis court. Premium—2 years purchase—No 955

LANCS TOWN.—Old-established mixed-class PRACTICE. Cash receipts last year £1 136. Panel 975 Good house and surgery premises to rent Premium—£1,500 Vendor retiring—No 1007

NORTH WEST COAST—Old-established middle-class PRACTICE in Seaside town Cash receipts £1 100 Panel 350 Nice house garage and garden. Premium—1½ years purchase—No 961

YORKSHIRE (W R.)—PARTNERSHIP (after preliminary Assistantship) in sound old-established better-class Practice averaging over £3 000 p a. Panel 1,350 Visits 3s 6d. to £1 1 0 Hospital staff appointment. House 5 bedrooms, garage nice garden £1 100 Premium—1/3rd share—£2,000 increase to one half later Incoming partner should be university graduate 28/30 years.—No 1043

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LANCS TOWN—Old-established mixed Panel and Private PRACTICE in good town Cash receipts last year £940 Panel 1,225 Scope for increase. Corner house 6 bedrooms, separate entrance to Surgery Rent £75 p.a. Premium—£1 500—No 1033

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1 GLOS —Sound old-established PRACTICE in beautiful country district, averaging for the past four years about £1 300 p.a Panel of over 1 100 and appointments worth about £80 Very nice house in its own grounds, containing 2 reception, 5 bedrooms, etc. Freehold for sale Premium 2 years purchase

2. SOUTH EASTERN SUBURB —Well-established PRACTICE producing for last twelve months over £1 650 including Panel of 1 050 Low expense Convenient house with 2 sitting 3 bedrooms, etc. garden and garage Price £1,250 Premium £3 300

3 LONDON EAST —Exceptionally sound old-established PRACTICE in populous area averaging for past 3 years over £2,240 p a. Panel of approximately 3,500 Suitable house with excellent professional accommodation can be rented at £75 p.a

4 FAVOURITE RESIDENTIAL TOWN WITHIN 70 MILES OF LONDON —Old-established better-class non-panel PRACTICE producing over £3,500 p a. A certain amount of electrical work is undertaken Fees 5/ to 21/ House can be rented at £180 p a. Premium £6,000

5 OUTLYING NORTHERN SUBURB —Well-established PRACTICE producing about £1 000 p.a. including panel of 525 and P.M.S. £188 p.a. Suitable house available

6. LANCS —SEASIDE RESIDENTIAL TOWN —Easily worked mostly non-dispensing PRACTICE producing about £1 000 p a. including panel of about 325 Low expenses. Suitable house available with consulting and waiting rooms, 2 reception, 3 bedrooms, maid s room, etc Large *garden Garage For sale or can be rented. Premium 1½ years purchase* Good scope

7 N W LONDON —PARTNERSHIP —A 7/24ths share is available in an old-established and very sound Practice Gross cash receipts average about £4 700—and for the past 5 months the receipts have been £2,500 Large panel and low expenses. Well-situated detached corner house available, with ample accommodation and good garden. Price £1,250 of which £1 000 can be obtained on mortgage Premium 2 years purchase

8 NORTH LONDON —Middle and working-class PRACTICE producing £600 p a. with Panel of 150 patients. Suitable accommodation available on rental Premium 1½ years purchase.

9 LEEDS —PARTNERSHIP with succession in 6 or 12 months. A 2/3rds share is offered in an old-established Practice which has been held by the vendor who is now specialising, for the past 2 years. Receipts for last year amounted to £1 176, including £492 from a Panel of about 1 150 patients. *Suitable house available freehold £900 Premium 1½ years purchase*

10 LANCS —Old-established PRACTICE available owing to ill health of vendor Receipts for last year £662, including Panel of about 620 patient Freehold house with 2 reception, 3 bedrooms and 2 attics. There is stated to be good scope for increase as the receipts were formerly £1 200 p.a Price for Practice and house £2,100

11 WEST OF ENGLAND —Good-class residential town.—A ONE THIRD SHARE with increase up to one half is offered in a better middle-class Practice at present averaging £1,200 p.a Appointments worth about £350 Panel of 300 patients. Fees 5/ to 21/ Flat available in vendor s house for single man. Rent £40 p a. inclusive of rates

12. NORTH WALES —Good-class long-established PRACTICE in very attractive residential and seaside resort. Cash receipts for last 16 years over £1,200 every year Panel 425 Good house with 2 small gardens to rent or purchase, freehold Socially very pleasant. Premium £1 800 Vendor *going abroad.*

13 HERTS —Country town on outskirts of London —Very old-established PRACTICE held by vendor for 30 years. Gross cash receipts about £1 000 p.a. including Panel of 600 patients. Nice house with 2 reception 4 bedrooms, good garden on rental Premium 2 years purchase

14 SOUTH COAST —Chiefly working-class PRACTICE stated to average over £1 400 Panel of 830 Corner house with 5 bedrooms, etc. Freehold for sale. Premium 2 years purchase

15 EAST ANGLIA.—Within reach of two good towns. Old-established unopposed Country PRACTICE averaging over £1 000 p.a including Panel producing over £450 p.a Low expenses. Detached house with 2 sitting and 5 bedrooms, etc. Rent £70 p a. Premium £1 750

16 NORTH CORNWALL.—Country PRACTICE in picturesque district near coast and within easy reach of two good towns. Stated to produce nearly £1 000 p.a including Panel of £320

17 HANTS —Recently established PRACTICE in pleasant locality Earnings for the first year about £230 with Panel of 80 and increasing Stated to offer considerable scope for development. Very nice small house can be rented Moderate premium for quick sale, as vendor wishes to take up another appointment.

18 WITHIN 25 MILES OF LONDON —PARTNERSHIP —with surgical scope A one fourth share with increase later is for disposal in an old established Practice, producing about £4 800 p.a. Fees 3/6 to 21/ A suitable house can be secured. Ingoing partner must have a Fellowship be experienced and not over 35 years of age A preliminary assistantship is offered

19 LONDON SOUTH EAST.—STEADILY INCREASING OUTLYING DISTRICT —Recently established PRACTICE rapidly growing and producing for last 12 months £1 387 Selected Panel of 350 Suitable house with 2 reception 3 bedrooms, etc. garden garage Can be rented on lease Premium £2,000

20 COAST TOWN —Old-established PRACTICE held by vendor for 3½ years, who now wishes to specialise. Gross receipts for last year approximately £2,183 including panel of 770 and appointments producing about £100 p.a Visits from 5/ Good house available containing 2 reception, 7 bedrooms, Professional accommodation, etc. Freehold £1 100 Premium 2 years purchase or near offer

21 MONMOUTHSHIRE.—Middle-class PRACTICE, established over 20 years, producing for last twelve months £1 430 including panel of 300 Fees 3/6 to 21/ Good house with 2 reception, 6 bedrooms, etc. Separate Professional rooms, garden and garage Rent £125 p.a. Premium 1½ years purchase

22. WEST COAST —Well-established PRACTICE producing about £1 900 p.a including panel of 1 450 Suitable house on rental at £50 p.a. Premium 1½ years' purchase

23 LADY DOCTOR S PRACTICE.—Chiefly middle-class PRACTICE situated in residential South western district Established 10 years ago and steadily increasing. Receipts for last year £984 Small panel Good house with 6 bedrooms, etc. garden garage Premium 1½ years purchase

24 NORTH LONDON —Good middle and better working-class PRACTICE, producing about £2,800 p a. with large panel House can be rented, containing 2 reception 4 bedrooms, etc. *small garden*

25 EASTERN COUNTIES.—Mixed-class PRACTICE in pleasant agricultural district producing for last twelve months over £1,300 p a. Fees 3/6 to 21/ Nice house in good position with 2 reception 4 bedrooms, dressing room, etc Separate professional accommodation Modern conveniences. Garden garage Price, freehold £1 300 Sport of all kinds and schools within reach. Prem. £1 685

26 CROYDON AREA.—Recently established PRACTICE Receipts for last 12 months over £650 including panel of 350 House with 3 bedrooms, etc garden and garage Can be rented at £85 p a. Reasonable premium for quick sale owing to ill health

27 EASTERN COUNTY MARKET TOWN —HALF-SHARE PARTNERSHIP in Practice established some 100 years, owing to retiral of junior partner Gross cash receipts average over £2,400 p.a. including over £700 p.a. from Panel and P.A C. Suitable house available on rental Ingoing partner should be young and have had hospital experience Premium 2 years purchase

28 SURGICAL PARTNERSHIP *in delightful district within easy reach of* London A fifth partner is required in an old-established Practice There is little visiting done under 10/6 although the patients come from all classes. Ingoing partner who must hold the English Fellowship would do all the surgery for the firm, but must be prepared to do general practice as well Choice of houses.

29 CROYDON AREA.—Rapidly increasing PRACTICE producing about £1 800 p.a Panel of about 1 100 Fees 1/6 to 3/ with visits from 2/6 to 5/ Practically all cash. Vendor specialising in midwifery Suitable house available on rental Premium £3,200

30 SUSSEX COUNTRY —Good NUCLEUS with scope for further increase Receipts 1935 £467 1936, £628 1937 for 7 months, £452. Panel produces about £267 included in above Good house on rental

31 NORTH LONDON —Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant Gross *cash receipts for last 12 months £1 681 Panel of 320 appointments worth* about £70 p.a. Visits 5/ to 7/6. Good house with reception, 5 bedrooms, etc. Professional rooms, small garden garage Freehold for sale or might be rented Premium 2 years purchase or near offer

32. PARTNERSHIP —LONDON, EAST —A HALF SHARE of middle and working-class Practice, producing for immediate past 12 months £4,567 p a. Panel of over 5 000 Suitable house can be obtained.

33 NORTH EAST COAST —Old-established PRACTICE, producing about £900 p.a., but stated to be capable of considerable increase Choice of suitable houses. Partnership introduction will be given Vendor retiring.

34 WEST MIDLANDS —PLEASANT RESIDENTIAL TOWN —PRACTICE producing about £1 600 p.a. including a selected Panel of about 560 patients Mostly better-class and non-dispensing Consultations 3/6 to 10/6 Visits 5/ to 1 guinea. Freehold house for disposal, contains 3 reception, 3 large and 3 smaller bedrooms with separate servants quarters. Excellent consulting *rooms, garage for 2 cars.*

35 DEVON SOUTH COAST —A well-established good-class entirely private PRACTICE producing for the past 12 months about £1 000 Panel could be had if desired Fees 2/6, 3/6, 5/ and 7/6, with a few visits up to 21/ Non dispensing Suitable house containing consulting room, 2 reception rooms 6 bedrooms, for sale Freehold £1 400 Partnership introduction Would be suitable for ex I.M.S or similar

36 LONDON E.2 —Lock up PRACTICE established 80 years for disposal Income about £800-£900 p.a., with Panel of about 1 150 patients Fees 2/6 and 3/6 Visits from 3/6. Suitable accommodation available consisting of consulting room dispensary waiting room the remainder being sub-let for £280 p.a. Rent and rates £230 p.a. Premium 2 years purchase to include about £150 fittings, fixtures, drugs, etc.

37 CITY PRACTICE.—Lock-up hours 10-1 and 5 30-6.30 producing about £1 000 p a , including £200 from Panel and appointments. Suitable accommodation available.

38 LONDON S W —Old-established PRACTICE producing £1,500 p a , with panel of 1,266 patients for disposal. Appointments and small club bring in about £85 p.a House available contains Professional accommodation, reception room and 3 bedrooms and maids room, bathroom For sale or might be rented. Premium £3 000

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5 *HOME COUNTIES or SOUTH OF ENGLAND —Good-class* non dispensing PRACTICE, bringing in about £1 500 p.a. Panel not necessary

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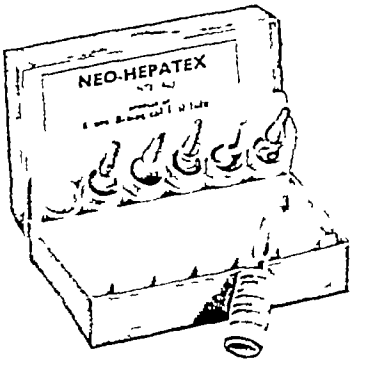
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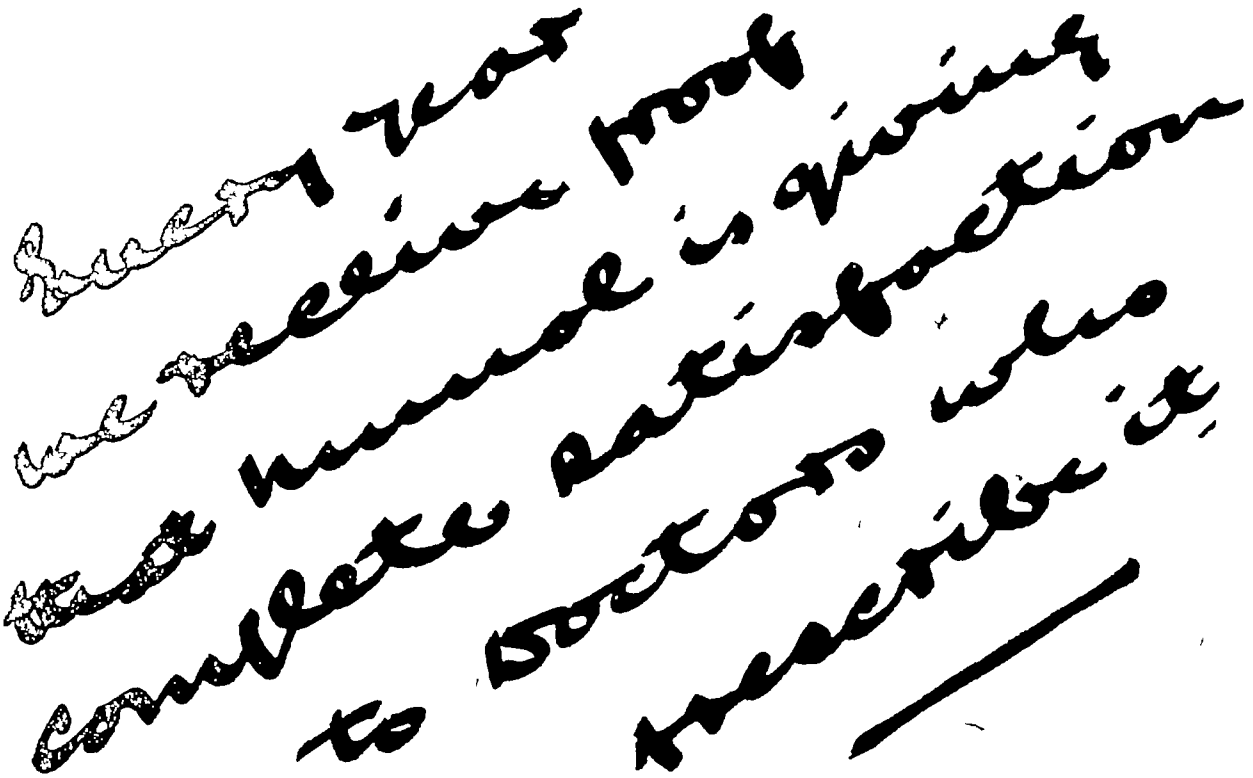
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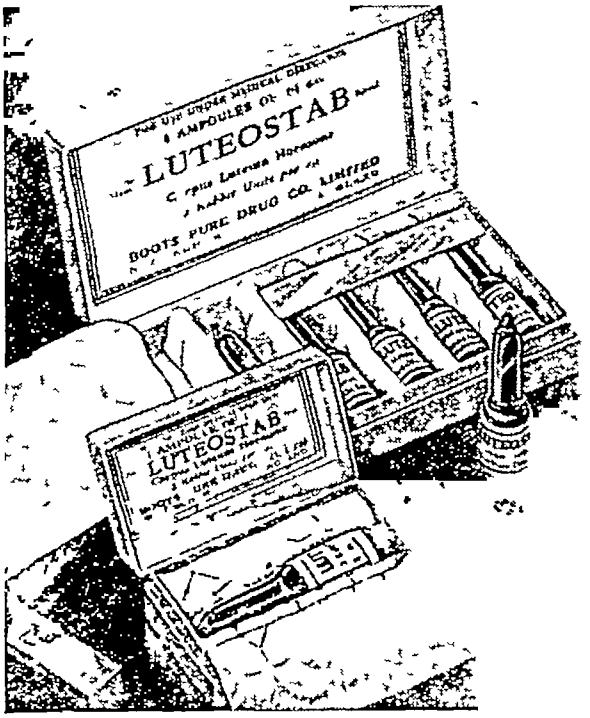
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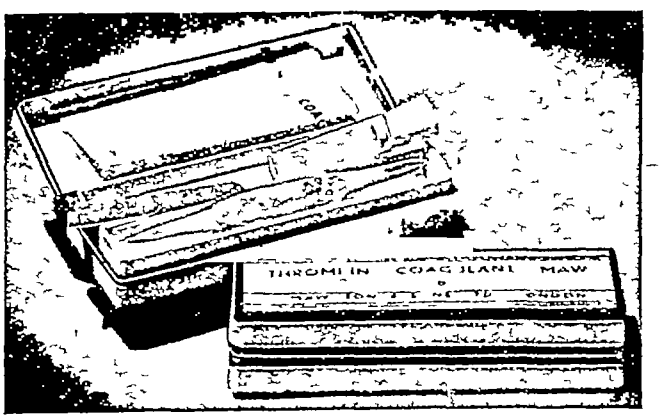
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JOURNAL OF THE

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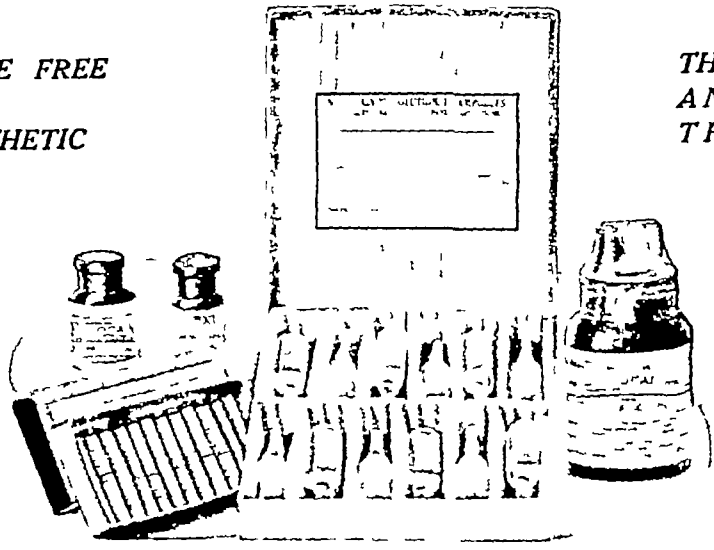
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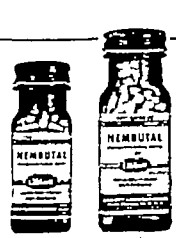
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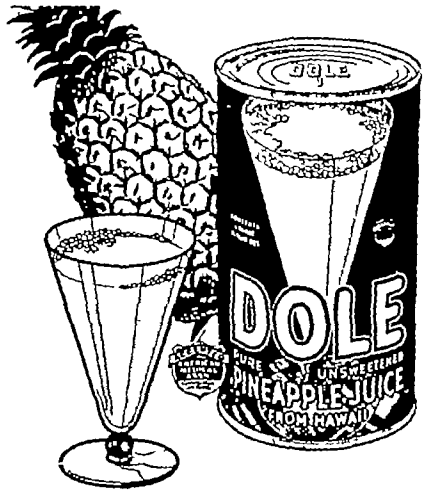
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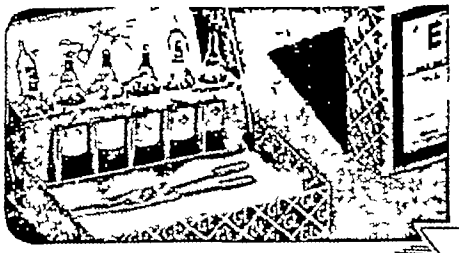
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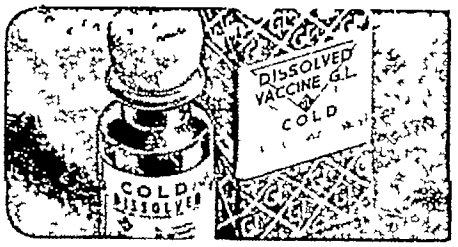


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BRITISH MEDICAL JOURNAL

LONDON SATURDAY DECEMBER 25 1937

TUBERCULOSIS IN HOSPITAL WORKERS*

BY

PETER W EDWARDS, M B, Ch.B

Medical Superintendent Cheshire Joint Sanatorium

It is perhaps a little previous to enter upon a discussion on this subject, because we are without important facts We are promised data at the end of the year from the Registrar-General concerning tuberculosis in nurses as compared with other women of the same age and many of us feel that the figures are going to show a heavy incidence of tuberculosis among nurses At present we are relying more upon experience than upon facts and experience to experience oft opposed leaves truth uncertain A certain amount of work concerning pulmonary tuberculosis in nurses and doctors has been done particularly in America and Norway and a beginning has been made in England Hospital porters and orderlies do not appear to have been followed up and so this paper will deal in the main with nurses.

Incidence among Nurses in General Hospitals

Most of the work published is hardly applicable to conditions that prevail in England. Let us however review very briefly as has been done in the Milroy Lectures, 1937 and in the report to the Joint Tuberculosis Council, Tuberculosis among Nurses, what has been said on the subject I have freely extracted from these and from the fourth report of the Joint Tuberculosis Council on "Care and After care Schemes in Tuberculosis"

In 1903 Theodore Williams made investigations among the Brompton Hospital nurses, but it was Heimbeck's work (1928) that first drew serious attention to the matter In the General Hospital, Oslo where there are tuberculosis wards and where the nursing training lasts four years he found that 12 per cent of all nurses entering developed clinical tuberculosis those with a negative tuberculin reaction being most vulnerable (29 6 per cent of the Pirquet negative as compared with 2.6 per cent. of the Pirquet-positive) His most recent figures (1936) indicate even more positively than before that nurses unprotected by a previous infection—that is who are Pirquet negative on admission—carry a higher liability to contract tuberculous disease.

Shipman and Davis (1933) state that between 6 and 7 per cent of the student nurses in the University of California Hospital numbering 387 over the ten-year period 1922–31 developed clinical tuberculosis during their three years course of training and that an additional 4 per cent of those graduating during that period subsequently developed the disease There are we understand no tuberculosis wards in this hospital The authors found that the majority of the nurses who failed to react o tuberculin on entrance also failed to react on retesting a year or more later They observed no special incidence among the non reactors at entrance

Pollock and Forsee (1935) state that during a period of ten years out of 518 trained nurses serving for varying periods at Fitzsimon s Hospital where there were plenty of possible sources of infection eight developed tuberculosis All the 518 had been classed as tuberculo allergic, apparently on *x* ray evidence alone

Kramer (1934) found that in nursing sisters working in general wards not quite 1 per cent became ill with tuberculosis whereas 16 per cent of those working in tuberculosis wards, even under the best conditions developed the disease Although the numbers are too small to stand by themselves it seems significant that of 225 not working in tuberculosis wards only two were affected while of twenty five working in those wards four developed the disease

Geer (1934) states that from 1920 to 1928 the records of the nurses training school at Ancker Hospital St Paul (a general hospital with sanatorium wards) showed an incidence of 4 5 per cent of tuberculous disease among its nurses—that is three times the normal expected incidence among young women of the same age group From September 1925 to September 1930 112 young women entered upon training, and of these 5 5 per cent —that is 2 75 per cent per annum—developed tuberculous disease On the latter date a strict aseptic technique was instituted after which only 1 6 per cent of 181 new entrants developed clinical tuberculosis The period of observation was from September 1930 presumably to June 1932 This aseptic technique involved the wearing of masks skull-caps, and overalls with a sharp demarcation of infected from uninfected accommodation and careful scrubbing of hands and changing of overalls etc whenever the nurses moved from infected to uninfected rooms

Geer found that on the average 30 per cent were tuberculin positive on entrance and close to 100 per cent reacted before training was completed He compared the incidence of tuberculosis among the nurses in five other hospitals in St Paul In these although 42 per cent were tuberculin positive in the third year of training no cases of tuberculous disease were encountered in the two-year period reviewed In the next two years however these hospitals showed an incidence of 1 per cent of tuberculosis Most of Geer's cases of tuberculosis were non reactors on entrance. Mucke (1926) over a period of thirty-seven years found that of 4,254 nurses and nuns 150 developed tuberculosis of whom twelve died Up to 1918 the percentage incidence was 1 subsequently it was 4 6 The disease usually developed in from three months to two years after entrance

* Read in opening a discussion in the Section of Tuberculosis at the Annual Meeting of the British Medical Association Belfast, 1937

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Incidence in Tuberculosis Hospitals

Ross of the Manitoba Sanatorium (1930) and Carmalt Jones of New Zealand (1933) also accept the view that tuberculosis is unduly prevalent among nurses J S Whitney (1935) gave a review of the recent literature on the subject The experience at Vejlefjord Sanatorium is quoted in *Tubercle* (September, 1935, p 562) During the period 1914–34, out of 645 sanatorium employees twenty seven developed tuberculosis while they were working there Three of the five lift-boys and twenty-two of 404 persons employed in the wards in various capacities developed tuberculosis, whereas no case arose among the hundred kitchen workers Two of the laundry and dining-room staff became affected Contrast with this a hydropathic establishment not taking tuberculous cases, where in the five year period 1929–34 there were 635 employees, only two of whom developed pleurisy One of them had recently served in a sanatorium

Gullbring (1936)—quoted by Lillingston—states that from 1918 to July, 1935, in the tuberculosis hospital of Soderby, Sweden, forty-five cases of tuberculosis occurred among a staff of 2,016—that is, 0 2 per cent The rate was 2 6 per cent among staff coming in contact with patients but only 1 per cent among others The incidence in negative reactors was three times that in positive reactors In at least one Swedish hospital tuberculin negative entrants are now being inoculated with B C G

On the other hand, it is commonly believed in this country that the incidence of tuberculosis in nursing staffs is lower in sanatoria and tuberculosis hospitals than in general hospitals, as the experience at the Brompton Hospital, already referred to, suggests In America Baldwin (1930) states that no case of pulmonary tuberculosis has been known to develop among many hundreds of healthy employees at the Trudeau Sanatorium during forty-five years In Germany Aufrecht, quoted by Clark (1934), found no case during seventeen years among 263 nurses and attendants in a general hospital where 10 per cent of the patients were consumptives

In 1936 Mariette produced a paper dealing with the rate of infection of nurses in various hospitals, in which he compares the incidence of breakdown in tuberculin-negative nurses He points out that the tuberculin-negative nurse runs a very much greater risk than the tuberculin-positive This supports the findings of Heimbeck, and so also in a small way does the series at the Cheshire Joint Sanatorium D Arcy Hart (1937), in the Milroy Lectures, discusses the question very fully, particularly the matter of tuberculosis in medical students, and makes many valuable suggestions

It is significant in the investigations that are being carried on that in some hospitals the tuberculin negative people become tuberculin-positive within a short time, whereas in other hospitals long intervals occur, and not all the tuberculin-negative nurses become tuberculin-positive The same is possibly true of medical students and of hospital porters—for example, a porter at the Cheshire Joint Sanatorium who is continually carrying patients is still tuberculin negative after nineteen months service

There is a strong impression among medical superintendents in the sanatorium world that very few nurses contract tuberculosis in a sanatorium, and yet it is forced upon the same men that a large number of nurses are admitted to sanatoria from other hospitals There is a growing feeling also that far too many medical students and young medical men break down with tuberculosis I have seen no figures for hospital orderlies or porters However, perhaps one ought to expect an increased number of cases of tuberculosis in the staffs of general hospitals but that the incidence among nurses in sanatoria ought not to be excessive We merely have to consider the fact that the nurses are contacts, and, unfortunately, nurses in general hospitals are often contacts of unknown cases of tuberculosis In a sanatorium they are contacts of known cases, cases that have been educated, and the nurses themselves have been instructed in the method of control

Examination of Contacts

The contact in the home is a very different person from the known contact in a sanatorium or hospital There should be segregation of the case in the home, but in hospitals, particularly in a sanatorium, of necessity we must treat the case and teach those who are carrying out the treatment The unknown case of tuberculosis will always be a danger The fact that in England to day one might walk up to a constable and spit under his nose and get away with it is a revelation of our slackness in dealing with the chief cause of tuberculosis There can be no tuberculosis without tubercle bacilli, and there cannot be many tubercle bacilli when the heinousness of coughing and spitting indiscriminately is realized and abolished To-day much is being made of the danger from tuberculous milk, too little of the gravity of spitting

Again, contact examination has proved that the young adult is far more susceptible to tuberculosis than children, so the interest in contact examination has rightly been transferred to the young adult That nurses, medical students, porters, etc, are contacts need not be unduly stressed, as we believe that if people know what to do and the patient is taught what he has to do the chances of infection from pulmonary tuberculosis are extremely small In other words, from an educated consumptive a well-fed, well-housed, properly conducted nurse is not likely to contract pulmonary tuberculosis

A fact of importance, and one that should be emphasized, is that the nurse or medical student who does happen to develop pulmonary tuberculosis will usually be diagnosed very much earlier, and therefore the chance of recovery is infinitely greater This is especially true when such personnel are considered as contacts and examined regularly as a routine Tuberculosis as an infection in the personnel will definitely exist, but as a disease it will be rare, and mere infection most often is harmless

We must remember, too, that the imaginary or the definite high incidence of tuberculosis among medical students and nurses may also be due to the fact that they are quickly examined, and any thorough overhaul of a staff will usually reveal symptomless tuberculosis in certain members—for example, the Metropolitan Life Assurance Company of America found that 0 4 per cent of young adults on their staff had pulmonary tuberculosis, whereas the incidence among young adults in the community generally was only 0 2 per cent

Another encouraging fact, as pointed out by Mariette, is that while the percentage of deaths for all women 20 to 50 years of age on discharge from his sanatorium since January, 1916, is 29 6 per cent, only 5 7 per cent of all nurses who were patients had died of tuberculosis in the same time

PRECAUTIONARY MEASURES

Patients admitted to every kind of hospital should be taught the essential precautions that should be taken to prevent a spread of any germs from their mouth, whether they have tuberculosis or not The precautions are simple and involve the proper disposal of sputum the proper covering of the mouth, and the proper use of handkerchiefs It is equally important, if we are in earnest about the conquest of tuberculosis, that all patients admitted for whatever disease should have a thorough examination of their sputum and a technically satisfactory radiograph of their chest This should be properly interpreted These procedures ought to be as much a routine as the examination of the urine, for tuberculosis is a disease that may be symptomless and

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may be overlooked because of a broken leg, pneumonia, or appendicitis, and until our medical residents and nurses realize this and are taught what to do in the matter of the precautions mentioned we shall get an unwarrantable incidence of tuberculosis but when these methods are adopted there will be a great limitation in the dangers, with a consequent fall in the disease

There is a difficulty in ascertaining the incidence of tuberculosis as contacts do not necessarily get their disease at once There is an unknown interval of incubation which may be anything over three years I do not know of any hospital that keeps a real 'follow up' of its staff, though certain hospitals maintain that they are aware of what has happened to the nurses that trained with them, but inquiries do not seem to justify this claim, and a statement made by certain ladies in high positions in the nursing world that they have never known a case of tuberculosis in their nurses makes one feel that they do not know tuberculosis when they see it

Investigation of Causes of Breakdown

First and foremost investigations in other countries show that the rate of breakdown among nurses in general hospitals is fairly high Ferguson of Saskatchewan reports that 5 14 per cent of all patients under treatment are nurses or nurses in training, and an additional 1 2 per cent are other hospital attendants—that is the incidence of breakdown among nurses in general hospitals in Saskatchewan was 12 7 per 1 000 which is twelve times that among the general population and eight times that found among 3 376 normal students, mostly females, and approximately of the same age group as the nurses At the Cheshire Joint Sanatorium, where all new members of the staff are Mantoux tested and radiographed one out of fifty four nurses who were Mantoux positive developed tuberculosis in six months Out of eleven Mantoux negative nurses two became tuberculous whereas out of forty Mantoux positive and three Mantoux negative female domestics none developed the disease Likewise of a small outdoor staff of six males, five of whom were Mantoux positive none has developed tuberculosis and the other male is still Mantoux negative nineteen months later

What are the possible causes of a breakdown with tuberculosis among medical students and nurses? First, they run the ordinary risks of disease common to mankind secondly they are in a very true sense obviously contacts of known or unknown cases of tuberculosis, and thirdly the patients in most hospitals have not been taught what to do with their sputum Nor have the doctors and nurses been made to realize that they are contacts and their education in this matter has been sadly lacking—for example the white coat of the house surgeon should never be worn anywhere except on his rounds That medical men should indulge in taking a white coat in which they have examined patients rubbed along beds etc into a residency is anything but hygienic The white coat is rightly considered a badge of some importance but worn in the residency it becomes the uniform of the ignorant and though accepted as good form is nevertheless an abomination

What, then must be done? It appears to me that two things are essential first to fight against the breakdown from tuberculosis and secondly to deal with those who unfortunately suffer the breakdown

Medical Residents

As to the medical residents there is little they need do to protect themselves beyond realizing that a ward is ever a dangerous place that their white coats should be left in the ward annexe and that they themselves should take proper precautions and live a hygienic life At the commencement of their career they should be Mantoux tested, radiographed and overhauled Further examination should be repeated when necessary

Conditions of Nursing Service

It may be said that any discussion about the dangers to which nurses are exposed is likely to increase the already grave shortage However all hospitals have a duty to their employees and particularly to their nurses and I think the position of nurses might be reviewed in the light of advances in the care of the personnel of modern industry, where every effort is made to save fatigue where hours are shortened and where methods for the proper use of leisure are taught Nothing that I have said or that anyone has published should turn a single woman away from the nursing profession any more than it should turn anyone away from the medical profession

The first question concerns the conditions of the nursing service Are these by any modern standards what they ought to be? Is it not common sense that girls are not volunteering for the nursing profession because of the conditions under which they have to labour? In the investigation of the Joint Tuberculosis Council all sorts of answers were given as to the number of hours worked by a nurse It should not be forgotten that the nurse to-day has to do her ordinary ward work and in addition prepare for examinations The reports of the *Lancet* Commission deserve the most serious attention from the hospital world The Commission's recommendation of a fifty one hour week for nurses is on the harsh side Why should a nurse work fifty one hours a week in addition to study?

To say that the *Lancet* Commission has done harm to the nursing profession is to misstate the facts To say that it is impossible to shorten the hours of nurses is again wilfully to refuse to face facts It is for the hospitals to put their house in order When women understand that the working hours of nurses are forty or forty four per week and there is a reasonable opportunity given to them for study, that though the pay in the early years is rightly not much the housing conditions and the feeding are good and that on becoming fully trained there will be ample salary and absolute freedom for the trained staff when not on duty—then there will be a return of women to the nursing profession The modern trained nurse ought to be given the same freedom as a business girl all that the hospital is entitled to ask of her is that she shall be on duty to time be fit for her duty and do her duty and when that duty is over she should be given the opportunity to conduct herself as any business woman would In certain hospitals owing to lack of room sisters and staff nurses have had to live out and there has been no trouble At the Cheshire Joint Sanatorium for over four years the trained staff have run their own residential club and it has been a glorious success Living in for trained staff ought to be abolished

As to off duty periods these are not matters to be arranged from day to day or week to week All members of the nursing staff should know their off-duty period for weeks ahead This is a simple matter of organization and only grave emergency should be a justification for altering it

Nursing Uniform

Fever hospitals have for long shown the correct use of a nursing uniform Overalls are left behind in a changing room before the nurse attends for meals or goes off duty A simple uniform can be provided for the nurse to come and go between the ward and the nurses' home and in the ward there should be facilities for changing into an overall and for rechanging and scrubbing up before leaving One cannot understand how it is that the nurse's apron infected at the bedside is permitted at hospital tables and in recreation rooms

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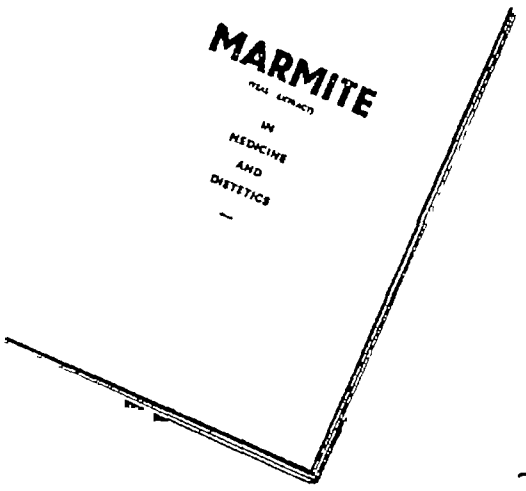
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1 Sanatorium routine—ample air food rest and cleanliness—is not only best for treatment but also for prevention

Abundance of air and daylight in sitting rooms and particularly in bedrooms Abundance of food at regular meal times Abundance of bed—at least eight hours per night General cleanliness of the body and sufficient exercise

Suggestions

If you feel a little tired, rest when off duty, and if your tiredness persists report sick

If you fear that you have any symptoms of tuberculosis report at once Examination will ease your mind

Wash your hands thoroughly after handling infectious material and always before leaving the wards

Get out of uniform as soon as you can

2 *Patients*—Be relentless in enforcing the standing order for handkerchief and sputum disposal There is danger in the unseen spray resulting from coughing, loud talking and laughter Therefore insist upon the patient covering the mouth when coughing, and discourage loud talking and laughter

This leaflet should be amplified by personal instruction, I quote from the report of the Joint Tuberculosis Council

Particular emphasis should be laid upon the importance of thorough hand washing after attending the patient, also before meals and on going off duty ample facilities should be provided for this The risks of spray infection should be specially emphasized Every nurse in dealing with tuberculous patients should feel she will be supported in demanding their scrupulous attention to regulations as regards the use of sputum cups and personal habits

Age of Entry

Young women are at an age of greater susceptibility to tuberculosis, and it is probably wise, though not essential, that the age limit should be 18 years, for, with due precautions and proper conditions, I think the chance of contracting the disease is negligible Some urge that the age for entering the nursing profession ought to be raised to 21 I doubt the wisdom of this, for with the reduction in tuberculosis, tuberculization is becoming less and less, and it is quite possible that at 21 your prospective nurse will still be a negative reactor

The Negative Reactor

Should these girls be rejected if they are Mantoux-negative? On the other hand, should they be refused because they are Mantoux-positive? So far as medical students are concerned it is futile to talk of rejecting the medical student because he is a Mantoux-negative It is equally futile to talk of rejecting a nurse on such grounds, for in the future we shall probably find very many more negative reactors, and when protected properly the nurse, particularly in a sanatorium, will be infected with tuberculosis with difficulty, but there is no gainsaying that the negative reactor has in the past contracted the disease much more often than the positive reactor Thus there is all the more reason for keeping a sharp look-out The negative reactor should be examined radiologically every three months, should be weighed monthly, and should be placed under the special care of a senior member of the staff, to whom she should report her every ailment or symptom The results of the use of B C G by Heimbeck and Wallgren are most encouraging, but I doubt if it is necessary to introduce a general inoculation at this stage My own feeling is that a specially watchful eye, coupled with proper education of the nurse and patient, will probably prove sufficient

The Positive Reactor

The positive reactor must submit to a complete physical examination and a radiograph of the chest, be encouraged to report sick on the slightest provocation, and undergo a complete re-examination at least every year In a word, therefore, my suggestion is that women before being accepted as nurses should be Mantoux-tested, thoroughly examined, and *x*-rayed The radiograph should be repeated every three months with the negative reactors and whenever they are sick, and at least annually with the positive reactors Infectious technique must be taught and be insisted upon early in the training of the nurse, and her hours of work must be well regulated, her housing conditions put in order, and insistence made upon rest and ample sleep

For all patients admitted to a hospital *x*-ray films of the chest and sputum examinations should be a routine Young doctors entering on their course should be also subjected to a similar examination as the nurses, as well as all persons employed within the gates of an institution, though apparently the risk is negligible

The Question of Superannuation

What of those who break down with tuberculosis, whether they be medical men nurses, or porters? In my opinion they should be regarded as suffering from an industrial disease and entitled to full treatment and full consideration thereafter

The report of the British Medical Association on the questions raised by the College of Nursing seems unsatisfactory, for I think it is not true that "local authorities are discharging their responsibilities in this matter to the utmost" How can it be said that local authorities are doing their utmost when those who break down with tuberculosis are, when later they become fit, rejected because of superannuation? From the point of view of superannuation authorities, to get tuberculosis is far more serious to a nurse or a doctor than to be inflicted with syphilis The mere hint of tuberculosis, irrespective of its extent or even its absolute cure, will banish them and hinder them for all time because of the bogy of superannuation

It has been pointed out that a nurse breaking down with tuberculosis usually does so at an early stage, and we know to day that early tuberculosis is to all intents and purposes curable, yet, once labelled, she is rejected by most local authorities because of superannuation The majority of medical superintendents of experience are in favour of employing tuberculous staff According to Burhoe of the After-Care Section of the National Tuberculosis Association, in the United States 3,520 ex-patients were employed in different types of work—physicians, nurses, dentists, etc According to the experience in that country the tuberculous individual, if guided in his choice of work under expert medical opinion, rarely fails to make good

Over half a million pounds per annum is being spent on wages to the staffs of sanatoria in England, and if a quarter of that amount were paid to ex-patients it would exceed enormously the amount paid in wages to workmen in the various employment schemes and settlements in the country

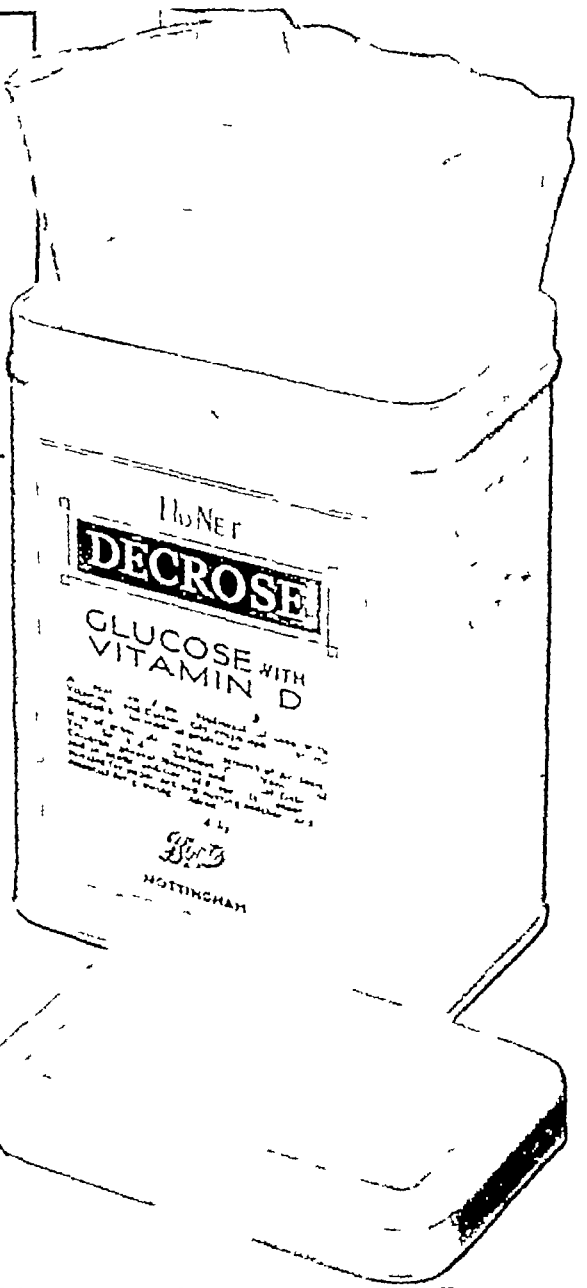
The time is ripe for local authorities to realize that many openings could be found for the tuberculous ex-patient on the staff of a sanatorium This would be a good thing not only for the ex-patient but also for the community The mere fact of having tuberculosis is no ground for employment the fact of having tuberculosis, with general fitness for work and progress towards arrest,

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is also no ground for refusing employment in a sanatorium Since no one is entitled to superannuation benefit until the lapse of ten years the tuberculous staff might be accepted under such schemes without grave risk of bankrupting them as a tuberculous man who has survived ten years has an expectation of life not widely different from the normal population (Dr Trayer)

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VINYL ETHER AS AN ANAESTHETIC AGENT*

BY

VICTOR GOLDMAN, L R C P, M R C S, D A

Although I have had some experience in the use of vinyl ether during the past two years I cannot claim to be in any way responsible for the great amount of experimental work that has placed this agent upon a scientific basis as an anaesthetic

This is I believe the first occasion upon which vinyl ether has been the sole subject of a discussion at an anaesthetics meeting in Great Britain and Ireland and I should like to open with a short account of the work which led to its use as an anaesthetic and to give you some of its chemical and physiological properties

History

Leake and Chen in 1930 demonstrated that vinyl ether possessed anaesthetic properties and in 1931 a purer and more stable product was prepared in the research laboratories of Merck and Co by Ruigh and Major and was used as an anaesthetic on dogs by Knoefel Guedel and Leake These investigators found that dogs were more easily anaesthetized by vinyl ether than by chloroform They also found that the period of recovery was rapid and free from vomiting moreover they did not notice any significant pathological effect on the various organs

The first experiments on human beings were conducted in 1933 by Gelfan and Bell who after trying vinyl ether upon themselves considered it worthy of clinical study The first extensive account of vinyl ether anaesthesia in man was published in 1934 when Goldschmidt and his colleagues reported having used it in operations in 461 mixed cases In all these cases vinyl ether appeared to have no undesirable effect on respiration the circulation the liver or the kidneys

Since then a number of anaesthetists have recorded their experiences with this agent, and the early claims for its safety seem to be well founded Its especial advantages in certain well-defined indications are now being recognized Wesley Bourne is particularly enthusiastic for the use of vinyl ether as the anaesthetic of choice in obstetric cases The first report of its use in England occurred in 1935 when Sir Francis Shipway recorded a series of 314 cases Besides these there are many reports which uphold the claim that it is of great benefit in short anaesthesias for its rapidity of action and for its use as an adjuvant to gas and oxygen anaesthesia

I may here quote from a report by Beach of Philadelphia on a series of 2 630 cases

> In endeavouring to place vinyl ether in the notch in which it seems most suitable our experience leaves us to suggest that it is most suitable in
>
> 1 Minor surgery in short cases
>
> 2 Major surgery only as a supplementary agent to the gases such as nitrous oxide and ethylene where increased relaxation is required
>
> 3 As an induction agent especially in children in an ethyl ether follow on
>
> 4 Obstetrical analgesia and short anaesthesias
>
> 5 In dental surgery
>
> 6 For short simple cases in the home or office of the ambulatory type and in cases where a gas machine is not available

It is interesting to note that Beach administers vinyl ether by the open method when using it alone but on the other hand Wesley Bourne its most enthusiastic supporter invariably uses a closed system with carbon dioxide absorption For major operations this appears to be the method of choice and I feel sure you will agree that this is so when we discuss its administration

Chemistry of Vinyl Ether

Vinyl ether is a very volatile clear colourless liquid It possesses a characteristic odour said by some to resemble garlic while others compare it to acetylene It has a specific gravity of 0 77 and a boiling point of 28 31 C (83 F) Its chemical formula is $\frac{CH_2CH}{CH_2CH}>O$ from which it is seen that vinyl ether is really a divinyl oxide whereas ethyl ether has the formula $\frac{C_2H_5}{C_2H_5}>O$ and is thus a diethyl oxide

Vinyl ether undergoes certain oxidation changes when exposed to light or air for any length of time and for this reason 3 5 per cent absolute alcohol is added and 0 01 per cent of a non volatile oxidation inhibitor If vinyl ether is kept for more than twenty four hours after the container has been opened it rapidly loses its potency and thus greater quantities are required to effect anaesthesia No toxic effect has however been noticed after using stale vinyl ether

It is highly inflammable and the same precautions are essential in its use as would be required for ethyl ether The following table gives the limits of inflammability of both vinyl ether and ethyl ether (Guedel 1937)

Vinyl ether and air	1 70 27 00
Ethyl ether and air	1 85–36 00
Vinyl ether and oxygen	1 55–85 00
Ethyl ether and oxygen	2 10–82 00

From this it is seen that in anaesthetic proportions vinyl ether combined with air or oxygen produces a highly explosive mixture

* Read in opening a discussion in the Section of Pharmacology and Therapeutics, including Anaesthetics, at the Annual Meeting of the British Medical Association Belfast 1937

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Pharmacology

Vinyl ether produces anaesthesia with great rapidity, surgical relaxation is excellent, and is similar to that obtained with ethyl ether The relative anaesthetic potency compared with ethyl ether was 4 to 1 when used on dogs and 7 to 1 when used on man Compared with chloroform the relative potency determined on dogs was 1 3 to 1 (*Goldschmidt et al.*, 1934)

Vinyl ether does not irritate the upper air passages, but it does cause an increased flow of saliva, and for major operations a pre operative dose of atropine is advisable It can be mixed with ethyl ether in any proportion, and the resultant mixture will vaporize in approximately even percentages An experiment has been conducted during which a stream of air was passed through a mixture of 27 per cent by weight of vinyl ether and 73 per cent by weight of ethyl ether The first 25 per cent of the material that came over analysed 31 5 per cent vinyl ether and the rest ethyl ether The last 10 per cent of the material that was carried over by the air contained 25 per cent vinyl ether

Moliter has anaesthetized a series of mice with various mixtures of vinyl ether and ethyl ether, and his results are given graphically in Fig 1 From this it is seen that

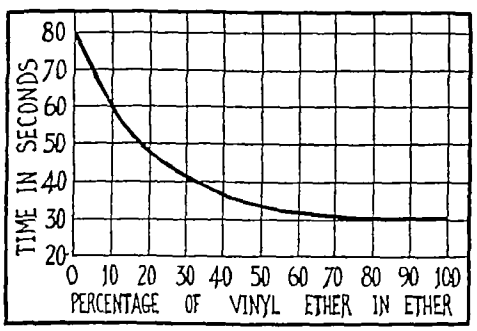


FIG 1 —The effect of vinyl ether upon the induction time of ethyl ether on mice

the lowering of the induction time is most marked after the addition of 10, 20, or 30 per cent vinyl ether Actually these animal experiments correspond fairly accurately with the clinical findings of anaesthetists who have used mixtures of these two agents Wesley Bourne (1937) has recently advocated the use of a mixture of 25 per cent vinyl ether with 75 per cent ethyl ether by the open method where it is not possible to use a 'closed" method with carbon dioxide absorption for long cases, and for obstetric use in the patient's home

Physiology

Vinyl ether owes its anaesthetic effect to the fact that it is lipoid-soluble In the blood, anaesthesia is produced with a remarkably small concentration, in dogs this is 28 mg per 100 c cm, whereas with chloroform it is 37 5 mg per 100 c cm During ethyl ether anaesthesia, however, the concentration is as high as 116 mg per 100 c cm Overdose produces respiratory arrest, but respiration returns rapidly on withdrawing the anaesthetic and inflating the lungs with oxygen

Peoples and Phatak (1934) have studied the effect of ethyl ether, ethylene, and vinyl ether on the intestinal muscles of rabbits They found that whereas ethyl ether always caused an immediate and marked loss of tone and inhibition of movement of the gut muscle, and ethylene caused a slight and transitory loss of tone with an occasional increase in the amplitude of contraction, vinyl ether uniformly increased the tonicity of the intestine Thus we may expect its use to be followed by less post-operative distension than with either ethylene or ethyl ether This view is supported by the clinical experiences of many observers

The action of this anaesthetic agent upon the liver has been investigated with extreme thoroughness by several workers, and it has been proved without question that vinyl ether has little action upon liver function, even when administered to patients with toxaemia of pregnancy As this aspect of the subject is of such importance I shall go into some detail concerning the work that has been done

Bourne and Raginsky (1935) administered vinyl ether to normal dogs, to dogs with livers damaged by chloroform, and to partially starved dogs, and the liver function was estimated by means of the bromsulphalein test The conclusions they arrived at were as follows

1 Vinyl ether anaesthesia in normal dogs does not alter the liver function appreciably In those cases where cyanosis is a feature of the anaesthesia moderate liver damage occurs which is not due to the action of the drug but to the associated cyanosis

2 Vinyl ether anaesthesia does not enhance the liver function damage produced previously by the inhalation of chloroform, nor does it delay the period of recovery from this damage

3 The effect of vinyl ether anaesthesia upon the liver function in partially starved dogs is not appreciably different from that produced in normal animals

In addition to experiments upon animals Wesley Bourne has carried out the bromsulphalein test in four obstetrical cases in which vinyl ether was used and in two cases in which chloroform was administered The results of these investigations are given in Table I It will be seen that

TABLE I —*Effect on the Liver in Obstetrics in Primiparae*

Case No	Age	Anaesthesia		Dye Retention	
		Method	Duration	%	Hours after
1	17	V.E. closed	51 min.	10	18
2	25	V E open	58	10	23
3	24	V E. closed	60	10	24
*4	18	V E. closed	39	5	24
5	21	$CHCl_3$ closed	30	25	24
6	21	$CHCl_3$ closed	35	20	24

* Case No 4 was a toxaemia of pregnancy with albumin and casts in the urine, and B P 160/105

the impairment of liver function was very much less marked after vinyl ether than after chloroform, and that the toxic case suffered little harm from the inhalation of vinyl ether

Moliter has approached the problem of the effect of anaesthetics on the liver in a novel but direct manner Cannulae are inserted into the bile duct and the duodenum of a rabbit The bile is then collected, measured, and weighed, and reinjected into the duodenum Before being collected the bile passes through a drop-recorder, so that the slightest change in the amount of bile secretion can be noted When chloroform is administered there is an immediate decrease in bile secretion, which continues after the anaesthetic has been withdrawn With ethyl ether there is a very slight initial decrease and a subsequent increase in the flow of bile When vinyl ether is admin-

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istered there is no change in the flow of bile even though the anaesthetic last for two hours When a mixture of 95 per cent nitrous oxide with 5 per cent oxygen is applied there is an almost complete cessation in the flow of bile, which is apparent immediately If a change is now made to a mixture of 80 per cent nitrous oxide and 20 per cent oxygen with sufficient vinyl ether to continue deep anaesthesia the bile commences to flow again and resumes its normal rate within five minutes All this tends to support the view that anoxaemia is the primary factor in the production of liver necrosis

Determinations of the coagulation time of the blood following vinyl ether anaesthesia show that the administration of this drug produces little if any change as may be seen in Table II (Bourne *et al* 1937)

TABLE II—*Effect of Vinyl Ether Anaesthesia on Coagulation Time of Blood*

Case No	Before Anaesthesia	Administration	After Anaesthesia
1	3 min. 30 sec.	45 min	4 min. 45 sec.
2	3 „ 30	40	4 0
3	3 30	40	3 15 „
4	3 30	23	3 „ 25
5	3 „ 35	20 „	3 23
6	4 „ 0	30	4 „ 20
7	4 10 „	20	4 20 „
8	4 „ 0	15	4 „ 15
9	4 0 „	60 „	3 „ 13
10	3 „ 45 „	19	3 35

The blood sugar is raised at the beginning of a vinyl ether administration but it falls fairly rapidly in contrast ethyl ether produces a considerable and sustained rise in

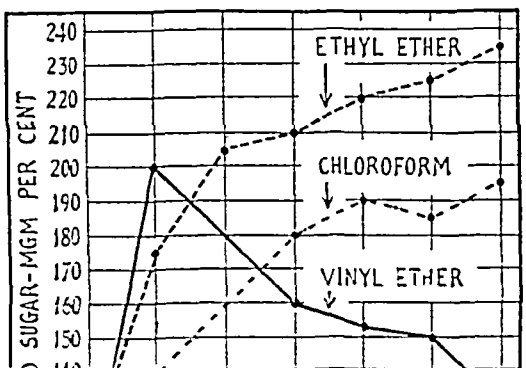


FIG 2—Blood sugar response of male rats to anaesthetics.

the blood sugar This is seen in Fig 2 which demonstrates the effect of various anaesthetic agents upon the blood sugar of rats (Emerson *et al* 1937)

Cardiac irregularities have not been noticed in any of my cases and there has been little if any fall in the blood pressure The chart of a typical case is seen in Fig 3 The patient was a boy aged 13 who was admitted to hospital for a tibial graft to the left radius on account of fracture The physical findings were normal He was given as premedication 1/100 grain of atropine at 1.30 p m The anaesthetic used was 22 c cm of vinyl ether by the closed method with absorption by Wilson soda lime Consciousness was regained at 3.20 p m

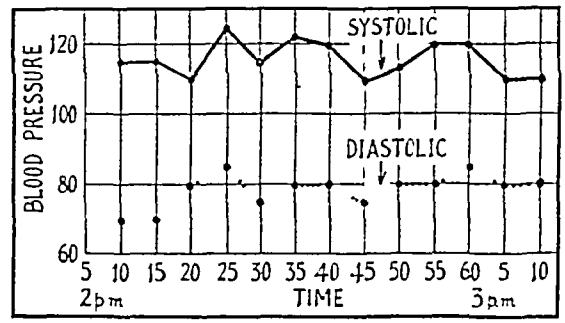


FIG 3

Methods of Administration

Vinyl ether may be given by the open or closed method, and as an adjuvant to gas and oxygen as follows

(*a*) *Open*—Vinyl ether Mixtures with ether

(*b*) *Closed*—To and fro for minor surgery absorber added for long cases

(*c*) As an adjuvant to gas and-oxygen In a Boyle or a McKesson machine diluted with ether with drip regulator, with Rowbotham's chloroform bottle

The administration of vinyl ether by the open method has not proved a success in my hands although Saghirian reports a series of 150 dental cases in which the method was used successfully I have found that the extreme volatility of vinyl ether makes it difficult to maintain an even plane of anaesthesia for prolonged cases and for short cases considerably more vinyl ether is used than by a closed method On the other hand a mixture of one part of vinyl ether to three parts of ethyl ether when used on an open mask gives excellent anaesthesia Induction is rapid and relaxation adequate in fact this mixture has all the advantages of a chloroform-ether mixture without its dangers With regard to the closed method of administration for dental and other minor operations I do not propose to go into detail here it has already been described (Goldman 1936) Since its introduction in March 1936 the method has been in daily use at the Eastman Dental Clinic and up to April 30 1937 a total of 1 342 children had been anaesthetized with vinyl ether Only five of these cases were sick after the administration and not a single child has had to be detained for any post anaesthetic complication It is the opinion of the nurses at the clinic that the children who have had vinyl ether recover as uneventfully as after a straight gas and many are fit to leave the clinic sooner than those who have had gas Ramage has reported the use of this method in a school dental clinic and seems to be equally satisfied with it

For major operations with vinyl ether anaesthesia the closed system combining carbon dioxide absorption is the method of choice We prefer the to-and-fro system of Waters (1931) in which the soda lime canister is fitted between the face piece and the rebreathing bag with a small tube on the face piece mount for the anaesthetic gas supply A small "bubble through" bottle holding 25 c cm. is attached to the oxygen supply coming from a

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gas and oxygen machine fitted with a finely calibrated oxygen flow meter During induction oxygen is bubbled through at the rate of half a litre a minute, and in three to four minutes the third stage of anaesthesia will have been reached The oxygen flow is now reduced to between 200 and 300 c cm a minute, according to the patient's metabolic rate As soon as the required depth of anaesthesia has been attained the by-pass on the vinyl ether bottle is opened, so that only pure oxygen is now given to the patient Only at occasional intervals when anaesthesia becomes lighter is it necessary to add more vinyl ether By this method we average about 20 to 30 c cm of vinyl ether an hour for an abdominal operation, and, in addition to the economy of the method, the patient derives all the benefits of a closed system of anaesthesia There is no reason why induction should not be carried out with gas and oxygen or evipan, and there is no contra-indication to the use of a basal anaesthetic with vinyl ether

As an adjuvant to gas-and-oxygen, vinyl ether has many uses, such as a difficult nasal gas case, or to obtain just that extra amount of relaxation that is so helpful in an abdominal operation It can also enable a gas and-oxygen anaesthetic to be given to a heart case without reducing the oxygen to a dangerous level The simplest method of adding vinyl ether to a gas and-oxygen anaesthetic is to put some of the 1 3 vinyl ether in ether mixture in the ether bottle provided on most gas machines

A more accurate method is to fit a drip device between the rebreathing bag and the mask Such a device has been made for me, and has recently been described (Goldman, 1937) Dr Rowbotham has devised an excellent vaporizer which serves the same purpose, although it was introduced originally as a means of giving chloroform with a McKesson machine, and this is the method in use in the obstetric unit of the Royal Free Hospital

The following tabular statement, which gives my personal experience with vinyl ether, shows that although the number of major operations is not large these cover a wide field of surgery

Methods of Administration	
Vinyl ether alone major and minor	1,150
Vinyl ether–ether mixtures, major	4
Gas and-oxygen plus vinyl ether major	37
Total to May 30, 1937	1,191
Operations Performed	
Dental cases	1,093
Minor operations, etc	24
Major abdominals	27
Major orthopaedic	17
Major ear, nose, and throat	13
Major gynaecological	5
Thyroidectomies	2
Amputation of breast	2
Other major operations	8
Total	1,191

The longest case so far was that of a woman aged 54 who had a partial gastrectomy performed She had, as premedication, a hypodermic injection of 1/6 grain of morphine and 1/150 grain of hyoscine Vinyl ether was given in a closed system by means of a Waters canister, after induction an endotracheal tube was passed by means of a laryngoscope, and the whole operation took 105 minutes, during which time 45 c cm of vinyl ether were used The patient made an excellent recovery and she did not vomit

I have had no death due to the anaesthetic, and there have been few complications, the only one of note was a gastro enterostomy, in which a parotitis developed on the second day This may have been due to increased salivation caused by vinyl ether However, this cleared up in a few days The other patients all had uneventful recoveries, only a few vomited after the anaesthetic

Summary

Vinyl ether is a potent anaesthetic for major and minor surgery

It has been used in a large variety of cases, and it is suggested that its sphere of usefulness is a wide one.

Administration by means of a closed inhaler has advantages over the open method

A series of 1,191 cases is reported, without a death or serious complication

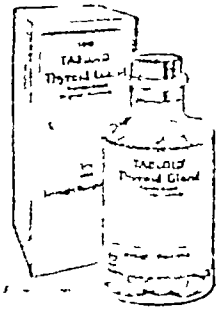
In conclusion I should like to thank the surgeons and anaesthetists on the honorary staff of the Royal Free Hospital and Eastman Dental Clinic for their help and encouragement, and also Mr H Tally of Messrs A. Charles King for his assistance in the manufacture of the apparatus necessary

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H Brockmann (*Klin Wschr* October 2, 1937) points out that it has long been known that substances containing vitamin D vary considerably in their effect in the treatment of rickets —for example, cod liver oil is more effective than irradiated ergosterol These variations have been explained as follows (1) irradiated ergosterol contains, besides the antirachitic factor, one which raises the phosphorus content of the blood (2) human rickets is a combined D- and A avitaminosis, and the administration of vitamin D alone (ergosterol) fails to relieve all symptoms as does cod liver oil, which contains D and A Brockmann believes, however, that the real reason is that the vitamin D of ergosterol differs in characteristics from that of cod-liver oil The former is D_2 the latter D_3 He was able to obtain vitamin D_3 in pure form and to prove that it was far more effective than D_2 in the treatment of rickets. Twenty one infants were examined before treatment and a record made of the clinical features the phosphorus content of the serum, and the x ray findings Two daily doses of 0 07 mg. of D_3 (which is one half to two-thirds of the threshold dose of D_2) were administered, the infants being treated in hospital. In every case a complete cure was obtained after a two to three weeks course No butter was included in the diet, and ultra-violet ray therapy was withheld The errors occurring during ambulant treatment by other investigators were avoided

Interesting alternatives in Thyroid Therapy



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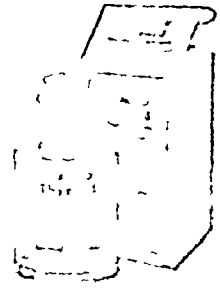
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ANAESTHESIA IN MINOR SURGERY*

BY

J H T CHALLIS, M R C S

Assistant Anaesthetist London Hospital

Under this heading it would be possible to discuss every type of anaesthesia past and present Obviously this would serve no useful purpose so it is proposed to limit the remarks to a definition of the ideal and then give the advantages and disadvantages of a few of those anaesthetics in constant use for this type of surgery

The definition is covered by the following six requirements (1) That the anaesthetic is safe (2) That the patient should not be hindered from continuing his work up to the time of the anaesthesia (3) That the necessary depth of anaesthesia be induced for the successful performance of the particular operation (4) That the patient should regain consciousness quickly and be capable of resuming his occupation in the least possible time (5) That the minimum damage is done to the tissues of the body (6) That the type of anaesthesia shall not be unpleasant to the patient

Choice of Anaesthetic

It is obvious that all these requirements cannot be fulfilled Certainly the nearest approach to the ideal is local anaesthesia which has a very wide field of usefulness but luckily for the anaesthetist, even this type of anaesthetic is not possible in every case owing perhaps to the patient's nervousness or to infection of the operation site

The second anaesthetic of choice would be evipan or pentothal sodium but here again we fall far short of the ideal as this type of anaesthetic is difficult of use if not dangerous in small children who probably form the largest group requiring minor surgery such as removal of tonsils and adenoids circumcisions and dental extractions Again evipan and pentothal sodium are contra-indicated in toxic patients in the old and feeble in liver diseases and in hyper- and hypo tension In suitable cases such as good anaesthetic risks it is advisable to prepare patients before the administration of these two drugs and in the case of evipan premedication in the form of 1/3 grain of omnopon and 1/150 grain of scopolamine should sometimes be given and allowance be made of anything up to eight hours for recovery after operation

Nitrous Oxide and Oxygen

We have in this combination perhaps the most useful anaesthetic working as we do in this country under social conditions that do not permit of patients lying about in dental surgeries and hospital out patient departments for hours recovering from the after effects of anaesthesia

Now the essential pre operative treatment of a patient about to receive nitrous oxide and oxygen is starvation for three hours before administration It is a real advantage but by no means essential to give some sedative drugs such as omnopon 1/3 grain and scopolamine 1/150 grain one hour prior to induction Should the surgical procedure permit immediate return to work and the surgeon be willing and able to operate on a patient who may move slightly and is not relaxed there is no indication for any premedication

During the past few weeks patients have been given an alkaline powder—bisedol two teaspoonfuls in a little water—immediately before the administration of nasal gas for dental extractions It appears from a very limited experience that these patients make a better and quicker recovery than those who have not received this alkaline treatment In these cases nitrous oxide and air not oxygen were given as it was felt that oxygen administered from a cylinder tends to cause giddiness and an inclination to vomiting much greater than with nitrous oxide and air The method just described is adopted only for short dental extractions and while I fully realize that it is more difficult to maintain a good colour and steady anaesthesia with this technique the after results seem to justify it

Vinyl ether which certainly has a definite place in anaesthetics for minor surgery is dealt with by my colleague in detail in another paper (see p 1265)

Ethyl Chloride

When administered either in a closed bag or on an open mask this drug has many points approaching those of the ideal anaesthetic It is not unpleasant and if given in the sitting position most children can be put to sleep without fright struggling or those unpleasant scenes so often associated with the induction of anaesthesia without premedication The absence of depth and length of anaesthesia are perhaps its greatest handicaps and although methods have been devised for continuous ethyl chloride anaesthesia it is felt that these are not as safe as the administration of gas oxygen and a small quantity of ether should the necessity arise Therefore the use of ethyl chloride is usually limited to the induction of anaesthesia or to those surgical procedures requiring it the most one to two minutes for their performance

Ether

This drug fulfils only two of the requirements of this type of anaesthesia—first it is certainly the safest and secondly any stage or depth of anaesthesia required can be reached and maintained for as long as necessary Owing to its unpleasant induction post operative vomiting slow elimination and damage to tissues generally it is only used in conjunction with nitrous oxide and oxygen to assist in maintaining a quiet and even anaesthesia and then in quantities just large enough to obtain relaxation should this be necessary There is at least one surgical condition in which the induction and maintenance of anaesthesia should be performed by ether and ether alone—namely a second surgical intervention in a patient who has become exsanguinated and is still bleeding after the removal of tonsils It is felt that this second surgical procedure which is realized by all to be a most serious undertaking would be greatly endangered should the anaesthesia cause any cyanosis or further fall in blood pressure as is certain to happen with the administration of nitrous oxide chloroform or any of the barbiturates

Chloroform

This has its definite uses and if it were not for the fact that it is the cause of the majority of anaesthetic deaths it would still hold a primary place in the list of anaesthetics administered In spite of this great disadvantage it is certainly the anaesthetic of choice in a few minor surgical procedures such as the production of analgesia or perhaps the first stage of anaesthesia when opening a

* Read in abstract at a meeting of the Section of Pharmacology and Therapeutics at the Annual Meeting of the British Medical Association, July 1937

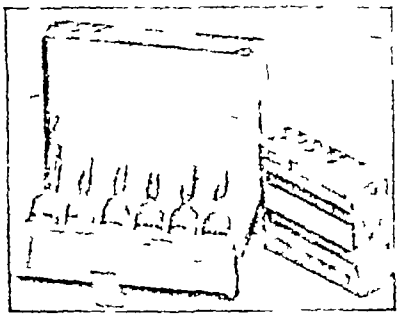
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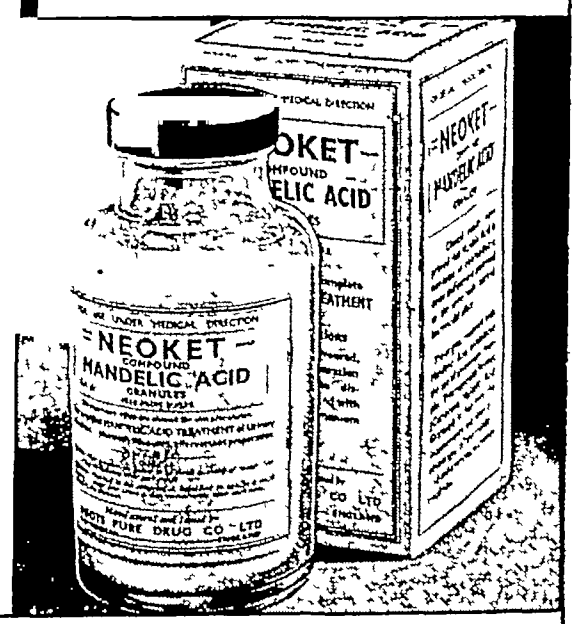
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quinsy, also for those minor surgical operations associated with midwifery, when the more elaborate apparatus required for the administration of nitrous oxide and oxygen or cyclopropane is not available

Cyclopropane (C_3H_6)

This comparatively new anaesthetic has a definite place in anaesthesia for minor surgery, as premedication can be dispensed with entirely, although it is an advantage to administer small doses such as 1/100 grain of atropine and 1/6 grain of morphine It is not unpleasant from the patient's point of view, and any stage of anaesthesia required can be quickly and easily produced, although the profound relaxation of deep ether or spinal anaesthesia cannot be obtained Complete and absolute recovery with cyclopropane is rapid, post-operative complications are rare, with the exception of vomiting, which, strange to relate, is usually unassociated with nausea and does not distress the patient to any extent

Cyclopropane cannot be classified as an entirely safe anaesthetic, although, unlike chloroform, some warning of impending disaster is certainly given by failure of respiration, rapidly increasing pulse rate, or a pulse rate below 50, but, owing to its quick elimination, it is easy, by washing out or diluting the anaesthetic with oxygen, to get the patient to a lighter and safer plane of anaesthesia The high cost of this gas makes it essential that it be administered always by a close-circuit system, of which there is no standard pattern in Britain at the moment, but many types of apparatus are being experimented with, and it is possible that in the near future an apparatus which is easily portable, efficient, and moderately inexpensive will be on the market

Conclusion

From these remarks on the relative merits of the various anaesthetic agents at our disposal for administration in minor surgical procedures it is obvious that no one drug is much in advance of the others in efficiency and safety, and that choice of the anaesthetic must depend on the surgical operation to be performed and the social and economic conditions of the patient In conclusion it might well be stressed that so-called minor surgical proceedings require as much skill and ability on the part of the anaesthetist as major operations where the patient has been properly prepared, examined, and premedicated Too often does one hear a surgeon tell a patient that a mere whiff of anaesthetic is all that is necessary before, say, a manipulation which we all know requires full and profound surgical anaesthesia

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A Jores (*Med Welt* October 2 1937) discusses the relations between the hypophysis and renal affections as met with in pregnancy, in eclampsia in Cushing's syndrome and in nephritis There seems to be a connexion between the basophil cells of the hypophysis and increased blood pressure It has been proved experimentally on rabbits that the administration of large doses of extract of the posterior lobe of the pituitary gives rise to patches of necrosis in the liver and to changes in the kidneys similar to those observed in eclampsia On the other hand in about one third of the cases of Cushing's syndrome the kidneys showed histological evidence of sclerosis at the post mortem examination Similarly there seems to be a definite connexion between acute nephritis and the system composed of the hypophysis and the middle brain The author however warns against exaggeration of the importance of the hypophysis in renal affections

VISCERAL PAIN*

BY

JOHN MORLEY, Ch M, F R C S

Professor of Surgery Manchester University Honorary Surgeon Manchester Royal Infirmary

The subject of visceral pain is a large one and some limitation of my subject is essential We can consider visceral pain first as Nature's danger-signal, and our most valuable aid to diagnosis This involves a determined attempt to unravel and understand its mechanism, for we may be sure that if we cherish any illusions as to that mechanism our diagnosis will go astray But there is an alternative and no less necessary point of view We may consider visceral pain not as a warning, grim at times, yet on the whole beneficent, but as a calamity from which our patients implore us to deliver them When the pain originates in a hopeless condition such as an inoperable carcinoma of the rectum or intractable angina pectoris, though the surgeon must still be familiar with the nervous pathway by which the pain is transmitted to the sensorium, he is less concerned with what he can learn from that pain than with what he can do to relieve it I propose, therefore, to limit my remarks to the mechanism of visceral pain from its diagnostic aspect, and to deal for the most part with pain originating in the gastro intestinal tract

The problem here is a peculiar one, differing, for instance, from that of pain in the genito urinary system, since the gastro-intestinal tract is quite insensitive to the stimuli—cutting, burning, etc—which cause pain when applied to the somatic nerves, and yet is supplied with afferent nerve fibres capable of causing direct visceral pain in response to an adequate stimulus We have quite discarded, I think, the theory of Lennander that there is no such thing as true visceral pain in the gastro intestinal tract, and also the theory of Mackenzie that all pain in gastro intestinal lesions is referred to the somatic nerves of the abdominal wall The one stimulus adequate to produce direct visceral pain in the gastro-intestinal tract appears to be tension on the afferent nerves in its muscular coats, and this tension is usually caused by spasmodic and exaggerated peristaltic contraction

The afferent nerves supplying the insensitive intraperitoneal viscera show no anatomical features that distinguish them from the somatic sensory nerves, but their physiological limitations are so striking that we are justified in regarding them as a separate system, to which we may perhaps give the name of viscero-sensory nerves It must not be forgotten that the mesentery and mesocolon are supplied by somatic sensory nerves to within a short distance of their attachment to the bowel, though the great omentum appears to be devoid of any sensory nerves subserving pain The sensitive mesentery is often involved in such lesions as strangulation and volvulus, and this causes a combination of visceral and somatic pain that is not easy to unravel

Characteristics of Pure Visceral Pain

We can study the features of visceral pain in the intestine in its purest form in strangulation of a small knuckle of the lower small intestine in a femoral hernia I insist that the knuckle must be a small one, because then the sensitive portion of the mesentery is not involved Another equally good lesion for our purpose is a stenosing

* Read in opening a discussion in the Section of Anatomy Physiology and Biochemistry at the Annual Meeting of the British Medical Association Belfast, 1937

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HISTAMINE IN MODERN MEDICINE

Histamine was first prepared synthetically in 1907, and a few years later was found in ergot of rye by Barger and Dale It soon proved to be a substance possessing remarkable pharmacological, physiological, and pathological properties [1] Chemically histamine is B-iminazolethylamine, and is easily prepared from the closely related amino acid histidine by a number of procedures which cause the expulsion of a molecule of CO_2 The principal actions of histamine have been elucidated mainly by Dale and his co-workers [2] It stimulates smooth muscle widely, especially that of the bronchioles, the small and large intestine, and the uterus, it greatly increases the flow of tears and of gastric juice, but seems to have little or no direct action on the pancreas It causes a widespread and intense dilatation of the minute vessels and, in some species, of the arterioles also the dilated capillaries become more permeable and allow the escape into the tissue spaces of a considerable amount of plasma, with the result that there is a rise in the concentration of the blood and a decrease in its volume The profound fall of blood pressure which takes place is due mainly to the failure of the venous return and the diminution in the cardiac output Subsidiary factors, however, are the decrease in the peripheral resistance and in the blood volume Larger doses of the drug lead to a state of grave circulatory shock, which ends secondarily in failure of the vital medullary centres from lack of oxygen Histamine has been demonstrated in extracts of many tissues, especially of lung, human epidermis, liver, and smooth muscle These extracts lower the blood pressure in animals on intravenous injection and have at times been used clinically for this purpose Their depressor action, however, is only in part due to the presence of histamine and in part to a number of other depressor substances, such as derivatives of choline and adenosine and other unidentified bodies Histamine can also be extracted from normal blood and seems to be derived from the white cells, especially the eosinophil leucocytes [3] It may be recalled that an enzyme known as histaminase,[4] which is capable of destroying histamine, has been demonstrated in the lung and other organs, and may be concerned with the removal of any histamine which enters the circulating blood

There is convincing evidence that histamine may be liberated under normal conditions in the body and serve as a local regulator of the circulation It is claimed[5] that histamine is released in skeletal muscle during activity, and it is thought that its presence may help to increase the blood supply of the tissue in accordance with its needs Again, when the blood supply of a limb is obstructed for some time and the circulation is then released an intense flushing of the skin develops known as "reactive hyperaemia," which persists for some time —a reaction for which histamine may be responsible [6] The most striking evidence has been provided by Sir Thomas Lewis's work on the responses of the blood vessels of the human skin [7] If the skin is scratched, burnt, frozen, or injured in any other way the so-called "triple response" occurs This consists of a local capillary dilatation limited to the site of the injury, the formation of a wheal, which is due to a fluid rich in protein passing through the walls of the more permeable capillaries, and, lastly, the appearance of an irregular flare, which can be shown to result from a dilatation of arterioles produced by a local axon reflex A triple response identical in all respects with that just described is also obtained when histamine is inoculated into the human skin This resemblance is not fortuitous, and the characteristic vascular responses of injured skin are the outcome of the liberation of histamine in the epidermis from some unstable precursor The well-known changes wrought in the skin by strong sunlight have been accounted for in the same way When the local injury to the skin is severe, histamine may be absorbed into the blood stream and give rise to such systemic changes as a fall of systolic and diastolic pressure, flushing of the skin of the face, and an increased secretion of gastric juice, in addition to the local reaction All these findings can be readily correlated with the fact that considerable amounts of histamine can be easily extracted from epidermis, though little can be obtained from the deeper layers of the skin In sufferers from urticaria factitia quite light stroking of the skin may induce a marked flare

[1] Feldberg W and Schilf E *Histamin* Berlin 1930 Best C H., and McHenry E W *Physiol Rev* 1931 11 371

[2] Dale H H and Laidlaw P P *J Physiol* 1910, 41 318, 1911, 43 182, 1919 52, 355

[3] Code C F *J Physiol* 1937 90 349 485

[4] Best, C H, and McHenry, E W Ibid 1930 70, 349

[5] Anrep G V, and Barsoum G S Ibid 1935, 85, 409

[6] Barsoum G S and Gaddum J H Ibid 1935 85, 13 P

[7] *Blood Vessels of Human Skin and their Responses* London, 1927

cancer of the transverse or pelvic colon causing a high grade of obstruction In both conditions the pain occurs in intermittent spasms lasting half a minute or so and repeated at regularly recurring intervals Where the obstruction is of some days standing, with each spasm of pain hypertrophied coils of bowel above the obstruction may be both felt and seen in abnormally vigorous peristalsis, demonstrating in a most convincing manner the mechanism by which the pain is caused

If, then, we interrogate and examine a patient suffering from such a visceral pain we find that it is felt as a central pain and not on the surface of the abdomen We also find that it is quite vaguely localized though in the case of the small intestine strangulation it is localized at or above the level of the umbilicus, whereas in cancer of the colon whether in the transverse or pelvic portion, the patient points to the hypogastrium as the seat of the pain Physical examination reveals a complete and remarkable absence of objective somatic manifestations We find no superficial hyperalgesia, no deep tenderness and no muscular rigidity and movement of the abdominal wall does not accentuate the pain, so that the patient often writhes about in a vain attempt to obtain relief

That is the picture of the purest and most certain visceral pain in the gastro intestinal tract that we know A similar picture is seen in the early hours of an attack of acute appendicitis with obstruction of the lumen of the appendix Here, too we find the same vaguely localized central pain and the same absence of any somatic manifestations such as tenderness and rigidity

On the other hand, where an abdominal pain is associated with reflex muscular rigidity and with deep tenderness on palpation, the strict localization of this rigidity and tenderness suggests a somatic origin for the reflexes We see this most convincingly in acute appendicitis where the site of the second pain in the right iliac fossa with its corresponding area of tenderness and rigidity varies from case to case with the position in which the appendix happens to be lying so that in almost every case before we operate we can predict where the inflamed appendix will be found

I have argued before that these clinical facts drive us to the inevitable conclusion that the nerves of the sensitive parietal peritoneum must receive the stimulus that gives rise to the pain and tenderness in the superficial parts of the abdominal wall and to the associated reflex muscular rigidity and I have described the process as peritoneo cutaneous radiation and a peritoneo-muscular reflex An appreciation of this peritoneo-cutaneous radiation is essential for any true understanding of abdominal pain and the mechanism is best illustrated by stimulation of the phrenic nerve terminals below the diaphragm When the under surface of the central portion of the diaphragm receives a painful stimulus immediate pain is felt in the region of the descending branches of the third and fourth cervical nerves supplying the skin of the supra acromial region The following experiment typical of many demonstrates both the extreme sensitivity of the afferent nerve fibres and the essential features of referred pain

A man 20 years of age was operated on for chronic appendicitis under spinal anaesthesia which extended to the fifth dorsal segment Pressure with a gloved finger was made on the under surface of the right dome of the diaphragm in its anterior central part The patient immediately complained of sharp pain over the front of the shoulder on the right clavicle The area in this area was lightly probed and was hyperalgesic Immediately the stimulation of the diaphragm was stopped the pain and hyperalgesia disappeared No pain was felt in the region of the diaphragm A hand was then introduced behind the bare area of the liver and the diaphragm pressed upon with a finger in its posterior part Pain was at once complained of over the suprascapular region and the skin in this area was also found to be hyperalgesic Again on ceasing to stimulate the diaphragm the pain disappeared, and with it the hyperalgesia though two or three minutes later the patient complained of a transient return of the pain and soreness lasting a minute or so

I have shown that infiltration with novocain of the area of skin supplied by the third fourth, and fifth cervical nerves either abolishes or greatly modifies the referred pain caused by stimulation of the diaphragm (Morley, 1931) The experiment has been indirectly criticized (Woollard, Roberts, and Carmichael 1932) but it has been several times repeated and the fact must be accepted as established The mechanism of this shoulder tip pain is a matter of extreme interest It is beyond question purely somatic since the third fourth and fifth cervical segments of the cord have no neural connexions with the abdominal viscera The theory that has commonly been held to explain it is that propounded by James Ross of Manchester (1888)—the theory of an irritable focus in the spinal cord I have long pointed out the objections to Ross's theory of the diffusion of pain through an irritable focus in the cord so far as the viscero sensory nerves from the gastro intestinal tract are concerned but have reluctantly held to it as a working hypothesis to explain this shoulder tip pain from phrenic stimulation My reluctance has been based on the complete absence of any real physiological evidence in support of such a mechanism—any crucial test of its existence

An Alternative to the 'Irritable Focus' Theory

Recent experimental work on action currents combined with division of the posterior nerve roots would seem to provide us with a simpler and more rational explanation of this peritoneo cutaneous radiation of pain Barron and Matthews (1934-5) have shown that some 40 per cent of the posterior root fibres of the spinal nerves can carry centrifugal impulses Of these a large proportion start in a peripheral sense organ and run to the cord There one collateral (or more) passes along or a short distance up or down the cord and leaves it again by a different rootlet from that containing the entrant fibre though it may be in the same or a different posterior root It then passes to the periphery often to a point far distant from the original sense organ Barron and Matthews found that of fibres entering the cord by the posterior roots more than half send collaterals out to the periphery via a posterior rootlet different from that by which they enter

They have found further that when a single afferent fibre in a posterior spinal rootlet is stimulated the impulse emerges through its efferent collateral or collaterals in other rootlets with no more delay than can be ascribed to conduction time This observation gives conclusive evidence that the efferent fibres referred to are collaterals of the posterior root ganglion cells and that no synapse is interposed in their course within the central nervous system Yet despite this absence of a synapse in which modification of impulses within the central nervous system can proceed there does appear to enter the conduction of impulses and [illegible]

It is [illegible] description of [illegible] fibres as purely afferent [illegible]

and wheal As the injection of histamine into the skin of these patients produces a normal local response it may be concluded that the condition is not one of unusual reactivity of the local vessels it seems probable that the precursor of histamine is present in the skin in an excessively unstable form so that even trivial injuries break it down

After severe burns the concentration of histamine in the blood may rise to three or four times its normal value in the course of a few days, and these changes are roughly paralleled by the gravity of the clinical state [8] The obvious deduction that the toxic action of burns may be partly the result of the liberation of histamine led to the tannic acid treatment The underlying idea was to precipitate the histamine at its site of formation and so prevent its absorption into the circulation but it is probable that tannic acid helps in other ways, as, for instance, by diminishing pain and decreasing local loss of heat and water It is natural that histamine should have been suspected as a causative factor in traumatic shock, but the evidence on this point is conflicting It is conceivable, though not yet proved that in certain types of injury histamine and other agents lowering blood pressure may be liberated from damaged tissues and contribute their quota to the clinical picture In other cases, however such factors as excessive anaesthesia haemorrhage anhydraemia, great loss of heat, infection, or painful afferent impulses may singly or in various combinations be the principal factors concerned The role of histamine in anaphylactic shock is clearer [9] It was early noted that the chief manifestations of histamine poisoning differed in different species but closely resembled those of anaphylactic shock in the particular species studied Thus in both conditions there is in the guinea pig intense bronchial constriction, in the dog constriction of the hepatic veins leading to engorgement of the liver and in the rabbit constriction of the pulmonary arterioles When the specific antigenic protein is injected into a sensitized animal histamine is formed in certain organs This has been demonstrated in the lungs of the guinea pig [10] in which animal it has also been found that the histamine is not synthesized but liberated from some closely related precursor The antigenic protein seems to react with a specific antibody present in different organs and consequently some toxic agent is liberated which results in cell damage One of the signs of such injury here as elsewhere is the release of histamine It may be supposed then that the phenomena of anaphylactic shock will be mainly those of widespread tissue damage combined with some of the characteristic effects of histamine, both on the organs where it is primarily formed and elsewhere as a result of absorption It has lately been shown that staphylococcal toxin and a number of snake venoms which damage tissues cause histamine to be liberated in the lungs [11] Histamine must therefore be considered as a possible noxious factor whenever there is damage to tissues

Histamine has been employed clinically to determine the circulation time [12] but reliable results can be more safely and satisfactorily obtained with other substances such as decholine [13] The main use of histamine in modern practice is, however as a test of gastric secretory function [14] Usually 0 75 mg of the drug is injected subcutaneously the gastric contents are completely aspirated at intervals of ten minutes from the twentieth to the fortieth minute and the specimens are examined for volume and total acidity The test is of special value in cases of suspected achylia The absence of free acid in the gruel meal may be due either to absence of secretion or to excessive neutralization In the latter case the histamine test will demonstrate the secretion of acid sometimes in large amounts Additional significance can be attached to the histamine test in view of the evidence that histamine may be identical with the hormone gastrin, which is normally responsible for the second or chemical phase of gastric secretion Histamine must be employed cautiously when the initial blood pressure is low in some cases it gives rise to headache, which may be severe and lasting The interesting researches of Pickering [15] suggest that this headache is the result of changes in the cerebral circulation which lead to stretching of the dura mater and consequent stimulation of the local sensory endings of the fifth nerve

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ROCKEFELLER CONTINUED

The bare record of the activities of the Rockefeller Foundation during 1936 is more eloquent than any comment could possibly be The Foundation gave away about £2 250 000 It co-operated financially with 130 national and local governments universities and educational institutions made available to scholars engaged in advanced work over 200 grants in aid provided some 700 fellowships (200 of them in public health and seventy seven in medical sciences) for postgraduate training of

This recent discovery of efferent collateral fibres in continuity with the cells of the posterior root ganglia appears to me to give us a probable key to the mystery of peritoneo-cutaneous radiation of pain, without any violation of the law of forward conduction associated with the names of Bell and Magendie Is it not probable that, on stimulation of the phrenic nerve, efferent fibres in the posterior roots run down to the skin supplied by the third, fourth, and fifth cervical segments, and there liberate a chemical metabolite which stimulates the endings of adjacent pain fibres in the skin (see diagram)? The work of Sir Thomas

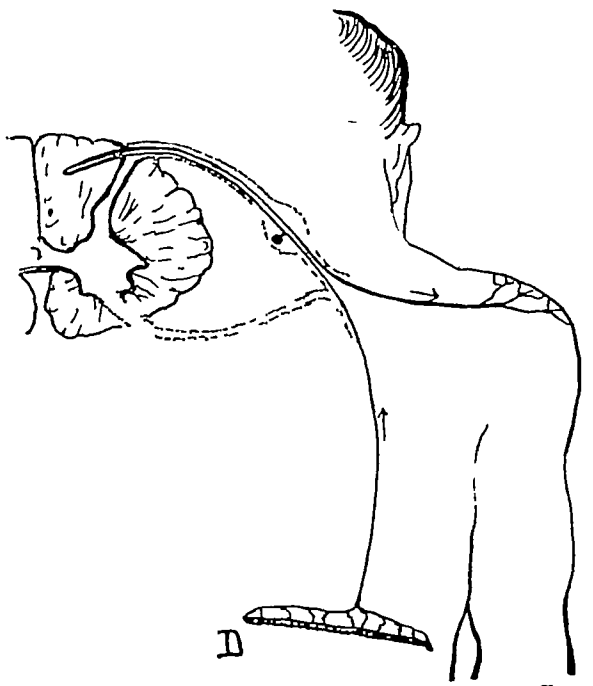


Diagram showing possible mechanism of referred pain on stimulation of phrenic afferent fibre in diaphragm (D) The sensory nerve from the skin of the shoulder is not depicted

Lewis has made us familiar with the conception of pain as due to the action of a chemical substance on the sensory nerve endings But it is plain that the nocifensor system of nerves postulated by Lewis (1937) cannot be held responsible, since the hyperalgesia produced in his experiments took many minutes to develop and persisted many hours, whereas shoulder-tip pain and its associated hyperalgesia develop instantly when the phrenic nerve is stimulated, and when the stimulus is removed they almost as instantaneously disappear In the pain that we are considering the reaction that occurs in the skin is both rapid and reversible

Such a mechanism as I have suggested would provide a simple explanation of the referred pain felt on stimulation of the phrenic nerve and its modification by anaesthetizing the skin without any need for invoking the theory of an irritable focus in the spinal cord One would hazard the guess that the afferent nerves from the gastro-intestinal tract may prove to be devoid of efferent collateral fibres running out to the superficial layers of the abdominal wall, and that this discovery, when it is made, will add an anatomical feature to the physiological argument for regarding them as a special group of nerves

Peritoneo-cutaneous Radiation in the Abdominal Wall

A study of phrenic pain leads us inevitably to the conclusion that a precisely similar peritoneo-cutaneous radiation occurs in the superficial nerves of the anterior abdominal wall when the underlying parietal peritoneum receives a painful stimulus from an inflamed viscus or inflammatory exudate Infiltration experiments with novocain again confirm this conclusion It is easily demonstrated, for instance, that the localizing pain in acute appendicitis or acute cholecystitis is greatly modified or completely abolished by inducing local anaesthesia by subcutaneous infiltration of the area in which the pain is felt These experiments have been urged in support of Mackenzie's theory of a viscero-sensory reflex (Weiss and Davis, 1928), yet, as we have seen, there are good reasons for the belief that the visceral afferent nerves are in no way involved, but only the afferent nerves from the parietal peritoneum

The sensitivity of the parietal peritoneum is so extreme that it is hardly adequate to say that it reacts to the stimuli that produce pain on the surface of the body The fact that we can elicit pain by touching the diaphragm with a gloved finger, and the occurrence of severe peritoneal pain from effusions of blood and blood clot in the intraperitoneal haemorrhage, demonstrate that the sensitivity of the parietal peritoneum is more closely analogous to that of the cornea than to that of the skin.

Definition of Referred Pain

Holding as I do that true visceral pain in the intraperitoneal organs is in no sense projected to the surface of the body, and that Mackenzie's theory of a viscero-sensory and viscero-muscular reflex is unsound so far as these organs are concerned, I suggest that a more precise and just definition of referred pain is required That much-abused term is commonly held to mean pain felt at a point remote from the seat of stimulation Under this definition the hypogastric pain resulting from a carcinoma of the splenic flexure of the colon would be a referred pain, but I have already argued that it is merely imperfectly localized and in no sense referred I suggest, therefore, that we limit the term ' referred pain " to pain resulting from stimulation of a somatic sensory nerve and referred to a remote part of the distribution of that nerve or of the segmental sensory distribution with which it is connected This definition covers such well known examples of referred pain as that felt in the knee in disease of the hip joint, or as the striking experiment of Sir Thomas Lewis in which stimulation of nerve endings inside his *maxillary antrum caused referred pain and hyperalgesia* in the whole distribution of the second division of the trigeminal nerve

Referred Pain in the Urinary System

Under this more precise definition of referred pain we must include pain radiating to the testis resulting from renal or ureteric colic, or felt in the end of the urethra from stimulation of the trigone of the bladder It must here be emphasized that the interior of the pelvis of the kidney and the ureter are sensitive to mechanical stimuli, as is the base of the bladder These organs are therefore, by definition, innervated with sensory nerves of a different physiological group from the afferent nerves of the gastro-intestinal tract, since they respond to the common type of pain stimulus Thus it need cause us no surprise that they should give rise on stimulation, as they undoubtedly do, to both viscero-muscular reflexes and viscero-cutaneous referred pain

Angina Pectoris

A very limited personal experience of this condition precludes me from speaking with authority on the mechanism of pain in angina pectoris but I must refer

young men on whom will fall the burden of future leadership in various fields, and conducted by means of its own field staff of about seventy public health experts researches in yellow fever, malaria, tuberculosis, diphtheria, influenza, and other diseases About one-third of the funds were appropriated for projects outside the United States, the work extending over fifty-three countries, with a geographical range from Scandinavia to Java The International Health Division of the Foundation conducted its work in thirty home States and forty-one foreign countries on a budget of a little over £400,000 The greater part of this amount was spent on laboratory and field services and on the control and investigation of specific diseases, about one-fourth was devoted to public health education and to the aid of State and local governments in setting up model health centres and administrations

One outstanding piece of work, to which the word " dramatic " might well be applied, is that on yellow fever It had been assumed, too soon, that the battle against yellow fever was as good as won Then, almost without warning, the South American jungle " struck back," and the epidemiological strategy had to be completely altered Vast areas of the hinterland of both South America and Africa have been found to be endemic centres of " jungle yellow fever," which, in the absence of adequate methods for its control, must be regarded as a permanent source of virus for the reinfection of cities and towns where high densities of the *Aedes aegypti* mosquito (called the *Stegomyia* mosquito in the early days) are tolerated In 1936 the Rockefeller Foundation spent some £60,000 in attempting to solve this new problem of yellow fever It is at the moment co-operating with the national health departments of Brazil, Colombia, and other South American countries in control or investigation or both, it is prosecuting research at its own laboratories in New York, and, by invitation of the British Government, is making a study of jungle yellow fever in East Africa The bright spot in the situation is the development in the laboratories of the International Health Division of a method of vaccination which has successfully protected the field and laboratory staff working on this disease No case of yellow fever has occurred amongst them for six years, although, before the vaccine was available, five scientists on the staff died of yellow fever " Science, like war," says the president of the Foundation, Raymond B Fosdick, " has its heroes, but they fight for causes that are generally better worth dying for "

Recently the Foundation has turned to the assistance of mental hygiene—" the most backward, the most needed, and potentially the most fruitful field in medicine to-day " In this as in all its programmes the Foundation places its eggs in more than one basket Thus it is financing work on genetics, neurology, psychiatry, child psychology, and similar subjects in various American universities and institutions, as well as in the universities of Copenhagen, Amsterdam, and Leiden, and in Maudsley Hospital and the Galton Laboratory of the University of London On this effort, again, about £250,000 was expended in 1936 Wherever one turns in this report one finds the same record of activity, significant not only because of its largesse but because of the discrimination with which it is distributed Twenty-seven grants were made to workers in the field of endocrinology One of these went to the University of California, to a group of workers engaged on research on the anterior pituitary, another to Harvard, where research is being conducted on the sex hormones, a third to the Philadelphia Institute for Medical Research, where studies are being made on the effect upon growth of extracts of the thymus and pineal glands

One other piece of work which the Foundation has assisted will give pleasure to all who feel sadness at the spectacle of scholars in exile Last year there was published in London a list of 1,639 German scholars who had been dismissed from their posts—men who had held positions as teachers and research workers in institutions throughout Germany These men, representing over sixty academic disciplines, included Nobel prize winners and figures of international distinction Many of them were Jews or had Jewish connexions, others were pure " Aryan," but had convictions which had made them unacceptable to the present German Government At the time the report was issued about half of these exiles, scattered in forty-six different countries, had found positions in academic and scientific institutions in the land of their adoption The Foundation has granted over £100,000 on behalf of 151 individual scholars The report is full of excellent projects which have been assisted by the Foundation We confess that we should like to see another report on the applications which have been turned down We are told only that during 1936 nearly 1,000 applications for aid had to be declined These included 270 research projects, twenty-four public health projects, and seventy-four " cures, remedies, and investigations of theories " This last figure strikes us, in view of the fame of the Foundation and the vast number of people who have " cures " or remedies, not to speak of theories, in need of financial help, as extremely modest

briefly to an important recent contribution by J C White of Boston (1935) on this subject White has shown that the pain of angina pectoris and of aneurysm of the aortic arch can be abolished by injection with alcohol or surgical excision of the upper five thoracic sympathetic ganglia and by division of the upper five posterior thoracic spinal roots Experimental confirmation was obtained in dogs By passing a silk ligature under the left coronary artery and bringing it out through the chest wall in a glass tube temporary occlusion of the coronary could be produced with ease and gave rise to obvious signs of cardiac distress within a few seconds When the four upper pairs of thoracic ganglia were excised, or the upper five pairs of posterior spinal roots divided, the occlusion caused no manifestations of distress Division of the vagi the upper six intercostal nerves, and bilateral stellate ganglionectomy all failed to prevent the discomfort, and it is plain that the afferent pain fibres from the heart pass through the thoracic cardiac nerves entering the upper five thoracic segments

White believes that cardio aortic pain is produced in part by the viscero cutaneous reflex postulated by Mackenzie but also in large part by direct transmission over visceral afferent pathways or in other words as a true visceral pain He gives both clinical and experimental evidence against the axon reflex as a factor in cardiac pain

Dual Mechanism of Abdominal Pain

Whatever the ultimate truth may be as to the mechanism of referred pain in angina I think we must admit the probability that it differs fundamentally from the mechanism of pain in the gastro-intestinal tract In that tract we have certainly a dual mechanism. On the one hand we see true visceral pain as part of a defence against the threat of obstruction It is primitive in the scale of evolution is in no sense referred to the superficial somatic nerves and is imperfectly and vaguely localized On the other hand we find referred pain the stimulus for which arises not from the visceral afferent nerves at all but from the somatic nerves of the parietal peritoneum It has been evolved as a protection against bacterial infection of the peritoneum either by penetrating wounds from without or by perforation of the intestine within It is later in the scale of evolution and produces a radiation of pain to the superficial somatic nerves and a reflex protective rigidity of the overlying muscles both of which are accurately localized

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In a report issued as Water Pollution Research Technical Paper No 6 by the Department of Scientific and Industrial Research (H M Stationery Office 12s 6d) a detailed description is given of the results of a chemical and biological investigation of the non tidal reaches of the River Tees This investigation which occupied about four years formed part of a comprehensive chemical biological and hydrographical survey of the whole of the river and its tributaries from its source to the sea. The object of the survey was to obtain data on the effects of the various discharges of sewage and trade effluents on the river and on the extent to which these liquids should be purified before discharge if serious pollution of the river water is to be avoided

BRUCELLOSIS IN MAN AND ANIMALS IN STAFFORDSHIRE

LABORATORY OBSERVATIONS

BY

JOHN MENTON, L R C P & S I

Bacteriologist to the County of Stafford

The incidence bacteriology and epidemiology of undulant fever vary in different countries In many lands the disease is more prevalent than in Great Britain On the Mediterranean littoral *Br melitensis* predominates In the United States of America *Br melitensis Br suis* and *Br abortus* all occur In this country *Br abortus* prevails The animal vectors also show geographical variation In southern Europe the goat is pre-eminent In America the goat, pig cow and sheep play a part In England the cow is considered the main reservoir of infection, for although horses suffering from poll evil and fistulous withers also harbour Brucella they are not regarded as of grave epidemiological importance While these fundamental differences are clearly recognized and accepted there are other discrepancies which arise from unstandardized and varied techniques Also a great deal of work remains to be done in this country on the comparative aspects of brucellosis in relation to human infection and the findings and conclusions of distant authorities are often accepted too readily as applying universally

The aims of this local investigation were (A) to ascertain the prevalence of agglutinins to Brucella in the sera of man and of some of the animals presumed to have been in contact with infected cattle (B) to assess the accuracy of the agglutination test as a diagnostic procedure (C) to find out the incidence of Brucella organisms in the milk of the cow and of the goat (D) to investigate the species and virulence of the organisms recovered

A Serological Investigations

Three different antigens were used in this investigation standardized Oxford suspensions a local laboratory strain and the special antigen used by Huddleson (1932) in his rapid method of field testing

Human Sera—These specimens consisted of two groups (I) those taken from patients suffering from or with a recent history of an infection causing pyrexia and submitted to the laboratory for the routine Widal reaction (II) those from people with no history of recent infection with fever

Group I comprised 500 sera Fifty reacted to *Br abortus* ninety-eight to different members of the typhoid paratyphoid salmonella-dysentery group and the remainder were completely negative to all the twenty seven micro organisms used in the routine tests. The fifty sera agglutinating *Br abortus* reacted in the following titres

TABLE I

1–5	1 50	1 125	1/250	1 500	1 1 250	1/2,500	1 5000
6	9	5	2	5	15	4	4

Group II consisted of two batches of 500 sera one examined in 1932–3 and the other in 1937 They reacted to *Br abortus* in the following numbers and dilutions

TABLE II

Years	1 25	1 50	1 1–5	1 100	Negative
1932 3	—	1	3	1	495
1937	3	2	—	—	495

FOOD POISONING

The usual season for cases of bacterial food poisoning has passed with only one extensive outbreak that in the St Pancras and Finsbury districts which was recorded in our issue of September 11 (p 541) The Gaertner bacillus was isolated from numerous cases and from samples of the incriminated food in this epidemic but certain features of it notably the very short incubation period in some cases led Dr P V Pritchard deputy medical officer of health for St Pancras to suggest that the food concerned may also have contained toxins possibly produced by other bacteria In the large majority of cases of food poisoning living bacteria of the Salmonella group are not found and the nature of the agent responsible often remains in doubt Two specific toxins can undoubtedly cause an enteritis—the endotoxin of organisms of the Salmonella group which have been killed by cooking and an enterotoxin produced by certain staphylococci usually in milk or confectionery What remains doubtful is how many other bacteria can be specifically connected with food-poisoning in the sense that they themselves or their characteristic products can cause an enteritis apart from any incidental products of decomposition caused in a particular food by their growth This and other more obscure aspects of food poisoning were well reviewed by E R Jones[1] in this journal some months ago Among the bacteria which he mentions as having been incriminated *B coli Proteus vulgaris* and *Streptococcus viridans* must always be somewhat unconvincing as mere discoveries in suspected food unless present in such large numbers that they must clearly have multiplied considerably in the food itself even so interpretation of such a finding is difficult Jones also discussed at length the means by which food can be contaminated with organisms of the Salmonella group The facile assumption upon which the investigator has often to fall back—that the excreta of rats or mice are responsible—is well supported by studies of the frequency with which these animals harbour such bacteria Rodents are the chief natural hosts of this group of micro organisms while the infection occurs also in pigs cattle and even in certain birds ducks eggs are sometimes infected and many serious outbreaks have been caused by meat from emergency slaughtered animals It is not perhaps universally known that so called rat viruses are suspensions of living bacteria belonging to the Salmonella group and although their purveyors claim that the strains used are harmless to man and domestic animals authorities in this country do not accept this assurance It would be interesting to know whether any recent cases of enteritis have been considered attributable to this source Another danger is the human carrier and if such carriers are in fact more common than is generally supposed it is perhaps surprising that outbreaks of infective enteritis are comparatively rare A review of this subject has also recently been made by E M Robinson writing in South Africa and is accompanied by a paper by D G Steyn on food poisoning due to other than bacterial causes which are classified as minerals preservatives and dyes and toxic substances normally present in certain foods of which a remarkably long list is given The frequent mention of various Salmonella types in these papers reminds us that many individuals and places have given their names to different serological types of this micro organism It is one of the anomalies of bacteriological nomenclature that among these bacteria alone serological differences of the most abstruse kind should be held to indicate difference of species and large numbers of otherwise indistinguishable bacteria some of which have been encountered only once perhaps never to be seen again consequently masquerade under separate names This is a picturesque system but confusing and inconsistent the numbering by which different serological types of pneumococci and streptococci are denoted is both simpler and more rational

[illegible] *Med J* 1937 2 [illegible]
[illegible] *Med J* 1937 11 466

ROBIN AND JOHN ADAIR

Dr Archibald Malloch librarian of the New York Academy of Medicine and a follower of the Osler tradition of medical history has given an interesting address[1] on these two surgeons and cleared up the curious case of possible misrepresentation in Benjamin West's well known picture of the death of General James Wolfe who died of wounds on the Plains of Abraham outside Montreal on September 13 1759 It has been thought that Robert Adair was painted in West's picture but he never served in Canada whereas John was at Montreal at the time Robert (Robin) now more famous in song than in surgery though he became serjeant surgeon to George III and surgeon to the Chelsea Hospital was known in London whither he migrated from Dublin as the fortunate Irishman and was said 'to have played the devil with the women His luck began directly he landed on this side of the Irish Channel for he attended Lady Caroline Keppel injured in a carriage accident She was much taken with him recommended him to her many friends in London married him and wrote the well known song Robin Adair set to the Irish tune of Eileen Aroon (Ellen the secret treasure of my heart) of the fourteenth century Members of the British Medical Association may remember that when at the Dublin meeting (1933) the fellowship of the Royal College of Surgeons in Ireland was conferred on Professor Dean Lewis of the Johns Hopkins University Baltimore a pleasant feature was that Robin Adair as the first Honorary Fellow of the College was sung as part of the ceremony

THE PSYCHOLOGY OF ASTHMA

The problem of asthma has been tackled from most aspects and by many experts and now it is receiving the attention of the psychologists Nor is this surprising The psychological element is undoubtedly an impo tant

[illegible] *Brit Med J* 1937 2 13 57

Of pyrexial patients 10 per cent. showed agglutinins to *Br abortus* as compared with 1 per cent of those not giving a history of recent rise of temperature

Animal Sera (Sheep Pigs, Rats, and Poultry).—The different classes of sheep included two rams which were negative, 372 were under 3 years of age, and 203 were 3 years or older The pigs were aged 6 to 9 months with the exception of three sows which were over 3 years old The estimated ages of the rats ranged from 2 months to 3 years and the hens among which the doubtful positives occurred fell within the age group of 16 to 18 months The sheep and pig sera were collected from slaughterhouses dealing with good quality animals The serological reactions of these animals were

TABLE III

	Number Tested	+	Titre of Agglutination for *Brucella abortus*				
			1/10	1/25	1/50	1/125	1/250
Sheep	575	21	2	9	7	—	3
Pigs	920	20	8	10	2	—	—
Rats	200	—	—	—	—	—	—
Poultry	100	2	2	—	—	—	—

The 1 in 10 reactions have in the meantime been included among the positives

B The Relation of Active Infection to the Presence of Serological Agglutination

As it would be difficult to conduct exhaustive culture work on patients and animals away from the laboratory, guinea-pigs were utilized for this part of the investigation It is not claimed that the reactions of small laboratory animals are exactly comparable to those of man and the larger animals, but there is every reason to think that the advantages of controlled experiment far outweigh the other considerations

Seventy-five cavies were killed six weeks after inoculation with infected milk sediment, the blood sera collected, and cultures sown, in some instances from the spleen and other large organs, the lymph glands, and the bone marrow As the investigation proceeded it became evident that positive cultures were more likely to be obtained from the spleen, bone marrow, and lymphatic glands than elsewhere The following serological reactions to *Br abortus* were obtained in the sera of those animals from which this micro organism was recovered

TABLE IV

Negative	1/25	1/50	1/125	1/250	1/500	1/1,250	1/2,500	1/5 000	1/12,500
3	2	4	12	6	24	11	6	6	1

It is interesting that three sera—that is, 4 per cent of the total actually examined—were completely negative serologically The wheys of the three inoculated milks in these instances were also negative, but so were thirty-two of the other wheys, which produced positive cultures and agglutination titres in the animals varying from 1 in 25 to 1 in 5,000 There was not much correlation between the agglutinin content of the wheys and that of the sera when the wheys were positive The lapse of six weeks, and the fact that mainly milk sediment and not actual whey or milk was inoculated, ruled out any passive transference of whey agglutinins

C Incidence of Brucella in Cows' and Goats' Milk

Cows Milk.—Several batches of cows' milk were investigated some time ago Over 1,000 samples were tested biologically and *Br abortus* was recovered in 5 per cent It was then felt that the efforts to isolate the organism had not been exhaustive enough, and recently of 397 guinea-pigs inoculated with the sediments of routine milk samples for the purpose of excluding tuberculosis 6 3 per cent. revealed the presence of *Br abortus*

Goats Milk.—Fifty seven samples of goats' milk from different parts of the country were found to be devoid of whey agglutinins and failed to produce any serological reactions to *Br abortus* or positive cultures in guinea-pigs

D Species and Virulence

All the strains proved by differential tests to be *Br abortus* One hundred per cent. of the organisms tested behaved consistently to the carbon dioxide and to the bacteriostatic dye tests in primary culture (Huddleson, 1934) Three failed to produce hydrogen sulphide, but the remaining strains reacted to this test according to rule The glucose utilization test of McAlpine and Slanetz (1928), although cross checked by the Somogyi and Benedict methods, showed many discrepancies

Of the seventy-five guinea-pigs from which the micro-organism was isolated six weeks after injection only 32 per cent showed macroscopic pathological changes, and these were limited to enlarged spleen and lymphatic glands, but many of the animals which showed no naked-eye changes had in various organs small mononuclear accumulations which were discernible microscopically All the lesions caused by infected milk were slight compared with those resulting in a guinea-pig inoculated with a strain from a dead calf foetus This animal developed extensive proliferative lesions, haemorrhages, abscesses, and areas of necrosis three weeks after inoculation

Discussion

The results obtained from the sera of people suffering from pyrexia were interesting, and illustrated the value of including a test for undulant fever in all routine diagnostic work Atypical clinical forms of this disease were fairly frequent, and the symptoms were so protean that they were sometimes attributed to typhoid fever, tuberculosis, chronic rheumatism, or even neurasthenia Two of the fifty positive sera were from children aged 7 and 8 years respectively, and these patients were suffering from undulant fever at the time of test These facts are mentioned as some authorities believe that this disease is very rare in childhood The low percentage of positives in Group II sera correlated to some extent with the results obtained by Hardy, Jordan, Borts, and Hardy (1931), who obtained in Iowa 1 3 per cent reactions in dilutions over 1 in 20

That nineteen of 575 sheep reacted to titres of 1 in 25 or over came as a surprise, for while in France and other countries these animals are often infected, yet in England they are regarded as almost free from the disease In the United States and Denmark, where *Br suis* occurs, pigs are heavily infected Huddleson, Johnson, and Hamann (1933) consider that the incidence varies from 0 to 23 per cent in different parts of the United States Gwatkin in Canada (1931) found among 501 sows 0 6 per cent positive and 0 8 per cent suspicious In this country very few positives have been as yet reported, but in the present investigation 1 3 per cent of young pigs reacted in a dilution of 1 in 25 or more

Karkadinovsky (1936) examined thirty-four wild rats from infected farms and isolated *Br abortus* from eleven Many of my group of 200 rats came from infected farms and from a slaughterhouse where infected animals were killed, and not even one suspicious agglutination reaction

factor in asthma, and the nervous mechanism involved and the anatomical structure used for the final discharge both respond to emotional stimuli Dr E B Strauss,[1] in a study of the psychogenic factor in asthma, investigated thirty unselected cases at the psychiatric out-patient department at Guy's Hospital in order to determine the presence or absence of "nervous" psychic, or emotional factors in the asthma syndrome He used a special method of approach by which he evaluated each case in accordance with a "ten-point scale" This has, he says many features in common with Culpin's six-point scale, but he elaborated it independently He found that the "nervous" element was strongly present in sixteen cases, well represented in nine, and feebly but definitely represented in four He failed to detect it in only one case One of his conclusions is that to classify asthma as a psychoneurosis is an error The furthest one can go is, he thinks, to say that even when the allergic diathesis is present psychic factors contribute more than has usually been supposed Their contribution takes various forms Asthma is sometimes complex-determined—that is, it is a form of conversion hysteria Other patients who are by temperament social misfits in a greater or less degree are likely to develop asthma Others again, make their asthma the centre of their life in Jung's idiom they cultivate the asthmatic persona, they can "turn on" their asthma whenever it suits them Allergic patients who live in conditions of extreme emotional strain may develop the syndrome, and, lastly, asthma in an allergic subject may be part and parcel of a general anxiety state an autonomous reflex outlet for emotion bottled up at high pressure If these conclusions are justifiable he suggests, psycho therapy should be used to reinforce desensitization, breathing exercises and other physical methods Its form should be determined by the case-history Dr J L Halliday[2] also examined thirty consecutive patients, who came to him in his capacity of medical referee under the Workmen's Compensation Acts and whom he afterwards studied as a private inquirer He views the asthma syndrome broadly as a sign of failure of adaptation to environment. He is very cautious about deducing anything from his limited material, but puts forward some useful hints for the treatment of patients and the key questions to ask them—for example about their circumstances at the time of the primary attack, their attitude, various aspects of their life and their opinions about their health, and especially about respiratory disease He finds that the primary attack occurs most often in the earliest years there is a gradual decline until the age of 20, a slight rise to about the age of 30, and then a decline again In the earliest years males predominate in the proportion of two or three to one, but from puberty onwards the sex incidence is fairly even Dr Halliday suggests a very long and detailed series of questions to be answered in a future essay The most important features of the emotional reaction are, he considers innocence, increased suggestibility, and unconscious purpose and an understanding of these is necessary Dr A Kerr Clarkson[3] has recently published a prize thesis on a much larger series—300 cases of asthma seen in general practice He finds that a number of psychic factors are common in a varying degree to nearly every case The first of these is the intensification of emotion as an integral part of autonomic disharmony by allergic or biochemical factors In a certain proportion of cases the psychological phenomena in asthma depend entirely, he says on a disordered biochemistry If this factor is not adequately treated the intensity of the emotional life tends to be perpetuated It reaches its maximum when the allergic balance is unstable Moreover, the patient tends to establish a habituation reflex the primary nuclei of which are grouped around fear This reflex may be used, according to the temperament of the child, as a retreat into illness or a psychopathic way of retreat from reality The sense of organ inferiority can energize emotion into a physical expression Frequent repetition of the original stimulus leads, he says, to diffuse psychic derivatives, which eventually permeate and colour the life of the individual and can at any point lead to an attack This factor more than any other explains for him the freakishness of asthma Where the psychic factor predominates he finds therapy prolonged and uncertain In a small but definite proportion of cases he finds that asthma is the expression of a psychosis It would be a mistake to underrate the importance of this and much other careful work It shows that research into the psychic causes of asthma is still in an introductory stage

[1] *Guy's Hosp Rep* 1937 87 273
[2] *Brit J med Psychol* 1937 17 1
[3] *British Medical Journal* 1937, 2 845

EMPIRE RHEUMATISM COUNCIL

The Empire Rheumatism Council whose object is to organize research throughout the British Empire into the causes and means of treatment of rheumatic disease, was constituted in October, 1936, with the Duke of Gloucester as president A report on the work of the first year has now appeared over the signature of the chairman Lord Horder who presented it at the annual meeting on Monday The Council was faced at the outset with an onerous task in overcoming public apathy and lack of knowledge as to the ravages by this group of diseases on the health and economic well-being of the community Notwithstanding the difficulties real progress has been made, so that to day Lord Horder can claim that the education of the British public in the matter of rheumatic disease is steadily progressing The Council acknowledges the active sympathy and support it has won from public authorities, from the newspapers, and from organizations interested in the health of the people The chief administrative officers of the Ministry of Health have been unsparing of good counsel and statistical facts, while the medical members of the House of Commons have formed a group to assist the aims of the Council Arrangements have been made for setting up immediately two research fellowships The lack in London of a specialized in-patient rheumatism hospital is a serious handicap to the carrying out of research plans, but after close consideration the Executive Committee

was obtained, but further work must be done before asserting that rats play no part in the spread of this disease

The two positive reactions of 1 in 10 in hens were of no significance According to Beller and Stockmayer (1933) normal fowl sera may contain agglutinins to *Br abortus* On the other hand Emmel and Huddleson (1929, 1930) consider that poultry infection is common in the United States Italian observers have reported a *melitensis* infection in poultry in Messina, and Dubois (1931) a similar infection at Nimes contracted from sheep

When the diagnosis was definitely established in guinea-pigs by culture the agglutination test showed an accuracy amounting to 96 per cent A 1 in 25 reaction may indicate a very recent or an old infection, and to establish the diagnosis repeated testing is necessary in all low titre agglutination, combined with the estimation of the opsono-cytophagic index and attempts to isolate the micro-organisms, although the significance of low titre agglutination can often be settled by repeated serological examination alone

Many infected milks may be devoid of whey agglutinins, as shown in this investigation and agglutination tests on milks have not the same diagnostic value as the serological reactions The percentage of milks yielding Brucella in culture was small Starr (1934) estimates that 20 to 50 per cent of cattle in the United States are infected As this investigation was coincident with the biological test for tuberculosis the milk sediments only were injected and many Brucella go up with the cream during centrifugalization The cream was however, repeatedly broken

Although the goat is pre-eminently the host for *Br melitensis* it can deal effectively with moderate doses of *Br abortus* and makes a quick recovery when so infected In this investigation the negative findings suggest that goats in this country are in a similar position to those in Sweden Henricsson (1931) considers that the goat is not responsible for undulant fever in Sweden This disease is most prevalent there in the middle and south west parts where goats are seldom seen The goats are kept in north Sweden where undulant fever is rare Goats sera from different parts of that country were negative to agglutination and complement fixation

The statement that a supposed *melitensis* infection was said to have been acquired from a goat in England a few years ago cannot be maintained for in the light of present-day knowledge and simply judging by the details actually reported there was no evidence that either the patient or the goat had undulant fever The apparent freedom from Brucella infections of goats in this country is of the utmost importance from the economic point of view

All the strains isolated in the present investigation were *Br abortus* (*Br suis* and *Br melitensis* can infect cows and appear in the milk) They were only mildly pathogenic to the guinea pig even when administered parenterally The prevalence of such strains may explain the comparative rarity of human infections and perhaps other factors such as the diluted dosage in bulk milks and the bactericidal effects of the gastric juice may play their parts

Before concluding I would like to make a plea for closer co-operation between the medical and veterinary professions in dealing with animal diseases which are communicable to man With the disease under discussion this is essential otherwise the public health and economic aspects may each become segregated with ultimate detriment to both Most veterinary authorities are agreed that infected cows do not go on aborting indefinitely but after one or two abortions they may settle down and produce healthy calves The quantity of the milk may then be unimpaired and the animals may appear healthy Investigation has shown however, that such milk may contain Brucella so that for once in a way economics and public health do not seem to go hand in hand In Staffordshire co operation has been close and the carrier condition has received some attention and it may be that the harmonious co ordination of the medical staff the veterinary surgeons and the farmers has contributed to the small percentage of infected milks revealed during this research

Summary

1 Of sera from pyrexial patients 10 per cent agglutinated *Br abortus* Samples from people who were not pyrexial showed 1 per cent positives Nineteen of 575 sheep and twelve of 920 pigs reacted in 1 in 25 or higher The sera of 200 rats and 100 poultry showed no significant agglutination

2 In animals yielding positive cultures the accuracy of the serological agglutination test reached 96 per cent Many infected milks did not contain agglutinins

3 *Br abortus* was recovered from 6 3 per cent of samples of cows milk No positive cultures were obtained from fifty seven samples of goats milk

4 All the strains of Brucella isolated were *Br abortus* and all exhibited a low degree of virulence for the guinea pig

My thanks are due to Dr T V Cooper and Messrs F W Duke W H Fussell and N H Johnson of the laboratory staff to Messrs. H R Rylands and A Thompson of the county staff to the medical practitioners, veterinary surgeons farmers and those interested in the meat trade to the members of the British Goat Society and to Miss D Evans for her help with the MSS

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N Carrara and A Previtera (*Pediatria* Naples September 1 1937) record their observations on the relation of the type of *C diphtheriae* to the clinical course of the disease in twenty eight cases their conclusions being as follows (1) the classification of the types of *C diphtheriae* adopted by Anderson and his co-workers should be accepted with reserve especially as regards the suggested existence of a relation between the individual types of the organism and the course of the disease (2) the isolation of the so-called *gravis* type has not settled the problem of malignant diphtheria other factors connected with the constitution and with treatment and immunity are of much greater importance (3) in view of the great variations in the results obtained by different observers further examination of the problem on a large scale is desirable

has decided that it is not wise at present to aim at raising the very large sum necessary for that purpose The alternative plan has been followed of promoting arrangements with existing hospitals in the London area for establishing specialized rheumatism wards with facilities for the Council's research workers 'Our ideal for the United Kingdom is the formation of a group of affiliated councils each controlling a homogeneous area containing one or more university medical schools and where possible, having close association with one of those British medical spas the high value of which is not yet sufficiently appreciated by our people Development of research work within the London area will not be permitted to lose sight of the ultimate aim of a co ordination of effort carried on at the most useful centres and avoiding overlapping' In addition to research into causative factors a wide field is open for concurrent work in therapeutic research The aim will be to arrive at a standardized system of treatment applicable to the great majority of sufferers from the various forms of rheumatic disease and capable of utilization on a national scale 'Our plan of campaign is based on what I regard as the only sound scientific principle—that of investigating methodically every possible factor in the causation and treatment of rheumatic disease We are being approached from many quarters by groups or individuals who insist that there is but one key to the problem of rheumatic disease a key that is in their keeping We must resist their importunities however well intentioned they may be and decide to explore the whole field' These are wise words

ACTION OF ALCOHOL ON CEREBRAL CIRCULATION

Various technical difficulties have made the study of the factors controlling the cerebral circulation one of exceptional difficulty but in recent years intensive research on this subject has been carried out at Boston Loman and Myerson[1] concluded that the two chief factors regulating the flow of blood through the brain were the general arterial pressure and the calibre of the cerebral vessels They found that a drug such as adrenaline might cause decreased cerebral flow when given in small doses because of its local vaso-constrictor action with larger doses the blood flow increased when the rise in general pressure overcame the local vaso-constriction Since the actual cerebral circulation depends on two separate and frequently opposing factors the net result of any drug can only be determined by direct experiment. Thomas has recently investigated in cats the action of alcohol on the cerebral circulation—a subject of considerable importance Doses of about 1 c.cm absolute alcohol per kg were injected intravenously Since the injections were given rapidly (2 minutes) the concentration in the general circulation was probably at least 5 mg absolute alcohol per c.cm of blood—a concentration which would produce coma in man. This dosage of alcohol resulted in a dilatation of the pial arteries which was independent of any change in the general systemic arterial pressure The pressure of the cerebrospinal fluid was raised and the flow of blood through the brain increased Moreover it was noted that the colour of blood in the cerebral veins changed from blue to red These results show that the depressant action of alcohol on the brain cannot be due to any interference with the supply of oxygen by the circulation though they are not opposed to the hypothesis that alcohol diminishes the oxygen uptake of the brain It is of interest to note that according to Loman and Myerson ether and alcohol have similar actions on the cerebral circulation but that as was shown by experiments with amytal this action is not characteristic of all narcotics

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PERSPECTIVES IN BIOCHEMISTRY

Of the many possible ways of marking such an auspicious occasion as the seventy fifth birthday of our most distinguished biochemist, Sir Frederick Gowland Hopkins none could have been more felicitous than that of presenting him with a book of essays by past and present members of his laboratory[1] The respective authors briefly discuss some of the most recent work in their own specialized fields and given liberty on editorial authority to make their essays provocative as well as suggestive proceed to propound their views as to the most likely directions of further advance The variety of subject is such that practically every branch of biological science is represented, and a number of papers have a definite clinical interest—for example those under the headings 'Calcium and Blood Coagulation' 'Biochemistry and Mental Disorder' and 'Vitamin C and Infection' As a broad generalization the contributions made by the "past" members—some of whose reflections are of a more personal character flavoured with an occasional reminiscence—are the more successful and make the better reading Many of the present staff have been less happily placed in having subjects which do not lend themselves well to essay form, and some of their pages are rather heavily dressed with formulae If the essays on the whole cannot be considered as highly provocative there is much in them that is both suggestive and stimulating and to the reader there is the further attraction that he is privileged to join company with those who have united to pay a fine tribute to a great man of science

The Secretary of the British Medical Association receives requests to appoint delegates to various conferences which take place in the summer months He would be glad to have early information regarding proposed visits by members to places abroad during the coming year

[1] *Perspectives in Biochemistry Thirty-one Essays presented to Sir Frederick Gowland Hopkins by Past and Present Members of his Laboratory* Edited by Joseph Needham and David E Green London Cambridge University Press (15s)

Clinical Memoranda

Acute Bacillus Pyocyaneus Meningitis. Spontaneous Recovery

The following case occurred in a surgical ward at the Brompton Hospital

CASE RECORD

The patient, a woman aged 31 had an attack of right sided pleurisy in 1923 and nine months later a tuberculous empyema was drained, which healed after one year The patient was transferred to a sanatorium and remained well until 1935, when an abscess burst beneath the right breast The empyema was redrained by resection of portions of the fifth and sixth ribs but failed to heal and in February, 1937, a partial thoracoplasty was performed by resection of portions of the sixth to ninth ribs inclusive back to but not including the transverse processes of the vertebrae At this time there was a secondary infection of the empyema cavity with the *Bacillus pyocyaneus* By April the empyema cavity had been reduced in size to a narrow track, and on the ninth of that month this was laid widely open and packed with gauze On the eighteenth the patient complained of headache and her temperature was 99 and pulse 110–120 Two days later the headache became worse, and was accompanied by stiffness of the neck and a sore and tender feeling over the scalp There was no head retraction, and the fundi were normal no abnormal physical signs were observed in the central nervous system The temperature had now risen to 102 5 and the pulse to 120–130 On April 22 the condition was unchanged Lumbar puncture gave a pressure of 300 mm of water the fluid was opalescent, and a small coagulum formed on standing An excess of cells (polymorphs and lymphocytes) was present. Chlorides amounted to 720 mg per 100 c cm , globulin was normal and no tubercle bacilli were found. Culture revealed a pure growth of *B pyocyaneus*

On the twenty sixth the patient became drowsy, her temperature was 101 –102° and pulse 110 Lumbar puncture was repeated the pressure now being 200 mm The first few cubic centimetres of fluid withdrawn were pure pus , subsequent fluid was turbid, and a heavy deposit of pus formed on standing. Chlorides amounted to 720 mg per 100 c cm. and there was a slight increase in globulin No tubercle bacilli were found but a heavy growth of *B pyocyaneus* was seen on culture Headache was not so severe on the twenty eighth , the temperature was then 100° and the pulse 110 On the thirtieth lumbar puncture revealed a normal pressure, but pure pus was withdrawn through the needle, followed by turbid fluid , cells numbered 1,600 per c mm , all polymorphs Chlorides remained at 720 mg. per 100 c cm , there was a slight increase in globulin, and the sugar content was 0 029 gramme per cent. Culture gave a pure growth of *B pyocyaneus* A blood culture was sterile after ten days On May 1 the headache had gone but the scalp was still tender, and the patient was feeling well Temperature and pulse were normal On May 7 a lumbar puncture was done the pressure was normal and the fluid clean there was a slight excess of cells with a few polymorphs. Chlorides were 720 mg. per 100 c cm , and sugar 0 044 gramme per cent. Culture was sterile

COMMENTARY

Symptomatic treatment only was employed throughout At no time were there any abnormal physical signs in the central nervous system, nor have there been any nervous sequelae following the attack of meningitis The empyema has almost healed but remains secondarily infected with the *B pyocyaneus* We have been unable to find any mention in the literature of a *B pyocyaneus* meningitis

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Reviews

STATISTICAL METHODS

An Introduction to the Theory of Statistics By G Udney Yule C.B E., M.A. F R S and M G Kendall M A Eleventh edition, rewritten and revised (Pp 570 55 diagrams, 4 folding plates 21s net.) London Charles Griffin and Co 1937

The appearance of an eleventh edition of Mr Yule's *Introduction to the Theory of Statistics* in an enlarged form and with a second name, that of Mr M G Kendall, on the title page is an event which requires more than the routine word of commendation with which successive editions of textbooks are generally greeted "Every man s affairs, however little, are important to himself," and, having been associated with Mr Yule by ties of friendship and common scientific interests since before the publication of his first edition, I am not an impartial judge , but I hope it is not mere self deception to believe that in the last twenty seven years statistical methods have come to occupy a recognized place in medical and biological education, and that the influence of Mr Yule has been great in bringing about this change of attitude

Before Mr Yule s first edition came out most general textbooks were written from the point of view of students of economics , a few valuable books, such as those of Sir Arthur Newsholme and Dr F Prinzing, conveyed instruction of much importance to medical readers, but were stronger on the descriptive than the methodological side Books dealing with method were usually written by mathematicians for mathematical students and ignored the new instruments of research devised by Galton and Pearson With the exception of Dr Davenport's little book, which was rather a laboratory manual than a treatise, an unmathematical medical student or laboratory worker had no guide The publication of the *Introduction* changed all that Mr Yule brought to his task not only competence and experience as a research worker and teacher but an enlightened common sense, which has been eminently characteristic of all his writings His admiration for the work of a master whom no posthumous detraction will deprive of a high place in the temple of fame halted on this side of idolatry , those interested in the archaeology of the subject will find that a great majority of the reservations and objections which called down upon Mr Yule s head if not precisely fire from heaven at least much contumely have been tacitly adopted by most writers, or even made the texts of diatribes very unlike anything Mr Yule wrote More important than this, the recriminations of professional statisticians are very dull Mr Yule had made up his mind to write a book which an intelligent person whose ' mathematics " never rose beyond matriculation standard could understand, and he fully succeeded in the undertaking He excluded a good deal of matter which seemed at the time rather important because it could not be made intelligible without much algebra In subsequent editions sections were added incorporating some of these methods which had stood the test of time yet were not easy to explain briefly, but the ground plan remained With the rapid extension of methods beyond the scope of demography and vital statistics (I am speaking, of course of subjects cognate with medicine) but important in laboratory work and field experiments due to the entry of younger workers well trained in mathematics and interested in statistical methods, the methodology of the science, or art, became more intricate We now have many technical processes which

SURGICAL PROCEDURES IN GENERAL PRACTICE

This is one of a series of articles contributed by invitation

THE USE AND ABUSE OF ANTISEPTICS—II

BY

LAWRENCE P GARROD, M D, F R C P.

AND

GEOFFREY L KEYNES, M D., F R C S

Use of Antiseptics on the Body

The intelligent use of antiseptics in this more difficult sphere demands clear thinking, and it is therefore necessary to distinguish between the different aims with which antiseptics are employed, and to decide whether these aims are in fact attainable at all. In the first place there is all the difference in the world between the prevention of infection by means of antiseptics and its treatment with them treatment takes a number of forms, which may be subdivided into superficial and deep, while prevention may be concerned either with the intact and normal skin or with a recent wound All these types of use present different problems We may first consider the normal skin, and here a distinction is to be drawn between that of the surgeon and that of the patient

Sterilization of the Hands

There are two kinds of bacteria on the skin its normal saprophytic inhabitants, such as white staphylococci, which live actually in its superficial layers, and extraneous and possibly dangerous bacteria whose presence on the surface is due to accidental contamination The removal or destruction of the latter is the object of treating the skin It is plain that roughening of the skin due to repeated scrubbing or to chemical applications favours rather than hinders its colonization by either kind of bacteria The operating surgeon should therefore confine himself to not more than three minutes washing with soap and running water The old-fashioned practice of washing for ten minutes by the clock had its justification as a protest against the carelessness of some of the older surgeons, though it would partly defeat its own purpose by making sodden the superficial layers of the skin and so tending to release the indigenous bacteria The shorter period of washing is not open to this objection, and the scrubbing-brush should be applied to the nails only, as it will tend to damage the smooth surface of well-cared-for skin The hands should then be thoroughly rinsed in spirit to dehydrate the surface of the skin, and dried on a sterile towel An antiseptic is unnecessary, and may tend to injure skin that is at all sensitive Gloves sterilized by dry heat are preferable to gloves boiled and put on wet, since maceration of the skin inside wet gloves is obviously undesirable In emergency, such as in midwifery practice when gloves are unobtainable, an antiseptic application may take their place, dettol cream has been shown to be capable of destroying streptococci on the skin, and has the advantage of being easily carried in a form ready for use

Sterilization of the Patient's Skin

It is generally agreed that before operation the patient s skin should first be thoroughly cleansed with ether soap and water and then dried by the application of spirit The addition of biniodide to the spirit does not have any advantage A further attempt to rid the skin of bacteria may then be made by chemical means The objection to such treatment repeated on the surgeon's hands does not have quite the same force for a single application to the patient, though it may be harmful The antiseptic used should be one which penetrates the superficial layers of the skin and has a persistent action, and these qualities are possessed by dyes and mercurial salts The former have the disadvantage of staining, though Tinker and Sutton s solution (5 per cent acriflavine in 50 per cent alcohol and 10 per cent acetone) is possibly less objectionable from this point of view than Bonney's blue paint (0 5 per cent brilliant green and 0 5 per cent crystal violet in 50 per cent. spirit) The best mercurial solution is Harrington's (mercury perchloride 0 8 gramme, hydrochloric acid 60 c cm methylated spirit 640 c cm, water 300 c cm), this may be coloured with chrysoidin Y (2 grammes per litre) if an indicator of the area covered by the application is desired

It may be asked whether such treatment as this should be carried out on the operating table or some time before operation Some authorities still suggest beginning it one or even two days beforehand Previous and repeated antiseptic treatment is only indicated when the skin is infected or devitalized, and even then it must be remembered that over-treatment is always harmful Antiseptic compresses, which make the skin sodden, are to be condemned If the principle of covering up all skin during all operations is observed the question of applying antiseptics becomes relatively unimportant

Of other current methods of skin treatment the following may be said The objections to iodine, so commonly used, are three the fact that certain skins are sensitive to it and will suffer blistering or peeling afterwards, the fact that it quickly disappears from the skin, being inactivated and destroyed by contact with blood, and its cost. It is said also that bowel which has been in *contact with iodine-painted skin is liable to form* adhesions Such contact should never be allowed to occur, for, though we have no proof of this effect, iodine is certainly an irritant which would cause exudative inflammation of the peritoneum Picric acid, another favourite application, irritates many skins, and occasionally produces such severe symptoms of poisoning as to cause the patient s death This section may conclude with a protest against the perfunctory dab which often precedes the insertion of a hypodermic needle If anything is worth doing at all it is worth doing properly, and if ether is used for sterilizing skin it should be rubbed on until the skin is really clean

Preventive Application of Antiseptics to Wounds

Is it or is it not possible chemically to destroy bacteria in a recent wound and so prevent sepsis? Some surgeons say "No, others "Yes,' and many have never seriously asked themselves this question Some will countenance the use of any of a large variety of antiseptics having quite different properties and suitabilities for such a purpose

This problem presents itself in a simple, clear, and urgent form when an accidental cut or prick occurs during

are of great practical value especially to laboratory workers the discovery of which depended upon delicate reasoning often hard for a reader unskilled in mathematical processes to understand

Mr Yule came to the conclusion that his book must be enlarged and that the aid of a younger collaborator was desirable To those of us to whom the *Introduction* is an old friend the risk seemed great But Mr Yule has been fortunate in his collaborator We have still practically the whole of our old companion and the new chapters (including one on interpolation and graduation by Mr Yule himself) conform to the original plan It is true that the demands made upon the sustained attention of a beginner by this eleventh edition are greater than those made by the first edition, but they are of the same kind If and when an important result or formula cannot be established by methods intelligible to a non-mathematician the fact is plainly stated and references given to sources I must not give a false impression The book is not now and never was, one to read while strap hanging in a tube train Probably most purely medical readers would be well advised to read first such a work as Dr Bradford Hill's little book (*Principles of Medical Statistics*) and to come to the *Introduction* with some general knowledge of why statistical methods are important in medical work Then if they are really interested in the subject and will take the trouble to work out some of the well chosen examples they are likely to make a life long friend

As I said at the beginning of this notice I am not an impartial judge Apart from this book Mr Yule's share in the development of medical statistical work under the enlightened patronage of the Medical Research Council and as a teacher at Cambridge has been so great that nobody intimately associated with that work can forget it but I am confident that nobody induced by what I have said to make a new literary acquaintance or renew an old one will be disappointed

M GREENWOOD

EVOLUTION OF TUBERCULOSIS IN MAN

Le Cycle de l'Infection Tuberculeuse Humaine By Jacques Brun Preface by Dr H Duffourt (Pp 372 25 illustrations 50 fr) Paris Masson et Cie 1936

Ranke's work on the evolution of tuberculosis in man has withstood the test of time There are well founded objections to his theory but its complete rejection by some workers has been based on too rigid an interpretation of his views Morbid anatomical studies and clinical observations have amply confirmed the justness of the general framework Ranke erred in his attempt to fit in his three stages with immunological conceptions and modes of transmission of the tubercle bacillus when the methods at our disposal for investigating the humoral factors in the disease were still grossly inadequate Nevertheless there is no other theory that will explain as satisfactorily the varied manifestations of tuberculosis in man It seems deplorable therefore that clinicians in England at all events should still consider Ranke's work as constituting pure theory detached from clinical practice

Those reading the book by Dr Jacques Brun will find it difficult to maintain this conservative attitude For he succeeds in showing the great help to be derived in clinical tuberculosis from a consideration that the disease evolves in three stages a primary period or period of invasion which follows the ante allergic interval a second period which includes the evolution of the primary lesions and the development of true post primary lesions in the lung and of lesions in the extrapulmonary organs and the tertiary stage or stage of isolated phthisis Each stage is fully described and discussed in regard to anatomical findings and clinical phenomena, immunological conceptions being kept somewhat in the background

While Dr Brun deserves our gratitude for presenting a difficult subject in an intelligible form and clear style it is necessary to point out his uncritical attitude in the first part of the book concerning generalities in human tuberculous infection for instance in his acceptance of the ultravirus On the other hand the second part which gives a critical survey of the various theories relating to the cycle of tuberculous infection, with special reference to that of Ranke is to be commended The book which is well produced and well illustrated, would be much improved by condensation of language and general presentation and by omission of repeated lavish acknowledgements which give the work the appearance of a 'these, and might cause the reader unjustifiably perhaps to attribute to the author an inadequate background of postgraduate experience

THE MENTAL STATE IN PARKINSONISM

L'État Mental des Parkinsoniens Contribution à son Étude Expérimentale By Witold Aubrun (Pp 156) Paris J B Baillière et Fils 1937

Dr Aubrun has undertaken a study of the mental state of twenty cases of Parkinsonism selected entirely in accordance with the exhibition of Parkinson's symptom complex irrespective of its cause only avoiding those of an advanced age whose condition is likely to be complicated by senility He found an absence or reduction of dreams which he regards as a result of the restriction of emotivity Intelligence is not markedly below the normal Early fatigue and a low level of efficiency in voluntary attention are characteristic Memory of concrete objects and of observations is good but logical memory and that for words and geometrical forms is bad The facility for association is practically non-existent To estimate this the free association test of Kent Rosanoff was employed In this the resulting word associations were few—only fourteen out of a standard fifty—and the rapidity of association was much reduced There is a lack of spontaneity in the associations and a tendency to perseveration

Experiments with Rorschach's test seem to show that these patients have marked perseveration However they can appreciate emotional situations in the environment but cannot exteriorize their own emotions Attention is good which bears out the observation that Parkinsonians are subvigilant but supertenacious They tend to dwell too much on a detail and therefore miss the significance of the whole Their kinaesthetic associations are very deficient and there is a general impoverishment of the sources of fantasy

The intellectual processes remain intact but the slowness of association and of the current of thought makes them appear poor Certain psychomotor tests were carried out which showed (1) an increase of at least 60 per cent in simple reaction time There was fair regularity in the performance of these tests and there was no sign of special proneness to fatigue The actual motor disability did not seem to be the cause of this delay in most cases (2) Motor or kinaesthetic memory is altered in 50 per cent of the cases but in a somewhat irregular way which is difficult to explain (3) Tenacity is lessened and in this test fatigue seems to appear early but in rather an irregular way which is also difficult to explain and this is not

aseptic operation. Here is a small wound which is known to contain dangerous bacteria. They are in the cavity of the wound, and have not yet invaded the surrounding tissues. Can they be destroyed, and if so, how? This question has been answered by abundant experiments in which both incised and punctured wounds in mice have been infected with virulent streptococci and treated by the subsequent application or injection of antiseptic solutions. Such substances as phenol and mercury perchloride are powerless to prevent the spread of infection, but compounds of the diamino acridine series will regularly achieve this. They owe this power to an enormous capacity for restraining the growth of *Streptococcus pyogenes* effective in dilutions of 1 in 100,000 or even higher, and to the fact that this capacity is unimpaired by the presence of serum or blood. They are also comparatively non-toxic: leucocytes retain their motility in a 1 in 1,000 solution of acriflavine in spite of being deeply stained by it. No other class of antiseptic has these properties or even approaches them. The indications in these circumstances are therefore clear. A dressing saturated in 0·2 per cent. acriflavine should be applied to the superficial scratch or cut and retained for two hours. A punctured wound is treated by introducing a hypodermic needle and injecting the solution under pressure. Some degree of permeation of the surrounding tissues is desirable, and this may be achieved by deliberately infiltrating them by subcutaneous injection.

Similar treatment may logically be applied to a recent and possibly infected wound of any kind: thorough irrigation or actual immersion ensuring that the solution reaches all parts of it. Although this is the ideal treatment, the trouble and expense involved may be considered excessive for ordinary minor casualties, and the general run of accidental wounds may be cleaned and disinfected together by a solution of one of the more efficient and less toxic antiseptics of coal-tar origin. Suitable preparations and strengths are dettol (5 per cent.), izal (0·5 per cent.), and cyllin (0·5 per cent.).

About other antiseptics commonly employed in these circumstances the following facts should be known. Phenol and lysol are highly destructive to tissue in concentrations adequate for antiseptic action, and weaker solutions are ineffective. Iodine is inactivated by blood. Mercury salts are exceedingly slow in action and form inactive compounds with serum proteins. Brilliant green is more actively bactericidal in a short period than acriflavine but also considerably more toxic, although not actually irritant or caustic. All antiseptics which act by liberating chlorine or oxygen are inactivated in the presence of blood or serum, the patient and persistent use of the former application being renewed until all visible bleeding has ceased, should however contribute to the disinfection of a wound.

We wish it to be understood that we are not concerned in this article with surgical procedures other than the use of antiseptics. Excision is of course the most efficient means of removing infection from a recent wound when circumstances permit.

Antiseptic Treatment of Established Infections

A serious comparison of the depths to which various antiseptics can penetrate tissue and the depth to which bacterial invasion proceeds in different types of infection has never been made. It may safely be assumed however, that bacteria which have once invaded the tissues become relatively inaccessible to antiseptic applications, and these can have only a superficial effect strikingly beneficial in but a few special cases outside our present survey. Nevertheless the antiseptic treatment of an infected wound may have its advantages in cleansing and deodorizing, in promoting fluid exudation by mild irritant action, and what is most important in preventing the access of further infection. These objects can all be secured by the familiar method of continuous irrigation with Dakin's solution. We are not concerned to press strongly the claims of this or any other method of treatment. Whatever is done, strong antiseptic applications to the wound itself are to be avoided since they hinder phagocytosis and the growth of reparative tissue. It is exceedingly doubtful whether such application as silver nitrate solutions are ever beneficial since what may be gained in bactericidal effect is counterbalanced by tissue necrosis producing a pabulum for further bacterial growth. It is most noteworthy in connexion with wound treatment that not all bacteria are equally susceptible to the action of the same antiseptic. Streptococci and staphylococci are many times more susceptible, as measured in terms of effective dilution, than are some Gram-negative bacilli to the action of acriflavine. *B. proteus* and *B. pyocyaneus* are highly resistant to this and to many other antiseptics. For the treatment of wounds as opposed to their preventive disinfection acriflavine and other dyes have the disadvantage of being absorbed by the material of dressings so that they will only be active in the presence of a large excess of the solution. Their possible action is still further hindered by intimate admixture with an oily basis as in the acriflavine emulsion of the *B.P.C.* and this elaborate preparation has no demonstrable antiseptic action whatever. A similar objection applies to the use of bipp, and we have already implied that in our opinion the claims of iodoform to be regarded as an efficient antiseptic rest on a very insecure basis.

In addition to the treatment of infected wounds antiseptic irrigation usually plays a prominent part in treating infections of the conjunctiva, the upper air passages, the urethra, and other portions of the urinary tract, and the vagina, while antiseptics are also extensively employed for affections of the skin. With these specialized uses it is not our purpose to deal, but it may be pointed out that similar principles apply to them. There is the same necessity to guard against doing damage which outweighs the benefit conferred, and the same unlikelihood of reaching bacteria other than those in surface exudates. The conjunctiva affords a striking example of the fact that prevention by antiseptics is much more certain than cure. Crede's method prevents ophthalmia neonatorum because it attacks the gonococcus before the tissues have been invaded, and it would probably succeed equally well if some other and less irritating antiseptic than silver nitrate were used.

Deep Antisepsis

Hitherto we have considered chiefly those methods of employing antiseptics which involve application to a surface. It must not be forgotten that attempts of many kinds are made by chemical means to destroy bacteria more deeply situated, attempts which consist in administering the antiseptic either by the mouth or by some form of injection. The most ambitious of these aim at disinfection of the blood in septicæmia; others at disinfecting the urinary, intestinal, or biliary tracts.

Circulatory Antiseptics.—It is beyond question that *p*-aminobenzenesulphonamide (sulphanilamide), which is derived from, and has superseded the original prontosil,

in accordance with the results of other tests (4) Designs traced from the mirror image were performed reasonably well by some but in others produced an emotional inhibition or block Responses to emotional shock were tested by various methods—namely, pulse rate, psychogalvanic reflex, and blood changes These showed feebleness and a shortened duration or even an absence of the normal reactions In the opinion of the author it is this failure in the elementary emotional processes which is responsible for the psychological abnormalities of the Parkinsonian

This book is of value in that it puts on an experimental basis many presumptions which no doubt have been made before in connexion with the mental make-up of the Parkinsonian The conclusion that it is the emotional lack which is fundamental is interesting in relation to the location of the lesions, especially in the basal ganglia, though it is of course recognized that the cortex shares to some extent in the pathological changes

GENERAL BACTERIOLOGY

Bacteriology A Textbook of Microorganisms By Fred Wilbur Tanner Third edition (Pp 510 151 figures 17s 6d net) New York John Wiley and Sons Ltd London Chapman and Hall Ltd 1937

There is a good deal in the contention that the study of purely medical bacteriology may give a distorted impression of microbiology as a whole The wider scope and broader outlook of Professor F W Tanner's book are exceptional in a work of this size, and those students who are able to undertake a comprehensive study of the subject will find this book a good introduction to it The average medical student has no such opportunity, and for him the book will unfortunately have a limited appeal Anyone not previously acquainted with it might be deceived by the title, it is not a textbook on ordinary lines, contains little about technique—a subject dealt with in a companion volume by the author—and little description of individual species, indeed, the only purely descriptive chapters are two on fungi and one, perhaps unduly brief, on protozoa The remainder of the book deals largely with bacterial physiology, and the subjects receiving fullest treatment are bacterial metabolism and the phenomena of chemical disinfection On the applied side there are chapters on the bacteriology of air, water, sewage, milk and other foods, and on industrial methods of fermentation, and finally on the underlying processes of infective disease considered in very general terms So wide a range of subjects can naturally not all be treated fully, and here and there condensation or omission, together with a tendency to inexactitude of statement, appears likely to create false impressions in an uninstructed mind. The more advanced student of microbiology who may take this book up with the object of viewing his subject from a new standpoint will find stimulating reading in it

COMPARATIVE ANATOMY

Laboratory Studies in Comparative Anatomy By W C Senning, Ph.D (Pp 188 15 figures 10s 6d) London McGraw Hill Publishing Co Ltd 1937

Outline Drawings for Laboratory Studies in Comparative Anatomy By W C Senning Ph D (72 drawings 8s 6d) London McGraw-Hill Publishing Co Ltd 1937

Laboratory Studies in Comparative Anatomy with *Outline Drawings* by Dr W C Senning of Cornell University, should prove of great help to the systematic study of practical zoology From the standpoint of morphology the sketches form a well thought-out course which if carefully followed should serve as a sound preparation for independent research work The author has successfully carried out the idea which he expresses—namely, that the methodical study of a few typical forms of animal, chosen with reference to their phylogenetic importance, will be of much greater value than a superficial examination of a large number of types The *Laboratory Studies* which are obviously the outcome of years of teaching experience, will, we believe, serve as a pattern for teachers as well as for the taught The *Outline Drawings* set a high standard of accuracy, and their use should be invaluable in providing a clear mental picture of the objects studied, in this way assisting the student to follow the more detailed descriptions of the textbooks, and giving a permanent visual impression of the standard types Frequent mention is made of "demonstration preparations"—and incidentally this draws attention to the value of these as an aid to the dissection and study of specimens being examined in the laboratory, and of the importance of preparing representative specimens for teaching purposes Other points that deserve favourable mention are the short definitions of zoological terms, and the questions inserted in the descriptions of the work which are left to be answered by personal observation of the object being studied We can thoroughly recommend the *Outlines* as a mental training comparable to that of the classics or mathematics but of a different order, involving the training of the eyes and hands in the accomplishment of accurate work, and also as an introduction to the scientific outlook on important problems of general biological interest

Notes on Books

A second edition has now been published of the *Surgery of the Sympathetic Nervous System* by Professors GEORGE E GASK and J PATERSON ROSS (Baillière, Tindall and Cox, 16s) The first was reviewed at some length in our issue of April 14, 1934, when we said that this comprehensive book was a notable contribution to surgical literature Further experience in this branch of surgery has enabled the authors to form opinions sufficiently well supported to warrant their inclusion, and these additions form the chief variation from the original text The most important new chapters are the sections on clinical grading and prognosis of Raynaud's disease, on recognition of localized structural disease of the main arteries, on afferent pathways in the sympathetic system, and on sympathectomy for dysphagia The authors present opinion is that the late result of sympathectomy depends mostly upon the nature of the disease, and not, as we had previously supposed, upon the powers of the sympathetic to regenerate, and of the organs to function independently of their nerve supply The effect of sympathetic section should therefore be known within six months of the operation, for the subsequent history of the case will depend upon whether the pathological process in the denervated organs is stationary or progressive"

Dr Bodo Otto was born in Hanover in 1711 and died at Reading in the newly constituted United States of America in 1787 His father was forester on the estate of Baron Bodo von Oberg, after whom he was christened Bodo He was apprenticed to more than one surgeon in the usual course, and was admitted to examination, after twelve years' pupilage, by the authorities at Luneberg, and was found qualified to practise He soon migrated to America and practised in Philadelphia, Baltimore, and Reading, serving as a surgeon throughout the war against England Round his life Mr JAMES E GIBSON has woven the story of the American Revolution in so far as the medical side was involved He has gone to original sources for his

administered in adequate doses by the mouth, is capable of destroying haemolytic streptococci in the blood stream This astonishing action, fully attested by both laboratory experiment and clinical experience, stands in strong contrast to that of every reagent previously employed for this purpose The folly and futility of injecting intravenously such reagents as eusol and mercury salts are now generally recognized Mercurochrome had a vogue for this purpose, in spite of the repeated demonstration that pyogenic cocci would actually grow in blood containing this drug in a concentration hundreds of times greater than can be attained therapeutically in the circulation Other, and otherwise more efficient, mercury compounds are useless for this purpose A few dyes might be expected to exert some effect, but they are probably eliminated too rapidly to attain it one clue to the success of sulphanilamide is that it remains in maximal concentration in the blood for six hours It is to be hoped that the discovery of this drug will banish all substances previously used as circulatory antiseptics into the limbo of forgotten things

Urinary Antiseptics—Here again the advent first of mandelic acid and then of sulphanilamide has largely superseded previous treatments of doubtful efficiency Two other antiseptics have a demonstrable action in the urinary tract hexamine, which is dependent, like mandelic acid, on the maintenance of a low *p*H, and hexylresorcinol, the behaviour of which is unaccountably erratic

Intestinal Antiseptics—The coal-tar preparations which are sometimes given to colostomy patients and in various other circumstances in order to suppress bacterial activity in the lower bowel do not reduce the bacterial population of the colon, and have indeed never been shown to reach it So far as we are aware an antiseptic that is neither absorbed from the bowel nor rendered inert by chemical combination with its contents has yet to be found

Biliary Antiseptics—We are not aware of a convincing demonstration that any drug acts as a biliary antiseptic Hexamine has been much lauded for this purpose, this substance is not itself bactericidal at all, and acts only by liberating formaldehyde under the influence of acid A degree of acidity adequate for this effect exists nowhere in the body except in the stomach and the urinary tract For the same reason hexamine is quite inert in the central nervous system

Conclusion

It has been possible in the present review to deal only with better-known antiseptics and their commoner and more important uses Essential oils, boric and other acids, soaps, metals, and even the excrement of maggots have been used for their antiseptic properties For each of the proprietary antiseptics of coal-tar origin which we have named there are a dozen others, similar in composition but in some cases less familiar and unsupported by the same variety of testimony to their value Since no authority in this country has undertaken the task of examining and adjudicating upon preparations of this kind the medical profession in general has no means other than clinical trial of knowing what their merits are In this as in other directions which we have indicated the intelligent use of antiseptics is rendered difficult by lack of information Order is more likely to be brought into the present chaos of this subject if it is more often approached in the manner we have attempted here—that of inquiring into the evidence that the properties of an antiseptic are suited to a particular task

NATIONAL FITNESS AND THE CARE OF THE INSANE

BY

SIR ROBERT ARMSTRONG-JONES, M D, D Sc., F R C P

A striking demonstration of physical exercises combined with musical rhythm was recently given by the Margaret Morris Society before an audience of teachers nurses, representatives of the Eugenics Society, and medical men, some of the last named associated with the care and treatment of the insane and coming from a distance so far from London as Cumberland This most interesting exposition of the value of graded muscular movements, lasting nearly two hours, was presented on December 1 at 31 Cromwell Road, S W 7, the London institute of the movement It was fully explained by Miss Margaret Morris and her staff who had already directed their remedial treatment classes in several mental hospitals and private homes for the care and treatment of the insane The attractive demonstration included the use of general and special muscular movements, easy of execution and pleasing to watch by which to secure the balance of the body, graceful postures, and mental relaxation They taught the performance of physiological muscular contractions, which were carried out without effort, and a normal poise was maintained which is deplorably wanting in all mental cases Recently the advocacy of physical fitness has been taken up with great earnestness by the Government in pressing forward the scheme for national fitness Local authorities on the one hand and a great array of voluntary workers on the other have been engaged in rousing public interest in activities for an improvement in the mental and physical condition of the people, but in no section is this more necessary than in the population of our mental hospitals

Members of Parliament who desire to urge primarily the question of nutrition—free food and milk—need have no anxiety to-day about the food provided in the mental hospitals for in these the dietary has been fully considered by the responsible local authorities During the last twenty years the maintenance rate in the public mental hospitals has been more than doubled, and the nutrition of those under treatment appears to be satisfactory, but the general improvement in bodily conditions through the judicious use of muscular exercise and movements has perhaps not received the special attention required as an aid in remedial treatment It is not yet realized that the Lunacy Act, 1930, makes it possible to receive into mental hospitals cases in their early stages voluntarily—that is, without the doctor's certificate of insanity Naturally it is obligatory upon those responsible for the treatment—apart from the question of public duty, personal responsibility, or humanity—to do their very best towards the patient's rehabilitation and recovery

The Numbers of Mental Patients

The question is a very big one, for in the year 1936—the last for which we have any record—there were under care in our mental hospitals over 130,000 persons suffering from mental disease Of these more than 25,000 were new cases, a fourth of them—upwards of 6,000—being voluntary patients Also of the 82,000 cases of mental deficiency 4,000 were new cases admitted during 1936 (although none of these was a voluntary case) Every effort should be (and is) made for their mental improvement and restoration—quite apart from the urge arising out of a fellow feeling and sympathy, which their condition entitles them to receive

It is not criticism of the past we require but suggestions for the future we should begin therefore, by asking 'What sort of cases are likely to improve by physical treatment?'—that is, by muscular movements, bodily

information and the results are as valuable as they were previously unknown Envy malice and hatred were rampant The quarrels of Rush Morgan and Shippen are described in detail, as well as the appalling condition of the colonial troops who seem to have suffered more from epidemics of small-pox than from the ordinary diseases of camp life The book is illustrated with some excellent reproductions of the portraits of the chief actors and concludes with extracts from the journal of the Rev Dr James Sproat, chaplain to the hospitals It appears from these extracts that he was worthy to be classed with John and Charles Wesley, his contemporaries in England In *Dr Bodo Otto and the Medical Background of the American Revolution* (Baillière, Tindall and Cox, 18s) Mr Gibson has done a valuable piece of work for which we are grateful He might have added a portrait of Haym Salomon who deserved so well of his fellow countrymen but has never received adequate recognition

At first glance some two hundred and fifty pages seems a large allowance for the subject of *Everyday First Aid* (D Appleton Century Co., 6s), but Dr WALTER F COBB of New York handles the question in such an original and ingenious way that the book is by no means too long Each chapter begins with an appropriate newspaper extract, following such headlines as Enraged Bull Chases Hikers' 'Despondent Girl Attempts Suicide Takes Poison Now Wants to Live Test-Tube Explodes in 'Chem Laboratory Sprays Acid in Student's Eyes Dr Cobb then discusses and analyses each situation, concisely summarizes the appropriate first aid treatment, and concludes the chapter with the subsequent history of the case and a short commentary There is a good index and also an appendix with lists of first aid equipment for the home, for the automobile, and for personal use The illustrations are of the dramatic poster type popular in American propaganda. Dr Cobb's first aid methods are perhaps not sufficiently stereotyped to satisfy the regulations of the St John Ambulance Brigade but they are practical and efficient First aid students should enjoy this book

The House of Curious is the somewhat irrelevant title chosen by Dr A C ALPORT for the pre war portion of his autobiography (Hutchinson 10s 6d) The book describes the writer's boyhood in South Africa his student days in Edinburgh, and his experiences in general practice in Johannesburg In the first decade of the present century life moved swiftly on the Rand The lure of the city of gold attracted an amazing medley of queer types disorders were frequent and the routine of medical practice was often broken by exciting events On one occasion Dr Alport was chased from an asylum ward by a vengeful maniac with a carving knife on another when Chinese labour troubles had created widespread alarm a nervous householder greeted him by firing a revolver through the front door Such happenings were all in the day's work The author's adventurous disposition naturally induced him to tempt fortune in mining ventures and on the turf but he was both more scrupulous and less lucky than many of those who achieved an easy road to wealth But Dr Alport never repines A balanced philosophy of life and a sense of humour sustain him equally in failure and success Although most of this book is devoted to South Africa there is also an interesting and entertaining description of student days in Edinburgh where the author occupied lodgings crammed with stuffed cats He draws excellent pen portraits of several of the professors Dr Alport's style is breezy and completely free from affectation and there is not a dull page in the book

Many books on old age and the means of prolonging life have been written most of them by those who have already passed the threescore years and ten of the psalmist A notable example of such veteran authorship was the late Dr A GUEBHARD the Parisian obstetrician president of the Académie de Médecine in 1906 In his ninety ninth year he wrote a small book *Pour vivre cent ans ou L'Art de prolonger ses jours* and on November 8, 1932, was congratulated on his centenary at a special meeting of the Académie de Médecine in Paris The original brochure was reviewed in our columns (1931, 1, 455) and an account of the reception at the Académie de Médecine was contributed to the issue of September 18, 1932 Dr J E H Gatt of Malta translated the would be centenarians guide into English with a dedication to Lord Strickland on the occasion of his seventy third birthday

Dr ROSALIE SLAUGHTER MORTON belongs to the second generation of medical women The first left some sort of a path but much hard clearing work had to be done before the medical career could become a highroad along which any woman of average ability and energy could travel In her autobiography (*A Woman Surgeon* London Robert Hale and Company 12s 6d) Mrs Morton sets out to tell the story of how she made a career for herself and helped to break down obstacles for her successors In doing so she purposely draws a picture of the kind of woman who did what she has done She therefore holds up to legitimate criticism not only her achievements but also her temperament and attitude as seen by herself Her professional record is very varied and she has gained considerable distinction, particularly in the Balkans where she was awarded from time to time six decorations Her merits however, were also recognized by decorations from France and America She gives a list of them at the beginning of the book She studied in Germany and Paris, travelled through Scandinavia and Russia to India saw some of the work of the Labrador settlements and was instrumental in founding the American Women's Hospitals which have done splendid work in the Eastern Mediterranean and in Western Asia She also founded the International Serbian Educational Committee, and brought a large party of young Serbians to America to educate them and train them for careers Her account of her personal outlook is much less attractive She obviously has tremendous drive and ability but her story is defaced on every page by evidence of complacency and of the triumphant retention into middle life of a stereotyped emotional attitude It is fair to say of this book that if it had been announced as the work of Mr Sinclair Lewis or Mr H E Mencken it would have been acclaimed as a miracle of satire

We sympathize with Dr NATHAN RAW'S enthusiasm in desiring the eradication of human tuberculosis of bovine origin and his little book *Bovine Tuberculosis in Man* (Baillière Tindall and Cox 6s) has much to commend it in its insistence on the measures to adopt particularly universal pasteurization of milk and in the meantime boiling of the milk at home before consumption But it is greatly to be regretted that as a vehicle for this laudible propaganda a volume should have been written which pushes forward a theory—the mutation of the bovine bacillus in the human body—that has not a scrip of scientific backing—indeed Dr Raw himself keeps pointing this out—and contains many statements that contradict all scientific evidence The book also describes Dr Raw's method of immunizing cattle with a non virulent culture of the tubercle bacillus but no results are given except the general statement that the results have been most encouraging The constant repetition of the same matter in chapter after chapter suggests that the book may represent a collection of essays or addresses

A new edition has now been published at 6d by the British Museum (Natural History) of the valuable pamphlet *The Bed Bug, Its Habits and Life History and How to Deal with It* by Mr A W MCKENNY HUGHES It forms No 5 of the Economic Series

In his booklet *Weeds Weeds Weeds* Sir CHARLES BOYS F.R.S describes and classifies weeds common in and around gardens and lawns and gives information as to the best means of destroying them It is published by Wightman and Co at 1s

training physical exercise rhythmic drills and mild athletics My answer is All young persons including nearly 7 000 cases under 16 detained as mentally defective in institutions, but it is not for these alone that this treatment appears to be applicable There are one regrets to know, thousands of young persons in our mental hospitals under care and control as mentally diseased and unsound who were once in full possession of their mental faculties but who have succumbed under the stress and strain of civilization

The Value of Muscular Movements in Mental Disorder

It is for this body of mentally ill people that I venture to think muscular movements under skilled direction would provide remedial treatment The question as to the great value of muscular movements for functional mental disorder has always been answered in the affirmative We know too well the relation between the mind and the body We see the effect of delirium of high temperatures of the toxin of fevers of drugs of alcohol and of narcotics upon the mind and also we know the effect of the mind upon the body—how bad news reacts on the body and how mental shocks affect digestion sleep and bodily movements We know how from their earliest days healthy children depend upon proper outlets of muscular activity for their growth and development as well as happiness We have only to watch the folk dances in rural districts at home and abroad to see the joy which young and old experience when suitably dressed, in performing the stately pavan the minuet the gavotte, and appropriate folk dances

The properly organized nursery of to day contains many objects used in games to encourage the instinct of movement such as running jumping marching singing kicking and gesticulating and the backward child can often be roused by an interest in handling following marching or walking with rhythm not to mention seeing and hearing In mental breakdown affection and disease the most common even universal mental symptom is failure to fix the attention to discriminate and to remember things In order to secure that interest we must endeavour to kindle an activity and try to adapt this for useful purposes such as handicraft weaving knitting artificial flower making mat making tailoring shoe making for indoor exercise and gardening looking after animals (rabbits dogs and poultry) for outdoor work

Effects of Muscular Exercise

It is acknowledged by all physiologists doctors and teachers that *muscular exercise*

1 Increases the work of the lungs augmenting breathing action letting in more oxygen and getting rid of carbon dioxide

2. Quickens the heart and circulation making elimination more effective through the lungs and skin

3 Raises the body heat by increased tissue changes—metabolism

4 Withdraws blood from the brain and sends more to the muscles thus exercise favours healthy action

5 Provides a healthy change which gives pleasure the mind being soothed and calmed and also invigorated

6 Interests the child who remembers the exercises and enjoys the pleasure Associative memory is rekindled

There are five senses (and indeed many more) which are avenues to the human mind but muscular feelings are the first and most fundamental of the constituents The muscular sense precedes all the other senses Muscular contractions are an essential element of the will and as these are pleasurable they tend to reawaken resolution and decision and to strengthen the will power Muscular efforts most often cease in illness or after fatigue and the limpness of an ill child is in marked contrast to the activity of a healthy one If health is to be preserved the vigour and nutrition of the muscular system must be exercised, practised and maintained The experience of Dr Elizabeth Casson medical director of Dorset House School of Occupational Therapy confirmed mine when I was the physician in care of mentally lowered children at Earlswood, and her good work is appraised as also is the Margaret Morris Movement on page 76 of the Board of Control report for 1936 just issued

I think this movement should provide one of the most successful remedial treatments in securing the control of the attention and in mental restoration It helps the power and grasp of the mind by practice in obeying commands It strengthens the will It excites curiosity imitation interest and memory which in cases of mental derangement are the fundamental elements in the re kindling and rousing of intelligence It was warmly supported by Dr Stella Churchill I need only add that this work receives the full approval of the National Advisory Council on Physical Training as well as of the Amateur Athletic Association and many local authorities

I have presumed to pen these notes in order to emphasize the value of properly graded muscular exercises as a help in the remedial care and treatment of mental cases—young and old

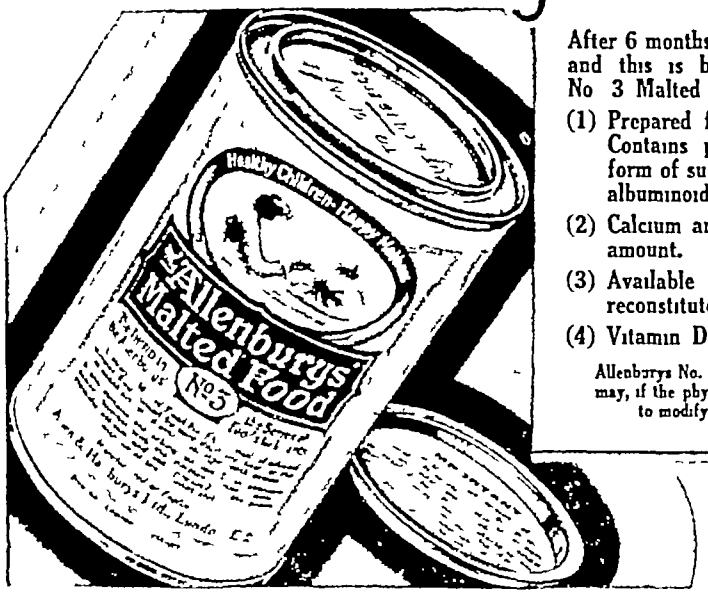
Nova et Vetera

THE MEDICAL LIFE OF BOSSUET

Dr L Brodier the distinguished president of the French Society of the History of Medicine contributes to a recent issue of its *Bulletin*[1] an article on the medical life of the eloquent preacher known as the Eagle of Meaux Jacques Bénigne Bossuet was born at Dijon on September 27 1627 the seventh child of a family of nine He appears to have been free from disease until the age of 49 when he began to suffer from attacks of malaria which recurred during the next three years but were cured by cinchona then known by the name of Jesuits powder For the next twenty years he enjoyed perfect health and then at the age of 72 contracted eczema which lasted for more than two months and was attributed by his doctors to fasting during Lent The following year he developed symptoms of cholecystitis Fagon the celebrated physician to Louis XIV prescribed bleeding—which was performed by Dionis senior surgeon to the Duchess of Burgundy—daily enemata and a diet of soup and eggs From this time until his death Bossuet became subject to attacks of diarrhoea sometimes accompanied by bilious vomiting and constipation which necessitated numerous purgatives In 1701 at the age of 74 Bossuet first noticed that his urine was tinged with blood though he had no pain in the lumbar region or bladder His regular medical attendant Denis Dodart physician to the Princesse de Conti and her children recommended a season at Forges les Eaux a spa much in vogue for the treatment of stone and urinary diseases but this suggestion did not meet with Fagon's approval and was not carried out The diagnosis of stone in the bladder made by Dodart was confirmed by the expulsion of a small calculus and an infusion of tea, which had recently been introduced into France and was reported to prevent the formation of vesical calculi was ordered to be taken every morning During the next two years and eight months, ending with his death at the age of 76, Bossuet suffered from acute and subacute attacks of calculus cystitis An operation to be performed by the celebrated lithotomist Georges Marechal was discussed but decided against The necropsy showed calcification of the gall bladder hydrocele and a stone almost as large as an egg in the bladder which was ulcerated and gangrenous

[1] *Bull Soc franç Hist Méd* 1937 31 145

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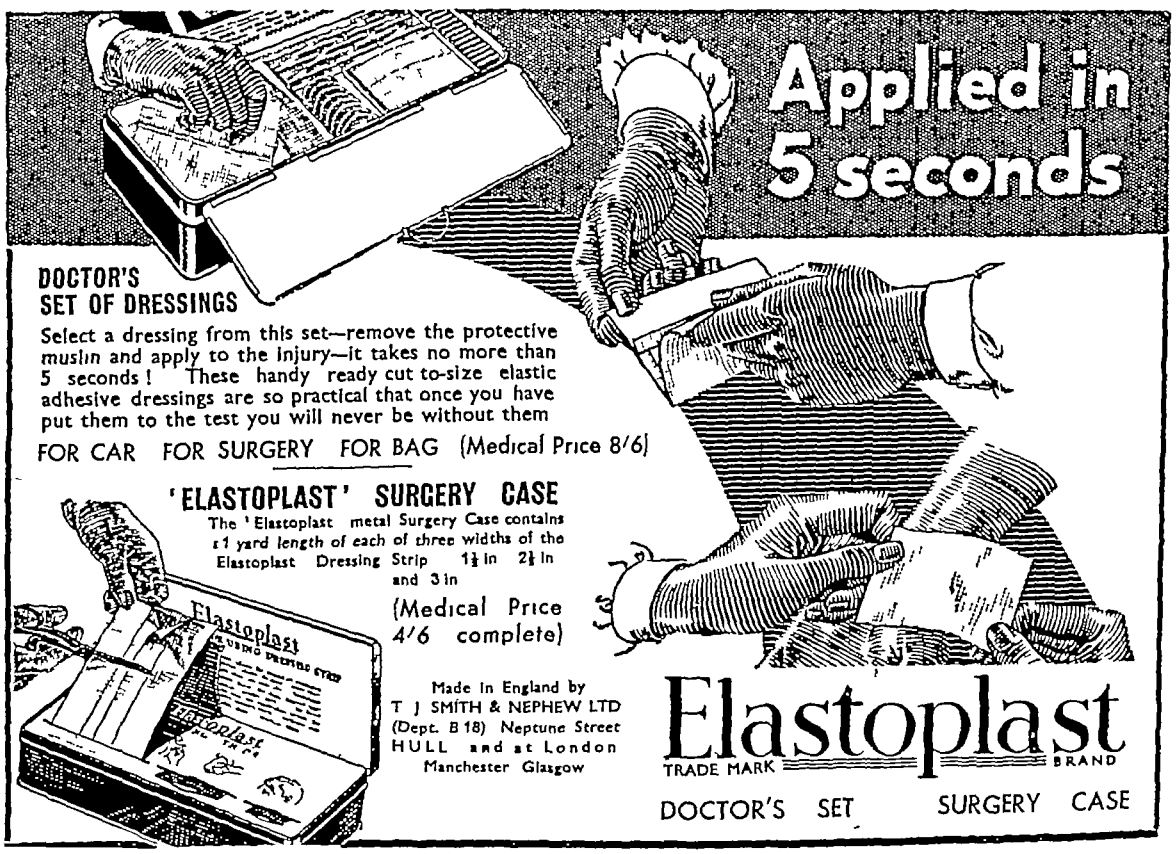
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RADIUM POLICY AND PRACTICE

THE 1937 REPORT

The eighth annual report of the National Radium Trust and Radium Commission[1] is of unusual interest, as it foreshadows extensive and important developments of their activities in the near future

Treatment of cancer by massive radium units, which has hitherto been more or less on probation, has given results which warrant its adoption as a recognized therapeutic procedure The radium content of each unit varies from 1 to 5 grammes or more, so that the adoption of beam therapy by a number of centres necessitates large additions to the amount of radium at the Commission's disposal At the same time it is recognized that if this method of treatment is beneficial any delay in meeting demands for the installation of suitable units is unjustifiable Negotiations were accordingly entered into with the Union Minière du Haut Katanga and the Eldorado Gold Mines of Canada with a view to securing the necessary supplies on the most favourable terms It was decided to accept the offer made by the Canadian firm, by which ten grammes of radium were loaned to the Trust with the option of purchase within two years If it were eventually decided not to purchase, the radium was to be returned to the company and the Trust to pay a rental of 5 per cent per annum on the capital value of the radium and containers Much of the radium so obtained has already been allotted to various centres by the Commission

These allotments had scarcely been made when the Commission reported that several centres could make use of further quantities of radium for beam therapy, and it was suggested that a further 10 grammes should be borrowed from the Eldorado Company, the question of adopting this proposal is still under consideration

A Time for Co-ordinated Attack

It is evident that if the Trust and Commission are to continue their work effectively large additions to their financial resources are imperative and will almost undoubtedly involve an appeal to the Government In this connexion the report states that

> The Commission believes that there has never been a more favourable time for an open and co ordinated attack upon cancer, and is confident that such an attack under the aegis of the Government would obtain immediate support from the laity, from the hospitals both voluntary and statutory and from universities and colleges of surgeons and physicians

It might have been added that such an attack would have the cordial and whole-hearted support of the medical profession generally, and it is indeed only by its support and assistance that the laity can be induced to realize the widespread benefits which would result from such concerted and systematic action The Radium Commission is not only responsible for the allotment of the radium under its control, but acting in collaboration with other bodies takes the necessary steps to ensure its most efficient and economical use The names and professional standing of the Commissioners are sufficient guarantee for the thorough and impartial execution of its important and often very difficult duties It is indeed a most fortunate thing for the profession and for the public generally that by far the largest amount of radium in this country is in the hands of such a body as the Radium Commission, and is placed at a limited number of centres where there is every guarantee that it will be most advantageously and safely used

The British Centres

There are now twenty-three such centres in England, Scotland and Wales, of which thirteen are national centres, nine are regional centres, and one is a 'recognized hospital' The term 'national centre" is reserved for teaching hospitals to which radium is loaned by the Commission. Glasgow has now not only two national centres but also a "recognized hospital" —that is, a hospital at which the radium department is recognized by the Commission as carrying on work at a high standard of efficiency but having no radium on loan from the Commission. Two additional regional centres, at Bradford and Leicester, have been formed during the past year



The concentration of radium treatment at a number of centres is one of the main objects of the Commission's policy Small hospitals cannot run efficient radiotherapeutic clinics, and the only hope for efficient service is that they should be linked up together so as to make one radiotherapeutic centre between several Such a policy is necessary in order to give the amount of radium which will ensure their having all the different kinds of containers which are necessary for efficient radium therapy, and to provide the necessary x ray apparatus to ensure that all the cases can be continuously treated without keeping an expensive apparatus idle It is further necessary that those concerned in the work have sufficient experience of the diseases they are treating and the methods of treatment they are using, and also to ensure that there are enough cases to provide a "follow up, which is the only check on satisfactory treatment

An Ambitious Programme

The general views of the Commission on this matter cannot be better expressed than in the following passage from the present report

> The view of the Commission is that an efficient treatment centre should have accommodation for not less than 300 beds and an efficient pathological service, accessibility of consultants in all departments be of such a size as to permit the treatment of at least 400 new cancer patients every year keep fully occupied at least 1 gramme of radium, possess an efficient deep x ray therapy apparatus and employ at least one whole-time radiotherapist and a physicist At a limited number of centres—which might form training centres—there should also be available a radium mass unit of from 3 to 5 grammes There should be adequate clerical assistance to form an efficient follow up department '

The programme is undoubtedly an ambitious one, and the Commission fully realizes that it is not likely to be

[1] Eighth Annual Report of the National Radium Trust and the Radium Commission 1936–7 Including a Statistical Report London H M Stationery Office Cmd 5612. (1s 3d)

a combined test meal with alcohol and histamine. Histamine gave the humeral—or perhaps better called the pharmacological—type of stimulus It gave an acid secretion when other test meals failed It was independent of psychic factors, added nothing to the stomach, and the pure juice unneutralized by any food material was obtained Alcohol was likewise an excellent stimulus to gastric secretion giving an ideal juice for analysis From the standpoint of the laboratory worker the small volume of alcohol did not lead to any dilution of the juice, did not neutralize any of it, and there was a sharp rise in acidity, usually without any preliminary drop such as was found with the ordinary type of test meal The alcohol was given first and the histamine afterwards Alcohol was objected to by some people as not constituting a physiological response The nature of a physiological response was arguable, but if it had anything to do with palatability he thought most people would agree that alcohol was superior to the masses of oatmeal such as could only be approved by a Scottish Nationalist!

Dr P E T HANCOCK showed a number of slides illustrating cases of cancer seen gastroscopically They were cases from the Royal Cancer Hospital under the care of Mr C A. Joll

Sir JAMES WALTON said how gratifying it was to see these newer methods of investigation being worked out by the younger men He believed that *x*-ray investigation for ulcer or carcinoma was proved accurate in from 90 to 95 per cent of cases, but in some the *x* ray method was difficult Dr G E VILVANDRÉ as one who had carried out many *x* ray examinations, hoped that the workers with gastroscopy would go ahead, because he felt that by *x* rays alone a case of early carcinoma might be missed, even with Berg's method Dr G W GOODHART was critical of the use of alcohol in what was supposed to be a meal for testing physiological function

Local News

ENGLAND AND WALES

Rehabilitation Committee Modern Fracture Clinics

The Interdepartmental Committee which has been appointed by the Home Secretary, Minister of Health, and Secretary of State for Scotland to inquire into the arrangements for restoration of the working capacity of persons injured by accidents heard evidence on December 17 from Sir Cuthbert Wallace, President, Professor Grey Turner, Vice-President, of the Royal College of Surgeons of England, and Professor Barling a member of the Council of the College, in support of the organization of fracture clinics on lines which the committee has recommended in its interim report issued earlier this year (see *British Medical Journal* June 12, 1937, p 1218) The witnesses discussed the medical staffing of the clinics the steps which should be taken to instruct medical men in the modern methods of treating fractures, and the part which general practitioners might take in an organized fracture service

King's Fund Distribution

The Duke of Kent in his presidential address at the council meeting of King Edward's Hospital Fund for London at St James's Palace on December 13 announced cash grants to the voluntary hospitals of London of £300 000 The cheques will be received by the hospitals this week Of the total amount distributed about £30 000 goes to schemes of capital expenditure and the remainder to maintenance Grants on this scale have been made ever since the slump and the King's Fund has for three years been deliberately living beyond its income in order to give hospitals extra help during a difficult period The Duke, referring to this, said I trust that the importance of this will be recognized by the public and that the deficit will soon be met by an increase in our income ' The success of the three combined flag days, which realized £7,000 more than the seventy seven flag days in 1935, was mentioned as one of the important events of the year Another aspect of public support was the growth of the Hospital Saving Association, whose income from contributions now exceeds £1 000 000 Speaking further of the spirit of co-operation which exists among the voluntary hospitals, His Royal Highness referred to the valuable work of the London Voluntary Hospitals Committee, which keeps the voluntary and municipal hospitals of London in contact with each other "The King's Fund helped to found it,' he said, "and it keeps in close touch with the Fund It is the representative body for the discussion of all matters affecting the voluntary hospitals, and it also consults on their behalf with the London County Council '

M O H for the City

The City Corporation has appointed Dr Charles F White to be medical officer of health for the City of London at a salary of £2,000 a year Dr White has been medical officer of health of the Port of London since 1928, and before then held in succession the appointments of assistant M O.H. for the Port of Liverpool and medical officer in the Ministry of Health Since the death of Dr W M Willoughby in November 1936, Dr White has been acting as M O.H of the City, and pending the appointment of a successor as M O.H of the Port he will continue to carry on the duties of that post also

SCOTLAND

New Chancellor of Edinburgh

Lord Tweedsmuir Governor General of Canada, has been elected Chancellor of the University of Edinburgh in succession to the late Sir James Barrie The result of the election, which was by postal ballot was announced at Edinburgh on December 18 as follows

Lord Tweedsmuir	4 802
The Marquess of Lothian	2,582
Majority	2,220

The total poll represented about 50 per cent of the electorate Lord Tweedsmuir, formerly Mr John Buchan, has been Governor General of Canada since 1935 Lord Lothian was the official candidate of the University Court Nomination Committee

Nutrition of School Children

In his annual report on school health administration for the year to July, 1937 Dr George S Clark, school medical officer for the counties of Midlothian and Peebles states that there are very few cases of gross malnutrition and little evidence of under feeding in these counties He believes that as a rule there is not sufficient milk used in the home The supply of milk to school children under the Milk Board's scheme had proved most beneficial, but it would be an advantage if it could be supplied to all children whether attending school or not The percentage taking advantage of this scheme had not been so high as in the first year, and varied in different schools and at different periods of the year, in general 50 or 60 per cent of children took advantage of the scheme Some children asserted that they did not like milk, but if milk were supplied free the percentage of children failing to have their daily ration would be very small The report emphasizes the importance of a definite standard of nutrition The height weight age ratio, it states, could be

achieved unless the Government, either directly or through the local authorities, provides a good deal of financial assistance. Notwithstanding the very obvious difficulties we believe that with the assistance of the medical profession throughout the country the ideal will be realized. We have always been legitimately proud of the high standard of our clinical work and it would be a serious departure from our established standard if anything were left undone for the relief of sufferers from cancer. This is not an academic question of cancer research but of the application of known and approved methods of treatment, while at the same time the co-ordination of all available facilities gives the best chances for systematic and thorough investigation.

Staffing and Status

Upon the question of the efficient staffing of radiotherapeutic centres the remarks of the Commission are worthy of careful consideration. They are of opinion that there should always be at least two radiotherapists attached to every centre. The work of a high voltage x-ray department needs the whole time attendance of a properly qualified radiotherapist and it is recommended that he should act as assistant to the radiotherapist in charge of radium or vice versa. As regards the question of staff, it must also be borne in mind that according to the British X-Ray and Radium Protection Committee workers with x-rays and radium must for reasons of health have long holidays and not work for long hours.

There is, however another problem to be faced and that is one of the greatest importance. It is becoming increasingly evident that the obtaining of trained and experienced radiotherapists capable of taking charge of a centre, is a very difficult matter. This question has already been emphasized by the Radium Commission in its seventh annual report and is also referred to in the memorandum on the Provision of Radiotherapeutic Departments in General Hospitals recently issued by the Ministry of Health. There are two main reasons for this. In the first place an efficient radiotherapist must be a person of very unusual scientific and medical or surgical attainments. Such are obviously not easy to find. The second reason is one that is but little creditable to the ordinary visiting staffs of some of the hospitals concerned. There is in some cases a tendency to regard radiotherapy as a mere adjunct to surgery and the radiotherapist as holding a position subordinate to that of members of the honorary staff. In these circumstances it is hardly likely that the best members of our profession will embark upon a branch of practice necessitating long and arduous study when it is fraught with such manifest disadvantages to their status and emoluments. The report of the Commission leaves no doubt as to the opinion of those best qualified to express an opinion upon the subject.

> The specialist in radiotherapy does not displace but acts in full consultation with the surgeon or other members of the staff. At the same time he should be in effective charge of all the radium and either in charge of or in close touch with the x-ray therapy of the hospital. To ensure this he should be in possession of a high professional qualification and have the status of a member of the honorary staff. In practice however it is found that he must generally be a salaried officer of the Radium Centre and be in a position to attain to an income comparing favourably with that of other members of the staff. There does not at present appear to be much prospect of radiotherapists making a living in private practice and yet having sufficient time to devote to the work which it is necessary for them to do in the Radium Centre. In many hospitals a similar arrangement has been made by the appointment of salaried pathologists who have permission to treat private patients within the hospital. If this latter practice were extended to radiotherapists in charge of centres there would be greater inducement to senior men to take up such appointments.

The question of the status of the radiotherapist is indeed of such importance that we shall probably refer to it again at no very distant date.

The clinical portion of the report deals especially with carcinoma of the cheek, palate, alveolus, fauces and tonsil, and also with the radiotherapy of recurrent mammary carcinoma after surgical operation. Those who are specially interested in these matters are recommended to study the report itself, as it is hardly possible to give a more brief summary than that contained in the original text where the information at the Commission's disposal is clearly and concisely summarized.

IMPERIAL CANCER RESEARCH FUND

THIRTY-FIFTH ANNUAL REPORT

The thirty-fifth annual report of the Imperial Cancer Research Fund announces that the new laboratories in process of erection at Mill Hill should be completed by June of next year. The executive committee has decided to apply to the King, through His Majesty's Privy Council, for the grant of a Royal Charter. The draft of this of the by-laws and of the necessary petition is now being considered by the Committee and also by the Councils of the Royal College of Physicians of London and the Royal College of Surgeons of England.

Director's Report

Dr. W. E. Gye director of the Fund in his report reviews critically the known facts relating to cell grafting and the transplantation of tumours and the frequent misinterpretation of experimental results due to failure to appreciate the significance of these facts. He believes that the resistance to transplantation or the so-called immune state of an animal though of considerable biological interest is not of practical importance. Putnoki has proved that rats which have been injected with mouse embryo skin resist completely transplantation of the Balogh-Ehrlich mouse tumour. Dr. W. J. Purdy has shown in the same way that the injection of chick embryo cells in young ducklings inhibits the successful grafting of fowl tumour cells though in the same circumstances an injection of duck embryo cells has no effect. It has become clear that an animal cannot be "immunized against its own tumour though it can be "immunized" by the injection of a foreign tissue against the transplantation of a foreign tumour. The phenomenon of resistance on which so much work has been done in recent years is simply a resistance to foreign cells whether they be normal or cancerous. A complete explanation of the resistant state is still lacking but the reaction is obviously not specifically related to cancer and affords no hope for cancer treatment. This conclusion has been confirmed by the work of Dr. T. Lumsden and Dr. H. J. Phelps, who have shown that immune serum prepared in a rat by repeated injections of Jensen rat sarcoma tissue does (as Jensen previously claimed) kill the tumour cells of the Jensen rat sarcoma tissue but it also kills normal spleen cells; conversely rats which have been injected repeatedly with normal rat spleen tissue yield a serum which readily kills Jensen sarcoma cells. The important findings are that the immune serum is non-specific and that the wider the genetic difference between the injected animal and the animal from which the cells are taken the more potent the antibody produced.

worked out with some accuracy, but other factors entered into the question and were really more important, although difficult to assess Allowance must be made for lesions of the heart, lung, or nervous system, or defects in structure of muscles or bone

Edinburgh and Aberdeen Graduation Ceremonies

At the winter graduation of Edinburgh University Principal Sir Thomas Holland conferred among other degrees those of M B, Ch B upon forty-three graduands The degree of M D was also conferred upon fifteen graduates and gold medals were awarded to Dr R V Christie for a thesis on "Dyspnoea," and to Professor T B Johnston, Dean of Guy's Hospital Medical School, for a thesis on "A Young Human Embryo"

At a special graduation ceremony at Aberdeen Emeritus Professor A A Jack, in the absence of the Chancellor and Vice Chancellor, conferred the degrees of M B, Ch B upon thirty-two graduands, and that of M D upon three graduates In his subsequent address to the graduates Professor Jack remarked that this day marked for them the end of a long and arduous period of preparation, although this involved less strain upon the most valuable of human faculties than would be exacted by the actual practice of the profession of medicine So far they had not required to reckon with large or sudden responsibilities, and had had experienced men around them, but as busy practitioners they would often have to decide matters at once for themselves

Correspondence

The Problem of the Final M B, B S Lond

Sir,—A document has recently been circulated by the University of London Graduates' Association to medical graduates of the University urging them to support the candidature of Mr P H Mitchiner for a vacancy on the Senate of the University This document contains a long statement signed by the principal officers of the Association, the election address of the candidate, and, on the last page, a list of nominators In this list my name appears, and from conversations I have had with a number of people interested it would appear to be generally thought that I support the views put forward in the statement of the Association and the election address As this is far from being the case, I ask the hospitality of your columns to explain my position in the matter

A month or so ago Mr Mitchiner wrote to me to ask me to support his candidature To this I willingly agreed I have been associated with him for many years, particularly in connexion with the University O T C I owe a great deal to him for the help he gave me when I commanded the Medical Unit He is a man of great energy, he has interested himself in many phases of university life and has special acquaintance with student activities I therefore had no hesitation in signing his nomination paper

It came as a great surprise to me, therefore, to find my name attached to a document with which I have no sympathy whatever I do not know what his other nominators feel, but for my part I think it would have been only courteous to have informed us that our names were to appear on such a document, so that we might have had an opportunity to withdraw This document which is signed by Sir Ernest Graham-Little and two other officers of the Graduates Association, is in fact an attack on the Board of the Faculty of Medicine, which is making another attempt to deal with the problem of the Final M B, B S examination

The fact that only 56 per cent of those who have passed their second M B ever graduate in medicine has become such a scandal that the Universities Grants Committee has had occasion to comment upon it At present nearly half the London University students rely on the Conjoint diploma to obtain a qualification, while the other half find it advantageous to take the Conjoint diploma in addition to their degree, thus entailing two examinations of a similar nature as well as having to pay two heavy fees Thus it would seem only natural that the Faculty Board should consider a conference with the two Royal Colleges desirable when this problem was under discussion It is true that the question of some association between these examining bodies has been considered on previous occasions without result, and it is also true that there are many serious difficulties, not only academic but also financial and legal, to be faced In fact these difficulties may prove quite insuperable But this does not mean that no further efforts should be made to settle this difficult problem There will be ample opportunity at a later stage to object to any concrete proposals which are put forward, and the Senate, which contains only a small proportion of medical members, may be trusted to deal with suggestions which are not in the interest of the University

Unfortunately this form of attack by the Graduates Association is nothing new This Association apparently bases its opposition to a conference on 'the interests of the graduates,' and it appears to think that the fewer people who obtain a degree the better the degree, a doctrine which I believe to be entirely wrong The University of London has to consider primarily the interests of education and of its students, and in these matters the Graduates Association appears to take no interest For these reasons Sir, I wish to dissociate myself from the views contained in the Association's memorandum and in Mr Mitchiner's electoral address—I am, etc,

London, W 1 Dec 18 A M H Gray

The Anti-leprosy Campaign and the "Keep Fit" Campaign

Sir,—Leprosy it is said, is being boosted out of all proportion to its importance from the public health point of view Malaria, it is argued, causes a far greater mortality than leprosy On these grounds, an oversea member of the British Medical Association, speaking at the Oversea Conference at the Belfast meeting last July, objected to the resolution passed by the Representative Meeting on the subject of leprosy This resolution called attention to the urgent need for increased support, by the Governments concerned, of the campaign for the eradication of leprosy in the British Empire The speaker contended that any further funds which such Governments could provide for public health purposes would be much better spent in strengthening the campaign against malaria He was expressing, he said, the view taken by many oversea members

At a recent meeting of the Council of the B M A the resolution on leprosy passed by the Representative Body came up for consideration Here again another speaker raised a similar objection 'It was exceedingly doubtful whether leprosy was the factor which caused the greatest morbidity among uncivilized races Certainly in Africa

Filterable Tumours

Immune bodies of another type, capable of neutralizing the intracellular agent responsible for the growth of filterable tumours have been found in the blood of hens bearing the Fund s connective tissue tumour, Mill Hill Strain No 1 These antibodies will neutralize not only the filterable agent of the No 1 strain but also the highly specific agents obtained from other and different strains of avian tumours Though antagonistic to the virus concerned the immune bodies have no effect on the tumour cells, and therefore, in life, cannot neutralize the virus within the tumour cell The belief of most pathologists that the cell of origin of the commonest slow-growing filterable fowl fibrosarcomata is the fibroblast has been confirmed by Dr R J Ludford Filtered extracts of connective-tissue tumours added to pure cultures of fibroblasts transformed the normal cells into malignant cells which when grafted into chickens produced tumours identical with those from which the filtrate was made Carrel s claim of ten years ago that the cell of origin of the Rous sarcoma is a macrophage has been investigated many times and the results of the experiments undertaken fail to support his view

Carcinogenesis

Dr E S Horning has added to fibroblasts cultivated *in vitro* dilute colloidal solutions of dibenzanthracene in such quantities and over such a period as would have been sufficient to cause tumour formation in the living animal With cells growing outside the body, however, it has so far been impossible to bring about malignant changes The tentative conclusion may be drawn that when a tumour is induced by the action of a chemical substance the living body provides an element which is necessary for the development of malignancy The work of Dr Mary Gilmour on a similar problem suggests that oestrone exerts a general influence which increases the susceptibility of the skin to the local carcinogenic action of 3 4 benzpyrene The degeneration in the adrenals of mice after the prolonged administration of oestrone has also been studied by Dr W. Cramer and Dr Horning Research on this aspect of the significance of oestrone in the causation of malignancy is continuing, and it appears that some connexion will be found between the action of oestrone, the occurrence of mammary cancer, and the appearance of brown degeneration in the suprarenals

In concluding his report Dr Gye suggests that the most important observation in cancer research during the past twelve months has been that of the American geneticists Bittner and Little These observers have previously proved that predisposition to mammary cancer is not inherited along simple Mendelian lines Recently they have taken newborn mice from a strain with a high susceptibility to cancer and had them fostered by mothers belonging to a strain the susceptibility of which was low In mice thus fostered tumour incidence was greatly reduced below that normal for the strain This line of investigation has been carried a stage further by transferring tubal ova from strains of mice with a high cancer incidence to the uteri of mice with a low cancer incidence More than a hundred female mice have been obtained in this way, and to date no cancers have appeared in the series From these and other experiments it seems possible that above and beyond inherited susceptibility to cancer there is a maternal influence, the exact nature of which remains to be ascertained

Social and Economic Factors

In a separate section of the report Professor Major Greenwood has examined the Registrar General s figures for the incidence of cancer in different social and economic groups in the light of certain German literature, which has been abstracted by Dr G Wolff of Berlin The Registrar-General, for the purpose of social or economic discrimination, divides the whole male, occupied and retired, population of adult age into five groups (1) upper and middle class, (2) intermediate, (3) skilled workers, (4) intermediate, and (5) unskilled workers His analysis for 1921–3 suggests that "a large proportion at least of cancer mortality is of a highly preventable nature, for we must suppose that if the conditions of life of all sections of society could be assimilated to those of its upper ranks mortality from cancer of the exposed sites would fall for all classes to the Class 1 level The exposed sites are defined as the upper part of the digestive tract from the mouth to the stomach inclusive, the larynx, the skin, and the breast The objections to this suggestion are considered in the first place from the point of view of the possible variations in the accuracy of diagnosis in different social classes The second objection is directed to the use of standardized death rates instead of figures for a probability of dying Professor Greenwood, after examining these and other objections, concludes that it "seems reasonable to believe that the *prima facie* interpretation of the death rates is correct and that there really is a social factor, or factors, of mortality from cancer It is improbable that statistical research alone will reveal these factors, but the provisional conclusions drawn from the census of 1921 will soon be checked by the results of the census of 1931, and it will be possible to see how far the inferences drawn ten years ago still stand It would be desirable, however, to have at the same time statistics relating to the female population, for a social or economic as distinct from a purely occupational factor should affect in exactly the same way the wives and daughters of the men within the five social groups The Registrar-General already deals with the fertility and infant mortality of these groups and it is understood that in future he will relate also the mortality of wives to that of the social class to which they belong

MEDICINE AND LAW

THE MEDICO LEGAL DINNER

The annual dinner of the Medico-Legal Society was held in London on December 17, Mr Justice HUMPHREYS presiding Four other judges were present—namely, Lord Atkin (Lord of Appeal), Lord Hewart (Lord Chief Justice), Mr Justice Hawke, and Mr Justice du Parcq

Lord ATKIN in proposing what is becoming the time honoured toast of "Medicine and Law," remarked that one of the most important results of the work of the Society was that each profession had learned from the other and exhibited more charity The concern of both professions was the ascertainment of truth For this purpose the lawyer depended upon the veracity of the persons he examined, the medical man had at his disposal more effective means of examination, though occasionally very unpleasant ones On the other hand, the law was accustomed to having its orders obeyed, whereas "doctor s orders ' were not always compelling Lord Atkin added a few remarks on the professional witness saying that the real trouble with this person was that he would never admit that he did not know the answer One of the most effective answers a witness could give to an awkward question was I don t know', it endowed him at once with a reputation for integrity, and perhaps it got him out of a difficult situation

A New Spirit of Understanding

Sir WILLIAM WILLCOX in responding for 'Medicine" recalled that in the responses to this toast in years gone by an effort was made to show the superiority of medicine to law followed by an effort on the part of the responder for 'Law' to exalt his own profession as against the other A different spirit, one of mutual understanding and deference, had now arisen One fundamental difference between

it was not so" He urged that the resolution should be referred to the Dominions Committee before any action was taken

It is well that publicity should be given to these views in order that the question should be fully discussed and the other side of the case stated If these objections cannot be answered a doubt arises as to whether such an organization as the British Empire Leprosy Relief Association—patronized by the King and many high Government officers and supported by many eminent members of our profession—may not be but another example of well intentioned but mistaken zeal for humanitarian causes

In the first place it must be frankly admitted that the mortality from malaria is enormously greater than that from leprosy Has not malaria been called the Captain of the Kings of Death! It is true, on the other hand, that deaths directly due to leprosy are comparatively few Dr Ernest Muir, one of our leading leprologists, has said that one of the sad things about leprosy is that it does *not* kill Its untreated victims are doomed as a rule to lingering years of miserable disfigurement or mutilation, until some other disease, malaria or dysentery, or, it may be, starvation and neglect, put them out of their misery Leprosy *per se* is not usually a fatal disease As regards morbidity too, it must be agreed that, if judged from the point of view of the numbers affected, leprosy takes a subordinate place But when all these points have been conceded, there is still much to be said on the other side Possibly the most forcible reply to our critic is the question asked by a non-medical friend, "Would he himself, if he had to choose, rather have malaria or leprosy?' For leprosy is, among peoples familiar with it, one of the most dreaded diseases

It should hardly be necessary to point out that the duty of our profession is not by any means limited to the prevention of death Large sections of the profession—such as dental and ophthalmic practitioners—are but little concerned with reducing the rate of mortality Their concern is to relieve suffering and make life better worth living by promoting health and happiness In our modern public health services, especially as affecting schools, dental and ophthalmic clinics are rightly given an honourable place The dentist by the relief of toothache or the prevention of a toothless old age the oculist, by the prevention of blindness or the relief of headache and eyestrain that take away much of the pleasure of life, are rendering important services though not obviously influencing the death rate

From the point of view of the need for relief of misery and suffering, leprosy holds perhaps the highest place among the diseases of humanity It is a contagious disease By modern methods it is now curable in the earlier stages The means of prevention are well known Leprologists tell us that it is comparatively easy to prevent and could be stamped out in two generations if only sufficient funds for training and organizing suitable workers were available Taken together these facts may well be urged as presenting a strong case for the anti-leprosy campaign Though far less numerous than malaria the number of cases is considerable In Nigeria for example of a population of 20 millions it is estimated that 1 per cent are lepers There still remains one more cogent argument for the value of modern anti leprosy work as a contribution to public health Leprosy is a disease that gets a hold on communities that have only reached a low level of personal hygiene and sanitation For such communities there can be few more effective health propagandists than a cured leper He will have left his village with his face branded by the hideous marks of his disease—a disease until recently regarded as incurable His neighbours remember him as a miserable beggar dependent on their charity, longing it may be, for death After, say, two years or more in a modern leper settlement, he returns to them smiling, cured of his leprosy He has learned to practise the simple rules of health and happiness These include not only the elementary rules of diet, cleanliness, and sanitation, but also regular occupation in self-respecting work for the community In our keep fit campaign in those dependencies of our Empire where sanitation is only at a low level and leprosy is still prevalent a rightly conducted anti leprosy campaign, run on modern lines, has a value difficult to exaggerate The cured leper can be trained to be, and often is a most admirable apostle of health and happiness to his own people

Briefly to sum up our argument, we would plead that the special features of this disease may well be urged as giving it an importance from the public health point of view not to be measured by statistics of mortality or of morbidity

At this season of the year one more reflection suggests itself The Physician whose birth we commemorate at Christmas left with His followers a definite instruction—Cleanse the lepers Of all the many diseases that afflict mankind this one was singled out for special mention May we not find in this command, not merely pity for these pitiable outcasts, but also a deeper wisdom than we have realized?—We are, etc,

HERBERT CAIGER
W J LYTLE
JOSEPH NUNAN
Representatives Sheffield Division, A.R.M. 1937

Sheffield, Dec 17

Inhalational Therapy

SIR —Treatment by inhalation is no new discovery, for it has been practised since the earliest days of medicine There are many forms of apparatus on the market for giving treatment by inhalation, and I think it was Laennec who had seaweed put under the bed of certain tuberculous patients so that they might benefit from the smell

I do not think that it is usual to dissociate oneself from any form of treatment because of publicity When the public heard of insulin and it became news and a nine days wonder this did not prevent doctors from using it But in choosing what method of treatment he recommends for his patient the extent to which he is influenced by lay publicity must be a matter for the discretion of the individual doctor

Last year I asked my house physician Dr Mary Lockett to make some investigations into the degree and rate at which certain drugs were absorbed when given by inhalation and to analyse the results of cases we had treated in the hospital Her work was published in the *British Medical Journal* of December 19, 1936 p 1251, and she gave references to several German authors who had recently published the results of their studies on this subject We used a Collison's inhaler because it is worked by compressed air or oxygen and a pressure sufficient to make a vapour of very fine particles can be obtained with a rate of flow of 10 litres there is a pressure of 35 pounds to the square inch and with 15 litres one of 70 pounds and the pressure is an important factor in the absorption of the medicaments—I am, etc.,

L S T BURRELL.

London W 1 Dec 14

the two professions was that law was based largely on precedent and the lawyer was jealous of change, whereas medicine was continually advancing and its medico legal implications were becoming more complex He referred as an example to the introduction into industrial use of such substances as trichlorethylene and various acid gases, all of which had their hazards and gave rise to medico legal problems

Mr Justice HAWKE who responded for Law referred to the interest now taken by medical science in the case of the criminal The first offender—he questioned the application of that term in many cases and expressed doubt as to whether he had ever had a first offender before him—must have his history investigated right back to infancy before his punishment was determined It reminded him of a story from his own West Country of an old labouring man who was set to dig up the roots of an oak tree It was August and the ground was hard and he broke his fork and bent his shovel in the process Presently he stood back and said Darn they pigs as didn't eat thee when thou wast acorn No doubt the explanation of many strange aberrations could be traced back to early years He recalled a case of a man who had a morbid fear of railway trains, and it was discovered that at the age of 5 he had swallowed a little tin figure belonging to a toy engine It was right and proper that the delinquent—who must on no account be called a criminal—should have a course of medical treatment, but the time for such treatment if it could be given was surely in earlier years rather than after the crime was committed

Tribute to Medical Experts

The toast of The Society was proposed by Sir E H TINDAL ATKINSON Director of Public Prosecutions who paid a tribute to those engaged in medico legal cases for the true inferences they drew from very complicated facts The most striking example in recent medico legal history was probably the Ruxton case in which the criminal with a kind of fiendish skill practically succeeded but not quite in destroying the identity of his victims The patient work of the experts in that case and the ultimate convincing result were matters for sincere congratulation Incidentally the public often forgot what he regarded as the unconscious heroism of those who had to handle the pathetic remains of a crime of that character Mr Justice HUMPHREYS in replying referred to the presence at the dinner of two founders of the Society Dr Henslowe Wellington and Sir Walter Schroder The Society had gone on from strength to strength It started with fifty five members and now had 380 Arrangements had been made for the affiliation with it of other medico legal societies and the recognition of branch societies including one in Manchester of which Judge Leigh was president A branch of the parent society had also been formed in Essex He thanked the honorary officers of the Society particularly the two secretaries Mr A A Romain and Dr W G Barnard and the treasurer Sir Walter Schroder for their services Complaint had been made that the medical element in the Society generally provided the papers but that must be so for every doctor knew a certain amount of law whereas the ignorance of the average lawyer of the most elementary facts of physiology was abysmal The function of the lawyer in the Medico Legal Society seemed to be to apply the critical faculty which he was supposed to possess and which his training was expected to give him

Dr R HENSLOWE WELLINGTON proposed the health of the guests and responses were made by Mr Justice DU PARCQ who made some humorous comments on the perfect witness and by Sir ROBERT H PICKARD Vice Chancellor of the University of London who took up the suggestion of a previous speaker that a medico legal institute should be formed in connexion with the University of London, the furtherance of this idea he said depended principally on the endowment which might be forthcoming

CROYDON TYPHOID INQUIRY

HISTORY OF THE OUTBREAK

The tribunal appointed to inquire into the causes leading to the outbreak of typhoid fever in Croydon began its sittings for hearing counsel and evidence on December 20 The inquiry is being held by Mr H L Murphy K C with whom Sir Humphry Rolleston Bt and Mr H J F Gourley, M Inst C E sit as assessors One addition to the list of counsel whose names were given on the last occasion[1] was Mr A H Forbes appearing for the Croydon Division of the British Medical Association and the Croydon Local Medical and Panel Committee It was stated that up to that day the number of cases was 283 and the number of deaths 26 A bulletin outside the town hall gave the names of ten patients who were dangerously ill with typhoid at Mayday Hospital and of twenty three others seriously ill but not in immediate danger

Sir Walter Monckton K C for the Croydon Corporation occupied the whole of the first and part of the second day with an opening statement He said that Croydon had a population of a quarter of a million and there were 56 000 inhabited houses within the borough Its health record was good While the death rate per 1 000 for England and Wales was over 11 for Croydon it was only 10 1 the infant mortality was 41 per 1 000 There were always a certain number of cases of enteric fever in the country there were over 1 800 such cases in England and Wales in 1937 down to the middle of November but in Croydon since January 1 until the present outbreak there had been only ten He briefly explained the mode of onset of typhoid fever and the likely sources of infection The organism was found in soil contaminated with animal matter and in water invaded by sewage He also discussed the possibility of human carriers The position in Croydon now was that the late primary cases were coming to an end most of the new cases could definitely be traced to contact with a primary case The infection was so easily carried by food or water that it was never easy to isolate the source and one of the early difficulties of the Croydon situation was that it could not be assumed that the outbreak was due to water all possible causes had to be eliminated The period of incubation varied from five to twenty three days and even after the onset of illness there was a mean time of eleven days before the symptoms were so severe that the patient called in a doctor or sought admission to hospital.

The Croydon Water

The investigations undertaken (Sir Walter Monckton proceeded) eliminated food or milk as the probable medium and the conclusion was reached that the infection was water borne Attention was directed to what was known as the high level supply from the Addington reservoir When the houses in which cases had occurred up to November 3 were plotted on a map they were seen to follow with remarkable closeness the Addington supply Cases occurred at two schools in this area the schools had no food source in common except pasteurized milk which was ruled out so that here again the common water supply was suggested Some later cases occurred outside the area served by this water but it was found that the people concerned had had opportunities of drinking the high level water at other addresses or that by means of a valve or stopcock their area had been served for a time by this water

The Addington well which was sunk in 1885 was 205 feet deep all in chalk and 10 feet in diameter Its maximum yield was two million gallons a day its minimum one million gallons The well supplied the reservoir but it also supplied water direct to the Warlingham Mental Hospital three miles away where there was a 30 000 gallon tank It was surprising that only one case and that not an early one had occurred at that hospital In 1910 three sand filters were brought into use and were replaced in 1928 by new filters of rapid pressure with a chlorinating apparatus as a stand by and in 1936 an

[1] See *British Medical Journal* December 11 1937 p 1189

Correct Footwear

SIR—Dr Thomas Marlin (*Journal* December 11, p 1198) has invited the attention of the medical profession to what constitutes correct footwear Observations suggest that, in addition to physical deformities and injuries of the feet, incorrect footwear is the cause of a considerable amount of inattention, irritability, fatigue, in fact, of dis-ease (lack of ease) Probably 'incorrect' socks and stockings, lack of personal hygiene, etc, are in some cases contributory causes, but on the whole these mental and physical dis eases are due to unsatisfactory boots and shoes

Mr Bernard Shaw has upbraided the middle-aged Englishman for his preference for spending his evenings by his own fireside instead of patronizing the theatre Mr Shaw appears to have overlooked not only the joyful relief the Englishman experiences when changing into his slippers but the fact that playwrights, artists, deans, professors, and other eminent people almost invariably do their best work shod in slippers which outrage the aesthetic sense of their household Even Mr Punch, save when hunting with Toby, knows how to forget his feet How can a man be cheerful if he is conscious of his feet? The definition of correct footwear is not without difficulty To the doctor and to many laymen the criteria of 'correctness would be such size, shape, and quality as to ensure unconsciousness of one's feet But to many men and women the style of footwear is of great importance, and to most people its price is all-important

It would appear that we are at the mercy of the boot and shoe manufacturers, who are probably the best source of information as to what quality of materials, style (fashion), and prices suit the public Possibly they might be induced to accept guidance from the medical profession as to the "correct" size and shape of footwear and the elimination of materials known to be deleterious to the human foot Comfortable, and to me eminently satisfactory, footwear can be purchased at the higher prices After much searching I have found that the cheapest price at which I can purchase such correct ' shoes is 35s per pair, comparable prices obtain for the "correct" footwear for my wife and children I find that the cheaper grades, even from the same factory, are "incorrect", they are not only of inferior quality but (what is of major importance) their shape or fit is most unsatisfactory Why should cheap shoes be made on a different model from the more highly priced?

The correct shoeing of horses has engaged the close attention of the British veterinary profession since its foundation in the eighteenth century For 150 years veterinary students have been required to take a thorough course of instruction in the manufacture, fitting, and use of horses' shoes Thus for many years the initiative in the correct shoeing of horses has been taken by the veterinary profession Is it not in the public interest that the medical profession should be equipped with the knowledge for directing the correct shoeing of man?—I am, etc,

St Albans Dec 14 TOM HARE

Parkinsonism following Peripheral Trauma

SIR—I feel that the letter of the Director-General of the Pensions Medical Services (*Journal*, November 6, p 934) stands in need of answer I only regret that I must particularize where he generalized He attempts the justification of his decision (1) on the fact that the incidence of Parkinsonism among war-wounded men is no greater than that among the civilian population, and (2) on the postulate that the most common cause of Parkinsonism in people under the age of 40 being encephalitis lethargica, it is most probable that this man was an undiagnosed case Surely Dr J H Hebb is no less guilty than I am in falling into the age old fallacy of *post hoc ergo propter hoc*—and he must even assume the *hoc* Furthermore, during the years 1921–4 the man lived not in Ashford but in Dover, twenty-four miles away, where there were in all three notifications of encephalitis lethargica in these years In other words, if this application had come before the civil courts the case for the plaintiff would be something like this

In 1916 my client, a soldier, received a gunshot wound in the arm which was followed by stiffness and tremor resulting in his not being allowed to do further active service This condition slowly spread over his whole arm then over one side of his body, and later over the whole of it My case is that the injury was the determining factor of his present condition And now let me deal with the argument put forward by the defence It is that my client contracted a rare disease, encephalitis lethargica between the years 1921 and 1924—why between these years I do not understand—and *having contracted it was unaware that he had done so* Moreover, this disease is so rare that in these four years only three women out of a total population of 41,000 people are known to have suffered from it Not only that, but by some fortuitous coincidence the spot in which the disease attacked him was the site of his old war wound Therefore, since the case for the defence is built on so fantastic a theory coupled with a still more fantastic coincidence, there can be only one verdict.

That trauma does play a definite part in some diseases of the nervous system is now accepted While I am the last person to dogmatize, I would contend that this man is a pensionable subject provided his records—if still extant—show that before 1918 he showed stiffness, weakness and tremor, and complained of pain in his right hand, and that this syndrome coupled with his subsequent history, which conforms to the characteristics of Naville and De Morsier, cannot be ignored—I am, etc,

Ashford Kent, Dec 17 JOHN C HODGSON M D

The Fevers and Granulomata in their Pathological Relationship

SIR—In reviewing the fevers we observe that the rash comes out early in scarlet fever and chicken pox and late in enteric fever The infecting organisms appear to attack the throat first in scarlet fever and diphtheria and the nasal mucous membrane and throat in measles, while in enteric fever the bacillus seems to fasten first on the lymphoid tissue of the bowel

Measles and whooping cough give rise to pulmonary complications, scarlet fever to renal disease, and the pneumococci favour serous membranes, particularly the pleurae, peritoneum, and the membranes of the brain Enteric fever, in addition to infecting the lymphoid tissue of the bowel, mesenteric glands, and spleen, may likewise involve the spinal cord, bronchial mucous membrane the ear, kidney, bladder, etc Typhus fever specially selects the lungs and brain Tuberculosis favours lymphatic tissues, the lungs, and serous membranes Small-pox gives rise to complications of a suppurative character The toxins of tetanus and hydrophobia show a selective preference for nervous tissue The toxin of scarlet fever has a specially irritating action on the heart, while the toxins of typhus fever and diphtheria depress its action seriously The germ of influenza selects the pulmonary tract and its toxins are specially irritating to the sheaths of the voluntary muscles

ammoniator was added In January 1937 there was a fatal accident at the well, and the chlorinating apparatus was brought into play to avoid any risk of contamination and again in May when it was found that clay was breaking into the water

Monthly samples of the water of this as of the other sources were taken and analysed, and reports sent to the medical officer of health and others The samples were taken not at the well, but at the outlet of the reservoir going into the supply In September 1937 and until the end of October certain engineering work took place at the well, and later, after the outbreak of typhoid had occurred, the possibility was considered of a carrier among the workmen On November 15 samples of blood were taken from eighteen workmen who had been employed on this work, and one man who had been working in the headings intermittently was found to be a potential carrier

Measures taken by the Corporation

Sir Walter Monckton detailed at length the measures taken by the Corporation from the time the outbreak assumed serious proportions He put in tables showing the hospital accommodation available on various dates There had never been a lack of such accommodation, and at the moment some sixty beds were available of which no use was made The first case was that of a woman who felt ill on October 8, after returning from a fortnight s holiday in France, where she had eaten some suspected oysters Her case was diagnosed as typhoid fever on the 19th This case appeared to have no connexion with the Croydon outbreak proper, but, curiously enough, it occurred in the same neighbourhood, St Augustine s Avenue W S W Croydon, in which several of the early cases arose The second case was admitted to hospital on October 25, and by the 29th there were four cases An analysis of a sample of water from the Addington distribution main—the ordinary monthly analysis—referred to the appearance of *B coli* in 10 c cm , which was attributed to recent rainfall The analyst said the water was good, but he thought the chlorinator should be used as a precaution, and the water accordingly was chlorinated at 0 1 part per million By November 1 there were seven cases Counsel detailed the exhaustive inquiries made and measures taken by the sanitary inspectors at the house of each victim The Ministry of Health was informed of the outbreak on November 1 , on the following day the medical officer of health telephoned the Ministry and asked for help, and on November 3 Dr E T Conybeare of the Ministry s staff arrived and gave the advantage of his assistance from that time onwards On November 1 also the twenty six doctors of South Croydon were circularized by the medical officer and this was followed on the 4th by a circular to all the 133 doctors in the borough, asking them to keep the possibility of typhoid in mind

Co-operation with Local Profession

In the Croydon area co-operation between the medical officer and private practitioners had been manifested previously in other directions, and the medical officer felt that he could rely upon skilled diagnosis and prompt notification by the members of the local profession On November 9 by which date there were twenty nine cases, statements were made by the medical officer and by the chairman of the public health committee to the town council, and on the same date a meeting of the Croydon Division of the British Medical Association took place, at which a resolution was unanimously passed deploring the fact that the first intimation of the outbreak to medical practitioners was made through the medium of the daily press, and expressing the opinion that earlier notification of such outbreaks would be of assistance To this the town clerk replied on the 15th that the public health committee was informed that notification was sent to the medical practitioners in the area affected at the earliest possible moment, and three days later a communication was made to all the doctors in the borough The town clerk added that the committee did appreciate the need for the earliest possible notification to members of the profession and was most anxious to have the closest co operation with practitioners

Early in November the Addington source was suspected Samples were sent to the Ministry s laboratories and on the 4th a report was received showing that the water was highly contaminated Pumping from Addington well was then stopped except for the Warlingham Mental Hospital where it was the only source of supply and where special precautions of chlorination were taken On November 8 another report from the Ministry s laboratories showed that *B coli* of faecal type had been isolated from 0 1 millilitre of this water On the following day Dr E V Suckling, consulting water analyst and bacteriologist was called in and two days later it was possible to report that the water supply of Croydon was sterilized and satisfactory On November 12 a statement was issued to the Press and the B B C by the Minister of Health stating that the source of infection had been found but that owing to the long period of incubation it was impossible to say how many new cases might occur , it was not thought that they could be very numerous, because only one twentieth of the Croydon population was at risk The corporation did not agree with this latter figure in its view one-sixth would be a more accurate proportion

The chairman remarked that it was important to have some idea of the number at risk, because the Croydon outbreak differed from outbreaks in other towns where in the case of the water supply, the whole population was at risk

Sir Walter Monckton who had spoken for four hours, had not concluded his opening statement when the first days proceedings ended

Alleged Defects in Medical Administration

In completing the case for the Croydon Corporation on the second day of the hearing, Sir Walter Monckton referred to the letter which appeared in the *Times* of November 22 above the signatures of Lord Dawson and Sir Kaye Le Fleming. The writers of the letter stated that they did not wish to discuss the cause of the epidemic but to draw attention to defects in medical administration when its existence had become established I cannot help feeling said counsel that the distinguished signatories overlooked the fact that not only were the causes of this outbreak *sub judice* but also the steps taken to combat it Anxious though they were not to prejudge the matter on the one issue, perhaps on reflection they will feel that they might have refrained from prejudging the matter on the other He would not have turned aside to deal with this point but for the eminence of those who had signed the letter The gravamen of the letter was that the medical officer of health should have sought the help of the best medical talent which Croydon possessed It was suggested that a defect had become manifest in Croydon in the shape of non coordination It is open to some question said Sir Walter Monckton, whether that was a timely intervention having regard to the fact that the medical officer of health was precluded from replying in view of the present inquiry He now has his opportunity to say to you that he is not conscious of being a party to a defect of that kind'

It was necessary to think precisely on this matter when considering the passing of judgment upon an administrative body or the executive officer of that body It was not enough to say that co-operation was an admirable thing Co operation implied, not a mixing up of functions but a uniting of the functions of different persons engaged in different kinds of work towards a common end The medical officer of health was assisted from November 3 onwards by a medical officer of the Ministry (Dr Conybeare) So far as the local doctors were concerned, he yielded to no one in saying that they were distinguished in their profession, and in the ordinary exercise of their duty they were diagnosing these cases as soon as they could and furnishing the authority with information On November 1 the doctors of South Croydon were informed of the outbreak, and on November 4 all the doctors in Croydon were circularized It was said that the medical officer of health ought to have formed a committee including representatives of the local profession But the amount of work he was having to do at that juncture

There likewise seems to be a periodicity of seven days, or multiples thereof, in the pyrexia of the fevers Thus, seven days usually cover the febrile period of measles and scarlet fever, and about the same period that of pneumonia Rheumatic fever, when untreated, is considered to run a period of fourteen days, fourteen days cover typhus fever, and twenty one days is the normal period for enteric fever

Pyogenic infections appear to run an indefinite course and when they complicate diseases due to a specific organism they prolong the illness sometimes indefinitely The rise in the temperature is quick and sudden in scarlet fever, influenza, typhus, and pneumonia, but gradual in enteric fever, the fall is also abrupt in pneumonia Local treatment of the throat is of paramount importance in diphtheria and probably also in scarlet fever and rheumatic fever The defensive reaction to the invading organism, as represented by the inflammatory response, is very marked in pneumonia, erysipelas, and cerebrospinal meningitis—diseases due to cocci In the first two leucocytosis is usually highly developed, but leucocytosis is deficient or weak in tuberculosis, and notably so in enteric fever

Certain bacilli, such as the tubercle bacillus and that of leprosy, have a stimulating influence on the cells of the tissues, causing granuloma tumours, while in the cancers cell proliferation reaches its highest development of all the diseases known but the inflammatory reaction is usually feeble or slight and the leucocytosis is not pronounced

These considerations seem to me to establish a pathological affinity of all the above diseases showing an inflammatory reaction common to them all, but differing in the amount of the exudation and in the stimulation of the cells of the tissues In my opinion they bring the cancers into pathological relationship and suggest a similar causation—probably an intracellular parasite—I am, etc,

JOHN T MACLACHLAN M.D,
Formerly Assistant Physician
Glasgow Royal Infirmary

Dornoch Dec 14

Induced Silicosis and Cancer

SIR—In the recent review of pneumoconiosis published in the *American Journal of Roentgenology* Pancoast and Pendergrass[1] state that among the many hundreds of cases of pneumoconiosis which they have examined or whose roentgenograms they have had the opportunity of studying, they have never seen a case of carcinoma of the lungs In the ordinary course of events we should expect, as in sweeps cancer or pipe smokers cancer that irritating substances such as the sharp spicules of silica (SiO_2) would predispose to or cause cancer

The question naturally arises Is the presence of silica in the lungs antagonistic to the growth of cancer? A brief summary of the cause of miners phthisis as given by the above named authors[2] shows that silica in the form of dust on being inhaled into the lungs and on reaching the alveoli causes irritation to the alveolar cells which become phagocytic for the smaller dust particles of 0 1 micron or less These cells are macrophages which have been termed dust cells The dust cells enter the lymphatic system where they congregate in the lymph channels and fibroblasts are produced which ultimately become fibrous tissue Fibrous tissue begins in and around the various lymphoid deposits forming a nodular fibrosis along the course of the vascular and lymphatic systems This process is continued until the small areas enlarge sufficiently to become macroscopic and the lymph channels become blocked In the case of miners and other workers in silica the object is to prevent the entrance of dust into the lungs Where cancer is concerned, however silicosis might purposely be produced, which would block the lymphatics and finally cause a fibrosis of the whole tumour

An immense field of research is thus opened up It has been ascertained[3] that alkalis enhance the action of silica and that concomitant tuberculosis also quickens the production of fibrosis of the lungs Kettle[4] produced fibrosis by the subcutaneous injection of silica (SiO_2), and Mavrogordato[5] caused fibrosis in the peritoneal cavity by dusting it with sterile silica In the case of cancer the tumour might be surrounded by a ring of silicosis which would act by first blocking the lymphatic channels and by finally causing a fibrosis of the whole tumour—I am, etc,

E B HAZLETON M.D, M.Ch

Sheffield, Dec 10

[1] Pancoast H K and Pendergrass E P (1931) *Amer J Roentgen* 26 567
—— —— (1926) *Pneumoconiosis (Silicosis)* Hoeber New York

[2] Gardner L U (1920) *Amer Rev Tuberc* 4 73—Ibid 1929 20 833 *Pub Health Rep Wash* 1930 45 282

[3] Kettle E H (1926) *J Indust Hyg* 8 491

[4] Mavrogordato A (1922) Publications of the South African Institute for Medical Research No 15

Cataract Extraction during Narcosis

SIR,—I have read with interest the correspondence in the *Journal* following Mr Basil Graves's article on the technique of cataract extraction during narcosis (August 14, p 319) For fear that some misconception as to the value and uses of paraldehyde may be produced in the minds of your readers, may I point out several important facts with regard to its rectal administration? Paraldehyde is, I am convinced, the safest basal hypnotic, I have given it for sixteen years in full doses of 1 drachm per stone body weight (with or without omnopon) with the greatest satisfaction to both patients and surgeons It has been used by others in many thousands of cases and I believe I am correct in saying that there have been fewer reports of trouble than with any other similarly used drug It is particularly safe in the very old and the very young and, except in the most advanced cases, arteriosclerosis, chronic nephritis, and diabetes are not contraindications It has been mostly used before a general anaesthetic, and it is a significant fact that when general anaesthesia and surgical shock are added patients who have had paraldehyde are generally fitter than those who have not This speaks well for its low toxicity

I am also in the habit of giving repeated small doses of paraldehyde (1 to 4 drachms) after operation in order to tide the patient over the discomfort of the post-operative period It seems hardly necessary to point out the difference between basal anaesthesia and this narcosis The former is a condition of coma often attained as a preliminary to surgical anaesthesia and it lasts for only a short period (averaging two to three hours) In addition to its psychological advantages it greatly lessens the amount of anaesthetic necessary It is used for the actual operative period in Mr Graves's cases it is neither necessary nor advisable after operation There supervenes a period which can be kept up almost indefinitely the patient remains asleep until aroused when he may be fed or otherwise attended to and will drop off to sleep again immediately he is left alone—I am etc

STANLEY ROWBOTHAM

London W 1 Dec 13

SIR—Mr D V Giri (*Journal* December 4, p 1143) asks for information I may point out that the technique I have described involves the use only of paraldehyde and

ammoniator was added In January, 1937 there was a fatal accident at the well, and the chlorinating apparatus was brought into play to avoid any risk of contamination, and again in May when it was found that clay was breaking into the water

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omnopon without the addition—which is by no means uncommon—of chloroform or ether, and without the stress of a major operation

The first letter from Mr Giri (October 2, p 681), referring to the feeding and to the evacuation of the bowels and bladder of an unconscious patient, suggested that before attempting to raise these questions he had visualized them without seeking, say, to visit some hospital where he could see patients asleep under paraldehyde and omnopon Their sleep either is or soon becomes of a kind which is not heavy and from which they can be roused, or from which they rouse themselves spontaneously to ask for attention It may be noted that the use of a local anaesthetic for the eye operation is still necessary with "narcosis" In my letter of November 20 (p 1047) I did not discuss the use of morphine and scopolamine before cataract extraction because I have been biased doubtless unduly, by the fact that when I saw it used by more than one surgeon in some few cases in 1921 and 1922 vomiting ensued in one or two cases, and delirium in one instance The late Lieut-Colonel R H Elliot told me in 1922 that he used trivalin hyoscine, but had had cases in which vomiting followed Ophthalmic surgeons have seemingly long felt the need of some sort of narcosis, but have usually disliked the feeling that if it is carried "too far technical difficulty arises from abolition of the patient s co-operation My feeling has been that if co operation is interfered with it is best abolished and that an intermediate state which is neither one thing nor the other can be very inconvenient, but perhaps the experience of Miss Ida Mann (Mr Laws s letter, October 16 p 778) and of Mr Giri will correct this bias It is helpful to know that Mr Giri has, after such a long experience, found morphine and scopolamine satisfactory

I was led to the use of paraldehyde thus a diabetic was seized with intractable vomiting after cataract extraction, at the end of twenty-four hours, when the condition was desperate and after various remedies had been tried unsuccessfully, paraldehyde and bromide, rectally, was suggested and given The patient quickly went into semi-sleep and the vomiting ceased promptly Omnopon 1/4 grain for a person of 7 to 9 stone, or 1/3 grain for a person of 9 to 15 stone, is not a heavy dose, and omnopon is a very commonly used drug I myself have not had occasion to operate on severe cases of diabetes or nephritis since I have used narcosis" In a communication in preparation I will give, in detail which is impossible here, an account of the cases dealt with I had not foreseen the subject of "simple intracapsular extraction" being raised as the outcome of my article I have had practically no experience of it, save as an onlooker—I am, etc,

London W 1, Dec 13 BASIL GRAVES

Traumatic Perirenal Haematoma

SIR—In your issue of to-day s date (p 1251) Dr A L Craddock asks what my advice would have been to stay the torrential haemorrhage which followed the opening of a perirenal haematoma

I once had a similar case and I passed my left hand into the depths of the wound, grasped the renal pedicle between the finger and thumb then blindly placed a long haemostat under my fingers The anaesthetist reported that the pulse could not be felt, so I left the forceps *in situ* As I withdrew my hand the kidney came out of the wound with the blood clot—it was completely avulsed from its pedicle There was no time to suture the wound With intravenous saline, and later blood transfusion, the general condition improved On the fifth day the ratchet of the haemostat was loosened, and in the evening it was withdrawn There was no further haemorrhage, and the wound healed as well as if it had been meticulously approximated

This, however, was a case of recent injury, and in Dr Craddock's case no doubt the pedicle would have been friable and the forceps would probably have cut through—I am, etc,

London, W 1, Dec 18 HAMILTON BAILEY

Haematocolpos

SIR—In the seven weeks since my arrival here two cases of this condition have been encountered, they have shown some interesting features which may merit record The mere fact that two cases should be met with in so short a period when the records of the hospital do not show a single similar case is somewhat strange, though relatively rare conditions must always have a curious incidence

The first patient, aged 17, presented with amenorrhoea On examination she appeared a normally developed girl Per abdomen a large firm oval mass was palpable reaching just above and to the right of the umbilicus Per vaginam a septum which was probably not an imperforate hymen but the uncanalized lower end of the Müllerian ducts, was visible It moved with the abdominal mass but did not bulge and was one-quarter of an inch in thickness At operation this case presented no difficulty except that the constant flow of retained menses made it difficult to oversew the cut edges

The second patient was a girl of 16 who complained of a lump in the abdomen a history of primary amenorrhoea was obtained on inquiry Examination elicited the following Per abdomen a globular mass freely mobile in all directions was palpable in the lower abdomen Though evidently arising out of the pelvis, and apparently uterine no swelling could be felt connecting it with the pelvis The vagina appeared normal for two and a half inches at which point was a septum with an irregular central nodule it was difficult to say whether this was not the vaginal vault with a deformed cervix The balance of evidence was in favour of haematocolpos, but having had a case so recently I hesitated to make the diagnosis again, however, it was confirmed by aspiration In this case the operation was not so straightforward The girl was unmarried and the vaginal ostium barely admitted the smallest speculum The fingers obscured the field of operation, and it was necessary to check one s position constantly by means of an exploring needle, which at one time drew a few cubic centimetres of urine from the bladder and at another distinguished a bulge in the upper part of the vagina as due to the abdominal swelling falling back on the rectum and pushing it forward The difficulties were due to the high septum being almost invisible through the narrow ostium The septum itself was about three eighths of an inch thick, and had to be removed in layers to prevent the flow of menses terminating the visibility too soon As it was, the septum when penetrated had to be broken down manually the parts being then invisible In both cases the tumour had disappeared at the end of the operation and recovery was uneventful

Not, unfortunately, having access to the literature in this remote station, my only source of information being Eden and Lockyer's *Gynaecology* I should be grateful if anyone with experience of this condition could kindly enlighten me concerning the operative technique where the septum, as in the second of the above cases, is dense and at the junction of the upper third and lower two-thirds of the vagina It would be interesting also to hear how often this condition is encountered in unselected practice at home—I am etc.,

C.M S Hospital Zaria, Northern Nigeria A L CRADDOCK M B, B.S

must be remembered the committees such as Water and Public Health, to which he was constantly having to report the collaboration which he had to keep up with the borough engineer and his staff with the medical officer of the Ministry and with Dr Suckling the water analyst and bacteriologist, who were continually making suggestions to him for appropriate action It is hard to condemn the medical officer of health because he did not favour at that stage a co-ordination which would take the form of a new committee to which medical practitioners could be attached Whether that was right or wrong, I am not conscious of any medical practitioner inside or outside the borough having made a suggestion to the medical officer concerning steps he should have taken which was not considered and dealt with I am not complaining of the contents of the letter but I am only anxious that you should have the material before you to decide not only whether the letter was timely but whether the criticism was justified

It was announced that the first witnesses to be examined would be a geological expert then a water engineer and afterwards the medical officer of health

Reports of Societies

THE INTRODUCTION OF NEW REMEDIES

In his presidential address to the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on December 14, Dr J W TREVAN dealt with the introduction of new remedies into clinical practice

The science of therapeutics he said was still in its infancy, and no great generalizations such as the structure of the benzene ring or the theory of evolution had come along to aid the task of discovering new remedies A large number of new remedies had been introduced on purely empirical grounds and it could not be finally predicted that the latest products were worthy of addition to the physician's bag until they had been fully tried out on man What might be called the scientific era in therapeutics did not begin until the end of the eighteenth century The first step was to remove from the *Pharmacopoeia* the drugs which owed their inclusion to superstitions of various kinds The next step was the work of the chemist in isolating pure active principles from the various plants in use One curious fact which came out in the examination of alkaloids was that in no case of which he was aware had a useful alkaloid been extracted from a plant from which some preparation had not been previously used therapeutically The number of new useful alkaloids produced grew fewer every year ergometrine was an example of the latest of this group Ether and chloroform were introduced in the middle of the nineteenth century It was not until the eighties that the spate of synthetic or organic preparations began to flow The more modern developments might be divided into three groups (1) those arising from the working out of the factor of immunity (2) the development of the hormone and vitamin physiology (3) the production by the organic chemist of synthetic remedies of all kinds

In the first of these groups which included antitoxins and sera some valuable remedies had been forthcoming but too often the excellence of the work in the laboratory had not been maintained in the final steps of clinical application though the position was improving A few dramatic recoveries after the administration of a new remedy were apt to raise in the mind of the physician a feeling that he was failing in his duty if he did not treat every case with it But a few apparently favourable cases might be only a statistical accident If he was prepared to take the risk of administering a new product to a series of patients he should be prepared to take the risk of withholding the remedy from some patients until a probability was established, greater, say, than ten to one, that the material was active

In the course of some further observations Dr Trevan mentioned insulin as an almost perfect example of the way in which a new remedy should be brought into use The material was not set free as a commercial product until the most stringent clinical proof was obtained It was perhaps too early to evaluate the clinical use of the sex hormones and preparations of the anterior pituitary, but the claims for these products considerably antedated any evidence of their special uses Vitamin A was recommended for protection against acute infections That idea arose from experiments on animals in which the infective condition was quite a different thing and depended primarily on the alteration of the epithelium Vitamin B was now recommended for constipation There was some animal evidence that could be brought forward, but he did not believe there was any proper clinical comparison with man As for the drugs produced synthetically, the happy hunting ground of the synthetic chemist for many years was the barbituric acid derivatives Chemotherapy was now one of the chief growing points of therapeutics, and medical men might look forward to a considerably enlarged volume of circulars While old superstitions had been banished, it was a melancholy prospect if the house swept and garnished' was to be occupied with worse devils in the form of pseudo scientific jargon Statements were made with assurance which were demonstrably untrue Mixed up with such stuff were reasoned and scientific recommendations of drugs of proved value but he thought the rubbish outweighed the good Of all superstitions the pseudo scientific superstition was the blackest

Advertisement of Remedies

Who was to blame for these things? The amount of money spent on them was enormous It was spent by business concerns, so that presumably it brought its return The medical profession perhaps got the advertising it deserved These advertisements must mean that there was a response on the part of the medical profession He had taken one leading medical journal and tried to classify the advertisements of remedies They were forty three in number and from a lenient standpoint, only twenty seven of them might claim to have some foundation of laboratory and/or clinical fact thirteen were untrue misleading or simply silly, and three he could not classify because they appeared under proprietary names and gave no sort of idea of the composition of the material In contrast he took the *Journal of the American Medical Association* It contained only thirteen advertisements of medicinal agents, of which he would have rejected only one and he was not sure about that one He supposed that the welter of cult medicine in America had made the medical profession examine its therapeutics with more care than had been exercised in this country The state of advertising literature in this country suggested to him that the medical profession was not sufficiently critical of new preparations It might be argued that useless preparations did no harm It was inevitable in the present stage of therapeutics that many things should be done to patients for which strict scientific justification could not be produced, but at least they should be done with open eyes

The provision in this country of scientific work on the action of drugs ought to be greatly increased Dr Trevan regretted that in the London School of Hygiene and Tropical Medicine and the British Postgraduate School such departments had not been considered necessary For postgraduate education particularly a department in which it was the business of the teacher to provide a critical estimate of the many new drugs appearing should be established and as much time devoted to it as was now devoted to anatomy Unless some academic institutions outside commercialism took action treatment was likely to be swamped in this new era of therapeutics by a mass of good, bad and indifferent material provided by manufacturers and accepted uncritically by the profession He

Radiological Imagery

SIR,—However much one may dislike littering up such a valuable feature as your correspondence columns with trivial matters, I feel that Dr Ffrangcon Roberts's letter (*Journal* December 11, p 1199) cannot be allowed to stand unchallenged

In spite of the fact that the verb to visualize is most often used in the intransitive (relating to clear mental pictures) it is still grammatically correct to use it on occasion in the transitive (relating to the physical sense of sight) If however the transitive verb has by some form of Cambridge magic been deleted from our language the use of the term is all the more correct Is it not usually a mental picture to which the radiologist refers when he speaks of visualizing a structure? In the examination of the appendix for instance any person with normal sight is able to say that he can see the skiagraphic shadow cast by opaque or other contrast matter in the lumen of the appendix which *per se* is meaningless in the majority of cases But the radiologist, after careful examination by fluoroscopic visual palpation aided by past experience of excised specimens etc, is entitled to form a mental picture of the actual state of the organ In the same way even a layman may see on a skiagram an anomaly in the distribution of an opaque medium in the stomach but the radiologist again by his fluoroscopic observations as to behaviour etc coupled with his knowledge of pathology must try to form a mental picture (or visualization in the intransitive sense) of the actual state of affairs In fact I think it is perfectly safe to say that the majority of radiological interpretations involve the mental picture based primarily on opaque or translucent shadows and built up by knowledge and experience to include adjacent structures which are not actually seen Not only is the word visualize correctly used it is also eminently suitable—I am etc,

Scarborough Dec 14 C BELLAMY

Applying for Hospital Posts

SIR—I am pleased that F R C S has put forward his experiences (December 11 p 1200) they tally with mine One point he does not mention is that there are too many of us F R C S.s I am pleased to see that the pass standard of the Fellowship examination has been raised to one in four Even so an extra examination is being put on this coming year to cope with the aspirants The present competition for surgical posts in London must be unique Some time back I applied for a part time registrarship at £100 per annum there were sixteen other F R C S men up for it

The points raised by F R C S as regards applications and calling when putting up for hospital jobs are only too true For one registrar post I was asked to call upon forty three persons I cried off after seeing thirteen Recently I put up for a job which necessitated calling on eighteen members of the committee It took a fortnight to arrange these interviews for a week I earned nothing myself Some hospitals ask for forty copies of one's application about £3 being spent on the off-chance of being successful For yet another appointment after calling on the medical members of the staff I appeared in due course before the lay committee of some thirty members During my attendance they were busy eating their tea and chatting hard to each other the chairman next to whom I was placed alone asked me a few questions above the din A resident of the hospital was an applicant he was destined for the post in any case If we had known this I and four other Fellowship men would have stood down and saved ourselves the farce

If only some medical members of hospital staffs knew of the rudeness of their receptionists they would shudder Certainly my secretary would get instant dismissal if I thought she treated callers as I have been treated As an offset to some of the rudeness I have encountered I cherish the memory of old-world courtesy still extended by some of one's colleagues usually the elder ones who will still personally help the applicant into his coat in their hall and show him out of the front door To such men I will turn when I recommend any patient who needs further help than mine—I am, etc,

London Dec 14 GAMMA

Women Medical Students from Cambridge

SIR,—I wish to express my appreciation of the article on the West London Hospital in your issue of December 4 It was a model of that simple clarity all articles should exhibit My present remarks are not in criticism of anything contained therein but by way of supplement

It seems a thing to be hoped for that the West London should take particular care to reverse the attitude of the other hospitals towards Cambridge women For both men and women the Cambridge training has certain advantages which may be summed up by saying that it is broader based In the case of the men this seems to be well recognized and several London hospitals have been known to give preference to Cambridge men over the men from their own medical schools The standard of education for the women is considerably higher since they must necessarily have taken an honours degree before approaching their clinical studies yet in the London hospitals they are consistently treated as interlopers, and of recent years so few places have been allotted to them that it has become a disadvantage for a woman to attempt this more exacting training It is open to the West London Hospital to do a service to medical education in general by reversing this curious bias—I am etc.,

London Dec 14 CAMBRIDGE WOMAN GRADUATE

Dental Officers in the Services

SIR—The account of the Royal Dental Hospital dinner in your issue of November 27 (p 1090) referring to the remarks made by Mr Bryan Wood president of the British Dental Association in connexion with the association's attitude towards the conditions of service of dental officers in the Royal Air Force Dental Branch might be taken to mean that the conditions of service of dental officers in the Navy and Army are regarded by us as perfect The British Dental Association does not consider that perfection has by any means been reached in the directions mentioned but it does consider that the greatest leeway exists in the case of the R.A F Dental Branch and Mr Wood's appeal was directed towards bringing that branch at least to the standard of the other Services as a preliminary to a general all round improvement being sought—I am etc.,

W G SENIOR,
Dental Secretary

British Dental Association
London W 1

noted some improvement in the advertising literature of important firms during recent years It was true, however, that the major part of the education of the profession in the use of new drugs was carried on by advertisements He hoped also that some day the use of registered names by manufacturers for the drugs they produced would be given up entirely A reprehensible practice was the use of obscure and often slightly inaccurate chemical names in the descriptive literature of some preparation, hiding the fact that it was only an old drug masquerading as a new product One of the evils of competition was the multiplication of production and research on new remedies by competing manufacturers This could not be avoided entirely where production was in the hands of private enterprise He concluded with a reference to the Therapeutic Trials Committee which was doing extremely valuable work, and of which he hoped the manufacturers would make more use A day might come when a new remedy would not be introduced until it had been passed by such a committee

General Discussion

In the course of a few comments on the president's address, Dr LEONARD COLEBROOK said that in medicine more units of the type of the one at Queen Charlotte's were needed to work out specific problems Dr E STOLKIND agreed that doctors were not critical enough of new medicines but, of course, there was no establishment in England for the control of every new preparation Dr H N GARRUS spoke of the difficulty experienced by the general practitioner in getting a real knowledge of the drugs so assiduously offered to him by advertisements and commercial travellers It was all very well to say the general practitioner was uncritical, but he was out in the wilderness He had to rely on commercial firms, and there was nobody to help him He wished the Divisions of the British Medical Association would arrange more meetings of an educational kind in this and other directions The heads of the profession did not know the difficulties in the ranks He dispensed for himself, and he had cut down his dispensary to fifteen preparations, and his practice was doing just as well on those fifteen as it had done on fifty before

Dr J H BURN considered that the medical journals were very much to blame for allowing a number of products to be advertised which simply could not stand close examination It was the lack of appreciation of the importance of the science of therapeutics for the medical student which was responsible for the present position

Dr TREVAN replied that it was not strictly true that the journals could control the situation, for the flood of advertising literature through the post would remain He hoped that the movement amongst important manufacturers for the purification of their literature would go on until a time might come when if a drug were advertised it would be accompanied by a statement such as might be expected to appear in the text columns of a scientific journal As to the control of remedies by the State, he did not think public opinion in this country was ready for it, nor would it be a good thing But the profession itself by the establishment of some sort of council might do a great deal

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OPERATIONS FOR CHRONIC MASTOID DISEASE

At a meeting of the Section of Otology of the Royal Society of Medicine on December 3, with the president, Mr F J CLEMINSON in the chair, Mr SOMERVILLE HASTINGS opened a discussion on the choice of operation in chronic mastoid disease

The objects of operation, he said, in order of importance were to make the patient safe by reducing his liability to intracranial complications, to retain and if possible improve, the power of hearing, to rid the patient of an unpleasant and troublesome discharge, and to leave at the conclusion of operative treatment as little deformity as possible To attain these ends, and in particular the retention of hearing power, the less the middle ear was interfered with the better Experience showed that removal of the incus did but little harm to the hearing capacity, but that interference with the mucous membrane covering the round and oval windows was likely to result in considerable deterioration of hearing Moreover, the decrease in hearing capacity was not infrequently progressive, particularly in those cases in which there had been a good deal of disturbance of the middle ear during a radical mastoid When, therefore, a considerable portion of the membrana tympani could be left *in situ* to protect the mucous membrane of the inner wall of the middle ear the best results for hearing were likely to be obtained

Classification of Mastoid Operations

Mr Somerville Hastings classified the mastoid operations as follows

1 The simple or cortical operation associated with the name of Schwartze in which nothing except mastoid cells was removed

2 The conservative operation associated with the names of Küster Zampal, and Charles Heath in which the outer wall of the attic, sometimes the posterior bony wall of the meatus and occasionally the incus were removed, leaving the 'bridge, the membrana tympani and ossicles

3 Attico antrotomy or modified radical operation associated with the names of Siebenmann and Bondy in which the outer wall of the attic bridge posterior bony wall of the meatus sometimes the incus and rarely the head of the malleus were removed the membrana tympani and usually the ossicles being left *in situ*

4 The radical operation sometimes associated with the name of Stacke in which the outer wall of the attic, the posterior bony wall of the meatus the bridge membrana tympani, and ossicles were all removed

Unfortunately the nomenclature was not yet unanimously agreed on, the simple operation being sometimes described as the conservative, and the conservative sometimes as the modified radical There was a tendency to take the view that the more exactly the external auditory meatus was left at the close of operation as it had been found, the better, and, to attain this end, muscle and periosteal grafts were extensively used in all types of mastoid operation With this Mr Hastings entirely disagreed To avoid an ugly depressed scar behind the ear after a cortical mastoidectomy, a periosteal or muscle graft might have certain advantages but for all other cases a meatal flap was much to be preferred It was sometimes stated that the cavity left as the result of a meatal flap operation interfered with the power of hearing but he knew of no evidence for this statement When the simple mastoid operation could be used it gave the best all round result, it was the best operation for relatively early cases of chronic mastoid disease Where, however the greater part of the posterior bony wall of the meatus was removed and the mastoid antrum thrown into a common cavity with the meatus the conservative operation had many and great advantages over the simple mastoid particularly because the posterior wound almost always healed by first intention so that bandages could be left off within a fortnight, and the membrana tympani, aditus attic, and antrum could be dealt with readily both at operation and at any time during healing Attico antrotomy was replacing radical operation in an increasing number of cases its chief advantage being that since the middle ear was but little interfered with the hearing was in many cases unaffected and sometimes even improved The radical operation was the one that all aural surgeons did in the worst cases where there was little power of hearing and the middle ear was much disorganized it was also the operation of choice when there was a labyrinthine fistula or facial paralysis due to direct extension of inflammation As regards the Eustachian tube, he

Medical Notes in Parliament

In the House of Lords, on December 21, Viscount Dawson of Penn introduced a Bill to amend the Infanticide Act, 1922, and to provide that a woman who wilfully caused the death of her newborn child might, under certain conditions, be convicted of infanticide The Bill was read a first time The same day the Air Raid Precautions Bill was read the third time

Also in the House of Lords, on December 21, Lord Templemore introduced a Bill to consolidate the Trade Marks Acts, 1905 and 1919, and the Trade Marks (Amendment) Act, 1937

The House of Commons adjourned for Christmas on December 23 after making progress with the Coal Bill and Unemployment Insurance Bill Debates were arranged upon foreign affairs and the cost of living The House of Lords also adjourned after further discussing the Air Raid Precautions Bill

The Report of the Department of Scientific and Industrial Research for 1936–7 was laid on the table of the House of Commons on December 20 The annual reports of the Radium Trust and the Radium Commission were published on December 17 (see p 1290)

The House of Commons will reassemble on February 1, and the Government expects to introduce early that month the Rent Restriction Bill and the Housing (Continuation of Subsidies) Bill Subsidies will be maintained at the present rate from March to December, 1938 The introduction of the Milk Bill is unlikely before Easter, as the present Milk (Amendment) Act continues in operation until September, 1938

The House of Commons will go into committee on the Population (Statistics) Bill soon after its reassembly

The reports of the Interdepartmental Committee on the Rent Restriction Acts were issued on December 20 Sir Francis Fremantle was a member of this committee

During the discussion of the Coal Bill in committee in the House of Commons on December 21 the question arose of the allocation of any surplus revenues of the Coal Commission Mr Oliver Stanley said that the question of safety in mines was one which should be left to the decision of the Royal Commission which was considering the matter The Secretary for Mines had power to make contributions for research work Research was proceeding with regard to silicosis, and he had not heard that it had been in any way hampered or delayed because there was insufficient money available

Medical Officers of Health in Private Practice

Lord MERTHYR, in the House of Lords on December 15 asked how many county councils in England and Wales had failed to formulate arrangements for securing that medical officers of health should not engage in private practice as medical practitioners He said that the Local Government Act 1929 Section 58 contained a mandate to county councils to formulate schemes under which medical officers of health in county districts should not be able to engage in private practice Power was also given in that Act to the Minister of Health in default of the county councils doing this work enabling him after six months notice to do it himself That mandate and those powers were renewed in Section III of the Local Government Act 1933 In December 1936, nearly seven years after the Act came into force twenty seven out of sixty-one county councils had not formulated these arrangements A year ago it had been said that the principal cause of delay was that the review of county districts under the 1929 Act had not been completed that review had now been completed with one possible exception A year ago the Government spokesman mentioned that only three counties appeared to have failed to take any steps at all to comply with the Act What had been done by the Ministry in those three counties? Lord Merthyr said he knew that temporary appointments of medical officers of health on a part time basis were still being made In one appointment made since last year the medical officer of an urban district received the salary of £10 He was not a permanent official Why was Parliament always asked to pass fresh public health legislation if existing legislation was not in force? Why did Parliament spend so much in building sanatoria for curing disease if it could not afford a few thousands for the appointment of full-time medical officers which might prevent the disease?

The EARL OF LISTOWEL said it was clearly harmful that a medical officer of health should have to divide his time between his private practice and his duties towards the local authority

GOVERNMENT REPLY

VISCOUNT GAGE replying for the Ministry of Health, said the Minister had no power to compel the local authority to adopt the scheme that he made He could make a scheme, but if the authority did not like it, all the Minister could do under the Act was to insist that the authority should not engage any more part-time medical officers There were practical limitations in the procedure which the Act laid down In some places the part time medical officers had not completed the period for which they were engaged to serve under contract A scheme prepared long before these contracts ended might be out of date before the contracts fell in He agreed that whole time medical officers should be the rule, and he welcomed the debate, but suggested that the default powers ought to be used with judgement He was prepared to give Lord Merthyr any information he required but he asked the House to judge the statistics in the light of the difficulties which the Minister had to face Under the Act sixty one counties had to formulate these arrangements, thirty-nine had done so One was on the point of completing arrangements, and in another the Minister had used his powers and formulated a scheme himself In one the county review under the Acts of 1929 was not yet completed in two arrangements had just been completed In two more counties the populations were so small that arrangements had to be made with neighbouring counties, and these arrangements in turn had been held up In all the remaining cases except four the Minister was satisfied that a scheme in some degree was under consideration There were two cases in which the Minister felt that the arrangements he expected to be ready last year required further consideration, and in two he had started default procedure In the county in which Lord Merthyr was interested default procedure was started but was suspended temporarily

Lord MERTHYR said Viscount Gage had presented an unsatisfactory case

Conditions in the Nursing Service

Miss Musson chairman of the General Nursing Council, was the invited speaker at a meeting of the Conservative Health and Housing Committee at the House of Commons on December 15 She dealt with present conditions in the nursing service, and with the difficulty of securing sufficient recruits for the increasing requirements of hospitals, clinics, and private practice She said much was being done to increase the attractions of a nursing career by the provision of comfortable residential quarters, shorter hours of employment and better pay But there could be no assurance of an adequate number of entrants for the total requirements of the whole country until the prospects of the profession in the matter of pay pensions, and promotion encouraged parents and head mistresses to recommend nursing as an attractive career for young women of superior education All this would mean increased expenditure for voluntary and municipal hospitals Miss Musson rejected sensational stories of the hardships of hospital life, and asserted that even in present circumstances the right type of girl found nursing a congenial occupation

Experiments on Animals—A list showing the number and character of experiments performed by the respective licence-holders under the Statute 39 and 40 Vict c 77, was omitted from the annual return of experiments on animals for reasons of economy and Sir Samuel Hoare declared on December 16

was as a rule accustomed to curette it but had to admit that in some cases his curettage had not secured the desired result, and the tube had remained open

A Pooling of Views and Experience

Mr GAVIN YOUNG (Glasgow) said that the principal motive in operating in chronic mastoid disease was the removal of the potential danger to the patient's life, secondary only to this was the deterioration progressive even if slow, in hearing and the operation was undertaken to prevent further deterioration, sometimes happily with improvement in the hearing Other reasons for operating might be ear discharge the incidence of facial paralysis in a chronic case, or the existence of vertigo He confined his surgical procedures to two types of operation—the radical and the anomalously named modified radical, by the latter he meant the technique by which the mastoid cavity was exenterated, the bridge very carefully broken down the last part of the breaking down being done from within the aditus outwards by a sharp spoon, and the posterior part of the external attic wall being removed, the utmost care being taken to preserve intact all the normal intratympanic structures The main factor in deciding upon which of the two types of operation was to be used was the patient's hearing, and not merely the hearing in the affected ear but also the state of the other ear Every case should be examined radiographically before operation though often one learned little from this and he would be glad to know of any means of differentiating radiographically between cholesteatoma and sclerosis In his experience the hearing was not often deteriorated by the radical operation, and quite commonly was improved

Mr WALTER HOWARTH observed that, different surgeons called the same operation by different names, and asked whether an agreement could not be come to regarding nomenclature Mr L GRAHAM BROWN said that he carried out three types of mastoid operation (1) simple mastoidectomy (Schwartze) (2) conservative transmastoid antroatticotomy and (3) radical or transmastoid antro-atticotympanotomy, which was not often done Post-operative treatment was very important and he had found the use of eusol three hourly with Southey's tubes very satisfactory Mr A J WRIGHT (Bristol) believed that the tympanum had very great powers of recovery and should be handled very gently He thought it a mistake to try to obliterate the cavities which should rather be drained and ventilated Often he thought that the wrong part of the body received attention and attention to the other end of the Eustachian tube and especially the mouth and teeth was important Mr T B LAYTON said that the radical mastoid operation should not be done for merely potential risk to life this particularly applied to children whose hearing and wage-earning capacity were impaired by the radical mastoid He did not like doing a meatal flap

Mr A G WELLS had had experience of 2,000 mastoid operations in children He had used muscle grafts and skin grafts and his muscle graft results were very mixed indeed many of them required reopening while he found skin grafting generally successful He had most success with the conservative mastoid operation with meatal flap mainly the Heath type but only when he himself carried out the after treatment Mr F W WATKYN THOMAS said that his own experience of a flapless operation was discouraging In children he had never done a radical mastoid operation in the past ten years except in suppurative labyrinthitis He always left the Eustachian tube alone Mr M VLASTO agreed with Mr Layton in disliking the meatal flap He had recently noticed that Baldenweck and others on the Continent had been using ozone in the after treatment of mastoid operations with much success Mr THACKER-NEVILLE (Harrogate) practically never did a radical mastoid operation and had found the muscle graft a good thing Mr G EWART MARTIN (Edinburgh) observed that it used to be said that they did too many radical mastoid operations in Edinburgh, but if there were a chronic suppurative otitis media, the attic and aditus being involved and the upper part of the mastoid and the rest of the cells sclerosed, some type of radical operation was required He agreed that the nomenclature needed clearing up Post-operative treatment was the essential in the success of the operation

Mr E L BURNIER (Margate) discussed post-operative treatment since he had been using skin grafts and packing with gauze he had had little difficulty with radical mastoid operations five days after operation the gauze was removed and no further treatment was employed except swabbing and powdering Mr W STEWART (Southampton) said that he never performed the complete radical mastoid operation, but employed only the simple and the modified radical He cut a flap and packed with gauze soaked in iodoform emulsion he removed this in three days under gas and did not look at the wound again for a fortnight Mr T B JOBSON (Guildford) reminded members that zinc ionization would get many cavities dry which continued to discharge after operation

INVESTIGATION OF GASTRIC DISEASES

At a meeting of the Medical Society of London on December 13, Mr J E H ROBERTS presiding, a discussion took place on modern methods of investigating gastric diseases

Mr H W RODGERS who exhibited a modification of the Wolf Schindler gastroscope said that diagnosis of gastric conditions should be directed first to the anatomical lesion, secondly, to the psychological lesion and thirdly, to the constitutional type to which the patient belonged The anatomical lesion was so difficult that as a rule it exhausted all the clinical skill available The anatomical diagnosis again fell into three stages the exclusion of any extra abdominal disease which might be causing the symptoms the exclusion of any intra abdominal but extra gastric disease which equally might be causing the symptoms, and finally, the determination of the gastric lesion

The means at disposal were the history, clinical examination the occult blood test the analysis of the gastric juice skin tests x rays, and gastroscopy The occult blood test was of established value especially to the general practitioner For routine use in general practice and in hospital, where it appeared to be impossible to examine radiologically all cases of dyspepsia the test might be used to decide which of the many suspected cases of ulcer and carcinoma should be x-rayed Analysis of gastric juice gave little help in primary diagnosis of anatomical lesions A small number of cases of severe dyspepsia were due to allergic manifestations, and these might be investigated by skin tests and by keeping a record of the daily dietary

The Place of Gastroscopy

Radiology should always precede gastroscopy These two investigations were complementary, the one giving information that the other failed to give Bad radiology was the best indication for good gastroscopy Mr Rodgers discussed the technique of gastroscopy, and showed a number of coloured drawings illustrating the appearances of the mucosa as shown by the gastroscope The diagnosis of gastritis was gastroscopy's most important function If all cases of dyspepsia with a negative x ray examination and in which the indigestion was not obviously related to an early extra gastric disease were examined by the gastroscope probably 30 per cent of them would show some degree of active gastritis Gastroscopy also might be the only method of diagnosing small ulcers. In following the healing of an ulcer gastroscopy was a very reliable guide The gastrojejunal ulcer was notoriously difficult to diagnose by x rays, and although

that the cost of reinstating it would not be justified He added that the Home Office did not keep records of the number of experiments performed on different classes of animals

Employed Persons and Hours of Out patient Departments—Mr HARVEY asked on December 16 whether the attention of the Minister of Health had been called to the hardship caused to a large number of employed persons by the fact that the out patient departments of hospitals were usually only open during the hours when they were employed in daily work and whether he would encourage the provision of facilities for such out patients to be received at an alternative time Sir KINGSLEY WOOD answered that in the case of voluntary hospitals he had no jurisdiction So far as hospitals provided by local authorities were concerned he would make inquiries if Mr Harvey furnished particulars

Detention in Hospital of Disease Carriers—Mr KELLY asked how many carriers had been detained in London hospitals since December last of what diseases were they said to be carriers how were these carriers diagnosed under what legal regulations were they detained in hospital whether they were isolated or mixed with other patients and who decided how long they were to stay in hospital Sir KINGSLEY WOOD answered on December 17 that carriers were not admitted to the London County Council's infectious diseases hospitals the only cases admitted being persons suffering from such diseases Patients who had ceased to show any clinical symptoms or physical signs of disease might however be retained if the medical superintendent considered that they were still in an infective condition It was customary to separate such convalescents from the acute cases No figures were available as to the number of patients so retained since last December or of the diseases from which they suffered

Notes in Brief

Sir SAMUEL HOARE will publish early in the New Year a guide to the new Factories Act which will include some information as to the duties of local authorities He proposes later to send them a fuller memorandum on the subject So far as regulations are concerned he does not anticipate any early change which would substantially affect the volume or organization of the work of these authorities

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on December 11 the following medical degrees were conferred

D M—L H Koerner H J B Atkins J K Marshall N E R Archer

B M—F J Ingham J E Lovelock L B Bok S E Furber D G W Clyne H G Owen Smith D Whitteridge J A Trimbridge H J L Dickenson R C Browne C I Murphie D A. Ireland H Muller N F Stidolph P de B Turtle

UNIVERSITY OF LONDON

The University of London Graduates Association has nominated Mr Philip H Mitchiner M D M S., F R C S for election to the Senate of the University of London as a representative of registered graduates in medicine of Convocation As there is no other nomination no voting papers will be issued and Mr Mitchiner will be returned unopposed

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated

M D—A G Leech A J McCall W N M Mason M H Pennington T Scott

Ch Orth—A L Dawkins I Gibbs W Gray A J Helfet B A Mellor P B Mc[illegible] S Papworth W H M Smith

M B Ch B—Part III I Bowers A M Brown P Cohen J Gee H K Hall C M C Shaw I H Mackie W J Hutton W R G Pitt-Hall T H Hall G H Sykes A P Unsworth N W [illegible] W [illegible] O Evans [illegible] Part II H W F Jones [illegible] I D Wallace [illegible] I S Leitch [illegible] I S Leitch [illegible] J A Gibbon B S H [illegible] J S Hall [illegible] K E Kirkwood A [illegible] L McCarthy (distinction in pharmacology and general therapeutics) E F Mason T Murtock A G O'Malley D Prysor Jones J A Pugh Kathleen Pugh Jones Gertrude O W Watson Emilie M Winter *Pharmacology and General Therapeutics* G H Daglish P A Dixon Harold Hall R H M Stewart *Part II* D J Doherty D W Forgan J A Gillet G L Manson R H M Stewart

DIPLOMA IN TROPICAL MEDICINE—P V Bamford P E M Clarke J L Dales E A Daley Alma Downes Shaw M S B A Hamid M U Khan (recommended for Milne Medal) O V S Kok F Lake P L F de Livera M N Mahadevan W Manwell K C Mathew L Mazzotti V G Patwardhan H Prasad S L Robert N N Singh Elizabeth H West H F West J D T Wilson

UNIVERSITY OF MANCHESTER

The Council has instituted a Chair of Experimental Neurology, and at its meeting on December 16 the Vice Chancellor Professor John S B Stopford F R S was appointed to the chair on his resignation of the Chair of Anatomy

Dr J C Kernan Assistant Director of the Routine Section of the Department of Bacteriology has been appointed Lecturer in Bacteriology

UNIVERSITY OF ABERDEEN

At a graduation ceremony held on December 14 the following medical degrees were conferred

M D—*J W Howie †A B Donald †J G Thomson

M B Ch B—J C Annand L S Bain P H Bell J H Brodie Marion M P Clarkson W E Coutts J Dow R W Farquhar G B Forbes J Fraser E A D Glen Campbell W C Gordon Russell A W Hardie R M Hector J D Kynoch A R Laing W L S Ledingham S F Lindsay F G Mackintosh A Menzies W Newlands Adeline F Petrie Beryl G Petrie G C Rae J S Riddell W M Ritchie D B Stephen V Li Tennant J B Tolmie R J Walker S M K Watkins D F Wiseman

* Awarded honours for thesis † Awarded commendation for thesis

UNIVERSITY OF WALES

The Court of Governors of the University of Wales at its meeting at Aberystwyth on December 15 decided to confer the honorary degree of Doctor of Science on Henry Albert Harris M D professor of anatomy in the University of Cambridge in recognition of his contributions to anatomical science

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary Fellowship Examination

The following have been successful at the First Professional Examination for the Diploma of Fellow

H F Anderson M B B Chir M R C S D W Bailey M B Ch B G S Barber M D A C Belfield M B Ch B E P Bharucha T M Boyle M B Ch B M R C S J K Bremer M B Ch B M R C S W R Burkitt M Gamal El Din M B Ch B., R L Canney Marie A Catchatoor M B B S A M Clarke M B B S F B Cockett F Cote M D G A Craig M B B Ch M R C S W J C Crisp M B B S M R C S J S Darling, M B B Ch J R Dickinson M B B Chir M R C S W R S Doll M B B S M R C S A E Dreo ti M B Ch B F C Dwyer M B Ch B., M K El Sherbini M B Ch B I G Fergusson J Freeman D L Fromow M R C S O C Jung W P Greening M R C S A N Guthleich R C Hallum H A Hamilton B Chir., M R C S H R S Harley M B B S M R C S E H C Harper M B B S M R C S A G Hemsley M R C S J C Hislop M B Ch B P W Houghton M B B S M R C S D F H Hutter C W S Jerram M B Ch B B A F Johns P M Kelly M R C S., F R Kenworth G Krafft F I Langley M B B S C W Maclay M B Ch B K W Martin I H Mills M B B S R S Monro R Petticrew M B Ch B M R C S J M Pullan J D Raftery M R C S., G K Rose T W Rowntree J A Seymour Jones M B B Chir M R C S H S Sharp M B B Chir M R C S A. Shelton Agar M B Ch B., B W Smith M B B S M R C S I B Speight M B Ch B E E T Taylor R A Thatcher M R C S S A Vincent M B., B Ch Winifred J Wadge M B., B S I R C S F G Ward M B B Ch M R C S., W H J Weston J M Yeates M B B S

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

A meeting of the Royal College of Surgeons of Edinburgh was held on December 14 when Mr W J Stuart President was in the chair The following candidates having passed the requisite examinations were admitted Fellows

E Stephenson J I Dimond P M Binns A F Brown C Cockburn J W P Dixon J N I Erskine I Q Evans R H Gardiner J S Grier N A Gray W A Hill P H Hucknall J P Hughes F P Jacobsz W Kerk D M Keir C R D Leed W A Linton J N Macdonald C M Macq Murray J H Macquarie F J P O'Gorman G Parker K M Reid J M Reoch J Robb J Smith S F Sowar J L Stephen D L Stevenson J K B Wellington

gastroscopy went much further it had by no means solved the problem If 'the ulcer was just out of view a localized area of gastritis or jejunitis might be like a sentinel betraying the position of the enemy The difficulty was that in the majority of cases only the gastric side of the anastomosis was visible, and in one-third of the cases part or all of this was hidden Polyps were more often diagnosed by gastroscopy than by x rays Five of the six polyps he had seen had been found in atrophic mucosa In the diagnosis of carcinoma the gastroscope played a small but important part, for it should diagnose the smaller lesions, having a good prognosis, which *x* rays had overlooked

Left with a patient who had proved negative to all these tests, one was apt to put the condition down to nervous dyspepsia and treat him with unkindness ' The psychology of dyspepsia should be carefully taken into account The influence of mind on the stomach had often been demonstrated, and there was evidence that people of certain psychological types might by their mental activity produce some kind of gastric discomfort Diagnosis of the psychological lesion was as necessary as diagnosis of the organic

Radiological Technique

Dr G T CALTHROP demonstrated some radiological methods in the diagnosis of gastric disease, in particular the elaborate method of H H Berg for the systematic x-ray study of the mucosa of the stomach and duodenum by the barium meal These methods in principle were not new, and in this country Gilbert Scott had for years advocated what he called whitewashing the walls of the stomach The speaker drew special attention, in discussing x-ray appearances, to the mucosal folds, which had direction width, and consistency The consistency must be examined by palpation In gastritis the first signs were those of change of direction and coarsening of the folds, but not every case of broadening of the folds should be called gastritis If there was normal mucosal relief up to the base of an ulcer it was unlikely that carcinomatous changes had occurred The duodenal cap was always under suspicion until proved not guilty If the patient was rotated into the right anterior oblique position and the optimum projection was made so that the cap was placed away from the small intestine and as much away from the spine as possible, one should get the mucosal relief In duodenitis, as in gastritis, the folds would be coarsened, thickened, and distorted, and in duodenitis one had often to rely on tenderness and irregularity of outline of the cap Berg s methods, Dr Calthrop added, were simply a forward step in the ordinary routine examination by the barium meal They had not made *x*-ray examination easier but more laborious and the interpretation more difficult, but in that they afforded more direct evidence of disease they were of value

Choice of Methods

Dr S COCHRANE SHANKS said that it was conclusively proved that gastroscopy was of great value in some cases Visual inspection, after all, occupied a place second to none in the clinical examination of the sick, and every extension of it was welcome There was equally no doubt that the barium meal was easier to swallow than the gastroscope, and for that reason alone the *x*-ray method would take priority The gastroscope would help in certain cases such as malignant degeneration of a small ulcer From a radiological point of view, to accept Hurst s statement that pre pyloric ulcer was prone to malignant hyperplasia was to err on the safe side, because it kept one wary The malignant ulcer was supposed to be a large one, but such ulcers 2 inches in diameter had been seen The therapeutic test was a very difficult point if the ulcer was simple all was well, but if it was malignant a vital three or four weeks had been lost Again, what of certain simple ulcers which at first showed regression, and so ' led one up the garden path ? Radiology could give no answer in many of these cases Could gastroscopy help? One large field for gastroscopy was in gastritis As for jejunal ulcer, if radiology could not show the ulcer it could show the jejunitis which was its precursor, and, after all, the ulcer was only an incident in a disease process While tribute should be paid to Berg for his barium meal technique, it should not be withheld from earlier workers, such as Béclère in France and Barclay and Gilbert Scott in this country, who had applied the principles long ago, though they had not brought out so systematized a technique

Another important lesion was carcinoma of the cardia Both the erect and supine views should be taken In the early case all that might be seen was delay in the passage of the meal through the cardia followed by a little spurt In the developed case a number of signs might be present The tumour, if there was one, might be seen outlined against the gas bubble There might be some dilatation of the lower oesophagus, a lengthened sphincteric canal, fixation of the cardia if the growth was binding it down, and a forking of the barium stream over the tumour Dr Shanks added a few words about gastric fistulae The barium enema was the most certain method of showing the types commonly seen in the radiological department, but it was desirable to use both enema and meal, since the meal might give information that the enema could not furnish

Indications for Gastroscopy

Dr R S AITKEN said that during the last year he had examined about 100 stomachs with the gastroscope In a handful of these cases his findings contributed something of use to the diagnosis They had all, of course, been examined by x rays, and the vast majority had been adequately diagnosed beforehand, but in one or two cases the gastroscope discovered an ulcer which the radiologist had failed to find In carcinomata he had one case, a middle-aged woman, in which the radiologist had failed to find any abnormality in the stomach, but the gastroscope—which did not go in very well and with which he was able to see only part of the upper half of the stomach—showed an obviously irregular lumping of the mucosa, which did not distend with air in the fashion it should have done and which bled copiously He felt strongly suspicious that it was malignant, and a month later another *x*-ray examination confirmed this finding On the other hand, there had been one case in which the history was somewhat suggestive of carcinoma of the stomach, and the radiologist found an irregularity of obscure origin, but gastroscopy showed quite clearly that the irregularity was due to a healed ulcer Some patients were very unhappy during gastroscopic examination, but others tolerated it well, and a number had cheerfully submitted to a second or third examination

Mr HERMON TAYLOR showed a modification of the Schindler gastroscope which permitted of a sideways movement He also showed and described a series of drawings of the appearances seen in gastroscopy He suggested that the wall of the normal stomach was glassy smooth with clear-cut narrow rugae

Mr HAROLD EDWARDS said that gastroscopy had gone through a period of three years probation in this country and had now become an established procedure In research he thought it had a distinct place, but he deprecated any unilateral kind of research with the gastroscope, it should be combined with other methods The indications for gastroscopy in clinical work were (1) cases suspected of gastric lesion and in which the x-ray result was negative, (2) cases in which a lesion was shown by x rays but its nature was not revealed, (3) cases which developed symptoms after operation, (4) to follow healing

Gastric Test Meals

Mr E J KING of the British Postgraduate Medical School described the type of test meal used there It was

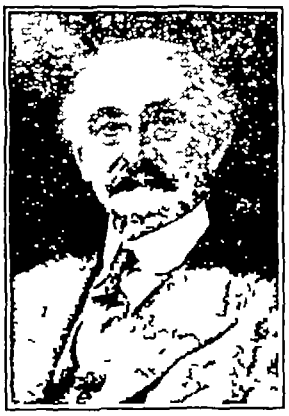
Obituary

G H F NUTTALL M D, F R S

Emeritus Professor of Biology University of Cambridge

The sudden death of Professor G H F Nuttall at the age of 75 has deprived the world of one of its most remarkable scientific workers

George Henry Falkiner Nuttall, the son of a doctor practising in San Francisco, was born there on July 5, 1862 In 1884 he obtained the degree of M D of the University of California, and his first training in biological research he received in the Johns Hopkins University From 1886 to 1890 he studied in Gottingen, where he obtained the degree of Ph D On his return to Baltimore in 1890 he became assistant to the late Professor Welch and later Associate in Hygiene In 1893 he returned to Germany and joined the Hygienic Institute of Berlin, where he acted as honorary assistant to Professor Rubner In 1895 he married Paula, daughter of Kammerherr von Oertzen-Kittendorf and in 1899 went to Cambridge to teach bacteriology and preventive medicine He received the honorary M A degree and was elected a Fellow of Christ's College in 1905 he became Reader in Hygiene The same year he was appointed to the Quick Professorship of Biology and was elected a professorial Fellow of Magdalene College



Temporary accommodation was found for him and his co workers in an unfinished room of the medical museum In this room, which became known as the Quick Laboratory, much valuable research was carried out until 1920 In 1919 a generous gift of the late Mr and Mrs P A Molteno provided the funds for the erection of the Molteno Institute for Research in Parasitology

Many honours were bestowed upon Nuttall, both at home and abroad In 1904 he was elected Fellow of the Royal Society He received honorary degrees from various universities, and was elected corresponding member of many scientific societies He received also the Belgian Order of Leopold II and the French Order of Commandeur de la Légion d Honneur

His research, incorporated in over 200 published papers and books covers several branches of biology, such as bacteriology, serology hygiene tropical medicine, and parasitology His most important discovery was the demonstration of the bactericidal properties of blood serum and other body fluids This investigation, which has led to the discovery of antitoxic sera, is unanimously recognized as pioneer work in immunology Between 1901 and 1904 he was actively engaged in the study of the precipitin test for blood By an extensive investigation of this reaction with 600 blood specimens he established a general law that a similarity in chemical constitution of the blood exists in animals which are related phylogenetically and that this similarity is greatest in animals the most closely related The results of this work naturally had also great application in forensic medicine

In collaboration with Thierfelder (1895–7) he performed the first successful experiments on life under sterile conditions In this investigation guinea-pigs delivered by Caesarean section under aseptic conditions were kept alive and fed for two weeks in a specially devised chamber, where they grew under bacteria-free conditions This experiment solved the problem which had preoccupied Pasteur and his pupils It also solved the biochemical problems concerning the origin of some substances in the gut and urine of mammals In collaboration with Welch (1892) he discovered and studied the first case of pathogenic gas-producing micro-organism This was the starting-point of much important work carried out during and after the war

His work on mosquitos opens with the first precise distribution map of *Anopheles maculipennis* in England and with the discovery that its distribution coincides with the past and present distribution of ague in England This work was followed by a very extensive investigation of the biology and anatomy of *Anopheles maculipennis* carried out in collaboration with the late Sir Arthur Shipley He then turned his attention to the study of canine piroplasmosis, which represents the first case of investigation in Europe of a disease imported by means of an infected vector—the tick from South Africa One of the results of this investigation was the discovery of the curative property of trypan blue, and this discovery has had great economic importance This study was followed by an extensive investigation of the anatomy biology, life history, and systematics of ticks carried out in collaboration with Mr C Warburton, Dr L E Robinson, and others The results of this investigation were incorporated in a series of papers and monographs Most of his time during the war was devoted to the study of lice (*Pediculus*), their life history, biology and anatomy and the problems connected with methods of combating the spread of these parasites

The wide influence which Nuttall acquired in scientific circles here and abroad was not only due to his important scientific achievements but also to the *Journal of Hygiene* and *Parasitology* the two important journals founded by him and edited for many years He was greatly interested in medical education and, although he was not what may be called a brilliant lecturer, his lectures had the peculiar attraction of always conveying first-hand knowledge He was, however, at his best after the lecture in conversation with his students Then only, free from all the inhibitions of a formal lecture, he would tell them with his natural enthusiasm of his personal experiences and that of other workers who were in direct touch with him

Nuttall had a great charm of manner, never shown better than at the daily tea-time gatherings in the laboratory Visitors there, scientific or lay, were placed at once at their ease in the presence of a vivacious conversationalist A great traveller and accomplished linguist each of his many trips abroad was prepared for with much of that meticulous care which he bestowed on his scientific papers An accomplished draughtsman, his interest in art extended to its higher forms—an interest which he was able to indulge by visits to the famous galleries of the world The knowledge so gained was always at the disposal of his friends It may have been that his boundless enthusiasm hastened his death, but he died as he always hoped to die—free from the disabilities and sufferings of a lingering illness and that melancholy sometimes associated with old age His wife died in 1922, he is survived by two sons and one daughter

BRITISH MEDICAL JOURNAL

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THE HAEMORRHAGIC STATES*

BY

L. J WITTS, M D., F R C P

Professor of Medicine University of London Director of the Medical Unit St Bartholomew's Hospital

I feel considerable diffidence in opening a discussion on the haemorrhagic states It is a subject on which there has already been too much writing and talking and too little experiment Moreover the time is not ripe for a schematic presentation such as we can employ in discussing the anaemias Here we are not dealing with a single-cell system, but with the complex and interlocking mechanism of haemostasis in which the plasma the platelets, the endothelial lining of the vessels and the connective tissues all participate It is convenient to distinguish between haemophilia and related conditions in which the blood does not clot normally and purpura or haemogenia in which the blood clots with normal speed but the bleeding time is prolonged Even this distinction is not absolute for there are conditions such as melaena neonatorum which combine the features of haemophilia and haemogenia a defect in the plasma may not only affect the coagulation of the blood but also interfere with the agglutination of the platelets and the opsonization of the endothelium so giving rise to phenomena more characteristic of purpura And in some haemorrhagic states especially those due to inherited fault, the usual clinical and laboratory tests for a haemorrhagic tendency may be negative in the face of a manifest tendency to bleed excessively For the purpuras I propose to follow the classification recently given by Davidson (1937) into idiopathic or symptomatic as regards their aetiology and thrombocytopenic or non thrombocytopenic as regards their morphology Let us agree that platelet and vessel wall are both concerned in purpura haemorrhagica and eschew controversy on their relative significance I wish to treat the haemorrhagic states pragmatically and to isolate certain elements in a purely observational and empirical way hoping thus to simplify the underlying complexity

Hereditary Haemorrhagic States

I am increasingly impressed by the frequency and diversity of hereditary haemorrhagic diseases and by their resistance to treatment The study of hereditary diseases in man has been vitiated by premature dogmatism and by the expectation of a constancy in the mode of inheritance which the student of genetics in plants and animals would from the first have thought improbable Hereditary haemorrhagic states in man are not subject to immutable laws in pattern and pedigree and it is wiser to think in terms of affected family groups than of specific diseases and laws of heredity The hereditary haemorrhagic diseases provide some of the most pathetic cases we see and it is natural that we should strive to do everything possible to relieve them Nevertheless their suffering is not lightened by the publication of methods of treatment which time proves to have no curative value The local application of coagulant snake venoms is the only new treatment whose value has been confirmed The venom of Russell's viper (1 in 10 000 solution) or of the Australian tiger snake (1 in 5 000 solution) has been chiefly used (Macfarlane and Barnett 1934 Rosenfeld and Lenke, 1935) Loose clot is washed away from the bleeding point, and tampons or other appropriate dressings soaked in the venom solution are then applied With the use of snake venom in haemophilia it is now possible to repair wounds or to carry out small operations such as dental extraction which would previously have been fatal

Other new treatments have already passed into the limbo of discarded things or show signs of passing there as they have not lived up to the claims made for them Any curative action of liver or oestrin in haemorrhagic states has by now been abundantly disproved It will be interesting to hear the results of trials of the Sheffield treatment of haemophilia with an extract of egg albumen (Timperley *et al* 1936) Dr R G Macfarlane and I have had no success whatsoever in four haemophiliacs treated by this method Injections of moccasin snake venom have been recommended for all forms of chronic and recurrent bleeding especially those of a purpuric type (Peck *et al* 1935 1936) It is difficult to test a remedy which admittedly makes no difference to the platelets the coagulation time or the bleeding time In three cases of hereditary thrombasthenia I have had no success with treatment with moccasin snake venom and Davidson (1937) records a similar lack of success with this treatment in idiopathic thrombocytopenic purpura Moccasin snake venom is reported to be more successful in hereditary telangiectasia and in one case of this disease where I advised its employment there was a temporary remission of symptoms but it was soon followed by relapse in spite of continuing treatment. Eugenists may derive a melancholy satisfaction from this catalogue of failures in the treatment of the hereditary haemorrhagic states and there is no doubt that prevention will always be better than cure All the same work at present being carried out in Holland (Bendien and van Creveld 1935 1936 1937) and America (Pate and Stetson 1936 Pitch and Taylor 1937) suggests that a curative treatment for haemophilia may not for ever elude our grasp

The Platelets and the Spleen

Idiopathic thrombocytopenic purpura stands out more clearly now that we have been able to detach from it the hereditary purpuras the allergic thrombocytopenic

* Read in opening a discussion [illegible] of the Sections of Medicine and Pathology and Bacteriology and the [illegible] the Annual Meeting of the British Medical Association Bristol 1937

purpuras due to sensitivity to foods and drugs, and the symptomatic thrombocytopenic purpuras due to destruction of the foci of platelet production in the marrow by organic and inorganic poisons There are no gross changes in the spleen in idiopathic thrombocytopenic purpura, apart from simple hyperplasia and the only abnormalities in the marrow are some increase in number and decrease in maturity of the megakaryocytes We still do not know whether the disease is due to a diminished production or an increased destruction of the platelets The dramatic results of splenectomy are somewhat discounted by the discovery that within an interval of months or years about half the patients relapse, though as a rule symptoms are much less troublesome than before the operation (Pemberton, 1934 , Williamson, 1934) This discovery suggests that splenectomy is not a cure for idiopathic thrombocytopenic purpura in the same sense as it is a cure for acholuric jaundice Remissions of thrombocytopenic purpura after splenectomy, like remissions of pernicious anaemia following this operation, are apparently due to "the lifting of a mysterious restraint which the spleen exercises upon the delivery of immature blood cells by the marrow" (Cornell, 1927), and do not signify any fundamental change in the underlying disease process In making these reflections on splenectomy—for I do not call them criticisms—I am mindful of the fact that medical treatment is purely symptomatic and its results inferior to those of surgery (Brown and Elliott, 1936) It is true that there has recently been a revival of interest in treatment by x rays (Mettier and Stone, 1936 , Rudisill, 1936), but I should like to hear comments on its value, for it is my impression that x-ray failures have not received the same publicity as x-ray successes

The mortality of splenectomy in acute attacks of idiopathic thrombocytopenic purpura has been greatly reduced by the practice of repeated or massive transfusions, but in view of the frequency of spontaneous recovery, the difficulty of diagnosis from infectious and malignant purpuras, and the inability to promise complete security from relapse, I should like to ask how long we should persevere with medical treatment before asking the surgeon s help My present opinion is that medical treatment should be tried for seven to ten days In chronic cases the operative mortality is small, but I should advise restricting splenectomy to patients in whom the disease is really disabling or is subject to acute exacerbations There are two other matters connected with splenectomy on which I should like to hear people s experiences The first is the value of tests with adrenaline or protein shock before splenectomy Does an increase of platelets in the blood after either of these agents indicate that the operation is likely to be successful, and is the reverse also true? The second question is, How often is relapse due to the growth of a spleniculus? I know that this phenomenon has been described, but when we compare the frequency of relapse in idiopathic thrombocytopenic purpura with its rarity in acholuric jaundice we must doubt whether growth of a spleniculus is a common explanation of relapse, and certainly I should hesitate to advise a second operation

Vitamin C

The outstanding event of the last decade in the haemorrhagic diseases has been the isolation and synthesis of vitamin C or ascorbic acid It can now so easily be administered in large doses by mouth or by injection that it has been tried in many diseases, and there has been a spate of papers comparable with those which followed the introduction of insulin and liver extract, suggesting that ascorbic acid is a panacea for all kinds of haemorrhagic states and extending its range of usefulness even to dropsy and leukaemia It is fortunate that at the same time methods have been devised for the estimation of vitamin C in the body fluids, and the test of the resistance of the capillaries has been put on a quantitative basis It has been shown that while overt scurvy is rare in civilized countries subclinical scurvy is not uncommon, especially in patients who are febrile or who take special diets Vitamin C cures scurvy rapidly and dramatically, but it has no action on haemophilia, thrombocytopenic purpura, Henoch Schonlein purpura, leukaemia, or other non-scorbutic haemorrhagic states It may be that patients with these diseases sometimes suffer in addition from subclinical scurvy, and that the removal of this disability may make all the difference to the appearance of symptoms Unfortunately this has not been my experience, and I have given massive doses of vitamin C by the mouth and by the veins in these diseases without benefit

Mrs W, aged 29 had had symptoms of idiopathic thrombocytopenic purpura for at least two months Her excretion of vitamin C in the urine was normal (26 mg daily), and she excreted 729 mg out of an intravenous test dose of 1,000 mg. of ascorbic acid suggesting that her tissues were well filled with the vitamin She was treated for a week with ascorbic acid 300 mg intravenously every day , but she had menorrhagia, and her haemoglobin level fell from 65 to 50 per cent. She was then submitted to splenectomy, and her symptoms were much improved Her platelets remained low throughout, never rising above 40 000 per c mm

Miss C, aged 32, had a relapse of symptoms of idiopathic thrombocytopenic purpura twelve months after splenectomy Less than the normal amount of vitamin C was present in the urine (12 to 24 mg. a day) and only a small fraction of a test dose of 600 mg of ascorbic acid by mouth was excreted She was treated for sixteen days with a high vitamin C diet plus 300 c cm of orange juice daily, but there was no change in the bleeding tendency or in the number of platelets, which fluctuated about 10,000 per c mm

Norman T , aged 15, who suffered from hereditary thrombocytopenic purpura, had a low urinary excretion of ascorbic acid (6 6 mg a day) and required approximately 2 000 mg. of ascorbic acid to attain normal excretion He was treated with daily intravenous injections, receiving 4,500 mg in thirteen days without change in the haemorrhagic tendency or in the number of platelets, which remained about 30 000 per c mm.

Miss A aged 36 who suffered from non thrombocytopenic purpura of many years duration, associated with splenomegaly and chronic infection of the parotid glands, had a high output of ascorbic acid in the urine (47 mg daily) As might have been expected, intravenous injections of ascorbic acid in amounts varying from 300 to 900 mg daily had no effect on the purpura

William B , aged 15 suffered from a hereditary haemorrhagic diathesis—probably thrombasthenia His excretion of vitamin C in the urine was low (15 mg daily) After taking 400 mg of ascorbic acid a day by mouth for three days he still excreted only 143 mg in twenty-four hours, so his tissues must have been deficient in vitamin C He was then treated with a high vitamin C diet and orange juice 300 c cm daily, but the experiment was discontinued after five days, as he had a slight fall and sustained excessive bruising of the face and eye

I have treated three cases of chronic ulcerative colitis with massive doses of vitamin C, by mouth and parenterally, without affecting the number or composition of the evacuations or the condition of the patient , and three cases of acute leukaemia without affecting the haemorrhagic tendency, the oral lesions, the blood picture or the fatal termination I therefore feel justified in concluding that vitamin C, by mouth or parenterally, is of no value as a general or non specific remedy for haemorrhagic states In purpura haemorrhagica

Professor Major Greenwood F.R.S., writes

As a friend of more than twenty five years standing I am strongly tempted to speak of Nuttall as a man but his personality was so sympathetically described by the writer of the notice in the *Times* of December 18 that I feel I can add nothing at most this Nuttall loved *Cambridge with that deep affection a man of English* ancestry bred in a foreign country so often feels for our ancient universities Perhaps to those who have lived from boyhood in Oxford or Cambridge old picturesque usages and customs lose their charm become mere matters of course That never happened to Nuttall He had dreamed of a university city spreading her gardens to the moonlight and whispering from her towers the last enchantments of the Middle Age so often before he came to one he was welcomed there so kindly, that the spell was never broken He was a happy man

Perhaps I may pay tribute to Nuttall as an editor He did much to raise the standard of literary workmanship in medical and biological circles Many years ago I read a paper *not* in the *Journal of Hygiene* containing a long list of references to other papers published in German Having some reason to doubt whether the writer knew German well I made some remark to him on the labour he must have had He replied with a smile that he had had no trouble but simply copied the references from somebody else's paper I do not know that petty thefts of this kind never occur now but I do know that if Nuttall detected a contributor in this kind of dishonesty there was bad trouble for the contributor Not only did Nuttall require honesty, he required intelligibility Years ago when Pflüger still edited his *Archiv* the cover had an editorial notice somewhat to this effect The Editor cannot undertake to correct grammatical errors in articles offered by foreigners articles written in grammatically correct German are often almost unintelligible Nuttall had more courage than even Pflüger and the only time I can recall an editorial display of anger was in connexion with a paper written in bad English It was *offered* by a foreigner Nuttall and I rewrote it It was already in pages when we discovered that the author had published the same paper (but not in English) elsewhere Nuttall could not reduce the Press to fury by cancelling the paper but he did print an editorial footnote the acerbity of which would not have shamed those famous editorial initials K P While he insisted on intelligibility and disliked slang he was no pedant I think he shared my hatred of using easy and patient as synonyms and permitted me to delete "markedly and very markedly" but he agreed with Horace *dabiturque licentia sumpta pudenter* and interpreted *pudenter* with generosity Perhaps these are small things and his editorial skill in greater things will be praised by others with more technical knowledge But I think literary honesty and to take pains in writing are not small things Nuttall set a high standard he was a great editor and a great gentleman That was why we loved him

[We are grateful to Mr. Russell Hendon]

The following well known foreign medical men have recently died Dr Pedro Cid Professor of clinical surgery in Buenos Aires Professor Peter Dethleffsen Professor of Danish descent and 82 D Ludwig Frank professor of gynæcology at Jena and a specialist in [illegible] Professor Paul Wallich of Wiesbaden [illegible] at Graz

Medical News

Up to the time of going to press the number of known or suspected cases of typhoid fever in the present outbreak at Croydon was 285 with 26 deaths

In our advertisement columns this week applications are invited for the following posts in the University of London the University Chair of Surgery tenable at University College Hospital Medical School, in the University of Wales, the David Davies Professorship of Tuberculosis and in the University of Liverpool, the George Holt Chair of Pathology

After January 1 1938 the Editor of *Brain* will be Dr F M R Walshe 56 Portland Place London W 1, to whom exchange journals and books for review should be sent

The *Manchester Guardian* states that the Manchester Public Health Committee has decided to arrange that no member of its nursing staffs shall be on duty for more than ninety six hours a fortnight In addition each nurse is to be given a separate bedroom and senior members of the trained staff are to be allowed to live out if they wish

The Marylebone Borough Council Crematorium which has been built at a cost of £30 000 in the Council's cemetery at East Finchley to the design of Sir Edwin Cooper R A, was formally opened on December 15 It will not be restricted to residents of Marylebone Councillor G B Ramsay chairman of the Cemetery Committee said that unless cremation was more generally adopted ratepayers would have to find large sums to acquire for burial grounds land which could be used to greater advantage for recreational and other purposes

Speaking from the chair at the annual dinner of the Old Mancunians Association on December 17 Professor W Fletcher Shaw paid tribute to the lead which Manchester Grammar School had given to the public schools of this country in the way of medical supervision of its pupils through the pioneer work of Dr A A Mumford many years ago The first need of a great English school was to show that physical and mental development were complementary He was surprised that Manchester's example had impressed itself so little on other schools Schoolmasters seemed to think that medical men had nothing to do with adolescence at few public schools was the medical supervision anything like so good as it was at Manchester

On December 14 the Duke of Gloucester attended a general court of governors of St Bartholomew's Hospital and received the charges of president and of a governor of the hospital His Royal Highness said that in becoming a governor and president of St Bartholomew's he was maintaining a family tradition because he succeeded his eldest brother the Duke of Windsor his father King George V and his grandfather King Edward VII Before leaving the Duke was enrolled as a Perpetual Student of the Medical College

The Council of the Royal Society has appointed Dr. M C G Israels assistant director of the department of clinical investigation in the Manchester Royal Infirmary to a Loulerton Research Fellowship The appointment will date from January 1 1938 Dr Israels proposes to carry out research on the nature and causes of blood disorders and allied conditions

The Home Secretary has appointed Dr P J Lythgoe to be a member of the committee to inquire into the standards of lighting in factories in place of Dr C S Myers F.R.S. who has resigned

Dr C E Newman has been appointed Subdean of the British Postgraduate Medical School

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QUERIES AND ANSWERS

Painful Tongue

Dr A F G SPINKS (Newcastle upon Tyne) in reply to Worried (*Journal* December 18 p 1259) writes I suggest that the above-mentioned condition may be due to dentures which are being kept clean by the use of one or other of the various substances now advertised for the purpose Such substances when in contact with the vulcanite of the denture form I think a chemical compound—as yet unknown—which is very irritating to the tongue The remedy in such a case is obvious

Generalized Psoriasis

Dr F SPENCER DAVIES (Essex) in reply to M B B Ch (*Journal December 11, p 1206*), writes *I suggest his* patient is suffering from chronic intestinal intoxication the relief of which will relieve her psoriasis and improve the chronic infective arthritis The most successful way to treat this intoxication is by fasting The patient should only be allowed six oranges a day with a hot drink of tomato juice in the evening Enemas and colonic irrigation are useful adjuncts, and M B B Ch should find that the desquamation from the psoriasis begins rapidly to lessen after fourteen days A few days earlier a cereal vegetarian and fruit diet may be taken No external treatment beyond warm soda baths and a mild soothing ointment is necessary

Income Tax

Partnership Assessment

£ s d is a member of a firm The firm s accountant calculates each partner s share of the firm s assessable profits and individual statements of total income are made including such amounts Each partner pays the tax on his share to the accountant, who pays the total amount to the collector Is this correct?

*** Under the Income Tax Acts a partnership is assessable in one sum and the senior acting partner is primarily responsible for payment of the tax on the whole of the profits, and is of course entitled to reimbursement as appropriate from the other partners £ s d cannot demand to be separately assessed in respect of his particular share and a request for that to be done can be, and will be refused by the authorities

LETTERS, NOTES, ETC

An Exchange Scheme for Medical Students

Mr A D LEIGH B.Sc whose first letter appeared in the *Journal* of August 7 (p 306) writes again from Budapest The exchange students have now left In August there was first a visit to Chinoin the chemical factory here then the Kozponti Tej invited the students to inspect one of their central dairies The different processes of pasteurization ultra violet irradiation and bottling to which the milk was subjected were demonstrated to them The whole milk supply of Budapest is pasteurized In their Kavehaz in the Varosliget the company entertained the students to a feast of their many milk products The very new radium hospital, endowed by the Rockefeller Institute, was proudly shown to the group, and after the holiday of Szent Istvan a number of the students travelled to Debrecen in Western Hungary The university clinics there are very modern and well planned, serving a wide agricultural area The scheme for the exchange of students has been in effect here for about five years This is the first year, however that an exchange has been made with England and two Hungarian students travelled to the Manchester Royal Infirmary The president of the Hungarian Medical Students Association tells me that next year it is hoped that at least *five exchanges will be made with England, probably through* the National Union of Students

Subcutaneous Emphysema during Labour

Dr B SAMUEL (Glamorganshire) writes Reading Dr F H Nussbaum s interesting report of the above condition (*Journal* December 11 p 1169) I recalled seeing a similar case in August, 1935 while acting as a locumtenent in Llanrhaidr, North Wales The patient a primipara had a greatly swollen face and neck and both eyes were closed It had been a very strenuous labour the child was still born and on my arrival the midwife a hardy veteran remarked that it was a wonder that she hadn t burst herself straining so much" My first impression was that the case was one of an acute post natal eclampsia or possibly an atypical erysipelas but guided by the lady s instinctive remark further examination revealed the signs of an undoubted emphysematous condition The condition cleared up in a few days

Colour Films

Dr HORATIO MATTHEWS (London W 1) writes In the *Journal* of October 3, 1925 (p 632) I drew attention to a process for the making of colour films which I had invented and appealed for collaboration on account of expense The method was referred to in the following words A dye bath stains the exposed part of the film along the fine cuts made by the knives but leaves the greased part protected and ready for further operation by the knives and different colouring' In June, 1933, somebody unknown to me patented the Dufay process in the following words 'A small fine irregular pattern of greasy ink (intended to act subsequently as fatty resists) is placed on the film In a specification of mine for colouring articles, taken out in May, 1923 referring to film making the words used were 'A method of colouring bodies' by a process of coating part or all of the body with a medium repellent' to the colouring medium The repellent medium is a substance immiscible with the colouring medium and over which the colouring medium has little tendency to flow, and is preferably a fatty substance'

Carr Manor, Leeds

With reference to the announcement in the *Journal* of December 11 that the Leeds Corporation had bought the late Lord Moynihan s house Carr Manor Meanwood Leeds a correspondent reminds us that Sir Clifford Allbutt lived there during the last eight years of his time of practice in Leeds Sir Humphry Rolleston s *Memoir* states that *In 1881 the Allbutts moved from Lyddon House to Carr* Manor, Meanwood about five miles from Leeds station, Allbutt of course retaining his consulting rooms in Park Square as before Carr Manor which they had been building *for some two years, was a fine house with remarkably* handsome iron gates hand wrought and of Italian workmanship It was afterwards occupied again by an outstanding medical man in Yorkshire Lord Moynihan, elected President of the Royal College of Surgeons of England in 1926

Corrigendum

In an abstract of an article by H Teitge in the *Medizinische Klinik* of August 27 (Epitome paragraph 431 in the *Journal of November 27 p 82) the impression* was conveyed that improvement had been observed in decubitus and gangrene of the limbs in diabetes and in Raynaud s disease following the administration of folliculin progynon or any other similar preparation What the author actually said in his article was that *no* improvement followed such therapy

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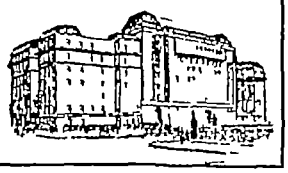
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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

513 Staphylococcus Aureus and Listerella Meningitis

R L JACKSON (*J Pediat* October, 1937 p 518) adopts the following classification of staphylococcal meningitis which is based on that of Schless (1) Localized abscess of the meninges caused by extension of suppuration from contiguous structures (numerous recoveries have been recorded from this type after operation) (2) Meningitis accompanied by characteristic evidence of cerebrospinal inflammation (*a*) without septicaemia (*b*) with septicaemia Jackson's case, which occurred in a girl aged 24 years was an example of 2(*b*) Treatment consisted in frequent cisternal drainage to reduce intracranial pressure and general supporting measures such as the parenteral administration of glucose and Ringer's solutions, and blood transfusion

514 M A POSTON S E UPCHURCH and M BOOTH (*J Pediat* October 1937, p 515) record a case of purulent leptomeningitis due to a new pathogen of the genus Listerella in the form of a haemolytic Gram-positive bacillus first described by C G Burn in 1933 The case which is the seventh on record in which this organism was isolated, occurred in a boy aged 3 years No definite organism was found in direct smears nor was any growth obtained from cultures of the spinal fluid during life Death took place after five weeks illness At necropsy a subdural abscess was found cultures of which showed a Gram positive bacillus that produced beta haemolysis in blood sugar

515 Suprarenal Insufficiency in Malaria

PEREGRINO jun., and P P BRANDAO (*Brasil Med* October 16 1937, p 1047) record seventeen illustrative cases of malaria complicated by suprarenal insufficiency in patients whose ages range from 17 to 54, of which three are described in detail The acute form which is much the commonest may be divided into the following five groups (1) a cardiac form, with tachycardia, hypotension and dyspnoea, (2) a gastro intestinal form with continual vomiting choleriform diarrhoea, and abdominal pain (3) a peritoneal form simulating peritonitis (4) a nervous form characterized by coma, apoplectiform symptoms or Ménière's syndrome (5) psychical disturbances Incomplete forms may also occur with dyspepsia asthenia, or neurasthenia Chronic suprarenal insufficiency or Addison's disease is rare in malaria

516 Jugular Phlebitis

According to O MEYER (*Zbl inn Med* September 11 1937 p 753), the commonest cause of phlebitis in the jugular vein is acute tonsillitis such phlebitis untreated becomes latent or chronic and is demonstrable by persisting tenderness Jugular phlebitis if sought, is found with surprising frequency It is often a cause of cephalic symptoms such as trigeminal or occipital neuralgia or migraine of sinus diseases chronic eye infections or arthritis of the head or neck and more remotely (from its function as a focal zone of sepsis) of general articular inflammation Jugular phlebitis is found on one or both sides and in the former case the cephalic symptoms are on the same side hot applications provoke further extrusion of toxins into the blood stream and Meyer has frequently seen for example a brachial neuritis aggravated by poultices to the neck In over a hundred cases he observed that cure of chronic jugular phlebitis was followed by cure of sinus disease, neuralgia migraine arthritis of mandibular joints or deafness The only effective treatment is stated to be application of three or four leeches subsequent oozing being allowed to continue for eight to ten hours The majority of cases have shown pathogenic cocci in the oozing blood Meyer states that latent jugular phlebitis, when causing acute articular rheumatism, usually coexists with latent crural phlebitis, this acts as a focus of infection, and should be treated

Surgery

517 Resection of the Clavicle in Pulmonary Tuberculosis

G PIERI (*Policlinico* Sez Prat, September 13 1937 p 1725) records two cases—in males aged 18 and 45 suffering from tuberculosis of the upper lobe of the lung and unsuitable for treatment by artificial pneumothorax—in which upper thoracoplasty was followed at the same operation by resection of the middle third of the clavicle Pieri claims that the operation presents the following advantages (1) it facilitates the removal of tension in the muscles with costal insertion which causes expansion of the thorax (2) it modifies the respiratory mechanism by reducing the expansion of the lung (3) it causes a drop in the scapulo humeral girdle by increasing the downward pressure produced by thoracoplasty

518 End results of Nephrotomy

H KOPP (*Z Urol* 1937, **31** 11 749) believes that improvement in the technique of nephrotomy has made this operation one of the most important in conservative urinary surgery In his clinic Rehn's method is used, which demands a careful incision and precise adaptation of the wound edges while stitching and the avoidance of damming up of urine and of fixation of the kidney Fourteen cases were operated on in the last three years In twelve there was no post operative haemorrhage in two the haemorrhage stopped two to three days after operation and gave rise to no concern The author believes that if post-operative haemorrhage occurs following the use of Rehn's method the kidney and not the operative technique is at fault Kopp has never seen a urinary fistula develop after this operation, which is only employed to remove calculi Modern methods of diagnosis have so improved that nephrotomy is no longer performed as a diagnostic measure Kopp examined the grave criticism of the operation that nephrotomy invariably does irreparable damage to renal tissue He points out that nephrectomy may be unhesitatingly carried out provided that the other kidney is healthy with the knowledge that it will be sufficient to perform its duties There seems to be no valid reason therefore why in nephrotomy a part of the parenchyma should not be sacrificed in order to maintain the whole organ In four cases carefully examined before operation and six to twelve months after it Kopp was able to demonstrate that the function of the nephrotomized kidney had improved considerably in spite of some loss of parenchyma and that its function was as good as that of the healthy kidney

519 Sympathectomy for Essential Hypertension

E V ALLEN and A W ADSON (*Amer Heart J* October 1937 p 415) studied the physiological changes in forty-five patients operated on for essential hypertension Resection of the splanchnic nerves and the coeliac and upper two lumbar ganglia was performed on one side and then the other ten days later By this means the arterioles were disconnected from the vasomotor centre and a state of decreased vasoconstriction induced The authors found that the results of operation can be predicted with reasonable certainty by observing the response of the blood pressure to rest and sleep, to ingestion of sodium

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amytal, and to injection of pentothal sodium A pessimistic prognosis is usually right, an optimistic one often wrong In their series 45 per cent of patients received no benefit from the operation, in 30 per cent the blood pressure was slightly lowered, and in 25 per cent it was greatly lowered In eighty-five successive cases there were no deaths due to operation Amelioration of symptoms was found in 70 per cent of cases even when there was no great reduction of the blood pressure No disablement follows operation, although anhidrosis of the lower extremities and probably sterility in the male result Orthostatic hypotension and tachycardia occur, but these disappear some time after operation The heart usually decreases in size, retinitis diminishes or disappears, renal function is improved, and the basal metabolism is lowered The authors do not believe that sympathectomy is the ultimate contribution to the treatment of hypertension, but the results are encouraging enough to induce them to continue with it until a better method has been devised

Therapeutics

520 Staphylococcal Septicaemia

A GROSS (*Thèse Paris* 1937, No 672) states that, with the exception of that accompanying osteomyelitis, staphylococcal septicaemia has a very grave prognosis Only three forms of specific treatment are possible—namely, (1) injection of immune serum, (2) formol toxoid (and its derivative Ramon's anti-staphylococcal preparation), and (3) intravenous injection of bacteriophage Apart from cases reported by Tzank, injections of immune serum have not yielded the brilliant results expected, while formol toxoid is apt to give rise to severe and even fatal reactions, and does not appear to be polyvalent On the other hand, intravenous injection of bacteriophage has yielded excellent results A certain degree of shock may occur, but no fatal cases have been recorded

521 Intravenous Scilla Treatment

L ZWILLINGER (*Wien Arch inn Med*, October 31, 1937, p 201) records satisfactory results from intravenous treatment by scillaren (a combination of the pure glucosides of squill, scillaren A and B) in 104 cases of cardiac decompensation, including seventeen of valvular disease, eighteen after coronary thrombosis, and forty-three in patients with vascular hypertonia The following classes were excluded as unlikely to respond well to any cardiac glucoside patients with Graves's disease, rheumatic pancarditis, mitral disease with symptomless lung emboli mitral stenosis with lung oedema (here the right heart is good and circulation time only slightly slowed), or emphysema—as well as the class, first distinguished since the introduction of the mercurial diuretics, which responds to these but shows little or no improvement from rest and fluid restriction The results were assessed by measurement of the venous pressure circulation time, and vital capacity, as well as by clinical, radiological, and electrocardiographic signs the action was found to be predominantly systolic (circulation time being diminished in certain cases without alteration of pulse frequency) and extremely rapid The dosage was moderate, no single amount exceeding 0.5 mg the average doses being 0 35 mg twice or thrice daily, diminished as soon as the desired effect had been obtained Extrasystoles after intravenous medication call for much care, especially if taking a continuously bigeminal form Scilla glucosides are probably broken down quicker than all others and are thus specially applicable when there is danger of intoxication (as after myocardial infarction) In several cases scillaren medication was continued, with in the end satisfactory slowing of the heart, in spite of temporary induction of auricular fibrillation.

Dermatology

522 Electrocoagulation for Lupus Vulgaris

V GENNER (*Ugeskr Laeg* October 21, 1937, p 1109) reports from the Finsen Institute in Copenhagen his experiences of forty-two cases of lupus treated by electro coagulation For many years the treatment of lupus at the institute was with Finsen light supplemented by surgical excisions (as distinct from electrical excisions) when these seemed indicated Cures were thus effected in about 70 per cent the remaining 30 per cent becoming cases of chronic relapsing disease, the blame for which in many instances depended on the disinclination or inability of the patients to attend regularly During the past four years the author has sought to improve these results by supplementing Finsen treatment in some cases by electrocoagulation He notes in passing that there is a general tendency abroad, particularly in Germany, to dispense with Finsen treatment as being too lengthy and costly, and to employ the short cut which electro excision offers The author is, however, of the opinion that Finsen treatment still gives the best results, from both the recovery and the cosmetic aspect, provided it is administered by persons competent to deal with such a capricious disease as lupus from the clinical biological, and technical points of view Electrocoagulation cannot be advocated as an alternative to Finsen treatment, but only as a supplement to it, early or late in the disease, in a limited number of cases Electrocoagulation may be employed in the destruction of isolated and well defined foci or in the superficial destruction of more extensive infiltrations as a preliminary to Finsen treatment The cosmetic results of electrocoagulation are inferior to those of Finsen treatment, the former giving rise to more fibrosis of the skin

523 Vitamin C in Psoriasis

Clinical improvement after administration of vitamin C in psoriasis has been noted by F REISS (*Derm Wschr* October 30 1937, p 1418) and by Lutz in a few cases Reiss now finds from investigation of twelve out-patient cases of psoriasis, that the vitamin C excretion in the urine is very low (10 5 mg daily as an average) and that the great bulk of vitamin C administered therapeutically is retained Excretion of sulphur is considerably diminished, but it rises to a slight extent if ascorbic acid is given The C-hypovitaminosis in psoriasis is probably due to inflammatory processes and the increase in oxidation accompanying increased keratinization No clinical improvement occurred in the cases here described—possibly because the dosage employed did not approximate to saturation

524 Cutaneous Eruptions in Gonorrhoea

O L LEVIN and S H SILVERS (*N Y St J Med* October, 1937, p 1712) present a review of the literature on the skin complications of gonorrhoea Eruptions may be localized near the genitals—due to infection from the discharge—or they may be generalized In the latter case the gonococci are carried by the blood stream to the skin, where eruptions result from the action of the micro-organisms and their toxins The generalized eruptions are a portent of serious systemic disease The eruption may be of four kinds (1) erythematous, with or without vesicles, (2) urticarial erythema and lesions resembling erythema nodosum, (3) haemorrhagic, (4) hyperkeratotic Four cases are described three of which were haemorrhagic and one hyperkeratotic One of the haemorrhagic cases was fatal Particular emphasis is laid on this haemorrhagic type which is considered to be due to the invasion of the skin by gonococci, with the development of embolic phenomena (A similar condition has been observed in meningococcic septicaemia) The petechial lesions usually do not occur profusely a dozen, or fewer,

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new lesions may appear with each crop and they are accompanied by a sudden rise of temperature The areas usually involved are the extremities, especially in the region of the joints The spots appear as red-blue macules, changing to elevated purplish slightly umbilicated haemorrhagic vesiculo pustules of a greyish brown colour These eruptions should be differentiated from similar lesions due to the concomitant use of drugs The keratotic lesions may be differentiated from psoriasis by the history, symptoms, cutaneous manifestations blood picture and blood culture histopathology, and clinical course

525 Chronic Pyodermia

J A FOLPMERS (*Nederl Tijdschr Geneesk* November 6, 1937, p 5408), who records seven cases of chronic pyo dermia in patients aged from 27 to 51, of whom five were men and two women, states that clinical and histological appearances in such cases can be best described by the term ' pyodermia chronica papillaris et exulcerans He emphasizes the difficulties of differential diagnosis, espe cially from cutaneous tuberculosis

526 Cutaneous Papillomatosis

F WISE and W SACHS (*Arch Derm Syph* Chicago September 1937 p 475) describe a case of cutaneous papillomatosis which they believe to be one of the group of rare dermatoses described by Gougerot and Carteaud in 1932 (*Arch Derm Syph* Wien 1932, **165** 232) This case resembles those of the second group of Gougerot and Carteaud which they call confluent and reticulated papillomatosis The patient was a woman aged 23 who had had a cutaneous eruption for seven years The eruption affected most of the body surface only the scalp palms and soles being free from it It was most marked on the chest neck and shoulders axillae intermammary and epigastric regions antecubital and inguinal areas and on the middle portion of the lumbar region The form it took varied somewhat from place to place, but typically was papular or papulo squamous and confluent or isolated The larger lesions were from 3 to 4 mm in diameter and were dark red or brown, moderately elevated and of a warty appearance On the intermammary and epigastric regions the eruption resembled pityriasis versicolor Histological examination revealed a pro nounced hyperkeratosis the prickle-cell layer was reduced in width the surface configuration was wavy some of the papillary bodies extending upwards beyond the mean level of the epidermal outline The prickle cells were small and rounded the prickles were not visible The treatment used was an ointment containing 6 per cent salicylic acid and 4 per cent ammoniated mercury which cleared up the eruption though papules appeared again a few days after cessation of the treatment The patient exhibited hypertrichosis advancing obesity irregular menstruation and possibly slight hyperthyroid-ism so that endocrine imbalance was suspected No similar case report could be found in the American literature

527 Eczema in a Saltpetre Factory

O J BROCH (*Tidsskr norske Laegeforen* November 1 1937 p 1122) has studied thirteen cases of eczema at a saltpetre factory in Norway and has applied Bloch s skin test (apposition for twenty four hours to the skin of a pad of linen soaked in a solution or extract of the suspect chemical and covered by waterproof sheeting) to all of them In seven cases he has obtained a definitely positive reaction to one or other of the chemicals with which the patients had been in contact for years It was significant that the average age of the patients was as high as 45 The author connects this observation with Burckhardt s finding that the capacity of the skin to neutralize alkalis diminishes with age Although these thirteen patients had been exposed to the various chemicals ever since beginning work in the factory, there was an average interval of ten years between the first exposure and the first appearance of eczema This suggests that the allergic condition of the skin had taken a long time to develop In some cases the use of rubber gloves was soon followed by a considerable improvement in the eczema, which was worst on the hands and fore-arms In the most obstinate cases the author found it necessary to recommend a change of employment, and he suggests that persons whose skins are liable to develop eczematous conditions should not seek employment in any eczema promoting vocation This advice is the more to the point because industrial legislation in Norway and most other countries has not hitherto recognized eczematous conditions as occupational diseases qualifying for compensation by law This anomalous state of affairs, rectified in Germany in 1937 is the more deplorable as the most common form of occupational disease is precisely disease of the skin

528 Ovarian Extract in Pruritus

L N ELSON (*Urol cutan Rev* October, 1937, p 713) considers that pruritus vulvae and pruritus senilis are degenerative neuritides, and, on the theory that the ovaries form specific nerve regenerating hormones has for sixteen years been treating cases of these diseases with an extract of whole ovary He gives 5 grains three times daily one hour before meals on the first day, two doses the second day and one dose the third day, continuing the same sequence for many weeks He finds the results excellent in both sexes He uses the same treatment for brachial neuritis and for the atrophic arthritides of the female and male climacteric and in the aged with good results For local application he recommends saturated solutions of sodium bicarbonate or magnesium sulphate as com presses or camphor and menthol 2 per cent each, in liquid paraffin

Obstetrics and Gynaecology

529 The Menstrual Cycle

J BJÓRNSSON (*Nord med Tidskr* October 2, 1937 p 1613) reports from the University Hygiene Institute in Oslo observations conducted between September, 1932, and June 1933 on 321 probationer nurses 180 of whom, with an average age of 23 6 years, had conscientiously filled in certain forms giving information about their illnesses their weights and their menstrual cycles The average age at which menstruation began was between 14 and 15 the extremes being 11 and 18 The average dura-tion of menstruation was 4 5 days By the menstrual interval the author means the time between the first day of menstruation and the first day of the next menstruation The length of this interval varied greatly not only in different nurses but also in one and the same nurse Indeed there were only eleven nurses each with a differ-ence of five days or less between the longest and the shortest interval There were seventy-one nurses each with a difference of ten days or less between the longest and the shortest interval and there were as many as 104 nurses each with a difference of over ten days In other words the menstrual cycle of nearly 60 per cent of all the nurses was quite irregular The author finds that the new and strenuous conditions under which these nurses lived and their comparatively high sickness rate account only in part for this irregularity which he regards as an expression of a normal variation in the length of the menstrual interval The disagreement on this score between his own observations and textbook dicta reflects, he maintains, on the inaccuracy of the hearsay information on which textbook writers have based their conclusions

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Town Clerk, Kirkcaldy.

BRITISH POSTGRADUATE MEDICAL SCHOOL

Applications are invited from fully qualified medical practitioners for the post of CASUALTY OFFICER to commence duty on March 1st, 1938.

The appointment is for six months and non-resident. Salary is at the rate of £150 per annum and the post is specially suited to candidates studying for higher qualifications.

Applications accompanied by two testimonials should be addressed to the Dean, British Postgraduate Medical School, Ducane Road, W.12, to arrive not later than the first post on Monday, January 10th.

He also points out that his findings upset the myth of a regular twenty-eight-day interval, on the existence of which Knaus has built up his birth control system, for, considering that the length of the menstrual interval in one and the same woman may range from twenty to forty days, it cannot be easy to identify the 'dangerous" ovulation period, which occurs, according to Knaus, fifteen days before the next menstruation

530 Menstrual Allergy

G SINGER (*Med Welt* September 11, 1937, p 1273) points out that it has long been known that certain conditions occur only during menstruation, while other more chronic ones relapse at this time Recent research groups these disorders into a mild form due to vasomotor disturbances and a severe form due to vascular changes Two lipoids, carotin and cholesterin, are found in the blood in larger quantities during menstruation Proteolytic ferments and histamine are present in menstrual blood, and the latter also in the circulating blood of menstruating women Increase of blood cholesterin and histamine predisposes to allergic states, and the part played by the liver in dealing with these substances is important Singer states that in his cases of menstrual allergy some damage to the liver could be demonstrated or confidently assumed The intake of substances likely to damage the liver must be forbidden Proteins and fats should be taken in moderation, carbohydrates in plenty Mineral waters containing magnesium sulphate are of value The author advocates also the administration of peptone, 1/2 to 1 gramme, before meals The effects of histamine can be counteracted by treatment of the gastro intestinal tract The oral administration of concentrated glucose solution may be of value in the prevention of attacks

531 Intra-uterine Asphyxia

E VOGT (*Munch med Wschr* October 22, 1937, p 1690) discusses the prevention and treatment of intra-uterine asphyxia In cases where the asphyxia is caused by a spasm of the lower uterine segment—as, for example, after too large doses of pituitary preparations or after an artificial rupture of the membranes and manual dilatation of the os—spasmolytic remedies, such as belladonna with or without the addition of narcotics, are indicated They are best given in the form of rectal suppositories Where the cause of the asphyxia is obscure and compression of the umbilical cord can be excluded, the author advises cardiazol, given through an intramuscular injection to the mother, or directly to the child in cases where the child's breech is accessible In cases of uterine fatigue with spasm of the lower uterine segment the intramuscular injection of 1 c cm of dilaudid is indicated The number of operative deliveries for the sake of the child has been greatly reduced since the introduction of cardiazol as a preventive and curative remedy for intra-uterine asphyxia Where the intra-uterine asphyxia is caused by an increased resistance of the soft parts the author advises episiotomy under ethyl chloride or ether anaesthesia

532 Relaxin in Human Serum

D ABRAMSON E HURWITT and G LESNICK (*Surg Gynec Obstet* September 1937, p 335) review the work of Hisaw and others on the hormone known as relaxin, which is supposed to be elaborated by the corpus luteum and to cause relaxation of the pelvic ligaments during pregnancy It has been found that slight to moderate degrees of relaxation can be produced in guinea-pigs by the injection of large doses of theelin, but that the separation is greatly increased by a small additional dose of relaxin Pelvic relaxation in pregnant animals is therefore not solely a theelin effect There is a synergistic relation between theelin and relaxin The authors have now developed a method of concentrating human serum taken from women in the first half of pregnancy which has acted on guinea-pigs in a manner similar to that of relaxin The animals are ovariectomized in order to eliminate their own supply of ovarian hormones Artificial oestrus is then produced with theelin and specially prepared serum from the pregnant woman is injected The sera of fifteen consecutive women in the first half of pregnancy produced relaxation of the symphysis in the guinea-pig The serum of one woman in the eighth month and that of two non-pregnant women and one man were non-effective It is believed that pelvic relaxation during pregnancy is facilitated by or is due to the hormone relaxin in the human species as well as in many other mammalia, and that the hormone is produced only or mainly during the first half of pregnancy As a routine test of pregnancy the procedure is considered impracticable

Pathology

533 Vitamin C and Thermo-regulation

F HASSELBACH (*Schweiz med Wschr* September 11, 1937, p 877) found an intimate connexion between fever and the consumption of vitamin C The body consumes more vitamin C whenever the temperature rises above normal There is an instability of the thermo regulating mechanism in scurvy and in cases of insufficiency of vitamin C This instability can be remedied by the administration of the vitamin In such cases large doses of ascorbic acid cause a critical drop in the temperature In pulmonary tuberculosis the administration of vitamin C may improve the toxic condition, and in this way lead to a decrease of the fever Vitamin C also improves the vasomotor excitability and the capillary circulation, two important factors in thermo regulation

534 Histogenesis of Leukaemia

E STORTI and P DE FILIPPI (*Folia haemat* Lpz., 1937, 58, 1, 20) attempt to disprove the theory that the reticulo histocytic system is responsible for the histogenesis of extramedullary leukaemic tissue They used hens infected with 1 c cm of blood injected from a leukaemic fowl, for material from human necropsies is worthless, and in humans it is practically impossible to make the reticulo histocytic system visible Vital staining was obtained by repeated injections of 10 c cm of stain in 10 per cent normal saline Examination of the material proved conclusively that the reticulo histocytic system showed no morphological characteristics indicating its active participation in the histogenesis of extramedullary foci They believe that the latter are due to abnormal proliferation of leukaemic elements prematurely released from the bone marrow

535 Inclusion Bodies in Measles

JEAN BROADHURST MARGARET E MACLEAN and V SAURINO (*J infect Dis* September–October, 1937, p 201) describe the occurrence of characteristic inclusion bodies in measles They are usually globular, less often irregular or elongated, and may be intranuclear or in close opposition to the nucleus They are found in the ciliated and columnar epithelial cells of the nose and in the globoid basal cells of the Koplik spots The inclusion bodies are best demonstrated by staining with nigrosin, which leaves the surface bacteria uncoloured They may be seen on the first day of the disease, and, judging from an examination of 110 patients, they are consistently found from the second to at least the twelfth day Similar bodies were present in only two out of forty control patients, one patient was diagnosed as suffering from a streptococcal infection of the nasopharynx, the other from a nasal abscess

COUNTY BOROUGH OF BIRKENHEAD

DEPARTMENT OF THE MEDICAL OFFICER OF HEALTH.

BIRKENHEAD MUNICIPAL HOSPITAL

DEPUTY MEDICAL SUPERINTENDENT

Applications are invited for the appointment of Deputy Medical Superintendent (Resident) at the Birkenhead Municipal Hospital (547 Beds)

The remuneration attached to the appointment will be £450 per annum rising by increments of £25 to a maximum of £550 per annum together with residence board etc

Applicants must be single fully qualified and registered and must be capable of performing major surgical operations

The appointed candidate will have the status of Assistant Medical Officer on the staff of the Medical Officer of Health

The appointment will be made subject to the Local Government and Other Officers Superannuation Act, 1922, and is determinable by three months calendar notice on either side

Candidates who possess an extra qualification in surgery will be specially considered

Forms of application and further particulars relating to this appointment can be obtained from Dr D Morley Mathieson Medical Officer of Health 9 Hamilton Square Birkenhead

Canvassing directly or indirectly will disqualify the applicant.

Applications endorsed Deputy Medical Superintendent. should reach the undersigned not later than Monday January 3rd 1938

E W TAME,
Town Hall Birkenhead. Town Clerk

LONDON COUNTY COUNCIL.

CONSULTANT AND SPECIALIST SERVICE.

Applications invited from those with experience in a mental hospital for appointment as CONSULTANTS in Mental Diseases for duty at the Mental Observation Units at —

St. Alfege's Hospital S E 10
St. Clement's Hospital E.3
St Pancras Institution N W 1

Two routine sessions a week at each

Application may be made for appointment to one or more of the three establishments

Salary £200 a year if appointed to one establishment £350 a year if appointed to two establishments and £500 a year if appointed to the three establishments Additional remuneration at a rate of £2 12s 6d a visit for emergency visits made in excess of number of routine sessions

Application forms containing full particulars obtainable (stamped addressed foolscap envelope necessary) from the Medical Officer of Health (Staff Division) County Hall Westminster Bridge S E.1 returnable by January 3rd Persons appointed required to carry out duties assigned by the Medical Officer of Health Women eligible Canvassing disqualifies

LONDON COUNTY COUNCIL.

Applications invited from Medical Practitioners with appropriate qualifications for five appointments as ASSISTANT PATHOLOGIST in the Council's pathological service. Salary £650-£25-£800 Four of the appointments will be in Group Laboratories and candidates should have special experience in one or more branches of pathology in relation to the diagnosis and treatment of disease the fifth is at the Central Histological Laboratory experience in morbid histology and post-mortem work is essential Forms of application and further particulars (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division 2) County Hall Westminster Bridge, S E 1 returnable by January 17th 1938

Canvassing disqualifies

LONDON COUNTY COUNCIL

INFECTIOUS HOSPITALS

Applications invited from MEDICAL PRACTITIONERS for appointment as assistant medical officers grade II at various hospitals for infectious diseases Salary £250 a year together with board lodging and washing Candidates should have had *experience in a resident appointment in a general* hospital Appointments are for one year only in the first instance (renewable for a second year under conditions) but officers are eligible for promotion to grade I after a minimum period of six months service.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division 2A) County Hall S E 1 returnable by January 10th Canvassing disqualifies

MIDLAND HOSPITAL EASY ROW Birmingham (50 Beds)

Applications are invited for the post of HOUSE SURGEON Duties to commence January 1st 1938 Salary £200 per annum with board residence, and laundry Applications, stating when at liberty age and qualifications, together with copies of recent testimonials to be addressed to the undersigned

OLIVE FURNEAUX
Secretary

COUNTY COUNCIL OF MIDDLESEX

DISTRICT MEDICAL OFFICER AND PUBLIC VACCINATOR ENFIELD HIGHWAY AND PONDERS END

Applications are invited from duly qualified Medical Practitioners for the undermentioned appointments —

DISTRICT MEDICAL OFFICER for the Enfield Highway and Ponders End Medical Relief District. Salary £150 per annum plus the cost of expensive drugs and fees in respect of attendance at confinements and for the services of another medical practitioner to administer short anaesthetics for minor operations (e.g septic fingers abscesses)

The officer appointed will be required to carry out his duties in accordance with the Public Assistant Order 1930 of the Minister of Health to reside in the district unless the Council otherwise determines and to name to the Council some duly qualified Medical Practitioner who will in the case of his absence or other hindrance to his personal attendance act in his place

PUBLIC VACCINATOR for the Enfield Highway and Ponders End Vaccination District The person appointed will be required to produce to the Council a certificate of proficiency in vaccination except in a case in which such certificate was required as a condition of obtaining any diploma licence or degree which he possesses He will be required also to enter into a contract with the Council in accordance with the Vaccination Order 1930 of the Minister of Health The contract will provide for the payment of the scale of fees laid down by the County Council.

The person or persons engaged will not have any superannuation rights under the Council's superannuation scheme

Applications stating date of birth qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than January 1st 1938 Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed District Medical Officer and/or "Public Vaccinator as the case may be.

Canvassing directly or indirectly will be a disqualification C W RADCLIFFE "Z.
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
December 17th 1937

COUNTY BOROUGH OF NEWPORT

PUBLIC ASSISTANCE COMMITTEE

JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited from unmarried Registered Medical Practitioners (male) for the above appointment at the Committee's Hospital which is a recognized Training School for Nurses and provides treatment for acute medical and surgical cases *tuberculosis, obstetrics* and children's diseases etc The resident medical staff is three, together with a consultant staff

Salary £150 with the usual residential emoluments

Annual appointment Appointment terminable by one month's notice on either side.

Applications stating age and qualifications accompanied by copies of three recent testimonials to be sent to the Public Assistance Officer Town Hall Newport Mon not later than January 1st 1938 O TREHARNE MORGAN
Town Hall Newport, Mon. Town Clerk.
December 1937

ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE

(Under the jurisdiction of the Order of St John of Jerusalem)
Ranelagh Road S W 1

Applications are invited for the position of MEDICAL REGISTRAR (non-resident) The Institute is a recognized Postgraduate teaching centre in physical medicine, and offers abundant opportunities for experience in Physical Medicine and particularly in the Rheumatic Diseases The appointment is for one year and the candidate is eligible for re-election

Salary £200.

The candidate appointed will be required to take up duties on February 1st 1938

Further particulars may be obtained from the Secretary to whom applications with copies of three recent testimonials, must be sent by Friday January 14th 1938

SMEDLEY'S HYDROPATHIC ESTABLISHMENT MATLOCK

HOUSE PHYSICIAN male unmarried and fully qualified required Salary to commence at £300 per annum with residence board and laundry Appointment with view to permanency with good prospects Previous experience in resident Hospital appointment necessary Duties include attendance at local Hydropathic Hospital Applications stating qualifications experience age and nationality together with *copies of three recent testimonials* to be sent to Dr Harbinson Smedley's Hydro Matlock

COUNTY COUNCIL OF MIDDLESEX

SURGEON—GRADE I—REDHILL COUNTY HOSPITAL, EDGWARE.

Applications are invited from registered Medical Practitioners for the above appointment on the pensionable staff. The appointment is a senior one in the Council's general hospital service and applicants are expected to be medical men or women of high qualifications and professional attainments, who are devoting their time wholly or chiefly to the practice of general surgery The officer appointed will work under the direction of the Medical Superintendent of the Hospital and will give his whole time to the duties of the post He must be prepared to undertake the teaching of nurses and if required of students and to carry out such other duties as the Council may from time to time direct

The Hospital is one of 225 beds for acute medical and surgical cases and for maternity Large extensions of over 300 further beds are nearing completion. In addition to a full time physician junior surgeon obstetrician and pathologist there is a resident medical staff of five and a part-time radiologist pathologist and dental surgeon

Salary £1 000 per annum rising by annual increments of £50 to £1 500 per annum The salary is inclusive, and any fees received by the officer appointed must be paid over to the Council

The appointment is non-resident but the *successful candidate will* be required to reside within a short distance of the Hospital. The appointment which will be subject to medical examination will be held during the pleasure of the Council and is *terminable by three months notice on either side*

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than January 8th 1938 *Relationship to any member or officer of the* Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed "Surgeon Redhill County Hospital"

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE "Z"
Clerk of the County Council.

Middlesex Guildhall
Westminster S W 1
December 9th, 1937

ST ANDREW'S HOSPITAL FOR MENTAL DISEASES FOR THE UPPER AND MIDDLE CLASSES NORTHAMPTON

A RESIDENT MEDICAL SUPERINTENDENT is required for this Institution

He must be either a Doctor of Medicine of one of the Universities of the United Kingdom or Ireland where residence and exercise are required to take a degree or a Fellow or Member or Licentiate of one of the Royal Colleges of Physicians or Surgeons of the United Kingdom or Ireland and must have had experience in the treatment of Mental Diseases

Salary £2 000 per annum with unfurnished residence coals electric light vegetables and washing allowance Further increments will be at the discretion of the Committee of Management The salary and emoluments will be subject to a deduction towards the Hospital's Superannuation Fund

Candidates qualified as above are requested to send in their applications and not more than three testimonials on or before January 31st, 1938 to the Chairman Sir Charles V Gunning Bart. C B C M G *c/o The Clerk of the Committee* of Management, St. Andrew's Hospital Northampton

Candidates whose qualifications are approved will be invited to attend a meeting of the Governors of the Hospital of which they will receive notice and the testimonials of other candidates will be returned

The gentleman selected will be required to enter upon his duties not later than May 2nd 1938

Canvassing is strictly prohibited and will disqualify

By Order of the Committee of Management
CHARLES V GUNNING
Chairman

ROYAL BERKSHIRE HOSPITAL READING (338 Beds)

Applications are invited for the post of CASUALTY OFFICER (male) which falls vacant on February 1st 1938

The appointment is for six months and candidates must be fully qualified and registered

Remuneration at the rate of £150 p.a with board residence and laundry

Applications stating age and experience with copies of three recent testimonials to be sent to the undersigned on or before January 14th 1938

H E RYAN
Secretary and House Governor

CHILDREN'S HOSPITAL SUNDERLAND (70 Beds)

HOUSE PHYSICIAN (female) required January 16th. Salary £120 per annum with board laundry etc Applications stating age and qualifications and accompanied by testimonials to be sent to the *undersigned not later than* January 3rd 1938

M J HUNTLEY
House Governor and Secretary

NOW 40% CHEAPER

5 cc vial 5/-, formerly 8/6
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- In the most urgent cases of pernicious anæmia 4 cc. on the first and second day of treatment 4 cc. should be repeated in two or three weeks' time
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ROYAL NAVAL MEDICAL SERVICE.

Vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in April, 1938

Candidates below the age of 28 years are preferred, and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career Officers transferred to the permanent list will receive a gratuity of £1,000 (less Income Tax)

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post Graduate study

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than February 28th, 1938

BOROUGH OF MORLEY

APPOINTMENT OF ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

Applications are invited from registered medical practitioners (male or female) for the above named post It is desirable that applicants should hold a Diploma in Public Health

Applicants should have had at least three years experience in the practice of their own profession and have had special experience in Maternity Child and Infant Welfare work and in the administration of Dental and other Anaesthetics

The person appointed will be required to work under the direction of the Medical Officer of Health and the School Medical Officer and to devote the whole of his or her time to the duties of the office which will consist chiefly of School Medical Maternity and Child Welfare work together with such other duties in the Public Health Department as may be required

The appointment will be a designated post under the Local Government and Other Officers Superannuation Act 19 and the successful candidate will be required to pass a medical examination

Salary will be at the rate of £500 per annum rising subject to satisfactory service by annual increments of £25 to £700 per annum The appointment will be determinable by one month's notice on either side

Forms of application may be obtained from the undersigned to whom they should be returned completed in a sealed envelope endorsed Assistant Medical Officer together with copies of three recent testimonials on or before January 10th 1938

E V FINNIGAN
Town Hall Town Clerk
Morley Leeds

CITY OF BRADFORD

ASSISTANT CITY PATHOLOGIST required

Salary £500 per annum rising to £700 per annum by annual increment of £

The salary is subject to a deduction of per cent. under the terms of the Local Government and Other Officers Superannuation Act, 19 and the successful candidate will be required to pass a medical examination

Forms of application may be received from the Medical Officer of Health Town Hall Bradford and should be returned to the undersigned not later than January 3rd 1938

Town Hall S L FLEMING
December 16th 1937 Town Clerk.

COUNTY BOROUGH OF WALSALL

MANOR HOSPITAL

ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified persons for the appointment of Assistant Medical Officer at the above Hospital which contains 103 beds (Admissions number nearly 4 000 yearly) The applicants should have had experience in general medicine

Commencing salary £350 per annum rising by annual increments of £25 to a maximum of £450 per annum together with the usual residential allowances

The appointment will also be subject to the provisions of the Local Government and Other Officers Superannuation Act 19

The person will be required to act under the general direction of the Medical Superintendent from whom any further particulars of the appointment may be obtained

Forms of application may be obtained from the undersigned and should be returned to me accompanied by copies of not more than three recent testimonials not later than January 8th 1938

JAMES A M CLARK
Medical Officer of Health.
Health Department
Council House Walsall
December 23rd 1937

COUNTY BOROUGH OF BURNLEY

MUNICIPAL GENERAL HOSPITAL

JUNIOR RESIDENT MEDICAL OFFICER (Male)

Applications are invited from fully qualified medical men for the position of Junior Resident Medical Officer at the Municipal General Hospital Burnley to take up duties on January 23rd next. The appointment will be for a period of twelve months.

Salary at the rate of £150 per annum for the first six months £160 per annum for the second six months plus full residential emoluments

Further particulars and application forms may be obtained from the Medical Officer of Health St James Street Burnley to whom applications together with copies of testimonials should be forwarded Canvassing either directly or indirectly will be a disqualification

HARRY FLOWMAN
Town Hall Burnley Town Clerk.
December 13th 1937

COUNTY BOROUGH OF BLACKBURN

LADY ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

Applications are invited from duly registered women practitioners for the appointment of Assistant Medical Officer of Health and Assistant School Medical Officer to act under the direction and supervision of the Medical Officer of Health who is also School Medical Officer The salary is at the rate of £600 per annum rising by annual increments of £25 to £700 per annum

The person appointed must prior to April 1st 1938 have held the appointment of Medical Officer of an Ante-Natal Clinic with the approval of the Minister or have had at least three years post graduate experience in the practice of her profession and special experience of practical midwifery and ante natal work

Preference will be given to candidates who have enjoyed special postgraduate experience in the treatment of venereal diseases and of diseases of children and who hold a registrable degree or diploma in Public Health

Applications to be made on forms to be obtained from the Medical Officer of Health Victoria Street Blackburn and returned to him not later than Tuesday January 18th 1938 endorsed Assistant Medical Officer of Health"

CHAS S ROBINSON
Town Hall Blackburn Town Clerk.
December 17th 1937

BOROUGH OF MORECAMBE AND HEYSHAM

APPOINTMENT OF MEDICAL OFFICER OF HEALTH etc

Applications are invited from duly qualified and registered medical practitioners who have a Diploma in Sanitary Science Public Health or State Medicine not exceeding 45 years of age, for the appointment of Medical Officer of Health School Medical Officer and Medical Officer to the Port Health Authority

Salary £800 rising (subject to satisfactory service) by annual increments of £50 to £900 per annum plus a car allowance of £50 per annum

Forms of application and particulars and conditions of appointment will be supplied on application to the undersigned

The closing date is January 10th 1938

Canvassing will be deemed a disqualification

Town Hall ROGER ROSE.
Morecambe and Heysham Town Clerk.
December 14th 1937

THE ABSOLUTE COMFORT and security which the Deimel Underwear affords in the most trying climate is remarked upon by all its wearers Those whose powers of resistance have been weakened by wearing unsuitable underwear derive new strength from Deimel Mesh Garments which absorb and eliminate perspiration quickly, and provide a dry climate about the body which enables the wearer to undergo extremes of heat and cold with comfort

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SURREY COUNTY COUNCIL

WARREN ROAD HOSPITAL GUILDFORD

APPOINTMENT OF MEDICAL SUPERINTENDENT

Applications are invited from registered medical practitioners for the appointment of Medical Superintendent at the Warren Road Hospital Guildford (255 beds), which at present forms part of a Public Assistance Institution but which will subject to the Minister of Health s approval be appropriated for Public Health purposes on April 1st 1938 The Medical Superintendent will be required to commence duty as from the date of appropriation

The Medical Superintendent may also be required to act without additional remuneration as Medical Officer of the remainder of the Institution accommodating 153 persons which will be retained for Public Assistance purposes

Candidates should have had considerable experience in Hospital Administration and should possess a higher qualification

The salary will be at the rate of £800 per annum rising subject to satisfactory service by annual increments of £50 to a maximum of £1 000 per annum

The Medical Superintendent will in due course be provided with an unfurnished house (free of rates) valued at the rate of £100 per annum in which he will be required to live when it is provided Until such time the cash value of this emolument will be paid to the Medical Superintendent.

The appointment will be subject to the staffing regulations of the Council and the officer appointed will be required to devote his whole time to the service of the Council and any fees he may receive must be paid into the County Fund

The officer appointed will be required to pass a medical examination and the post will be a designated one for the purposes of the Local Government and Other Officers Superannuation Acts

Applications stating age qualifications and experience and enclosing copies of not more than three recent testimonials should be endorsed Medical Superintendent and sent to the County Medical Officer County Hall Kingston-upon-Thames, so as to reach him not later than 12 noon on January 8th 1938

Canvassing will disqualify

County Hall DUDLEY AUKLAND
Kingston-upon-Thames Clerk of the Council
December 20th 1937

CITY MENTAL HOSPITAL HUMBERSTONE LEICESTER

ASSISTANT MEDICAL OFFICER (Male)

Residential General Hospital experience is desirable Salary £350 rising by £50 per annum to £450 per annum together with board lodging washing and attendance valued for purposes of superannuation at £150 per annum If the applicant be married he will be permitted to live out, and the salary will commence at £500 rising by £50 per annum to £600 An additional £50 per annum will be paid for possession of a D P M

The appointment is subject to the provision of the Asylums Officers Superannuation Act 1909

There is a good laboratory and two active Psychiatric Clinics one attached to the Leicester Royal Infirmary

Applications giving particulars of experience etc together with names of three references—one of which should be non-professional—and marked A M O to be sent to the Medical Superintendent

BIRMINGHAM AND MIDLAND EYE HOSPITAL Church Street Birmingham 3

Applications are invited for the post of SURGICAL REGISTRAR to the Hospital

Candidates must have had not less than two years experience in Ophthalmic work and should have held a resident post in an Ophthalmic Hospital for at least one year

Appointment will be for one year with eligibility for reappointment

Particulars of salary duties etc can be had from the undersigned Applications together with copies of testimonials to be sent in not later than Thursday January 6th 1938

J W PEARCE,
General Superintendent.

BIRMINGHAM AND MIDLAND EYE HOSPITAL (114 Beds)

Applications are invited from duly qualified Medical Practitioners for the post of HOUSE SURGEON at the above Hospital

Salary £130 per annum (rising to £150 at the end of six months satisfactory service) and £10 laundry allowance.

The Resident Staff consists of a Resident Surgical Officer and three House Surgeons

Applications with testimonials and evidence of registration must be received not later than Thursday January 6th 1938

J W PEARCE.
General Superintendent

Church Street
Birmingham 3

SURREY COUNTY COUNCIL

PUBLIC HEALTH DEPARTMENT

Surrey County Hospital Epsom. (330 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from registered medical practitioners for the appointment of Resident Assistant Medical Officer at the Surrey County Hospital Epsom which will be vacant on February 1st 1938

Applicants must have held a previous Resident Hospital appointment and preferably have had experience in Maternity work and minor surgery

The appointment is for a period of six months renewable for a further period of six months and the gross salary is at the rate of £375 per annum less a deduction of £125 in respect of full residential allowances

Applications, stating age qualifications and experience and enclosing copies of not more than three recent testimonials should be addressed to the Medical Superintendent Surrey County Hospital Dorking Road Epsom so as to be received not later than January 5th 1938

Canvassing will disqualify

County Hall DUDLEY AUKLAND
Kingston-upon Thames Clerk of the Council
December 20th 1937

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE SCOTTON BANKS SANATORIUM

Appointment of SENIOR ASSISTANT MEDICAL OFFICER AND DEPUTY MEDICAL SUPERINTENDENT

The County Council of the West Riding of Yorkshire invite applications from registered medical practitioners (female) for the appointment of Senior Assistant Medical Officer and Deputy Medical Superintendent (resident) at the Scotton Banks Sanatorium near Knaresborough for women (100 Beds) and children (100 Beds)

Candidates should have previously held an appointment as House Physician or House Surgeon and experience in Pulmonary and Non Pulmonary *Tuberculosis and anaesthetics will be an advantage*

Salary £450 per annum rising by annual increments of £25 to £550 per annum

Further particulars and forms of application may be had from the undersigned and applications together with not more than three recent testimonials must be sent to me not later than Monday January 3rd 1938

J CHARLES McGRATH
Clerk of the County Council
County Hall Wakefield
December 1937

THE CORBETT HOSPITAL Stourbridge

(96 Beds and Special Departments)

Applications are invited for the post of HOUSE SURGEON which will become vacant on January 7th 1938 The appointment will be for a period of six months terminable by six weeks notice, and carries a salary at the rate of £100 per annum with board, laundry etc.

The hospital has a Specialist Visiting Staff and Resident Surgical Officer

Applications, giving full details of qualifications age and experience, accompanied by three copies of testimonials should be addressed to the undersigned forthwith

W G H WESTON
Secretary

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL (85 Beds.)

Applications are invited from registered Medical Practitioners for the following appointment —

SENIOR HOUSE SURGEON (male and unmarried) Salary £150 per annum with board, apartments, and laundry Appointment to commence on January 1st 1938 for a term of six months renewable Previous experience is essential, and applicants must have had practical experience in the administration of anaesthetics.

Applications, stating age nationality and previous experience, together with copies of testimonials to be sent to me.

FRANK H TOONE
9 Leicester Road Secretary
Loughborough.

ROYAL FREE HOSPITAL Gray s Inn Road London W C 1

Applications are invited from duly qualified and registered medical men or women for the half time post of REGISTRAR in the Ear Nose and Throat Department. Preference will be given to candidates with the Fellowship of England Edinburgh or the D L O qualification Intending candidates should submit applications stating age and accompanied by copies of three recent testimonials to the undersigned (from whom all information may be obtained) on or before January 8th 1938 Period of appointment February 1st 1938-December 31st 1938 RICHARD T BARTLEY
Secretary

MANCHESTER ROYAL INFIRMARY

MEDICAL CHIEF ASSISTANT (Non Resident)

The Board of Management invite applications for the above appointment

Applicants must be registered medical practitioners Higher qualifications desirable

The candidate appointed will be attached to a medical unit and will be required to attend on seven half sessions per week of which at least four will be morning sessions Duties will include work in the In patient and Out-patient departments and participation in teaching There will be facilities for research work

Salary £300 per annum The appointment will be for one year in the first instance but may be renewed for two further periods of one year subject to the provisions of the Bye Laws as to notice etc

Candidates should forward fifteen copies of their applications giving particulars of age, experience etc together with copies of recent testimonials not later than 9 a.m on Wednesday January 19th to the undersigned from whom further information may be obtained

By Order
W R. TINDALE
General Superintendent and Secretary
December 20th 1937

ROYAL SUSSEX COUNTY HOSPITAL, Brighton

(Beds 272. Six R M.O.s.)

CASUALTY HOUSE SURGEON (male) required February 1st. Salary £120 per annum with board residence and laundry

Candidates must hold Medical and Surgical qualifications of the British Empire and be duly registered under the Medical Acts

They must be unmarried and when elected under thirty years of age

Applications, with copies of recent testimonials, to be forwarded to the undersigned

L L. W LANCASTER GAYE,
Secretary Superintendent

UNIVERSITY COLLEGE HOSPITAL, Gower Street W C 1

Applications are invited for the whole time post of ASSISTANT RADIOTHERAPIST in the *X* Ray Therapy Department Commencing salary at the rate of £250 per annum rising by annual increments of £50 to a maximum of £500 per annum (non resident)

Applications accompanied by evidence of fitness for the post must reach the Secretary by first post on Monday January 10th 1938

HEREFORDSHIRE GENERAL HOSPITAL HEREFORD (152 Beds)

Applications are invited for the post of HOUSE PHYSICIAN (male) Salary at the rate of £100 per annum with board residence and laundry

Applications stating age and qualifications together with copies of three recent testimonials should be sent to the undersigned on or before December 31st 1937

T W UPTON
Secretary

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road N W 1

Applications are invited from qualified medical women for the honorary appointments of FIRST ASSISTANT and CLINICAL ASSISTANT Ophthalmic Clinic Particulars of the posts may be obtained from the undersigned to whom applications enclosing copies of three testimonials should be addressed not later than January 6th 1938

JEAN R MURRAY
Secretary

MANCHESTER ROYAL EYE HOSPITAL.

JUNIOR HOUSE SURGEON required at once Salary £120 per annum with residence, board etc.

Applications (with copies of testimonials) endorsed "House Surgeon" to be addressed to the Chairman of the Board of Management.

H R. NORTH
Gen. Supt. and Secretary

CROYDON GENERAL HOSPITAL.

A vacancy occurs on the Honorary Staff of the above hospital for an ASSISTANT PHYSICIAN and candidates for the appointment are requested to forward their applications stating age qualifications and experience, together with copies of three testimonials, to the undersigned not later than January 22nd 1938

GEORGE H DAMS
House Governor and Secretary

BEDFORD COUNTY HOSPITAL.

Wanted an HONORARY PATHOLOGIST for Bedford County Hospital Facilities given for private work Applications to be sent to the Secretary

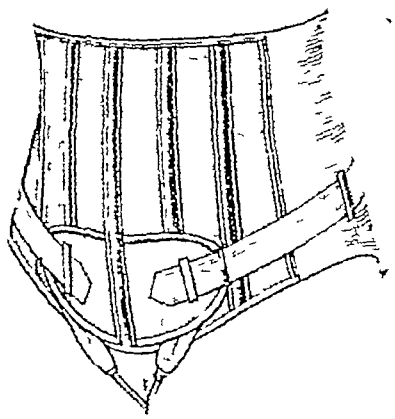
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APPOINTMENTS—Important Notice

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District.	Town or District
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	MID RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	**PUBLIC HEALTH**
LLWYNYPIA CLYDACH VALE PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*	FIFE AND KINROSS JOINT SANATORIUM BOARD *(Resident Medical Officer)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1

Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec Western Australian Branch British Medical Association Shell House 205 St George's Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A House 225 Wickham Terrace Brisbane B 17				

December 22, 1937 By Order of the Council G C ANDERSON, *Secretary*

COUNTY MENTAL HOSPITAL LANCASTER

TWO ASSISTANT MEDICAL OFFICERS (1 male and 1 female) WANTED

Candidates must be single and under 35 years of age Commencing salary £500 per annum rising by annual increments of £25 to £600 per annum with further increase on promotion subject to a deduction of 3 per cent under the Asylums Officers Superannuation Act There are no emoluments

The selected candidates will be required to live in the Hospital and will be provided with board lodging etc for which a charge of £150 a year is made

The possession of a Diploma in Psychological Medicine will entitle the Officers to an additional £10 per annum

Applications giving full particulars with testimonials (copies only) should be forwarded to the Medical Superintendent on or before January 4th 1938

DONCASTER ROYAL INFIRMARY (185 Beds)

HOUSE SURGEON (male) required immediately Six House Surgeries are resident

Salary at the rate of £175 per annum with residence board and laundry

This large provincial area offers excellent opportunities for gaining experience

Applications accompanied by not more than three testimonials to be sent to the undersigned immediately

R LANCASTER
Secretary Superintendent

BIRKENHEAD CENTRAL HOSPITAL (147 Beds)

Applications are invited for the post of SECOND HOUSE SURGEON (male) for the three months commencing January 1st 1938 Salary £120 per annum with board residence and laundry

Applications should be addressed to the undersigned not later than December 31st 1937

W H DANIELS
Secretary Superintendent

HULL ROYAL INFIRMARY

Applications are invited from registered medical practitioners for the following post —

HOUSE SURGEON (male) at the Sutton Branch Hospital vacant January 14th Salary at the rate of £160 per annum plus residence board and laundry

The Infirmary is recognized by the Royal Colleges for the F R C S Examinations and the post now advertised is also approved by the University of London for the M S Branch I (Surgery) Examination

The Branch Hospital is not a Recovery Annexe but a General Hospital of 100 beds fifty-five of which are reserved for surgical cases

The appointment will be for a period of six months but will at any time be determinable by one month's notice on either side

Applications giving particulars of age experience, and nationality and accompanied by copies of recent testimonials should be addressed to the undersigned

R J CAPLESS
December 13th 1937 House Governor

ANCOATS HOSPITAL Manchester

ASSISTANT PATHOLOGIST lady or gentleman wholetime appointment no private work allowed Salary £400 per annum Live out Luncheon and tea provided The appointment is for twelve months and is renewable During the first six months a certain amount of research work will be considered

RADIOLOGICAL OFFICER lady or gentleman wholetime appointment commencement no private work allowed Salary £400 per annum with luncheon and tea The appointment is for twelve months and is renewable Candidates must hold the D I R E. Diploma

Applications for the above posts stating age and particulars of qualifications and experience to be forwarded to the undersigned on or before December 30th 1937 together with copies of three recent testimonials

F Officer of the Board.
HERBERT J DAFFORNE
General Secretary and Secretary

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

Applications are invited for the post of HOUSE SURGEON The appointment will be for six months from February 1st 1938 but is terminable at an earlier date by one month's written notice on either side Salary will be at the rate of £130 per annum with board residence and laundry

Candidates (male) who must be unmarried and duly registered are requested to forward their applications stating age qualifications etc together with copies of not more than four testimonials to the undersigned on or before Wednesday December 29th 1937

J A BEARDSALL,
Secretary Superintendent

ADDENBROOKE'S HOSPITAL CAMBRIDGE.

Applications are invited for the post of HOUSE PHYSICIAN The appointment will be for six months from February 1st 1938 but is terminable at an earlier date by one month's written notice on either side Salary will be at the rate of £130 per annum with board residence and laundry

Candidates (male) who must be unmarried and duly registered are requested to forward their applications stating age qualifications etc together with copies of not more than four testimonials to the undersigned on or before Wednesday December 29th 1937

J A BEARDSALL,
Secretary Superintendent

WARWICKSHIRE AND COVENTRY MENTAL HOSPITAL, Hatton, near Warwick.

TEMPORARY MEDICAL OFFICER required for at least twelve months Salary £3 0 per annum pro tem commencing valued at £1 0 per annum consisting of quarters and full board together with an additional £50 per annum if the candidate holds a Diploma in Psychological Medicine

Applications with copies of two recent testimonials to be sent to the Medical Superintendent by January 15th 1938

(Advertisements continued on page 37)

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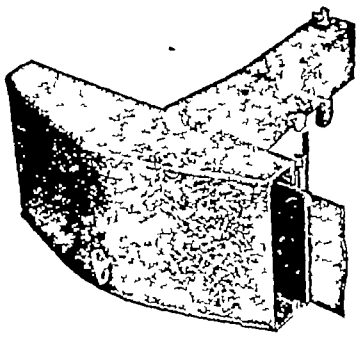
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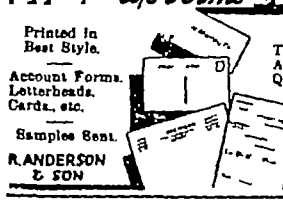
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The home is beautifully situated in its own grounds of 40 acres
Full particulars as to reception terms etc may be obtained from the Resident Medical Officer

HEIGHAM HALL, NORWICH

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For sufferers from Nervous and Mental Disorders *with or without certificates*
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A Private Home for the Care and Treatment of a limited number of Ladies with Mental and Nervous Disorders Certified Voluntary and Temporary Patients received Large Mansion with 12 acres of grounds (See *Medical Directory* p 2312.) Apply Resident Physician *Telephone* Tulse Hill 7181

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A HOUSE licensed for the reception of a limited number of Ladies suffering from Nervous and Mental disorders Both certified and voluntary patients received Approved for *temporary Patients This is a large country house with* beautiful grounds and park five miles from Sheffield Tel No 40030 Ecclesfield Res Phys GILBERT E. MOULD L R C P M R C S *Station* Grange Lane L & N E Rly

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NOTICE IS HEREBY GIVEN that all creditors and other persons having any claims or demands against the Estate of Archibald Cowan Guthrie late of 56 Harley Street in the County of London Physician who died on the first day of November 1937 and whose Will was proved in the Principal Registry of the Probate Division of His Majesty's High Court of Justice on the 13th day of December 1937 by Barclays Bank Limited the Executor therein named are hereby required to send particulars thereof in writing to the Trustee Department Barclays Bank Limited 27 Regent Street S W 1 or to the undersigned on or before the 25th day of February 1938 after which date the said Executor will proceed to distribute the assets of the said deceased amongst the persons entitled thereto having regard only to the claims and demands then notified and will not be liable for the assets of the deceased or any part thereof so distributed to any persons of whose claims or demands they shall not then have had notice
Dated this 16th day of December 1937
RYE AND EYRE
13 Golden Square London W 1
Solicitors for the said Executor

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WANTED BEGINNING JANUARY YOUNG single ASSISTANT outdoor British general Practice West Wales Experience not essential £400 and £50 car allowance —Address No 2609 B M A House, Tavistock Square W C 1

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WANTED INDOOR MALE ASSISTANT single under 35 years British Practice near Cardiff Salary £350 and £50 car allowance —Full particulars Address No 2611 B M.A House Tavistock Square W C 1

WANTED JANUARY 1ST 1938 LADY ASSISTANT to live at surgery in Derbyshire Salary £300 all found plus £50 car allowance —Address No 2304 B M A House, Tavistock Square W C 1

WANTED LADY ASSISTANT INDOOR State age experience and nationality — Address No 2614 B M.A House Tavistock Square W C 1

WANTED MALE ASSISTANT EARLY January Indoor or Outdoor with board and accommodation Salary £350 a year and £50 car allowance Age under 33 Hospital and G P experience preferred but not essential View to Partnership to suitable man North-east England State age qualifications experience, nationality — *Address No 2613* B M.A. House Tavistock Square W C 1

WANTED MALE (BRITISH) ASSISTANT for Industrial Practice Hospital experience preferred but not essential Own car petrol free Salary £365 p a all found —Address No 2507 B M A House Tavistock Square W C 1

WANTED SOON A MALE ASSISTANT preferably married age about 27 in country practice in small market town with Cottage Hospital in Mid Wales Permanency with prospects to suitable man Outdoor £400 p.a plus £50 car allowance or would provide car —Address No 2606 B M A House Tavistock Square W C.1

ASSISTANTSHIP WANTED IN LONDON area with or without view by M B Ch B single Scotch good appearance 3 years experience all branches G P Good anaesthetist reliable. Free January 10th —Address No 2612 B M A. House Tavistock Square W C.1

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the excretion of vitamin C may be normal or subnormal according to our present standards but in either event vitamin C has no effect on the symptoms or the signs of the disease

Wilbur (1937) comes to the same conclusion in a review of papers published on vitamin C and it would appear as if those who have reported improvement have paid too little attention to the facts that many haemorrhagic states recover spontaneously and that diseases as serious as acute leukaemia may show temporary remissions Vitamin C now takes its place with liver extract iron, thyroid, and pentnucleotide as a remedy which has a well-defined and restricted sphere of action on the blood and its containing vessels It is not my intention to minimize that sphere of action, as I believe that subclinical and atypical scurvy is a good deal commoner than most of us used to believe Archer and Graham (1936) and others have shown that many patients with peptic ulcer suffer from subclinical scurvy, and that it is specially important to secure saturation with vitamin C in the face of haemorrhage or operation Ingalls (1936) regards subclinical scurvy as an important factor in chronic subdural haematoma Latent scurvy should be suspected whenever unexplained bleeding occurs in patients with alcoholism or with dietetic or digestive abnormalities, and the diagnosis should be clinched by chemical estimation of the vitamin in the body fluids, if possible and by observation of the effect of treatment on the symptoms and the capillary fragility In neither of the following two cases was the vitamin C content of the blood or urine estimated but they nevertheless suggest that avitaminosis C due to defective diet may favour the occurrence of subcutaneous bleeding in hyperpiesia and nephritis It will save time to state that in both men the blood count, platelets, bleeding time, and coagulation time were normal

Peter F aged 55 had been working with a metal drill pressed against his lower abdomen as he had done many times without incident before A day or so later his temperature rose and it was discovered that he had a wide extravasation of blood over the pubes and perineum passing on to the penis and scrotum There was also a bruise on the right forearm He had had dysentery twenty years before and since that time had avoided fruit and green vegetables He had had a cloud of albumin in the urine for many years and the blood pressure was 210/120 though the blood urea was only 23 mg per 100 c cm. There were no other abnormal signs and the temperature returned to normal in ten days He was treated with a high vitamin C diet including orange and tomato juice Two months later there had been no recurrence of the bleeding and the tourniquet test was negative

Albert C aged 49 presented himself with a spontaneous large bruise on the right shoulder He had had gout for eight years and a year before had had an attack of unconsciousness suggestive of hypertensive encephalopathy He drank six pints of ale a day and his meals were hurried and irregular The urine contained a trace of albumin the blood urea was 76 mg per 100 c cm and the urea clearance in the urine was only 26 per cent of the normal The blood pressure was 185/120 and the tourniquet test was positive He was treated by restriction of alcohol a high vitamin diet, atophan three days a week and ascorbic acid 100 mg a day by mouth on the other four days Two months later he had had no more bleeding and the tourniquet test was negative although the blood pressure had risen to 240/150

Nutrition and Haemorrhage

Even more important than the isolation of ascorbic acid is the impact of biochemistry on the haemorrhagic states the ability to reproduce them in animals and the exchange of fertilizing ideas between ward and laboratory The bearing of nutrition on the haemorrhagic states is not limited to scurvy and vitamin C Szent Györgyi (1936) and his colleagues were at first disappointed to find the action of pure ascorbic acid limited to scurvy as they had successfully treated cases of non thrombocytopenic purpura with impure preparations of vitamin C They have now isolated from these sources a substance flavon which they have called vitamin P as they believe it influences the permeability of the vessels Nothing is more difficult than to establish criteria for capillary permeability and its variation in haemorrhagic states nor is it easy to prepare large quantities of flavon For these reasons little further progress has been made on these lines

Fanconi (1928) in his work on intestinal infantilism noted not only scurvy but also a condition resembling haemophilia due to a defect in the coagulating power of the plasma Other paediatricians have observed the same phenomenon in undernourished children and have been able to relieve it by a diet rich in protein (Kugelmass 1932) Prothrombin is present in abnormally small amounts in the blood of the newborn infant, and it is probable that the haemorrhagic disease of the newly born melaena neonatorum, is due to depression of prothrombin below a certain critical level (Brinkhous *et al* 1937) A disorder characterized by a lack of prothrombin in the plasma has been produced in birds by a defective diet (Dam *et al* 1937) Haemorrhagic chick disease is due to deprivation of a fat soluble vitamin the Koagulations Vitamin or vitamin K which is present in mammalian liver egg yolk, and certain vegetable substances such as alfalfa It is doubtful whether haemorrhagic chick disease can be exactly duplicated in mammals A very similar disorder the sweet clover disease of the rabbit is likewise due to lowering of the prothrombin in the plasma, but though it is a dietetic disease it does not appear to be identical with haemorrhagic chick disease and while it can be cured by extracts of alfalfa the curative fraction is said to have properties different from those of vitamin K (Quick 1937) At present it is not clear what bearing these discoveries will have on human therapeutics Liver and vitamin K have no action on hereditary haemophilia but there remains a wide field for study in the treatment of melaena neonatorum and the haemorrhagic manifestations of malnutrition and disease of the liver

In the paper from which I have previously quoted Kugelmass (1932) advised a diet rich in fat and vitamin D to increase the platelets in purpura haemorrhagica The literature of the use of vitamins A and D in the haemorrhagic states is confusing and contradictory Vitamin A almost certainly has no haemostatic properties Vitamin D calcium and parathormone form a mysterious trinity whose aid has been invoked in especial against the haemorrhagic symptoms of diseases of the liver though they have been recommended in all forms of morbid haemorrhage (McNealy *et al* 1935 Lowenburg and Ginsburg 1936) The evidence for any direct action on the platelets the endothelium or the coagulation mechanism *in vivo* is not convincing and it is probable that any lessening of the morbid haemorrhage of jaundice results from the ability of calcium salts to neutralize the effects of cholaemia (Minot and Cutler 1928) There is now some hope that this confusion may be clarified by the work of Schiff and Hirschberger (1937) who claim to have increased the platelets in normal and thrombocytopenic children by the administration of a fat soluble factor that is different from vitamins A and D This substance which they have called vitamin T, is present in egg yolk and oil of sesame but not in cod liver oil and olive oil They suggest that effects have been attributed to vitamins A and D which were really due to the

solvents in which they were administered These claims should be readily susceptible of proof or disproof

It is now the duty of clinical research workers to test on human patients the permeability vitamin flavon, the coagulation vitamin K, and the thrombocyte vitamin T It is much to be hoped that a higher standard will be attained in tests of this kind than was shown in the advocacy of oestrin, liver extract, and vitamin C for haemophilia and purpura haemorrhagica Acute cases are rarely suitable, as they so rapidly recover spontaneously and it is hard to obtain numbers large enough for proper controls Chronic cases of a well-defined type are much better, and they should preferably be idiopathic and not symptomatic in origin There should be an adequate period of observation before treatment is begun The isolation of insulin was largely due to the development of simple methods of estimating the blood sugar, and the application of liver therapy was much helped by the use of the reticulocyte crisis In the same way objective criteria should be used in assessing the value of remedies for the haemorrhagic states—the number of platelets, the capillary resistance, the bleeding time and coagulation time, the retraction of the clot, and in special cases the plasma proteins, fibrinogen and prothrombin

Summary

1 Hereditary haemorrhagic states show considerable diversity in symptoms and mode of inheritance

2 The local application of coagulant venoms is the only considerable advance of recent years in the treatment of the haemorrhagic diseases The value of liver, oestrin, moccasin venom, and the Sheffield extract of egg albumen has not been confirmed

3 Splenectomy remains the most successful treatment for idiopathic thrombocytopenic purpura, but the frequency of relapses suggests that the operation is a temporary stimulus to platelet production rather than a specific cure for the disease

4 Vitamin C is of value only in scurvy, whether overt or latent It is not a general or non specific remedy for haemorrhagic states Nevertheless the isolation of ascorbic acid is of especial importance, as it marks the impact of biochemistry on the haemorrhagic states and a probable improvement in the technique of investigation

I am indebted to Messrs Hoffmann-La Roche for generous supplies of ascorbic acid and sodium ascorbate to Dr H E. Archer for many estimations of vitamin C in the urine and to the Medical Research Council for a grant for technical assistance

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THE CLINICAL PATHOLOGY OF HAEMORRHAGIC STATES *

BY

S C DYKE, D M, F R C P

Pathologist The Royal Hospital Wolverhampton

The development of the haemorrhagic state depends upon the escape of the red cells through the unbroken capillary wall, it may result from various causes For the determination of the prognosis and the initiation of appropriate treatment accurate diagnosis is desirable In none of the haemorrhagic states can this be made without the assistance of laboratory methods, in few of them, however, can it be established by laboratory methods alone Usually it calls for the intelligent consideration of both laboratory and clinical data

The first step in the laboratory investigation of any case of the haemorrhagic state will consist in the examination of the blood picture This as usually understood comprises an estimation of the haemoglobin percentage, an enumeration of the red and white cells of the blood, a differential count of the white cells, and a report on the morphological characteristics of the formed elements of the blood—the red and white cells and the platelets For the satisfactory investigation of the blood picture it is highly desirable that the specimens for each of the examinations mentioned should be taken in the appropriate manner straight from the patient. Preparations made from specimens of blood collected for transmission into oxalate or any other anti coagulant are usually unsatisfactory and often are quite useless

Bleeding Time

In the act of taking the specimen of the blood valuable information may be gained as to the bleeding time No satisfactory quantitative method exists for this determination Using a large-sized, bayonet-pointed surgical needle and making the puncture after slight massage in the lobe of the ear, the bleeding normally stops well within a minute, usually it is necessary to use a little force to express drops of blood after the first two or three minutes If after the first two or three drops the blood continues to exude the bleeding time may be taken to be prolonged In certain cases associated with gross platelet deficiency, such as thrombopenic purpura (purpura haemorrhagica), aplastic anaemia, and lymphatic leukaemia, the bleeding from a simple puncture may persist for many minutes—if unchecked, even for hours

* Communicated to the Sections of Pathology, Bacteriology, and Immunology and Medicine at the Annual Meeting of the British Medical Association, Belfast 1937

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Applications stating age qualifications and experience, together with copy testimonials to be forwarded to the undersigned as soon as possible

Royal Infirmary JOHN GIBSON
Preston Superintendent and Secretary
December 14th 1937

WEST SUSSEX COUNTY MENTAL HOSPITAL, CHICHESTER

Applications are invited from gentlemen under the age of 35 year for the post of THIRD ASSISTANT MEDICAL OFFICER at the above Hospital Salary £350 rising by annual increments of £ 5 to £4 0 per annum together with board lodging etc and for superannuation purposes at £150 An additional £.0 per annum will be given to the successful candidate if he holds or obtains his diploma in Psychological Medicine The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1924

Applications stating age and experience together with copies of not more than three recent testimonials to be sent on or before January 7th 1938 to the Medical Superintendent

BRIGHTON COUNTY BOROUGH MENTAL HOSPITAL, Haywards Heath Sussex

APPOINTMENT OF THIRD ASSISTANT MEDICAL OFFICER

The Visiting Committee are prepared to receive applications from medical men for the above post No married quarters are provided

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The age of the candidate should not exceed 35 Furnished apartments will be provided with board and laundry valued for superannuation purposes at £100 per annum

Candidates must be registered under the Medical Act and preference will be given to those who have held the post of House Surgeon or House Physician at a General Hospital The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909

Applications with copies (not originals) of three recent testimonials to be sent to the Medical Superintendent at the above Hospital and to be received by January 7th 1938

ROYAL MANCHESTER CHILDREN'S HOSPITAL PENDLEBURY

Applications are invited for the post of non-resident ASSISTANT MEDICAL OFFICER at the Out patients Department Garside Street Manchester Salary at the rate of £150 per annum and the appointment is for a period of six months as from January 15th 1938 Candidates must be on the Medical Register

Particulars of duties can be obtained from the Secretary The hours of duty are from 9 a m till 1 p.m or until the work of the Dispensary is finished Patients attendances number about 100 000 per annum

Applications stating age and accompanied by copies of not more than three testimonials, to be sent to the undersigned immediately

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By Order
H HEARDMAN
Secretary

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Preference will be given to applicants who have had experience in the treatment of Pulmonary Tuberculosis

Applicants to state age details of qualifications as well as of general and special experience

Applications with copies of three recent testimonials should be addressed to the Chairman and forwarded so as to reach 9 Ely Place Dublin by January 15th 1938

GLASGOW ROYAL INFIRMARY

RESIDENT MEDICAL OFFICER required at Cannisburn Auxiliary Hospital Salary at the rate of £200 per annum with board lodging and washing

Applicants with previous hospital resident experience preferred

Applications with three copies of recent testimonials, to be lodged by December 27th with the Superintendent Glasgow Royal Infirmary from whom further particulars can be obtained Not canvassing

J M GRANT
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December 14th 1937

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ARTHUR MOORE
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Applications with copies of testimonials to be sent to the General Superintendent not later than 1st February

December 15 1937

the blood no longer flows from its position but maintains its surface contour' It is important that the tubes be not stoppered, this decreases the coagulation time The originators placed the normal limits as from five to eight minutes I should be inclined to extend the upper limit of normal to ten minutes

In addition the coagulation time varies inversely with temperature, Dale and Laidlaw showed that this acceleration of clotting is much more rapid at temperatures of over 25° C than below For practical purposes, in the temperate zone the test of Lee and White may be carried out at room temperature Accurate estimation of the coagulation time is of great importance in the investigation of suspected haemophilia The history, both personal and family, provides valuable information, but it is the prolongation of the clotting time that clinches the diagnosis

Post-operative Haemorrhage

Estimation of the coagulation time is of particular importance when surgery is in prospect In cases of haemophilia, when in the course of a natural remission or after blood transfusion the coagulation time by the method of Lee and White has been brought down to twelve minutes, the risk of serious and uncontrollable haemorrhage at operation is negligible

In cases of jaundice, other than those of the acholuric type associated with haemolysis, the coagulation time may be prolonged, and its estimation will give valuable information as to the risk of post-operative haemorrhage A delay in the coagulation time of anything over fifteen minutes by the method of Lee and White indicates the likelihood of inefficient natural haemostasis The serum calcium in these cases of obstructive or overflow jaundice is not as a rule diminished, and may even be somewhat increased, but that this tendency to uncontrollable haemorrhage is associated with a shortage in the blood of calcium ions available for the clotting process may be demonstrated by the calcium *in vitro* test" of Lee and Vincent (1914) This consists in adding three drops of 1 per cent $CaCl_2$ solution to 1 c cm of freshly drawn blood In blood in which delay of coagulation is due to the presence of bile salts this procedure brings about a marked diminution of the clotting time In cases in which the delay is due to other causes it is without effect In this type of case both blood transfusion and the parenteral injection of calcium salts, for which purpose many excellent preparations are now available, will quickly bring about the disappearance of haemorrhagic manifestations and reduce the clotting time to normal Once this has been done there need be no fear of unusual post operative bleeding

It is important in all cases of jaundice to bear in mind that the tendency to bleeding and the delay of the coagulation time may not depend solely on deficiency of available calcium ions In certain cases of gross hepatic disturbance, such as are met with in phosphorus or chloroform poisoning or in acute yellow atrophy or cirrhosis of the liver, interference with fibrin formation may occur In such cases the coagulation time may be normal, but the clot when formed will be of poor quality, severe post-operative bleeding may then take place despite a normal clotting time, and little can be done to remedy matters

Nephritis

In nephritis the haemorrhagic state may develop and may prove extremely troublesome It is not an early manifestation, but may present itself in the middle or later stages of subacute glomerulonephritis In such cases there may be epistaxis, bleeding from the gums and a tendency to easy bruising, but purpura does not occur Examination of the blood picture will show a simple anaemia only, pointers to the diagnosis will be found in a raised blood pressure and albuminuria The blood urea may or may not show significant increase at this stage, but the van Slyke urea-clearance test will already show gross impairment of renal function These haemorrhagic manifestations are of very grave significance, but the ultimate fatal issue may be postponed for months and even for years after their appearance In the later stages of chronic nephritis of the arteriolosclerotic type manifestations of the same symptoms in a much more severe form and with actual purpura may arise, haemorrhage from the nose or bowel stomach or uterus, may be profuse and intractable Those fulminating manifestations are terminal, the blood urea at this stage will be found to be at a level of 300 mg per 100 c cm or more, and death is not long postponed

It is tempting to associate these haemorrhages with the lowering of the serum calcium, which is invariable in the developed uraemic state In the earlier type of case, however, the serum calcium is not found to be diminished and neither in those cases nor in the later terminal state in which the serum calcium is grossly below normal do parenteral injections of calcium have the same effect as in haemorrhage associated with jaundice

The haemorrhagic state may present itself in the course of many acute infections and septic conditions In these cases its establishment appears to be due to damage sustained by the capillary walls as a result of the infection The differentiation of cases having an infective basis from those mentioned above seldom presents any great difficulty their clinical pathology is that of the causative infection

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In 1936 Sir John Orr published a study showing how the consumption of certain essential foods, including milk, varies with income, and the conclusion has become widespread that lack of purchasing power is the sole obstacle to increased consumption A pamphlet entitled *Milk Consumption* by K A H Murray, and issued at 2s 6d by the Agricultural Economics Research Institute, Parks Road, Oxford summarizes existing knowledge of the factors which affect the rate of milk consumption, such as price, income, size of household, and numbers of children It goes on then to suggest, however, that little indication has been given of the relative importance of these factors, and that other influences of equal if not of greater importance have been neglected The second section of the study describes a survey of milk consumption and utilization in Oxford which was designed to fill in some of the gaps in the existing knowledge, particularly the influence of factors such as habit and taste The evidence presented indicates that while one of the difficulties in the way of increasing milk consumption is lack of purchasing power, possibly the biggest obstacles are antipathy, indifference and prejudice The general conclusion is that there is more hope of raising milk consumption by means of extensive advertisement and education than by raising incomes or lowering prices

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Candidates who must possess a legal qualification to practise are required to send in their applications addressed to the Secretary accompanied *by copies of not more than three* testimonials given specially for the purpose before 12 o clock on Monday January 3rd 1938

The appointment is for one year and is non resident Salary £400 per annum, with facilities for Private Pathological Practice

The selected candidate will be required to take up his duties not later than February 16th 1938 preferably earlier

All candidates must be in attendance to appear before the Joint Committee on Wednesday January 5th 1938 at 4 45 p m

Forms of application copy of the rules and details of the appointment will be supplied on application to the undersigned

H F RUTHERFORD
December 1937 Secretary

ST MARYS HOSPITAL, W 2.

MEDICAL REGISTRAR.

Applications are invited for the above post.

Candidates for the appointment must be registered Medical Practitioners and Fellows Members or Licentiates of the Royal College of Physicians or Graduates in Medicine of a University in the British Empire

The salary is £200 per annum with luncheon and tea provided

Copies of the regulations for the Medical Registrar may be obtained on application at the Secretary s Office.

Applications with copies of testimonials should reach the undersigned on or before December 31st 1937

W PARKES
House Governor

HOSPITAL OF ST JOHN AND ST ELIZABETH
60 Grove End Road N W 8

Applications are invited for the post of RESIDENT HOUSE PHYSICIAN (male) The post is recognized for the degree of M D London University The appointment will be for six months from February 1st, 1938 Salary at the rate of £100 per annum with full board Applications together with copies of three testimonials should reach the undersigned by January 3rd 1938

Applicants will be required to attend a meeting of the Medical Committee at 8 30 p m on January 4th at the Hospital

F DUDLEY HOBBS B A
Secretary

KING EDWARD MEMORIAL HOSPITAL
Ealing (145 Beds)

CASUALTY OFFICER AND DEPUTY RESIDENT MEDICAL OFFICER (male) required for February 1st 1938 Six months appointment with possibility of re-election for a further period Salary £225 per annum with usual residential emoluments

Applications stating age experience, and qualifications together with copies of two recent testimonials should be sent to the undersigned by January 6th 1938

R A MICKELWRIGHT
House Governor

ST JOHN S HOSPITAL FOR DISEASES OF THE SKIN
5 Lisle Street Leicester Square W C 2.

Applications for the post of OUT PATIENT MEDICAL REGISTRAR are invited to be sent to the undersigned on or before Saturday morning January 1st, 1938 Honorarium £50 per annum Applicants must be duly qualified and registered Medical Practitioners Particulars of the duties can be obtained on application

LEONARD G R TURPIN
December 16th 1937 Secretary

KING GEORGE HOSPITAL ILFORD
(Nr London) (207 Beds)

CASUALTY OFFICER AND SURGICAL REGISTRAR (male) required immediately for 12 months Salary £150 p a Forms of application may be obtained from the undersigned to whom they should be returned duly completed as soon as possible

G AUSTIN HEPWORTH
Secretary and Superintendent

ST GEORGE S HOSPITAL SW1

HOUSE PHYSICIAN (male) required for Children s Department Appointment is for six months from January 15th 1938 Resident with salary at the rate of £40 p a Preference will be given to candidates with previous experience of Children s Diseases

Applications to the Secretary not later than December 31st.

J M CHURCHFIELD
Secretary

WEST HAM MENTAL HOSPITAL
Goodmayes Ilford Essex

Applications are invited for Two Male JUNIOR ASSISTANT MEDICAL OFFICERS at the above Hospital Candidates must be unmarried

The commencing salary in both cases is at the rate of £350 per annum rising by annual increments of £25 to a maximum of £450 per annum together with emoluments consisting of board laundry and attendance valued for superannuation purposes at £150 per annum The persons appointed will also be paid in addition to their salary the sum of £50 per annum on obtaining the Diploma of Psychological Medicine. The appointments are subject to six months probation and to the provisions of the Asylums Officers Superannuation Act 1909 Class 1 and to a satisfactory medical examination A knowledge of bacteriological work will be an advantage

Applications stating age and experience accompanied by copies of three testimonials must reach the Medical Superintendent not later than January 3rd 1938

ROYAL WEST SUSSEX HOSPITAL
Chichester

The Board of Management invites applications for the appointment of HONORARY PHYSICIAN to fill the vacancy caused by the retirement of an Honorary Physician

Candidates must be duly registered under the Medical Acts and a graduate in Medicine of a University recognized by the General Medical Council or a Member of the Royal College of Physicians London Edinburgh or Ireland

The vacancy will be filled by the Special Election Committee at a meeting to be held on January 17th 1938 and applications should be sent to the Chairman of the Hospital (marked personal) together with copies of three testimonials not later than January 10th 1938

Canvassing directly or indirectly will disqualify

By Order of the Board of Management
ALAN RUDDIE
December 8th 1937 Secretary

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST BROMPTON S W 3

The Committee of Management invite applications for the following posts

HOUSE PHYSICIAN for which there are three vacancies The duties include work in the Out patient Department as well as in the Wards The appointment is for six months commencing February 1st 1938 with an honorarium of £50

HOUSE PHYSICIAN (male) at the SANATORIUM at Frimley The appointment is for six months commencing February 1st 1938 with an honorarium of £50

Applications with copies of testimonials must reach the undersigned not later than Saturday January 8th 1938

F G ROUVRAY
Brompton Secretary
December 1937

ROYAL FREE HOSPITAL,
Gray s Inn Road London W C 1

Applications are invited from Medical women who have had extensive V D experience for the part time appointment of MEDICAL OFFICER IN CHARGE of the VENEREAL DISEASES DEPARTMENT for Females at the above-named Hospital as from April 1st 1938 tenable in the first place for one year Minimum salary £450 per annum. The candidate appointed would be responsible for the teaching in the department of medical students and for a postgraduate course Intending candidates should submit applications stating age and experience, with copies of three recent testimonials to the undersigned on or before January 31st, 1938.

RICHARD T BARTLEY
Secretary

ROYAL FREE HOSPITAL
Gray s Inn Road W C 1

Applications are invited for the half time post of GYNAECOLOGICAL REGISTRAR from duly qualified and registered medical women This post is reserved for former students of the London (Royal Free Hospital) School of Medicine for Women Salary £100 per annum Applications stating age and accompanied by copies of three recent testimonials must be sent to the undersigned (from whom all information may be obtained) on or before January 8th Period of appointment February 1st 1938-December 31st 1938

RICHARD T BARTLEY
Secretary

ROYAL FREE HOSPITAL
Gray s Inn Road W C 1

Applications are invited for the whole time post of MEDICAL REGISTRAR Salary £200 per annum Intending candidates who must be fully qualified and registered should submit applications stating age and accompanied by copies of three recent testimonials to the undersigned (from whom all information may be obtained) on or before January 8th Period of appointment February 1st 1938-December 31st, 1938

RICHARD T BARTLEY
Secretary

WEST LONDON HOSPITAL,
Hammersmith Road W 6
(239 Beds)

There is a vacancy for the post of PHYSICIAN for MEDICAL DISEASES OF CHILDREN Candidates who may be male or female must have Degrees from one of the Universities recognised by the General Medical Council and must be Fellows or Members of the Royal College of Physicians of London The successful candidate will be required in addition to other duties periodically to deliver courses of lectures to the Nurses and to undertake such teaching for the Postgraduate College as the Board may approve.

Applications with copies only of testimonials must reach me not later than Thursday January 6th Candidates must attend the Meeting of the Medical Council at 4.30 p m on Friday January 7th and prior to that date call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of their application and testimonials to each member thereof and if so notified attend a Meeting of the Board at 5 p.m on Tuesday January 11th when the election will be made

H A MADGE,
Secretary

WEST LONDON HOSPITAL,
Hammersmith W 6 (239 Beds)

Applications are invited for the post of HONORARY OPHTHALMIC SURGEON for which the present Honorary Assistant Ophthalmic Surgeon is a candidate In the event of his election there will be a vacancy for a HONORARY ASSISTANT OPHTHALMIC SURGEON for which post applications are also invited

Candidates must be Fellows of one of the Royal Colleges of Surgeons of England Edinburgh or Ireland The successful candidate will be required in addition to his other duties to undertake such teaching for the Postgraduate College as the Board may approve

Applications, with copies only of testimonials must reach me not later than Thursday January 20th Candidates must attend a meeting of the Medical Council at 4 30 p.m on Friday January 21st and prior to that date call upon and send copies of application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of their application and testimonials to each member thereof and if so notified be in attendance at a meeting of the Board of Management at 5 p m on Tuesday January 25th when the election will be made.

H A. MADGE
Secretary

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Streptococcal Infection of Birth Canal and Adjacent Tissues

Table I (*b*) shows that so long as the haemolytic streptococcus is confined to the birth canal there is practically no mortality in either group, and Table I (*c*) illustrates that even when the infection has spread to surrounding pelvic and lower abdominal tissues the patient almost invariably recovers, provided that widespread dissemination by the blood stream or by spread all over the peritoneal cavity does not occur (The one death in the 1936–7 group which occurred in the absence of general peritonitis or septicaemia was due to a pulmonary embolus) For proof that the infection has spread beyond the limits of the birth canal (apart from proved septicaemia or generalized peritonitis) reliance has been placed on the finding of a definite inflammatory mass in the pelvis or abdomen, and only cases in which such a mass has been demonstrated either clinically or at post-mortem examination have been classified under this heading

These figures—Table I (*c*)—show that the haemolytic streptococcus is "virulent' only in so far as it is invasive, and that a very large amount of tissue can be infected without causing death from absorption of toxins In comparing the two groups of patients it will be noted that in the 1934–5 group the infection was clinically limited to the birth canal in only 47 per cent of the cases In the 1936–7 group the infection was clinically limited to the birth canal in 66 per cent This may be interpreted in one of two ways Either the prevalent haemolytic streptococcus of 1936–7 was less invasive—that is, less virulent —than that of 1934–5 or else the chemotherapy of 1936–7 helped to prevent the invasion of tissues around the birth canal

In many cases of localized spread of infection beyond the limits of the birth canal it is difficult to say precisely when a definite inflammatory mass was demonstrated clinically a 'sense of resistance may give place to a 'thickening,' and it may not be until several days later that an obvious 'lump is found In spite of this difficulty an attempt has been made to give a figure indicating the proportion of cases in which an inflammatory mass developed after admission to hospital—that is, after the institution of treatment In the 1934–5 series forty-one of the patients (20 per cent) had a demonstrable inflammatory mass on admission to hospital, and an additional twenty-nine patients (14 per cent) developed a mass some time after admission In the 1936–7 series an inflammatory mass was found in twenty-seven patients (17 per cent) on admission to hospital, and in nine* patients (6 per cent) a similar mass developed after admission There was therefore a notable reduction in the proportion of cases in which an obvious spread of infection occurred after admission to hospital in the period when the new drugs were employed This may be evidence of the efficacy of the new chemotherapy, or, alternatively, it may be explained on the grounds that the virulence of the haemolytic streptococcus was diminished in the 1936–7 period

Mortality Rates in Septicaemia

Table I (*d*) shows the mortality rates in proven septicaemia (excluding cases in which general peritonitis was also proved) It was 40 per cent in the group of patients who did not receive the new drugs Even 40 per cent may seem to be a surprisingly low mortality for blood-positive septicaemias due to the haemolytic streptococcus,† but in explanation of this I think that the care with which the bacteriological technique is carried out must be a factor in giving an (apparently) low mortality rate for cases in this class If a less careful technique had been employed it is probable that some of the less severe septicaemias would not have been detected, so that although the total number would have been less the mortality rate would have been higher This factor is of no importance in comparing the results in the two groups under review, because the technique of blood culture was identical in both In the 1936–7 group the mortality for cases of proven septicaemia (excluding cases in which general peritonitis was also present) was 20 per cent, but before trying to assess the significance of this improvement it is useful to try to measure the severity of the cases in the two groups Dr Colebrook and his co workers have, as a routine, estimated the number of organisms per cubic centimetre in the blood in cases of septicaemia, and as a general rule the clinically milder cases are associated with a lower count than the more severe The records of these counts are not strictly comparable between various patients, because the number of organisms in the blood may vary greatly in different stages of the disease, and because blood cultures may be repeated more often in some patients than in others Very roughly speaking, however, if the records show that a count of less than 10 organisms per c cm has not been exceeded at any time during the stage of pyrexia the septicaemia is probably 'mild' The records of the cases at Queen Charlotte s Hospital show that the lower mortality from septicaemia in the 1936–7 period was associated with a relative increase in the proportion of 'mild cases, in comparison with the 1934–5 period This diminished invasion of the blood stream in the 1936–7 period is what we might expect to find if the new drugs were effective in checking the invasiveness of the haemolytic streptococcus, but, alternatively, a falling off in the virulence of the prevalent haemolytic streptococcus of 1936–7 would also manifest itself in the same way

In the 1934–5 group a positive blood culture was obtained within twenty-four hours of admission in thirty one cases (15 per cent) of all cases infected with the haemolytic streptococcus In the 1936–7 group the corresponding figure was twenty two (14 per cent) In the 1934–5 group ten cases (5 per cent) developed a septicaemia some time after admission In the 1936–7 group only one patient developed a septicaemia (and in this case the first blood culture was not taken until several days after admission) The incidence of septicaemia before admission does not greatly differ in the two groups, and this is some evidence that there was not any considerable difference in the invasiveness (virulence) of the prevalent streptococcus in the two periods If this is so the diminished incidence of septicaemia developing after treatment with the new drugs is some evidence that the good results are due to the drugs rather than to a hypothetical decrease in the virulence of the infecting organism

Generalized and Generalizing Peritonitis

Table I (*e*) and (*f*) gives the results when "generalized' and 'generalizing' peritonitis occurred, but there are good reasons for exercising very great caution in interpreting these figures The outcome of any peritoneal infection depends upon whether the tendency of the tissues to localize the infection overcomes the tendency

* Among these nine patients in the 1936–7 group there were four who did not receive any treatment by the new drugs so that by excluding the four cases there were only five (3.2 per cent) who developed a demonstrable mass after treatment with the new drugs

† If the results for four years (1932–5) are analysed the mortality at Queen Charlotte s was 47 per cent

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been able to find that disallows the alternative explanation that the improvement in results was due not to the treatment but to a fortuitous change in the virulence of the prevalent streptococcus There are, however, two reasons for questioning the value of these diagrams In the first place they refer to only small numbers of patients (fifty-six in 1934–5 and thirty-two in 1936–7), so that statistically they are open to criticism In the second place, although I consider that invasion of tissues is the best possible clinical measure of virulence in haemolytic streptococcal infections, it is not possible to assert that the tissues were equally widely invaded in the two groups concerned Great care has been taken to include only those patients in whom a definite inflammatory mass was demonstrated, but it is just possible that the average size of the mass was considerably greater in the 1934–5 series than in the 1936–7 series If this were so it might be evidence of a minor variation in virulence of the streptococcus in the two series No further analysis on these lines has been attempted, because it would incur the possibility of statistical and observational errors so great as to negative any results

Conclusions

The new aniline derivatives have been employed at Queen Charlotte s Hospital since 1936, in the doses in which they have been given their use appears to be free from serious danger and has been followed by a very great reduction in the mortality rate for haemolytic streptococcal infections Analysis of the causes of this improvement in mortality rate shows that it is associated mainly with a decrease in the widespread invasion of tissues by the haemolytic streptococcus rather than with a greater tendency to resolution of the disease once widespread invasion of tissues has occurred This feature makes it necessary to consider whether the improvement since January, 1936, is due to the efficacy of the treatment or whether it is due to a change in the virulence of the prevalent organism It is possible that both factors may be concerned In non-fatal cases in which tissues beyond the limits of the birth canal have been invaded by the haemolytic streptococcus there is some clinical evidence that the new drugs do actually hasten the resolution of the inflammatory process, and this is a good reason for believing that the treatment, rather than a change in the virulence of the organism, is responsible for the improvement in this direction

While I am unwilling to guess how far the new drugs have been responsible for the undoubted improvement which has followed their clinical use, there is every reason to continue to employ them until their value or otherwise is firmly established

Bibliography

Colebrook L, Kenny M and Staff of Queen Charlotte s Hospital (1936) *Lancet* 1 1279
—— —— —— (1936a) Ibid 2 1319
Fuller A. T (1937) Ibid, 1 194

The first number of the seventh volume, dated March, 1935 of the *Index to the Literature of Food Investigation*, which has only just been issued, covers the literature published in 1934 It is hoped states a prefatory note to complete during the next twelve months abstracts of the literature published during 1935 and 1936 which will form vol vii No 2 and vol viii Meanwhile the first part of vol ix, covering papers published this year is in preparation Copies of the *Index* may be obtained from H M Stationery Office, London price 5s

OTITIS EXTERNA*

BY

L. GRAHAM BROWN, M D, F R C S

Surgeon to the Ear Nose and Throat Department Charing Cross Hospital

By this term otologists refer to certain types of inflammatory lesion of the external auditory canal These are all infections of the skin lining the canal Since, however, this skin is directly continuous with that covering the auricle and surrounding parts, obviously the infections need not always originate in or be confined solely to the anatomical boundaries of the canal Therefore, in discussing their aetiology and treatment we should not limit ourselves too strictly to this part of the external ear

Aetiology

As a cause of the lesion the most important factor is naturally the invading organism or virus Those of external origin give rise to the commoner types of eruption and include the pityrosporon, acne bacillus, *Staphylococcus albus* *Staphylococcus aureus* and *Streptococcus longus* The rarer forms may be due to various fungi, especially those of the aspergillus variety to the *Bacillus pyocyaneus* the bacillus of diphtheria, Plaut Vincent s organism, and very occasionally the tubercle bacillus On the other hand, the infective organism or virus may reach the skin of the ear by way of the blood stream, producing eruptions that can be recognized as exanthematous, syphilitic, or influenzal

Their location, and in the case of organisms their site of growth in the various structures of the skin bring about defence reactions which in turn determine different characteristics in the form of the lesions The defence reactions include the usual phenomena of inflammation—for example hyperaemia, oedema, exudation of leucocytes, etc—but to these must be added another very important one—namely, the so called eczematous reaction, which it is agreed always indicates cell sensitization As to the relation of this reaction to that of true eczema opinion is still divided but we may assume that for clinical purposes the results of both are much the same With regard to the site of growth we find that certain organisms appear to have a special predilection for definite structures of the skin For example, the pityrosporon and the aspergillus confine themselves chiefly to the stratum corneum, the *Streptococcus longus* to the deeper layers of the epidermis, even extending to the dermis, whilst the acne bacillus, *Staphylococcus albus* and *Staphylococcus aureus* favour the pilo sebaceous follicle In turn the defence reactions of the epidermis to the first group of above-mentioned micro organisms may result in such clinical manifestations as a simple scaliness or dandruff, a more intensive desquamation, or as a definite cuticular inflammation, primarily perifollicular, so that the affected part takes on the appearance of a seborrhoeic dermatitis When the deeper layers of the epidermis are invaded by the *Streptococcus longus* the resulting lesion may then be the subcorneal vesicle of impetigo the streptococcal fissure or the ecthymatous ulcer Finally one must mention the defence reactions of the pilo sebaceous follicle to invasion by the acne bacillus, and *Staphylococcus albus* and *aureus* a group of organisms referred to by some dermatologists as the seborrhoeic triad Of this group the *Staphylococcus aureus*

* Read in the Section of Oto-rhino-laryngology at the Annual Meeting of the British Medical Association Belfast 1937

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6 LONDON, N W—Increasing PRACTICE in growing residential district, about 10 miles from Marble Arch Receipts last twelve months £720 Panel 200 Detached Georgian house (5 bedrooms, etc) garage and garden Price £2 900 (part on mortgage) Very good scope Premium £850

7 WESTERN AUSTRALIA—Non-dispensing PRACTICE in chiefly dairy farming district Receipts average £1 815 p.a House containing 6 main rooms etc, and about four acres of grounds Price £1 000 cash or rent £100 p.a Excellent climate District rapidly progressing. Local hospital Premium £1,250

8 MIDDLESEX—PRACTICE in growing district about twelve miles from London Receipts past twelve months, £463 Panel 244 Semi-detached house (4 bedrooms) with garage and garden Rent £100 p.a Good scope Premium £900

9 S OF ENGLAND, Important Town.—PRACTICE averaging £1 000 p.a exclusively physio-therapy Fees 10/6 to £1 1s Scope for X-ray work Prospect of appointment on hospital staff Premium to include certain equipment £1 250

10 EASTERN COUNTIES—Country PRACTICE averaging £1 750 p.a., within easy distance of county town Panel 1 070 Good house (in 2¼ acres) with 7 bedrooms etc garage company's water and main drainage Price £2 000 freehold Premium two years purchase

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12 S COAST—PARTNERSHIP in mixed PRACTICE averaging £2 800 p a in seaside resort Panel about 2 000 Semi-detached house (5 bedrooms etc) with good garden for sale or rent. Excellent hospital Scope for major surgery. Premium one half share two years purchase

13 W OF ENGLAND Inland Watering Place—Old-established good-class easily worked PRACTICE Receipts past year, £722 No panel Practically non-dispensing House with 6 bedrooms, etc large garage and small garden to rent on lease Premium £1 000

14 LONDON, E 1—Old-established PRACTICE of about £800 p.a, including appointments about £150 p.a and panel 1,300 Good house (6 bedrooms, etc) to rent or purchase. Very good scope for increase Premium £1,800 to include contents of surgery and waiting room etc

15 NORTHERN IRELAND—Middle and working-class PRACTICE in suburb of important seaport Receipts past year £963 Panel nearly 1,200 Well situated house (5 bedrooms), garage, etc, to rent Practice capable of expansion Premium £1 400

16 HOME COUNTY—PARTNERSHIP in country town Practice averaging over £4 000 p.a (increasing) within 25 miles of London Good appointments and panel about 2 000 Suitable house obtainable Incoming partner should be aged about 30 must possess F R C S and have had one year's P G work Good hospital. One fourth share at first at two years purchase

17 MIDLANDS—Unopposed country PRACTICE in very pleasant hunting district. Cash receipts last year £1 097, including good appointments and panel about 500 Well built house (5 bedrooms, etc) with good garden and garage Main electric light and water supply Price £1 100 freehold Golf etc Premium £1 600

18 S COAST, popular seaside resort—Small good middle-class non-dispensing PRACTICE £350/£400 p.a No panel One appointment worth £50 p.a Maisonette (3 bedrooms etc) to rent at £160 p.a Premium £500

19 MIDLANDS—Easily worked PRACTICE in very attractive village about 70 miles from London Cash receipts 1937 (to November 25th) £696 Panel 500 Detached modern house (4 bed and dressing rooms) gas electricity and main drainage garden over an acre Price freehold £1 600 Premium one and three-quarter years purchase to include stock of drugs

20 N WALES—Old-established good-class PRACTICE, which has always averaged over £1,200 a year, in very attractive residential seaside resort. Panel 425 Good house to rent or purchase Pleasant society Premium £1 800

21 AUSTRALIA—PRACTICE in small township in Victoria Receipts last year, £880 Specially built house to rent at £80 p.a Good climate All kinds of sport Premium £500 English currency including drugs and dispensary fittings

22 YORKSHIRE (N R)—Steadi' PRACTICE between £1 400/£1,500 and panel worth £400 p.a Extremely more bedrooms) garage and small garden for sale Good schools and sport Premium one and a half years purchase

23 SURREY—PARTNERSHIP in sound old-established and steadily increasing Practice averaging £4 445 p.a in outlying residential suburban district Panel 2 000 Visits 3/6 to 21/ Suitable house obtainable Premium for share of 11/39ths £2,900

moisture for its growth, and oils and fatty matter form a suitable nidus for its development No doubt this explains why the condition is most frequently met with in tropical and subtropical climates such as that of the Hawaiian Islands

ECZEMATOUS OTITIS EXTERNA

This affection should not be confused with that of true eczema Dermatologists to-day generally agree that the majority of cases of so called eczema of the external auditory meatus are really examples of infective meatitis It has been shown that the eczematous reaction occurs when the tissue cells of the skin become sensitized to any of the infecting micro organisms or their antigens Hence it may superimpose itself upon any of the simple infections such as are produced by the pityrosporon, *Staphylococcus aureus Streptococcus longus* or even the tubercle bacillus Two types can generally be recognized—an acute and a chronic In the former an initial stage of redness, itching swelling and smarting pain is followed by a stage of exudation and crusting The area involved may finally become denuded of its epithelium and present a raw and bleeding surface In the chronic form the appearance of the meatus may vary from a dry scaliness due to exfoliated epithelium to a sclerosis of the skin, leading to great thickening and stenosis of the meatus Here again itchiness is the most prominent symptom, and it leads the patient to cause further irritation by scratching

OTITIS EXTERNA HAEMORRHAGICA

This condition is often seen in patients after an attack of influenza Earache is severe and the onset sudden, as in an acute middle ear infection Otoscopy reveals one or more purple blebs (or blood-filled blisters) situated upon the tympanic membrane or close to it on the meatal walls This as a rule requires little if any local treatment beyond avoidance of a mixed infection

In concluding this part of the subject it may be permissible to mention certain lesions of the auricle and surrounding parts which, although they may occur independently, are very often associated with a diffuse inflammation of the external auditory canal Those which most concern us are perichondritis, erysipelas, impetigo, intertrigo, fissures, and the various eczematous conditions Of these intertrigo and fissures deserve special mention They affect the natural folds and angles of the auricle and are examples usually of a chronic streptococcal invasion often preceded by an infection with the pityrosporon Intertrigo is most frequently seen in the retro auricular fold, whilst fissures are likewise found here and also beneath the lobule and in the angles of the meatal orifice

Treatment

In the treatment of skin infections the three principal measures are (1) cleansing of the affected part as thoroughly as possible, (2) the application of some form of non-irritating germicide, and (3) protection from further irritation and infection In treating a relatively inaccessible region such as the meatus we are necessarily limited in our choice of methods and medicaments In cleansing the meatus I still prefer, in spite of many opinions to the contrary, the old-fashioned method of syringing The simplest and most suitable lotion I have found for this purpose is a warm boric acid solution The softening and hence adverse effect of water upon skin infections especially those of an eczematous nature, can be easily overcome by the subsequent instillation of a few drops of 60 to 70 per cent alcohol, used as a dehydrating agent The latter also acts as a germicide and readily penetrates right down to the fundus of the canal, where ointments obviously cannot be conveniently applied Ointments, however, can be used for the outer portion of the meatus, and here the cotton wound applicator is of most service Protection can be afforded to the meatus very simply either by a pledget of cotton-wool in the region of the concha or by narrow ribbon gauze inserted into the meatus itself The latter, if kept moist with drops, may also serve as a means of applying a continuous antiseptic to the walls of the canal

The choice of a suitable non-irritating germicide presents the most difficult problem in the treatment of all types of otitis externa There is also the personal factor to be considered, a certain germicide being found efficacious in one type of patient but not in another Hence in any individual case we may have to find out by actual practical experience what sort of germicide will produce the best results Of the many ointments suggested preference should be given to those containing a zinc basis Cream of zinc and Lassar's paste I personally have found most useful These act probably more by reason of their protective nature rather than their germicidal qualities Sulphur and mercury ointments more often than not appear to be too irritating When a stimulating ointment is required it will be found convenient to add liquor carbonis detergens (or its successor, liquor picis carbonis) to the zinc preparation When desquamation is present, salicylic acid, 10 grains to the ounce, is essential

Local treatment will also include that of a coexistent lesion of the auricle and surrounding parts, especially an infected scalp, or incision of a furuncle or a diffuse suppurative meatitis, or possibly a retro auricular abscess

As regards general treatment many different methods have been tried, but as yet their true value has not been determined They include vaccine and serum therapy (intradermal or subcutaneous), injections of collosal manganese, stannoxyl etc, various diets (especially in the eczematous affections), treatment of the seborrhoeic patient, light therapy, and x rays Upon their value I can offer no useful opinion beyond the statement that each in turn has proved successful in certain cases but none is really specific in all

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The new maternity unit of the Southampton General Hospital makes provision for fully one-third of the number of births in the borough taking as a basis the 1933 figure of 2,854 The accommodation comprises forty-two lying-in beds, four pre-labour beds, and three isolation beds, and it is expected that between 900 and 1,000 cases will be admitted each year Preference will be given to patients suffering from abnormalities of pregnancy or labour, to those requiring ante-natal observation, and to those whose domestic conditions are unsatisfactory The unit has been constructed entirely on one floor, permitting the addition of one or even two stories in the future without interference with the existing walls Among modern improvements is a signalling system, whereby red and green lights over the door of the ward and in the duty room inform the nursing staff of the requirements of individual patients and electrical equipment attached to the poison cupboard which operates a red light and a buzzer that come into action immediately the cupboard door is opened and continue until it is closed There is also an incubator with thermostatic control

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25 S COAST—PARTNERSHIP in Ophthalmic Practice about £1 700 p.a One half share would be sold to suitable man (who must possess the D O M S) at two years purchase Good scope

26 N OF ENGLAND Cathedral City—PARTNERSHIP in good-class Practice averaging £3 000 p.a Panel about 1 350 Visits 3/6 to £1 1s medicine extra House (5 bedrooms) with garage and garden One third share at first at two years purchase Preliminary Assistantship Applicant must have necessary capital

27 N E COAST—Old established and easily worked middle-class PRACTICE over £1 150 p.a in seaport town No panel Residence facing sea for sale Premium (to include furnishings and fittings of consulting rooms small X ray plant etc) £1 000

28 ITALIAN RIVIERA—Small good-class non dispensing season PRACTICE Further details on application

29 BRISTOL—PARTNERSHIP in increasing Practice in growing suburb Cash receipts past twelve months £2 125 Panel 2,200 House with 4 bedrooms and surgery accommodation to rent at £60 p.a also branch surgery Scope Premium one half share £2 000 to include share of drugs etc

30 LONDON S E—Middle-class PRACTICE in pleasant open suburb Receipts 1936 £848 Panel 450 House contains 5 bedrooms etc. Price freehold £1 400 Scope Premium £1 280

31 S MIDLANDS—PARTNERSHIP in Practice between £2,300/£2 400 p.a in county town Panel about 2 000 House (6 bedrooms) large garage and garden for sale or rent One third share (after preliminary Assistantship) at one and three quarter years purchase or near offer

32 S WALES—Steadily growing middle-class PRACTICE doing about £500 a year in residential village easy distance of large town Modern semi-detached house (5 bedrooms) garage and garden Price £1,350 leasehold Scope Premium one year's purchase

33 SEASIDE TOWN under an hour from London—PARTNERSHIP (one half share) in chiefly middle-class Practice over £4 000 p.a Panel 650 Corner house (5 bed and dressing rooms) on main road for sale Scope for increase Premium two years purchase

34 E MIDLANDS—Country PRACTICE, averaging nearly £650 p.a in pleasant village Panel 500 Charming stone built house (6 bedrooms) central heating electric light power and main water garage and garden about one and a half acres for sale Scope Premium two years purchase

35 LONDON S W—Well established Medical Woman PRACTICE in outlying suburban district Receipts average £960 p.a No panel Purchaser could have use of surgery premises living accommodation and services by arrangement Premium one and three-quarter years purchase

36 EASTERN COUNTIES—PARTNERSHIP in good middle-class Practice £2 450 p.a in county town Panel 1,200 Good house (5 bedrooms) in perfect condition to rent Premium one half share two years purchase

37 N E COAST—PARTNERSHIP in Practice, between £2 000/£2 200 p.a in fashionable watering place Panel 1 700 Applicant should be English or Scottish aged about 30 and experienced in general practice and surgery Two-fifths share at two years purchase after about ten months Assistantship

38 N WALES BORDER—PARTNERSHIP (with early succession) in old-established County Practice about £2,500 p.a in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one half would be sold at first with early succession Premium two years purchase

39 S W OF ENGLAND—PARTNERSHIP in steadily increasing Practice averaging over £1 800 in beautiful country district near coast Panel 1 050 Nice house (7/8 bedrooms) garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

40 BUCKS—PARTNERSHIP in old-established country Practice about £3 200 Small panel Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent One fourth share at two years purchase

41 LONDON W 2 and W 6—Non-dispensing and non panel PRACTICE run by two men in partnership Receipts about £1,300 and £700 respectively Premium two years and one and a half years purchase respectively Or either would be sold separately

42 WEST INDIES TOURIST RESORT—PARTNERSHIP in steadily increasing Practice doing £2,500 a year Partner must be experienced in surgery and possess M C O G Share of £1 000 at first at two years purchase

43 ISLE OF WIGHT—Well established PRACTICE about £1,200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating garage and small garden for sale or rent Good scope Premium £2 000

44 LANCASHIRE COAST—NUCLEUS OF PRACTICE averaging £245 p.a offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms) for sale Suit either medical man or woman Premium £500 to include instruments drugs and surgery furniture etc

45 S COAST—Middle and upper-class non dispensing PRACTICE about £3 300 in residential town and watering place No panel Visits 3/6 to £1 1s House to rent or purchase Premium two years purchase

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C EDINBURGH—Receipts £800 Panel 1 020 House for sale Premium for Practice and house £2 300

D NORTHUMBERLAND—County Town—Middle working-class non-dispensing PRACTICE averaging £700 per annum Panel 640 Suitable house garden and garage Low premium will be accepted for practice for early purchase Lease of house will be arranged

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fell from his back, and was suddenly forcibly flexed Examination showed flexion deformity at the proximal interphalangeal joint with marked prominence of the head of the proximal phalanx on the dorsal aspect, and as the finger was passively straightened the middle phalanx became dislocated volarwards *X* ray examination verified the subluxation of the joint The displacement was reduced under gas and the finger fixed on a Bohler's splint in moderate flexion Three weeks later on removing the splint the subluxation immediately recurred and the joint again assumed the flexed position Operation revealed the typical buttonhole tear in the central band but in this case the distal tag of tendon attached to the base of the middle phalanx had become turned in between the articular surfaces and was responsible for the persistence of the subluxation Repair was carried out as described and immobilization maintained for four weeks Three months later he has 20 degrees limitation of extension with full flexion and free active movements in both directions There is no disability in his work as a tractor driver but the result might have been better had the true nature of the lesion been recognized at once

We wish to express our thanks to Mr D S Middleton for allowing us to treat these cases under his supervision and for permission to report them

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PROTECTION OF THE SKIN AGAINST LIME

BY

G C PETHER, M D, M R C P.
Group Medical Officer Imperial Chemical Industries (Lime Group)

In the last two years I have had occasion to try various remedies and preventive measures for dealing with burns of the skin and eyes caused by lime The workers in our local industry are engaged in the quarrying of limestone, which is burnt in kilns adjacent to the quarries, various grades and qualities of lime being produced The kilns are fed at the top with limestone, coke, and coal, and the finished lime and debris is withdrawn from apertures at the bottom of the kilns by hand and also with the aid of rakes The lime appears in fragments of all shapes and sizes up to pieces perhaps nine inches through the long diameter and weighing several pounds Skilled workmen are able to detect and remove partly burnt pieces of stone which are known as "bullheads These latter and the "smalls" are dealt with separately, while properly burnt large pieces are sold at the best prices

The various products described are loaded into small trucks, which are later emptied into lorries or railway wagons It is clear that in such procedures large quantities of lime dust and small fragments will be cast into the air These will settle on the clothes and skin and in the eyes of the workmen, and will be both mechanically and chemically irritating In addition, wherever lime comes into contact with moisture the exothermic reaction whereby it is slaked may be sufficiently violent to cause considerable burning I propose at a later date to describe the methods devised for dealing with lime in the eye I will here confine myself to the treatment of the skin

Protective Methods

In the past, various methods have been tried to mitigate the damage caused, and protection against wind and weather has been provided wherever possible Masks are worn to protect the nose, and goggles are available for the eyes Some of the workers, after an initial period of distress, appear to acquire a certain tolerance to the lime, both in the eyes and in other exposed parts, whilst others need protection most of the time A piece of material tied loosely over the mouth and nose satisfies many The protection of the skin itself presents a difficult problem The handling of lime both dries and hardens the skin to a marked degree, and any perspiration inevitably causes a brisk reaction and local burning This risk is also present on wet days when gusts of wind blow rain into the loading platforms

I discovered that many remedies of a fatty nature, such as tallow, lanoline, and olive oil, had been applied to the skin as a protection These are unsuitable, since they cause lime dust to adhere where previously it would have brushed off, and, in addition, they act somewhat as does theatrical grease paint, by checking the cooling of the skin by insensible perspiration As a result small collections of sweat are formed which later react suddenly and violently with the lime In considering these facts I was struck by one factor that appears to have been insufficiently stressed the rate of evolution of heat when lime meets water It is clear that if this reaction can be slowed down sufficiently no burning will occur By a large-scale slaking of lime a temperature of 300° C may easily be attained So far as the skin is concerned the most common lesions, apart from a general hardening thickening, and fissure formation, are small scattered superficial ulcers and more definite burns of larger extent. These, particularly if on the hands and fingers, are very crippling and make work difficult or impossible Infection may be superadded on the original lesions with an impetiginous picture and perhaps more gross and deep-seated infection, particularly if a fissure has been the portal of entry The men employed are reasonably clean and healthy, but even if they wash their hands on leaving work—these are probably as contaminated as ever by the time they have removed their lime-impregnated clothes at home

Use of Talc Powder

Though attention to washing facilities helps considerably, it is yet no protection against the burns and sores caused by the lime To prevent these or diminish their severity I have introduced the use of plain talc powder, which is shaken on the exposed parts from canisters with "pepper-pot' tops This may be repeated several times a day if necessary

Before starting this procedure I envisaged the following results

1 By its well recognized cooling power talc would reduce the temperature of the skin thus diminishing sweating.

2 Any rain or sweat would mix with the powder and form a paste thus reducing the moisture available for reaction with any lime present

3 The paste when dried might form a protective film which would permit lime to make but gradual contact with the skin and its moisture

The three effects described all serve to slow down the reaction between lime and water so that the heat developed is evolved gradually and burning does not occur I have even advised the use of powder for the treatment of the scattered sores already described, and this has often healed them without any other remedy This holds good particularly for the early and relatively uninfected

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YORKSHIRE (W R.) —PARTNERSHIP (after preliminary Assistantship) in sound old-established better-class Practice, averaging over £3 000 p a Panel 1 350 Visits 3s 6d to £1 1 0 Hospital staff appointment House 5 bedrooms, garage nice garden £1 100 Premium—1/3rd share—£2 000 increase to one half later Incoming partner should be university graduate 28/30 years.—No 1043

MANCHESTER.—Well-established mixed Panel and private PRACTICE, offering scope for increase Cash receipts last year £1,222. Panel 800 Good house 2 reception 5 bedrooms 2 Professional rooms. Premium—1½ years purchase —No 1009

LEEDS —Well-established mixed Panel and Private PRACTICE. Cash receipts £900 p a Panel 1 000 Good house with ample accommodation and garage for sale or rent on lease Premium—1½ years purchase —No 1039

LIVERPOOL.—Very old-established middle-class PRACTICE in residential district Cash receipts £1 100 p.a. Panel 599 Good scope for energetic man. Excellent house 3 reception, 5 bedrooms etc Price £700 Premium—£1 600 Vendor retiring —No 1046

LEEDS —Small PRACTICE, offering scope for increase in present hands 54 years Cash receipts last year £512. Panel 400 Suitable house for sale or rent Premium—1 year s purchase —No 1014

LANCS TOWN —Old-established PRACTICE with scope for increase Cash receipts £1 050 p.a Panel 900 Good house 2 reception 5 bed rooms, garage Rent £70 p a Premium—£1 650 (to include book debts drugs and fittings) —No 1034

SHEFFIELD —Well-established mixed Panel and Private PRACTICE. Average cash receipts about £1 100 p.a Panel 1 323 Good house 2 reception 6 bedrooms, and nice garden To rent or purchase Premium—best offer —No 1051

NORTH WEST COAST —Old-established middle-class PRACTICE in Seaside town Cash receipts £1 100 Panel 350 Nice house garage and garden. Premium—1½ years purchase —No 961

LANCS TOWN —Old-established mixed-class PRACTICE in large town. Cash receipts approximately £1 200 p a. Panel 745 Scope Good house 2 reception, 5 bedrooms, 3 Professional rooms, garage and garden Premium—£1,350 —No 1010

DERBYSHIRE.—Old-established PRACTICE in pleasant district near large town offering great scope for increase owing to building developments Suitable for two men in partnership Cash receipts last year £3 436. Panel 3 394 Two good houses, with ample accommodation and modern conveniences, each with garage, garden and tennis court. Premium—2 years purchase —No 955

NEAR BUXTON —Old-established PRACTICE capable of great increase Cash receipts last year £740 (increasing) Panel 862. Excellent house, 2 reception 4 bedrooms, 3 Professional rooms (separate entrance) garage and good garden Premium—Practice and house £1 700—No 989

MIDLANDS —Old-established mixed Panel and Private (non-dispensing) PRACTICE. Cash receipts approximately £1,900 p a. Panel 1,950 Scope Excellent house with nice garden, garage etc. Premium—Practice—2 years purchase —No 983

NEAR MANCHESTER —PARTNERSHIP (after six months Assistantship) in good PRACTICE in residential district Cash receipts £4 000 p.a. Panel 2 500 Applicants should be English or Scottish, about 30 Good house available to rent Salary £400 p.a plus car allowance and free house Premium —one third share—to be arranged —No 1045

LANCS TOWN —Very old-established mixed Panel and Private PRACTICE in present hands 35 years Cash receipts last year £916 Panel 1,223 Scope Excellent detached house, 2 reception 5 bedrooms, garage and small garden For sale or would rent on lease Premium—1½ years purchase Vendor retiring —No 1004

YORKSHIRE.—Old-established UNOPPOSED COUNTRY PRACTICE in delightful district Cash receipts last year £1 300 Panel 700 yields £450 p.a Transferable appointments over £200 p.a Excellent house 2 reception, 5 bed rooms, garage and garden with tennis court electric light etc. Rent £50 p.a Premium—2 years purchase or near offer —No 1048

NORTH EAST COAST —Easily worked middle-class PRACTICE in present hands 33 years Cash receipts £1 159 p.a No Panel Great scope as district developing Rent of Surgery premises £26 p a Premium—£1 000 (to include Surgery fittings, etc. and small X ray plant) —No 1028

LIVERPOOL.—Well-established PRACTICE in pleasant district. Receipts £800 p.a Panel 650 Good house 5 bedrooms garden and garage Premium —1 year s purchase —No 928

NORTH WALES —Old-established PRACTICE near Sea and Country capable of great increase Cash receipts last year £1,026 Panel 800 Nice surgery premises. Premium best offer —No 905

WESTMORLAND —Old-established PRACTICE in beautiful Country town Cash receipts last year £1 169 Panel 293 Excellent house 2 reception 6 bedrooms, nice garden and two garages. Separate professional quarters, electric light, gas, main water etc For sale Premium—2 years purchase Vendor retiring —No 1040

SOUTH COAST —Old-established PRACTICE in popular watering place Cash receipts £1 468 p.a Panel 825 and P M.S £65 p.a Good corner house, 2 reception, 5 bedrooms garage and small garden Premium—2 years' purchase —No 1047

— WANTED —

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SCOTTISH BORDER — Well-established PRACTICE in pleasant country and seaside town Cash receipts £700 p.a Panel 640 Good house nine rooms nice garden, etc. Premium—1½ years purchase —No 1041

LANCS TOWN —PARTNERSHIP in middle and working-class Practice in clean town, close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception 4 bedrooms, garage and garden Premium—one half share—2 years purchase, or near offer No 1015

YORKSHIRE (W R) — Old-established mixed PRACTICE, averaging £860 p a. Panel 701 Scope for increase Good house with excellent garden, to rent at £30 p a. Premium—£1 350 (to include drugs and fittings) —No 1037

NORTH WALES —Good-class long established PRACTICE in attractive and residential seaside resort Cash receipts last 16 years over £1 200 p.a Panel 425 Good house with two small gardens to rent or purchase freehold Socially very pleasant Premium—£1 800 —Vendor retiring —No 929

LANCS TOWN —Old-established mixed-class PRACTICE capable of increase owing to ill health of Vendor Cash receipts over £600 p.a Formerly doing over £1,200 p a Panel 620 Good house (freehold) 2 reception 5 bedrooms, garage and garden Premium—Practice and house—£2,100 —No 1019

DERBYSHIRE.—Old-established mixed-class PRACTICE, near beautiful country and within easy reach of large town. Average cash receipts £1 100 p.a. Panel 970 and transferable appointments £200 p.a Scope Nice detached house 2 reception 6/7 bedrooms, garage and large garden Freehold Premium —1½ years purchase —No 991

MANCHESTER.—PARTNERSHIP in mixed Panel and Private Practice Average cash receipts £2,875 p.a Panel over 2 500 Scope Excellent house, 3 reception 4 bedrooms, small garden Rent £52 p a Premium—one-half share—2 years purchase —No 1038

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town Average cash receipts £2,450 p.a Panel 1,200 Appointments £190 p a Scope Nice house in good condition 2 reception, 5 bedrooms, garden. Rent £68 p.a Premium—half share—2 years purchase —No 1013

LEICESTERSHIRE.—PARTNERSHIP (after Preliminary Assistantship) Suitable for F.R C S Local Hospital Cash receipts £5 000 p.a. Panel 4 000 and good appointments House available with garden Premium—one fifth share (with increase later)—2 years purchase —No A1

NORTH WEST COAST —Well-established PRACTICE in Seaside town. Cash receipts £500-£550 p.a. Panel 450 Modern flat to rent at £80 p.a. inclusive of rates. Premium—1 year s purchase —No 1005

LANCS TOWN —Mixed Panel and Private PRACTICE in industrial district Income £1 800 p.a. Panel 1,500 House 3 reception 6 bedrooms, and garage Rent £72 p a Premium—Best offer —No 996

ASSISTANTS WANTED —OUTDOOR.—MIDLANDS LANCS AND YORKS TOWNS —£400/500 p a., with House and Car allowance *INDOOR.* —LANCS YORKS MIDLANDS and N E. COAST —£300/350 p.a., all found Many vacancies. Details on request. LOCUMS ALSO REQUIRED

All communications to be addressed to the Branch Manager, BRITISH MEDICAL BUREAU 33 CROSS STREET MANCHESTER 2

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Reviews

VITAMIN CONTENT OF FOODS

Vitamin Content of Foods A Summary of the Chemistry of Vitamins Units of Measurement Quantitative Aspects in Human Nutrition and Occurrence in Foods By Esther Peterson Daniel and Hazel E Munsell, United States Department of Agriculture Miscellaneous Publication No 275 1937 obtainable from the Superintendent of Documents Government Printing Office, Washington, D C (Price 15 cents)

This should prove a very valuable book of reference for all those who are concerned, in an intelligent way, with the vitamin content of foods The short description of the chemistry of each vitamin emphasizes the fact that the vitamins are indeed chemical entities and not, as many people believed until a few years ago, merely 'some form of energy' (The displacement of four methyl groups in the formula for β-carotene is regrettable but obviously a printer's error)

It is good to have the account of the International Standards of Reference for vitamin determinations made available to a larger public than would ordinarily have access to it The international units for the measurement of the vitamins will inevitably become more and more widely used Various units were used before the international standards became available, but necessarily only as a temporary measure The change from these units has been a difficulty for everyone concerned, for the earlier units were stated in terms of biological reactions, and, as the reaction to any particular dose of a substance varies in different laboratories and at different times in the same laboratory, a "unit' of activity, so defined, would mean more, or less, at one time than at another, and possibly the difference would be greater still between 'units" in different laboratories The authors of this publication have fully realized this and quoted different workers findings for the relation between the international unit for each vitamin and the 'unit' as defined by some biological reaction, thus emphasizing the point that no really acceptable conversion factor can be used for restating old values in the new values of international units Therefore, values determined in the more recent units have been so stated and values determined by the old units have retained their old unit value in the tables at the end of the report As there is no International Standard of Reference for vitamin G (B in Europe), the only unit available was a biological one No unit of any sort for vitamin E was defined before the writing of this book, so no "E" values of foods have been given beyond the statement that cases of repeated abortion have been successfully treated with wheat-germ oil, and that this vitamin is widely distributed in natural foods The pellagra-preventing vitamin is treated independently of any particular B vitamin, which is wise, as no one seems to be sure which, if any, vitamin is the pellagra-preventing factor

Still another difficulty has been valiantly faced by these authors, the question of how much of each vitamin is required by man They have summarized the results of many workers and given figures from which anyone may judge for himself the minimum, the optimum, and possibly the excess amounts of vitamins for child and adult

Table I is a general summary of the vitamin content (A, B, C, D, and G) of some 330 different foods, many of them in numerous varieties—for example, about forty varieties of apples, sixty of liver oils, etc—and most of them under different conditions of storage, etc Different workers' findings for different samples of the same food have in many cases been given, which is useful, as it gives an indication of the variation in vitamin content which may be met and prevents young workers from thinking that all samples of, say, the same vegetable have the same vitamin content Table II is a summary of the ascorbic acid content of foods determined chemically and expressed as milligrammes per 100 grammes A vast amount of work has been done on this subject Table III is a digest of quantitative values for the vitamin A, B, C, D and G content of foods which will be found exceedingly useful for workers requiring single values for use in planning or analysing diets

The authors are to be congratulated on having produced such a reliable and useful book It will indeed be so much used for constant reference that it would be worth while to have future editions in strong binding rather than the stiff paper cover

DIATHERMY

Diathermy Including Diathermotherapy and Other Forms of Medical and Surgical Electrothermic Treatment By Elkin P Cumberbatch M A B M D M R E., F R C P., with nine collaborators Third edition (Pp 576 168 figures 21s net) London W Heinemann (Medical Books) Ltd 1937

Dr Elkin Cumberbatch's well-known *Diathermy* has now appeared in its third edition in a new and considerably enlarged form The scope of diathermy has increased enormously since its discovery by d'Arsonval, and in recent years has been further widened by the development of the kindred methods, short-wave therapy, and inductothermy Believing that it is now impossible for one person to be expert in all its branches Dr Cumberbatch has obtained the aid of nine collaborators, each of whom has written a chapter on the aspect in which he is especially skilled This adds considerably to the clinical interest of the book and obviates the criticism often made that the uses of diathermy in surgery and in the treatment of special sense organs have hitherto been described by the electrologist and not the specialist surgeon

The first section of the present volume is concerned with an account of the physical and electro-technical principles involved in the use of high frequency currents The chapter on physical principles is contributed by H J Taylor and is very clearly written, but many readers will be tempted to skip the mathematical part and pass on to Part II, where the first section, on diathermy and diathermotherapy, is of real interest To those who are not already aware of the value of diathermy in gynaecology and in chronic arthritis the two chapters by C A Robinson will be stimulating Another chapter written by Norman Bell Graham, deals with the treatment of general paralysis by diathermy and inductothermy, which are more easily controlled than the malarial method A very short chapter, by H B Stallard, describes the diathermy apparatus in use at Moorfields Hospital, and mentions, *inter alia* the very pleasing results obtained in the treatment of acute and subacute glaucoma pain being relieved at once and the tension lessened to allow of safe operation In a later chapter the same writer describes the treatment of detached retina by surgical diathermy

In Section II comes an account of short-wave currents and how they bring about biological effects One of the advantages in their use is that the patient does not have to be in actual contact with the electrodes, and this facilitates treatment of deep or inaccessible regions A great disadvantage is that the current in the patient's circuit

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The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs surgery fittings fixtures and furniture, instruments and book debts, but not house property. Schedule of Terms will be forwarded on application.

Accountancy and legal services furnished by the Agency where desired at moderate inclusive charges.
No charge is made to Principals for the introduction of Locum Tenens or Assistants.

1 LEICESTER.—Country PRACTICE.—Old-established for disposal as Vendor is retiring. Receipts approximate about £450 last year including Panel of 280 patients. Expenses low. House on rental. Premium 1½ years purchase.

2. NORTH LONDON SUBURB.—Recently established PRACTICE in fast developing area. Receipts last year about £720 including Panel of about 200 patients. Architect built modern house with ample accommodation. Freehold for sale. Premium £850 or near offer.

3 GLOS.—Sound old-established PRACTICE in beautiful country district averaging for the past four years about £1,300 p.a. Panel of over 1 100 and appointments worth about £80. Very nice house in its own grounds, containing 2 reception 5 bedrooms, etc. Freehold for sale. Premium 2 years purchase.

4 SOUTH EASTERN SUBURB.—Well-established PRACTICE producing for last twelve months over £1 650 including Panel of 1 050. Low expense. Convenient house with 2 sitting, 3 bedrooms, etc., garden and garage. Price £1,250. Premium £3,300.

5 LONDON EAST.—Exceptionally sound old-established PRACTICE in populous area averaging for past 3 years over £2,240 p.a. Panel of approximately 3 500. Suitable house with excellent professional accommodation can be rented at £75 p.a.

6 AL TOWN WITHIN 70 MILES OF better-class non panel PRACTICE producing mount of electrical work is undertaken. Fees ted at £180 p.a. Premium £6 000.

7 SUBURB.—Well-established PRACTICE including panel of 5..5 and P.M.S. £188 p.a.

8 LANCS.—SEASIDE RESIDENTIAL TOWN.—Easily worked, mostly non-dispensing PRACTICE producing about £1 000 p.a. including panel of about 325. Low expenses. Suitable house available with consulting and waiting rooms 2 reception 3 bedrooms, maid's room, etc. Large garden. Garage. For sale or can be rented. Premium 1½ years purchase. Good scope.

9 N.W. LONDON.—PARTNERSHIP.—A 7/24ths share is available in an old-established and very sound Practice. Gross cash receipts average about £4 700—and for the past 5 months the receipts have been £..500. Large panel and low expenses. Well-situated detached corner house available with ample accommodati n and good garden. Price £1,250 of which £1 000 can be obtained on mortgage. Premium 2 years purchase.

10 NORTH LONDON.—Middle and working-class PRACTICE producing £600 p.a., with Panel of 150 patients. Suitable accommodation available on rental. Premium 1½ years purchase.

11 LEEDS.—PARTNERSHIP with succession in 6 or 12 months. A 2/3rds share is offered in an old-established Practice which has been held by the vendor who is now specialising, for the past 2 years. Receipts for last year amounted to £1 176 including £492 from a Panel of about 1 150 patients. Suitable house available freehold £900. Premium 1½ years purchase.

12 LANCS.—Old-established PRACTICE available owing to ill health of vendor. Receipts for last year £66.. including Panel of about 620 patients. Freehold house with 2 reception, 3 bedrooms and 2 attics. There is stated to be good scope for increase as the receipts were formerly £1,200 p.a. Price for Practice and house £2,100.

13 WEST OF ENGLAND.—Good-class residential town.—A ONE THIRD SHARE with increase up to one half is offered in a better middle-class Practice at present averaging £1,200 p.a. Appointments worth about £350. Panel of 300 patients. Fees 5/ to 21/. Flat available in vendor's house for single man. Rent £40 p.a. inclusive of rates.

14 NORTH WALES.—Good-class long-established PRACTICE in very attracti e residential and seaside resort. Cash receipts for last 16 years over £1..00 every year. Panel 4..5. Good house with 2 small gardens to rent or purchase freeho d. Socially very pleasant. Premium £1 600. Vendor going abroad.

15 HERTS.—Coun ry town on outskirts of London.—Very old-established PRACTICE held by vendor for 30 years. Gross cash receipts about £1 000 p.a. Including Panel of 600 patients. Nice house with 2 reception 4 bedrooms, good garden on rental. Premium 2 years purchase.

16 SOUTH COAST.—Chiefly working-class PRACTICE stated to average over £1 400. Panel of 1 830. Corner house with 5 bedrooms, etc. Freehold for sale. Premium 2 years purchase.

17 EAST ANGLIA.—Within reach of two good towns. O d-established un opposed Country PRACTICE averaging over £1 000 p.a., including Panel showing over £450 p.a. Low expenses. Detached house with 2 sitting and 5 bedrooms, etc. Rent £70 p.a. Premium £1 750.

18 NORTH CORNWALL.—Country PRACTICE in picturesque district near coast and within easy reach of two good towns. Stated to produce nearly £1 000 p.a. inc..ding Panel of £300.

19 HANTS.—Recently es ablished PRACTICE in pleasant locality. Earnings for the first year about £..50 with Panel of 80 and increasing. Stated to offer considerable scope for development. Very nice small house can be rented. Large premium for quick sale as vendor wishes to take on another appointment.

20 WITHIN 25 MILES OF LONDON.—PARTNERSHIP with surgical scope. A one fourth share with increase later is for disposal in an old established Practice producing about £4 500 p.a. Fees 5/6 to 21/. A nice house can be secured. Ingoing partner must have a Fellowship be a registered and not over 35 years of age. A presentation assistantship is required.

21 LONDON SOUTH EAST.—STEADILY INCREASING OUTLYING DISTRICT.—Ingoing partner established PRACTICE rapidly increasing and producing for last 12 months £1 787. Second Panel of 350. Suitable house with 3 reception 3 bedrooms, etc., and garage. Can be rented on lease. Price £..00.

22 COAST TOWN.—Old-established PRACTICE held by vendor for 34 years, with panel which exceeds 1 000. Gross receipts for last year approximate £2,183 including panel of 770 and appointments producing about £100 p.a. Visits from 5/. Good house available containing 2 reception, 7 bedrooms, Professional accommodation, etc. Freehold £1 100. Premium 2 years' purchase or near offer.

23 MONMOUTHSHIRE.—Middle-class PRACTICE, established over 20 years, producing for last twelve months £1 430 including panel of 300. Fees 3/6 to 21/. Good house with 2 reception 6 bedrooms, etc. Separate Professional rooms, garden and garage. Rent £125 p.a. Premium 1½ years purchase.

24 WEST COAST.—Well-established PRACTICE, producing about £1 900 p.a. including panel of 1 450. Suitable house on rental at £50 p.a. Premium 1½ years' purchase.

25 EASTERN COUNTIES.—Mixed-class PRACTICE in pleasant agricultural district producing for last twelve months over £1 300 p.a. Fees 3/6 to 21/. Nice house in good position with 2 reception 4 bedrooms, dressing room etc. Garden, garage Prem. £1 685

26 ceipts for last edrooms etc. garden and garage. Can be rented at £85 p.a. Reasonable premium for quick sale owing to ill-health.

27 EASTERN COUNTY MARKET TOWN.—HALF SHARE PARTNERSHIP in Practice established some 100 years, owing to retiral of junior partner. Gross cash receipts average over £2,400 p.a. including over £700 p.a. from Panel and P.A.C. Suitable house available on rental. Ingoing partner should be young and have had hospital experience. Premium 2 years purchase.

28 SURGICAL PARTNERSHIP in delightful district within easy reach of London. A fifth partner is required in an old-established Practice. There is little visiting done under 10/6, although the patients come from all classes. Ingoing partner who must hold the English Fellowship would do all the surgery for the firm, but must be prepared to do general practice as well. Choice of houses.

29 CROYDON AREA.—Rapidly increasing PRACTICE producing about £1 800 p.a. Panel of about 1 100. Fees 1/6 to 3/ with visits from 2/6 to 5/. Practically all cash. Vendor specialising in midwifery. Suitable house available on rental. Premium £3,200.

30 SUSSEX COUNTRY.—Good NUCLEUS with scope for further increase. Receipts 1935 £467, 1936, £628, 1937 for 7 months, £452. Panel produces about £267 included in above. Good house on rental.

31 NORTH LONDON.—Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant. Gross cash receipts for last 12 months £1 681. Panel of 3..0 appointments worth about £70 p.a. Visits 5/ to 7/6. Good house with reception 5 bedrooms, etc. Professional rooms, small garden garage. Freehold for sale or might be rented. Premium 2 years purchase or near offer.

32. PARTNERSHIP.—LONDON, EAST.—A HALF SHARE of middle and working-class Practice producing for immediate past 12 months £4 567 p.a. Panel of over 5 000. Suitable house can be obtained.

33 NORTH EAST COAST.—Old-established PRACTICE, producing about £900 p.a., but stated to be capable of considerable increase. Choice of suitable houses. Partnership introduction will be given. Vendor retiring.

34 WEST MIDLANDS.—PLEASANT RESIDENTIAL TOWN.—PRACTICE producing about £1 600 p.a. including a selected Panel of about 560 patients. Mostly better-class and non-dispensing. Consultations 3/6 to 10/6. Visits 5, to 1 guinea. Freehold house for disposal contains 3 reception, 3 large and 3 smaller bedrooms with separate servants quarters. Excellent consulting rooms, garage for 2 cars.

35 DEVON SOUTH COAST.—A well-established good-class entirely private PRACTICE producing for the past 12 months about £1 000. Panel could be had if desired. Fees 2 6 3 6 5 and 7/6 with a few visits up to 21/. Non-dispensing. Suitable house containing consulting room 2 reception rooms, 6 bedrooms, for sale. Freehold £1 400. Partnership introduction. Would be suitable for ex I.M.S. or similar.

36 LONDON E.2.—Lock-up PRACTICE established 80 years for disposal. Income about £800-£900 p.a., with Panel of about 1 150 patients. Fees 2/6 and 3/6. Visits from 3/6. Suitable accommodation available consisting of consulting room, dispensary waiting room, the remainder being sub-let for £250 p.a. Rent and rates £230 p.a. Premium 2 years purchase to include about £150 fittings fixtures, drugs, etc.

37 CITY PRACTICE.—Lock-up hours 10-1 and 5 30-6.30 producing about £1,000 p.a., including £200 from Panel and appointments. Suitable accommodation available.

38 LONDON S.W.—Old-established PRACTICE producing £1 500 p.a., with panel of 1,266 patients for disposal. Appointments and small club bring in about £85 p.a. House available contains Professional accommodation, reception room and 3 bedrooms and maids room, bathroom. For sale or might be rented. Premium £3 000.

WANTED TO PURCHASE

1 PRACTICE.—Good country town, within easy reach of London. Income £1,500 with substantial Panel. Nice house and garden. Capital available.

2. LONDON.—Paddington Bayswater Edgware Road, or Notting Hill district. Lock-up PRACTICE, producing about £1 000 p.a. with fair-sized Panel.

3 COUNTRY TOWN within 50 miles.—PARTNERSHIP share worth £1,200.

4 RIVERSIDE TOWN or SOUTH COAST.—PRACTICE producing about £1,200 to £1 500 p.a., with Panel of over 1 000. House must have good garden.

5 HOME COUNTIES or SOUTH OF ENGLAND.—Good-class non-dispensing PRACTICE, bringing in about £1,500 p.a. Panel not necessary.

6 LONDON or SUBURBS.—Good Private and Panel PRACTICE, producing over £1,250.

ASSISTANTS REQUIRED.—1 SURREY.—Outdoor with view to partnership. Good class Practice. Pref. Graduate accustomed to better-class work. 2. GLOS.—Outdoor £430 p.a., plus percentage and car allowance. 3 HERTS.—Indoor with view to partnership. £300 p.a. 4 WORCS.—Outdoor £4 0 p.a., plus car allowance. 5 HUNTS.—Outdoor £400 p.a., with unfurnished cottage. Scope for surgery. View to partnership.

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership. Full details on application.

written by recognized experts, and the list of contributors includes the best known chemists in the country The range of the subjects covered is indicated by the fact that the list of journals quoted includes about 700 titles

Perusal of the volume under review, which covers the range from A to Bi, shows that it deals with a large number of subjects of medical interest—for example, acridine dyes, adrenaline, alcohol, alkaloids, amino acids, organic antimonials and arsenicals, barbituric acid, bile acids, and pigments The prominence of such subjects indicates the increasing importance of biochemistry and chemotherapy A large proportion of the text is devoted to synthetic dyes, and in this relation it is of interest to note that the cover of the volume is dyed with monastral fast blue, BS This pigment was discovered in this country, and its discovery has been described as the greatest chemical achievement of 1936

The editors intend to publish one volume yearly and to use each as a means of bringing previous volumes up to date The work will therefore form a continuous record of chemical progress It is an essential reference book for chemists and will be found of great value by workers in medical sciences who require information on chemical problems

Notes on Books

The Ebers Papyrus has been more than once translated into English but has not previously been considered critically by a member of the medical profession The translation by Dr B Ebbell (H Milford, Oxford Press, 15s) is therefore very welcome He is interested in Egyptology, and he was formerly a county medical officer in Denmark He dedicates his translation to Imhotep, the great Egyptian physician, rather than to Aesculapius, for he holds with much truth, that Greek medicine was derived in great part from an older Egyptian tradition *The Ebers Papyrus* written about 1550 B.C. dealt wholly with medicine, the *Edward Smith Papyrus* written about 1600 B.C. treated solely of surgery Both are free of the magical element which crept into Egyptian medicine at a later period, and both are based on still earlier writings, or, as we should now say, both are second editions It is interesting to notice how some remedies have held their own throughout the ages *The Ebers Papyrus* recommends the use of castor oil, colocynth, and senna as evacuants, teaches that pomegranate root is good against worms, and that tannin-containing plants should be given when astringent remedies are required

Dr L S T Burrell has now produced a third edition of his excellent book *Recent Advances in Pulmonary Tuberculosis* (J and A Churchill, 15s) Since the second edition appeared six years ago there has been considerable progress, and this called for the rewriting of a large part of the text Chapters have been added on infectivity and immunity, on bovine and childhood tuberculosis, and there is a new chapter on classification and types of pulmonary tuberculosis

Lungentuberkulose in Verbindung mit anderen Erkrankungen—ihre Häufigkeit und Behandlung by Dr Klaus Briest (Leipzig Georg Thieme, RM 4), will be found a useful little monograph Its purpose is to summarize recent work, including personal observations by the author, on the frequency with which other diseases are associated with tuberculosis the influence of each disease on the tuberculous process and vice versa, and the treatment as modified by the presence of the two conditions together Clinical descriptions, pathological facts, or theoretical considerations are not included The scope of the book in regard to the number of diseases discussed is however, very comprehensive, almost every abnormal condition apart from rarities being mentioned Hence the discussion under each heading is necessarily very brief, except for the more commonly described associated diseases such as diabetes, measles, etc Several hundred references, classified according to the systems of the body, are a valuable addition to the book

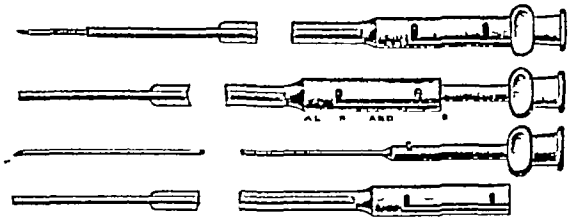
Die Porphyrine by Dr Curt Carrié (Leipzig G Thieme, RM 9) gives a good general review of the physiology and clinical importance of porphyrins Porphyrinuria is a relatively rare condition and hence the subject is one which has not been studied intensively The action of porphyrins in sensitizing the skin to ultra violet light is well known, and the author shows that they also affect the response of the skin to Grenz-strahlen, since these rays produce depilation more readily in an animal poisoned with porphyrin than in a normal animal

Preparations and Appliances

A MODIFIED FINSTERER'S NEEDLE

Mr Charles E Kindersley F.R.C.S. (Bath) writes

The splanchnic needle illustrated has been made for me by Messrs Allen and Hanburys, and embodies certain features which may be of advantage to those using splanchnic anaesthesia



The insertion of Finsterer's needle alongside the gloved hand often leads to perforation of the glove and possibly injury to a vessel The needle illustrated has a loose sharp needle running inside a blunt sheath and is controlled as to position inside the sheath by a double bayonet joint In one position the needle does not project from the end of the sheath and in the other is of the same dimensions as Finsterer's needle The sheath is flanged to enable it to be held firmly in the hand while operating the bayonet joint and pushing the sharp needle forward through the posterior peritoneum The blunt end of the sheath is applied firmly to the vertebra, and damage to the aorta, vena cava or other vessels is practically impossible I have found since using it that the introduction of splanchnic anaesthesia is more simple than with the unguarded needle

HAEMATINIC COMPOUND IN CAPSULES

Plastules brand of haematinic compound (John Wyeth and Brother Ltd 25 Oldhill Place N16) contain ferrous iron (5 grains $FeSO_4$) and yeast concentrate (3/4 grain) The plastules are flexible gelatin capsules and it is claimed that the inclusion in a sealed capsule prevents the oxidation of the ferrous iron whilst the capsules disintegrate rapidly in the stomach It is generally agreed that it is preferable to treat anaemias with moderate doses of ferrous salts instead of massive doses of ferric compounds provided that a stable preparation of the former can be obtained The yeast concentrate is added to provide vitamins B_1 and B_2 and cytochrome

Plastules brand haematinic compound with liver extract contain the constituents mentioned above with the addition of 2·62 grains liver extract This combination has been prepared for the use of those who believe that small doses of liver extract increase the therapeutic action of iron in hypochromic anaemias due to such causes as nutritional deficiencies and haemorrhage.



Rheumatism and Intestinal Medication . .

Constipation is often spoken of as a disease of civilisation, perhaps it might be more correctly described as a disease of domestication A functional failure of the neuro-muscular mechanism of the intestinal wall may result from the dryness and unstimulating character of the unabsorbed residues of modern dietaries, from persistent depressing emotional states, such as anxiety and worry, or from the repeated inhibition of reflex responses, in subservience to the conventions and conveniences of industry and of contemporary social life

So many people can so detach themselves from the social and industrial routine about them, as to remedy, by a return to a primitive way of life, the intestinal agony which is so frequent an accompaniment of chronic rheumatism and of physiological inefficiency generally In a recent text-book on modern treatment, a distinguished physician, whilst stressing the importance of remedying the constipation, utters a warning against taking, for any length of time, purgatives whose action is chemical and, therefore, irritative He points out, moreover, that the taking of a teaspoonful of ENO S Fruit Salt' in a tumbler of water first thing in the morning, is often helpful in warding off rheumatism and in re-educating the bowels

ENO S Fruit Salt is a carefully prepared combination of alkalis with fruit acids It has no added sugar or artificial flavouring ingredients Its action is dependent solely on its property of retaining within the alimentary canal some of the water that would otherwise be absorbed This both softens and adds to the bulk of the food residue and thus brings about elimination through the colon and rectum by natural means

ENO'S 'FRUIT SALT'

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amount of vitamin C in tissue fluids can be estimated accurately, and tests have been devised to assess the needs of the body for vitamin C It is thus possible to show clear indications for its use, to judge the dosage, and, more important, to prevent its use in conditions where no benefit can accrue The problems of hereditary or idiopathic forms of the haemorrhagic state have not yet been susceptible of solution It was long thought that the spleen played a part with the bone marrow in their aetiology Splenectomy was successfully carried out in many cases though relapses may occur, suggesting that this should not be regarded as a specific cure for the disease

The discovery that trypsin causes the coagulation of citrated plasma has had practical application The mechanism is apparently that trypsin converts prothrombin into thrombin, just as the calcium-platelet compound does in the ordinary process of coagulation The second stage of clotting then follows, when thrombin converts fibrinogen into fibrin Trypsin is a proteolytic enzyme and in excess will digest the fibrinogen, rendering it incapable of coagulation by thrombin subsequently added It was discovered later that certain snake venoms known to contain proteolytic enzymes, and known to cause the coagulation of blood or plasma, also transform prothrombin to thrombin In some cases the venoms are effective in extraordinarily high dilution, 1 1,000,000 or more In clinical application loose clot is washed away from the bleeding point and tampons soaked in the venom solution are applied This appears to be a more workable method of treatment than the application of clotting healthy blood Without clear indications treatment of the haemorrhagic states must remain crude and ill directed Readers will welcome therefore the useful paper on the clinical pathology and methods of investigation of these cases, which Dr Dyke contributed to the Belfast discussion and which is reproduced in full at page 692

PORT HEALTH ADMINISTRATION

Efforts to prevent the spread of contagious disease from country to country by sea-borne commerce was first made at the time of the Black Death in the middle of the fourteenth century, when Venice, which then had a thriving trade with the East, instituted the system of quarantine for ships, passengers and goods from plague-infected ports This system of isolation for forty days was copied by other Mediterranean ports and gradually by most of the maritime countries in both hemispheres That it failed in its purpose is evidenced by the fact that bubonic plague was spread by shipping throughout the world, but it continued to be the accepted practice for more than 500 years because, in the absence of knowledge of the aetiology of plague, no other method of control could be suggested, indeed, from the beginning of the nineteenth century the system was extended to cholera and yellow fever It is obvious that as international trade developed and the speed of ships increased quarantine became a more and more intolerable burden, and this country with its great shipping interests, was the first to discontinue it, but not until the discovery of the cause and mode of spread of cholera and plague was it possible to obtain international agreement on a system of control at the same time more efficient and less restrictive than quarantine Now procedure is regulated by the International Sanitary Convention of 1926, which has been ratified by practically all the maritime countries, and which is based on the medical inspection of ships on arrival, subsequent action being governed not by the health conditions in the ports of departure and call but by the medical history of the voyage and the health conditions existing on board the ships themselves

In the British Isles these duties have since 1872 been discharged by Port Sanitary Authorities, which from October 1 of this year will be known as Port Health Authorities The change of title has been made because of the limited significance popularly attached to the word sanitary and of the increased scope of the work of the Authorities, which began with the prevention of the importation of cholera, plague, and yellow fever, and has been extended to include the control of all imported infectious sickness, rat repression in ships and on shore as a plague-preventive measure, supervision of the hygiene of living accommodation in ships, inspection of imported foods, control of the importation of parrots as a safeguard against psittacosis, smoke abatement, inspection of canal boats and of water boats, control of shellfish layings, and the general sanitary supervision of the port area The amount and importance of the work of a Port Health Authority may be appreciated from a glance at the annual report of the Medical Officer of Health for the Port of London for the year 1936 The Port of London extends throughout the tidal portion of the River Thames from Teddington Lock to east of the Nore Lightship nearly seventy miles There are in addition over forty-five miles of dock quays The tonnage of ships entering the port during 1936 was over thirty millions, 2,397 vessels were boarded by the medical officers and 15,531 by the sanitary inspectors, 215 vessels were reported as having or having had infectious disease on board during the voyage Many of these cases were landed abroad or convalescent on arrival, and

of ventilation, the air was still contaminated and wound infections still occurred He therefore persuaded a firm of electrical engineers to construct a multiple lamp emitting bactericidal light rays The constructional details of this lamp are not divulged, a fact for which the manufacturers can hardly be blamed since it is said to kill staphylococci at five feet range within one minute and at even greater distances in longer periods although the rays are harmless to skin and to wounds By using this lamp the air of the theatre was kept almost completely sterile within a radius of eight feet from the operation site and wound infections were entirely prevented This device evidently has a considerable future At the same time one may wonder whether the mechanism by which air becomes contaminated with cocci is fully understood and whether some precaution other than what will doubtless be a very expensive piece of apparatus might not serve to prevent this Do these cocci which are said to re-invade the air soon after the lamp is switched off really come from the upper air passages and, if so how?—assuming that an impermeable type of mask is being used No one has ever suggested that mere breathing can expel bacteria, if silence were enforced and mouths kept shut would the air remain free? The author's investigations have been exhaustive and nothing stands in the way of accepting his conclusions except the difficulty of believing that "droplet" infection can wholly account for the rapid pervasion of air by bacteria when every known precaution is taken to prevent it That nose and throat carriers of haemolytic streptococci, and no doubt of staphylococci can be a serious danger there is no denying, but the impunity with which they are sometimes employed or disregarded suggests that there is something still to be found out about how their bacteria reach the patient.

INDUSTRIAL HEALTH RESEARCH

The seventeenth annual report of the Industrial Health Research Board[1] indicates that the work of the Board is not only continuing on the lines described in earlier reports but that it is branching out widely in a number of fresh directions Among the most interesting and important of these is the large-scale investigation—statistical, clinical and environmental—which has been initiated by the Medical Research Council into silicosis Certain coal mines have been chosen in which there are notable differences in the incidence of silicosis, both certifiable and non-certifiable and in these each underground worker will be examined clinically and radiologically while at the same time investigations will be made on the dust in the pits, the temperatures the humidities and other conditions Another investigation, and one of general public interest relates to transport accidents The accident records of groups of motor drivers during the last six years have been collected and analysed and the men have been given psychological tests in relation to accident-proneness Also a special apparatus has been constructed for testing the effects of alcohol consumption on the speed of drivers The investigation is being extended to flying accidents in order to determine the practical value of the tests for the prognosis of accident proneness among air pilots of the Royal Air Force Several investigations on occupational fitness are in progress the most novel of them relating to art and industry It is found that many pupils take industrial art courses lasting four or five years, at the end of which they are not even good technicians and the problem to be solved is to find tests which pick out the unsuitable pupils at an early stage of training Of the other psychological problems under investigation one relates to the reduction of boredom in industrial workers and two others to the extent of the nervous temperament in industry The physiological researches include a determination of the light desirable in the weaving of worsted cloth It was found to be as high as 30 foot-candles on the cloth itself, and still higher at certain parts of the loom An ophthalmological report on operatives engaged in close work on comptometers showed that about half of them required correcting glasses for their work The investigations on heating and ventilation include one on warmth and comfort another on stimulating air environment, and a third on the measurement of the rate of air change in rooms Researches on noise and other subjects might be mentioned if space permitted Both individually and collectively they bear striking testimony to the continued vigour of the Board's investigators

[1] Medical Research Council Seventeenth Annual Report of the Industrial Health Research Board London H M Stationery Office 1937 (9d net)

TRAUMA OF THE BRAIN

The ever-increasing number of street accidents continues to provide the medical profession with abundant material for clinical and pathological study A recent contribution by C P Symonds[1] deals with the important question of mental disorder following head injuries which was also discussed at the Section of Neurology and Psychological Medicine at Belfast A careful investigation into the histological basis of concussion has been undertaken by Schaller Tamaki and Newman,[2] who examined a series of brains from cases in which death had ensued at varying periods after cerebral trauma They found that in all cases deep petechial haemorrhages were present which could not be explained by a traumatic tearing of the vessels These petechiae were not seen in the cerebral cortex except in one instance the only one in which rupture of the vessels could be demonstrated in relation to the haemorrhages In general, the petechiae were found in the corpora striata, the midbrain and the pons, and in some cases in the cerebellum They were more often seen round the arterioles than round the capillaries, and it was therefore suggested that the primary effect of the trauma was on the vasomotor innervation The appearance of the blood vessels in cases with different survival periods suggested the following sequence of events dilatation of the vessels and diapedesis of blood cells (causing perivascular petechiae), followed by degeneration of the walls of the vessels stasis and subsequent throm-

[1] *Proc roy Soc Med* 1937 30 1081
[2] *Arch Neurol Psychiat* Chicago, 1937 37, 1048

Prolonged bleeding from such a small puncture never occurs in haemophilia, and may at once be held to exclude that diagnosis

Blood Picture

In those cases in which lymphatic leukaemia is the cause of the development of the haemorrhagic state the preliminary examination of the blood picture will serve to establish the diagnosis The discovery of the typical blood picture in a patient suffering from haemorrhagic purpura often comes as a surprise, it is too often forgotten that lymphatic leukaemia may exist in the complete absence of enlargement of the lymph nodes or spleen A low white cell count does not in itself serve to rule out this diagnosis the morbid state which is the basis of lymphatic leukaemia may exist without the escape of the abnormal white cells into the blood stream Such cases will present the clinical picture of anaemia with haemorrhagic manifestations but with a marked diminution of the white cells Such white cells as are present in the blood stream will be mainly of the lymphocytic order Frequently there may be pyrexia and gangrene of the mucous membrane of mouth or gums in such cases the differential diagnosis from agranulocytic angina may be almost impossible short of examination of samples of bone marrow obtained by sternal puncture and it is to my mind very doubtful whether this procedure should play any part in the clinical diagnosis of the haemorrhagic states

Blood Platelets

In the absence of any abnormalities, either morphological or numerical, of the white cells attention must be directed to the appearance of the platelets in the stained film If such films show few or no platelets and especially if such examples as appear are larger than normal the possibility of thrombopenic purpura (purpura haemorrhagica) presents itself If films show abundant platelets this possibility may be set aside

Assuming that the films show apparent diminution or absence of platelets, their enumeration is called for For this purpose many techniques have been devised My own practice is to prick the finger through a drop of 2 5 per cent sodium citrate solution in normal saline The mixed drop of blood and diluent is rolled into a wax-lined Widal tube half filled with the same solution By means of a wax lined pipette a drop of the diluted blood is transferred to a slide, covered with a slip, and ringed with vaseline Using an oil immersion objective the platelets are counted against the red cells From the number of red cells per c mm the number of platelets may readily be calculated In my experience a platelet count of over 50 000 per c mm serves to exclude purpura haemorrhagica as a cause of bleeding

A blood picture showing in the face of purpura and other manifestations of an established haemorrhagic state no morphological abnormalities of the white cells and the presence of platelets in relatively normal numbers will suggest the possibility of an anaphylactoid condition of the Schoenlein or Henoch type A history of preceding urticaria or the presence of arthritic manifestations will be deciding factors The platelets may be deficient but on enumeration will never be found to be below 60 000 per c mm in purpura of anaphylactoid type

Scurvy

A blood picture normal except for anaemia with a clinical history on the basis of which both purpura haemorrhagica and idiopathic purpura can be eliminated, especially if occurring in a young child should arouse suspicion of scurvy Fully developed scurvy is now a rarity but it still does occur, and not always among the more needy strata of the population I have seen one case in the baby of a well to-do family of which both the mother and father were university undergraduates The child had been entrusted to the care of an old family retainer who had many years ago acquired and still steadfastly maintained faith in one of the earlier brands of proprietary infant foods The condition is not unusual in adults as a result of prolonged adherence to a diet of milky slops for the treatment of gastric discomfort, often diagnosed as peptic ulcer but usually nervous dyspepsia

The work of Harris and Ray (1935) and of Abbasy, Harris Ray, and Marrack (1935) appears to offer a means of diagnosing subscorbutic states According to these authors the body should naturally maintain a reservoir of vitamin C If this reservoir is properly filled a large proportion of a massive test dose of the vitamin will be excreted in the urine failure to excrete the major part of a suitable test dose within twenty-four hours indicates a state of vitamin C deficiency otherwise latent scurvy The test presents no particular difficulty The ascorbic acid may be given either orally or parenterally in the form of redoxon (Hoffmann-La Roche) The titration of the excreted acid in the urine by means of the dichlorphenol indophenol reagent is readily carried out Using reagents kindly supplied by Messrs Hoffmann-La Roche Dr Freida Young has in my department at the Royal Hospital investigated a number of patients suffering both from haemorrhagic and from other conditions Reduced excretion was found in many cases haemorrhagic and otherwise in fact, few patients—no matter what their condition—satisfied Harris and Ray's standards for the normal We were forced to the conclusion either that a large part of the hospital class population of this country is suffering from latent scurvy or that the standards for normal excretion are still to be established

Coagulation Time

The estimation of the coagulation time of the blood is next to the general examination of the blood picture the most important procedure in the clinical pathology of the haemorrhagic state In spite of its importance the technique remains very imperfectly standardized a number of methods are available In order to obtain comparable results it is essential that the observer should adopt one method and follow it closely The capillary tube system of Dale and Laidlaw (1911–12) is handy, and has the advantage that the observations are made in a water bath at a temperature of 37 C By this procedure however the clotting time is very short Dale and Laidlaw regarded one minute forty five seconds as being the mean of the normal with only slight variation on either side This method has the disadvantage that even in morbid states in which the clotting time is increased the actual extension shown by it is not great thus in a case of haemophilia in which the test-tube clotting time was half an hour by the capillary tube it was only four minutes The older method of Lee and White (1913) though not so convenient gives more readily comparable results Blood is taken from a vein by means of a syringe previously rinsed in saline and is transferred in amounts of about 1 c cm into test tubes of 8 mm bore also previously rinsed with saline Timing them with a stop-watch, the test tubes are alternately rotated about their short axes at half minute intervals That point is taken as the end point at which

DAYLIGHT AND WORK

Whether a room is suitable for work of a particular kind depends among other things on how much daylight it receives, unless indeed we are to follow the lead of some artificial lighting enthusiasts who would abolish windows and give us uniform air-conditioning and lighting Since we still like daylight it is important to know how much of it is required for different kinds of work One way of determining this is to measure the illumination at the instant at which a worker switches on the artificial light because he finds that the daylight is not enough More important still is the effect of what is customarily enjoyed on what is demanded as a minimum—in other words, does a worker by the window demand a higher minimum illumination than a colleague who works at the back of the room? In a report issued by the Department of Scientific and Industrial Research entitled "Daylight Illumination Necessary for Clerical Work"[1] Mr L H McDermott describes a series of ingenious experiments designed to obtain answers to the questions The experiments were conducted in a room in a Government office where there were seventeen typists, each of whom had a separate desk lamp Immediately a typist switched on her lamp the current through it automatically actuated a cinematograph camera which took photographs of the scales of instruments recording the daylight at that moment From these data it was possible to infer the daylight illumination at each desk when the light was switched on From a large number of such records assuming the subjects of this investigation to be average individuals and working under average conditions, it appears that the value of the illumination at which in general they found they needed additional light was approximately 5 foot-candles These results can be applied to determine the average "lighting-up time" at any season of the year for any specified point in a room given the daylight factor for that point and data concerning the variation of outdoor illumination throughout the day at all times of the year The latter have been accumulated at the National Physical Laboratory at Teddington from recordings over several years with a photo-electric apparatus The results express in the form of curves the mean daily variation of daylight illumination for each month of the year and the period for which daylight will on the average suffice for positions of different daylight factors

TRACHOMA AS A RICKETTSIA

The failure to confirm the claims of different observers for some organism or other, including that for Noguchi's *Bacillus granulosis* as the causative agent of trachoma, has focused attention of late years on the virus rather than on the microbe and a good deal of evidence has accumulated in this direction Important work by von Szilly[1] in 1935 on the results of inoculating the vitreous with trachoma material showed in a striking way that follicle formation was indeed a characteristic feature of the causative agent of trachoma Busacca[2] in Brazil and Cuenod and Nataf in Algeria have been concentrating on the possibility of trachoma having a similar origin to typhus, since the epidemiological conditions of the two affections are similar Much attention having been given to the Rickettsia in the aetiology of typhus, these observers applied the same approach to trachoma In two recent summaries of their work Cuénod and Nataf[3] point out that the granular dots found in trachoma debris, sometimes in a free state and at others as the Halberstaedter-Prowazek inclusion bodies, must be regarded as the result of actual lysis of epithelioid cells and not as bits of cells produced by the mechanical act of crushing the trachoma follicle They consider that these dots contain the actual infecting agent, though they are too small to allow of differentiation by the microscope, they have certain morphological characteristics that can be studied, and, what is more important, they have the biological behaviour of a causative agent of infection For one thing when laboratory-bred lice, which are free from intestinal parasites are infected with trachomatous material, real cultures *in vivo* of Rickettsia can be obtained in their intestines furthermore experimental infection of the monkey by such cultures produces trachoma Their experimental procedure was as follows trachoma material was collected from a patient and injected into the testicle of a guinea pig a culture of Rickettsia being obtained in this manner lice were infected with this culture, and after the infecting material was passed through a series of lice it was finally inoculated into the conjunctiva of an ape which developed clinical trachoma This ape in turn was used to infect another A further experiment consisted in infecting the conjunctiva of a blind human eye with Rickettsia cultured in lice, this was followed by clinical trachoma, confirmed by the usual laboratory and biomicroscopical tests Other observers have been working on similar lines Additional evidence of an experimental type is supplied by Poleff, in Morocco In his most recent communication[4] he describes the findings of Rickettsia as shown by passage through carriers in an undiminished infecting capacity, in the pannus of trachoma The accumulated evidence is imposing Should these findings be confirmed a controversy that has raged for over thirty years on the significance of inclusion bodies in trachoma will find a ready solution

Mr Leslie Paton of London will receive the Mackenzie Medal and deliver the Mackenzie Memorial Lecture at Glasgow on Friday October 29, in the Hall of the Royal Faculty of Physicians and Surgeons, 242 St Vincent Street at 8 30 p m The subject is "Optic Neuritis"

We regret to announce the death of Dr William St Clair Symmers emeritus professor of pathology in Queen's University Belfast

[1] *Daylight Illumination Necessary for Clerical Work* Department of Scientific and Industrial Research Paper No 19 London H.M Stationery Office (6d)

[1] *Klin Msbl Augenheilk* 1935 94 1 320 753 95 173 433

[2] Fourteenth Internat Congress Ophthal, 1933 3 2–3 37

[3] *Brit J Ophthal* 1937 21 309 *Rev internat Trachome* 1937 14 117

[4] *Presse méd* 1937, 45, 800

PRONTOSIL AND SIMILAR COMPOUNDS IN THE TREATMENT OF PUERPERAL HAEMOLYTIC STREPTOCOCCUS INFECTIONS*

BY

G F GIBBERD, M S, F R C S, M C O G

Assistant Obstetric Surgeon Guy's Hospital Obstetric Surgeon to In patients Queen Charlotte's Maternity Hospital Surgeon to Out patients Samaritan Hospital for Women

Since 1936 prontosil and similar compounds have been used extensively in the treatment of puerperal infections due to the haemolytic streptococcus Fuller (1937) has studied the chemical changes which prontosil undergoes in the body, and he has suggested that the active part of its molecule is sulphanilamide, so that the latter (simpler) compound probably acts in the same way as the more complex At the isolation block of Queen Charlotte's Hospital prontosil was used in the first part of 1936, and streptocide (a preparation of sulphanilamide) has been employed since As it is my purpose to study the clinical value of this group of drugs as a whole, I have drawn no distinction between the earlier cases treated with prontosil and the later cases treated with streptocide I have referred to these drugs collectively as the 'new aniline derivatives,' and to their use as the new chemotherapy Prontosil has been given by intramuscular injection and by mouth in daily doses of 20 to 60 c cm (0 5 to 1 5 grammes) intramuscularly, and 6 to 12 tablets (2 to 4 grammes) by mouth Streptocide has been administered by mouth in daily doses of 8 to 20 tablets (2 to 5 grammes) The maximum doses have been given to patients who appeared to be severely ill, and these doses have been continued until clinical improvement has occurred After this the dose has been decreased, but smaller amounts have usually been used for as long as a week after the temperature has fallen to normal

The New Chemotherapy

Some patients have developed marked cyanosis due to met- or sulph haemoglobinaemia but in no case has this complication given rise to anxiety, and it has always disappeared on withdrawal of the drug. In a few cases of severe infection the use of the drug has been continued in spite of the cyanosis without any untoward effect There does not seem to be any constant relation between the dose administered and the tendency to develop cyanosis Apart from cyanosis no serious ill effects have followed the giving of these drugs

These aniline derivatives have been used at the isolation block of Queen Charlotte's Hospital since January 1936, and I have to thank my colleagues on the clinical and laboratory staff for allowing me to report upon all the patients with haemolytic streptococcal infections of the birth canal who were admitted from January 1936 until March 1937 It is now a routine practice to employ one or other of these drugs in every case of haemolytic streptococcal infection but in the early part of 1936 there were some twenty patients to whom they were not given because of the mildness of the infection These cases are included together with those treated by drugs during 1936–7 because I wish to show broadly what changes there have been in the results at Queen Charlotte's isolation block since the introduction of the new drugs rather than to give details of cases treated As I have said, it is not my intention to make any comparison between the earlier cases treated with prontosil and prontosil soluble and the later cases treated with sulphanilamide The first group has already been reported upon by Colebrook, Kenny, and the staff of *Queen Charlotte's Hospital (1936)* The second group will be the subject of a report to the Therapeutic Trials Committee of the Medical Research Council, and this report will subsequently be published I have also given the results of cases of haemolytic streptococcal infection admitted to the isolation block in the two years immediately preceding the introduction of the new drugs *(1934–5)*

There are thus two groups of patients to compare The outstanding difference in the treatments in these two groups is that the new aniline derivatives were used almost as a routine in the one group and not at all in the other

TABLE I—*Results of Puerperal Infections due to the Haemolytic Streptococcus*

	1934–5 Group			1936–7 Group		
	Number of Cases	Deaths	Mortality per cent	Number of Cases	Deaths	Mortality per cent.
(a) Total number of puerperal infections due to the haemolytic streptococcus	210	42	20	157	7	4.5
(b) Total number of infections clinically limited to the birth canal	98	0	Nil	104	0	Nil
(c) Total number of infections showing definite clinical evidence of localized spread beyond the limits of the birth canal (excluding septicaemia and generalized peritonitis)	50	0	Nil	30	1	3 3
(d) Total number of infections in which the haemolytic streptococcus was demonstrated on blood culture (excluding cases in which generalized peritonitis was also proved)	28	11	40	21	9	20
(e) Total number of infections in which generalized peritonitis was proved to be present (excluding cases with septicaemia)	18	15	83	1	0	Nil
(f) Total number of infections in which both septicaemia and generalized peritonitis were proved to be present	16	16	100	1	1	100

Table I *(a)* shows that the gross mortality in the 1934–5 group was 20 per cent compared with a mortality of 4 5 per cent in the 1936–7 group The reduction in the mortality rate during the period when the new drugs were used is very striking In their original reports Colebrook and Kenny considered the significance of these improved results and were cautious in attributing them entirely to the treatment with the new drug They drew attention to the fact that there had been a progressive fall in the mortality rate from haemolytic streptococcal infections admitted to the North Western Fever Hospital London in spite of the fact that the new treatment was not used in that hospital, and they quoted Mr James Wyatt's figures in this connexion They pointed out, however that the fall in mortality rate at the North-Western Fever Hospital had been progressive over a number of years whereas there had been no such progressive fall at Queen Charlotte's The fall from about 20 per cent to 4 7 per cent which they quoted from Queen Charlotte's was abrupt and coincided with the introduction of prontosil into the scheme of treatment

* Read in opening a discussion in the Section of Obstetrics and Gynaecology at the Annual Meeting of the British Medical Association Belfast 1937

b scuits It may be mentioned that should the operation be timed for later in the day light meals can be taken until as late as possible—say, until three hours before Hunger is bad and starvation may lower the liver glycogen

Small children will as a rule sleep well with a certain amount of coaxing, but if their surroundings disturb them, and especially if they know they are to have an operation, sleep may be impossible without help Chloral is a useful sedative in doses of 1 grain for each year of life, with syrup aurantii 30 minims and water to 1 drachm

Premedication

Several factors need to be considered in deciding what drugs to use for premedication—the temperament of the patient, his general condition, and the anaesthetic it is proposed to employ The indications for some form of pre operative sedation fall into two categories The first is the removal of the unpleasant sensation of being taken conscious to the theatre and there being anaesthetized with something evil-smelling over the face Even the placid who seem to approach operations with equanimity may suffer much mental distress, while with nervous patients the removal of this dread may be an important factor in the success of the operation A pre-operative sedative will also reduce the amount of inhalational anaesthetic required, and if suitably selected will make it possible to conduct an operation under nitrous oxide and oxygen when this would otherwise be impossible It will reduce considerably the amount of ether required in deep anaesthesia for upper abdominal operations It is necessary, however, to exercise judgement in the selection of cases and in the amount of sedation employed The action of the drugs used is long and cannot well be reversed once they have been administered The disadvantages can be summarized as follows

1 The possibility of the airway becoming obstructed as the jaw relaxes, a condition made less obvious by the quiet respiration necessitates skilled watching after administration

2 The depth of narcosis, at first satisfactory, may, if shock develops, become dangerously deep

3 In such cases insufficient aeration may be present afterwards from respiratory depression, although this may have been controlled during the operation This, too, makes skilled nursing necessary

4 Such a period of reduced pulmonary ventilation will tend to increase the risk of respiratory complications, while a prolonged absence of the cough reflex may have the same risk

5 The possibility of derangement of liver function by barbiturates, and possibly by avertin, in cases of hepatic insufficiency

Unless he has some experience in pre operative medication the anaesthetist would do well to keep within the recognized scale of doses—or below, when age, weight, or feebleness suggest caution In any event sedation should not be pushed to the stage of full anaesthesia (evipan and pentothal are not now being considered) but this should be completed by some inhalational method more under minute-to-minute control Some obstetricians consider it unwise to give anything but atropine before Caesarean section because of the depressing action on the foetal respiratory centre

Atropine

The most commonly used drug is atropine It decreases the secretion of mucus and paralyses the vagus thus diminishing one of the dangers of chloroform It has no sedative action For patients over the age of 2 years the dose is grain 1/100 Below this age it should be prescribed as follows up to 6 months grain 1/300, 6 to 12 months grain 1/200, 1 to 2 years grain 1/150 Atropine should be given in all cases except in operations of only a few minutes duration and in those in which hyoscine is being used (hyoscine has a similar action to atropine in reducing secretion) Hyoscine is better substituted for atropine in cases of hyperthyroidism in view of the metabolic stimulation of atropine

Morphine and Hyoscine

Pre operative sedatives fall into two categories those producing drowsiness and amnesia, and those producing unconsciousness The first category is represented by morphine and hyoscine, which together form an extremely good combination The standard dose for adults is morphine grain 1/6 to 1/4 hyoscine grain 1/150 In some cases the patients will be asleep when the anaesthetic is started, but short of this there will be drowsiness and absence of anxiety and afterwards a partial or complete amnesia Omnopon gives rather better results than morphine the usual dose—grain 1/3—is the equivalent of rather more than 1/6 grain of morphine

There are few contraindications but some drawbacks In view of the respiratory depression—not great, however, and usually more noticeable during the anaesthetic than before—pure chloroform should not be used and avertin is better avoided For the same reason open ether is sometimes more difficult to give The shallow breathing and tendency to apnoea make it difficult for a sufficient quantity of anaesthetic to be introduced The signs of anaesthesia are less obvious and the anaesthetist may be misled by a condition similar to chloroform sleep But with experience this can be overcome Carbon dioxide is a valuable help These objections apply to all pre operative sedation and make the use of some form of closed anaesthesia with its greater control of respiration desirable

Morphine and hyoscine are safe, and will be found the most suitable agents for routine use before general and spinal anaesthesia The doses recommended here are as a rule sufficient but may be exceeded in suitable cases The injection should be given one hour before the operation and preferably with the patient on the stretcher or trolley The room should be darkened and kept quiet, as with all forms of sedation The action of morphine and hyoscine may be supplemented by an intravenous injection of one of the short-acting barbiturates—evipan or pentothal—which should be given immediately before induction of the inhalational anaesthetic and should be pushed to the stage of profound sleepiness just short of surgical anaesthesia When either of these two drugs is to be used as the main anaesthetic a similar injection of morphine and hyoscine will be found to improve the anaesthesia and reduce the dosage

Basal Hypnosis

Paraldehyde is the safest basal hypnotic In normal doses it does not depress respiration and the cough reflex is not abolished Since it is excreted in the breath it has no effect on liver or kidneys Its smell is noticed least by the patient It is administered in ten times its bulk of saline as a rectal injection with the patient on the left side The standard dose is 1 drachm per stone of body weight and should be given one hour before operation Young children, the elderly and the sick should receive about 20 per cent less Results are good but conscious

of the organisms to generalize the infection and the issue is often in the balance for some days Unless laparotomy is performed, post mortem examination is the only way in which a certain diagnosis of 'generalized or 'generalizing (as opposed to localized or localizing) peritonitis can be made The frequency and the readiness with which laparotomy has been employed at Queen Charlotte s Hospital has varied from time to time, so that the opportunities for proving a diagnosis of generalizing or 'generalized peritonitis have also varied It is not necessarily of significance, therefore, that there were thirty four such cases in 1934–5, against two cases in 1936–7 Changes in proved post mortem findings are, however, significant In the 1934–5 group (210 patients) generalized peritonitis was found post mortem in twenty nine cases In the 1936–7 group (157 patients) it was found post mortem in only one case The relative rarity of this proved necropsy finding in the latter group must mean either that the invasiveness (virulence) of the prevalent streptococcus was very much less in the 1936–7 group or else that the new chemotherapy was very effective in preventing the widespread dissemination of the infection

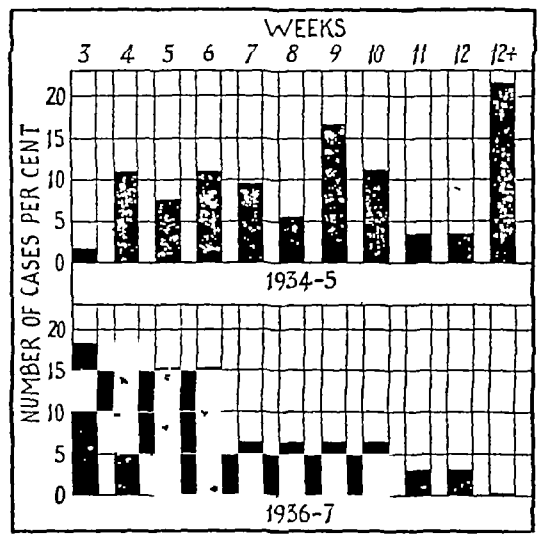
Results from the New Chemotherapy

It is clear from the above analysis that since the introduction of the new chemotherapy there has been a very great improvement in the results obtained at the isolation block of Queen Charlotte s Hospital The improved results are demonstrated (1) by a considerable fall in the total mortality rate, (2) by a reduction in the proportion of cases in which the infection spread beyond the limits of the birth canal and by the relative infrequency with which an inflammatory mass developed after treatment had been instituted, (3) by a significant fall in the mortality rate in cases of proved septicaemia associated with a relative decrease in the proportion of severe cases of septicaemia, and by a fall in the incidence of septicaemia developing after the treatment had been instituted, and (4) by the relative infrequency with which generalized peritonitis has been found post mortem There is no doubt about these facts There is some doubt about their meaning

Although they can be explained by assuming that the new aniline derivatives have supplied a highly effective remedy for haemolytic streptococcal infections most of them can also be explained by assuming that the virulence of the haemolytic streptococcus has diminished spontaneously in the period during which the new drugs have been employed There are few features revealed by the results so far discussed that cannot be accounted for on either hypothesis These good results are mainly an expression of diminished invasion of tissues (including the blood stream) by the organisms This may be the result of increased resistance on the part of the tissues—that is it may be due to the chemotherapy—or it may be due to diminished virulence of the organism itself It is a matter of personal fancy which of these alternative explanations will appeal to any of us as individuals but the accumulated experience of the past shows that a fortuitous change in the virulence of a prevalent organism is no more improbable than the discovery of an effective chemotherapeutic substance

Is there any method apart from the test of time—and in this case the time must necessarily be many years—by which we can get evidence in this urgent question' Can it be shown that in non fatal cases where invasion of tissues has actually occurred the new chemotherapy is effective in hastening the resolution of the disease? The accompanying diagrams show the time taken for patients to recover sufficiently to be discharged from hospital in cases having a localized spread of infection outside the birth canal (as proved by the demonstration of an inflammatory mass in the pelvis or abdomen) Some such patients died from an associated septicaemia or general peritonitis All deaths have been excluded, and the cases have been grouped according to the number of weeks that elapsed between the confinement and the time the patient returned home The number of patients in each group has been expressed as a percentage of the whole

When the cases are arranged in this way it appears that there was a considerable shortening in the time of the average illness in the 1936–7 period as compared with the 1934–5 period If we take these diagrams at their face value the improvement during the period of chemotherapy cannot be accepted as evidence of diminution in the virulence of the prevalent haemolytic streptococcus during this period, because we are dealing only with cases with demonstrable invasion of tissues outside the birth canal and invasion of tissues is in fact the clinical manifestation of virulence To suggest that although the streptococcus of 1936–7 invaded the tissues in these selected cases it was less virulent than the streptococcus of 1934–5 which did precisely the same thing is to ignore what we know of the morbid anatomy of haemolytic streptococcal infections We know for example, that the virulence of the diphtheria bacillus depends upon its ability to produce a very potent toxin and not at all upon its power of invading tissues Clinical and pathological experience has taught us that the haemolytic streptococcus behaves in an entirely different way It kills the patient only in so far as it invades her tissues widely, and the conception of a relatively avirulent haemolytic streptococcus that invades tissues widely is a contradiction in terms that finds no support in practical experience



Diagrams showing the duration of the illness (interval between confinement and discharge from hospital) in non fatal cases in which an inflammatory mass was demonstrated beyond the limits of the birth canal The percentage distribution of patients is indicated by the height of the columns The results for 1934–5 are compared with those for 1936–7

Taken at their face value therefore the diagrams indicate that the shortened convalescence in the patients treated with the new aniline derivatives is to be attributed to the treatment rather than to another variable factor This is the most significant piece of direct evidence that I have

OPENING OF THE NEW SESSION

LONDON SCHOOL OF MEDICINE FOR WOMEN

MR EASON'S INAUGURAL ADDRESS

The inaugural address to students of the London (Royal Free Hospital) School of Medicine for Women was given on October 1 by Mr H L Eason M S, F R C S, Principal and late Vice Chancellor of the University of London with Miss Elizabeth Bolton the dean, in the chair Mr Eason urged his hearers to keep ever before their minds an ideal of conduct and a lively care for the integrity of their professional life Medicine, though an honourable and trusted profession held out many temptations and few privileges

Citadels and Temptations

In medicine as in all other professions, there is a small minority with no principles who by their actions bring discredit on their profession out of all proportion to their number and lead the public to think that they represent the common code of honour among us In a recent novel such a group of happily fictitious practitioners in the West End have been pilloried and what has been written about them in a portion of that novel has overshadowed in the public notice the finer side of the profession which is displayed in the greater part of the book I personally think the medical profession and the public owe a debt of gratitude to the author of that novel for having disclosed to the public how the science and art of medicine may be and is on occasion prostituted for gain

I have always felt that if the question of payment could be left out of our practice we should all be in a happier and more independent position Throughout my professional career I have been more at ease in my hospital out-patient department, where money payments do not come into the picture than I have been in private practice It is quite true that the labourer is worthy of his hire and surely the man or woman who by skill and care saves life or relieves suffering is entitled to the reward of his skill But to those doctors whose moral fibre is not of the strongest the temptation to make money sometimes warps their conscience To get rich quickly and to make easy money out of the fear and apprehension of your patients is the most insidious temptation that you will have to meet To keep the narrow path between undercharging and undercutting on the one hand and on the other hand bleeding by excessive fees those who are in terror of pain is no easy matter

Specialism, General Practice, and Quackery

Another problem in medicine was specialization, which had its advantages from the point of view of expert technique and special experience, but had its dangers in the shape of narrowed outlook Unless the specialist kept his mind well open to the broader aspects of medicine and surgery he would inevitably tend to look at all disease from the point of view of his own specialty The good general practitioner had the widest outlook and the least prejudice Seeing his patients year in, year out their father confessor in many matters other than those purely professional he realized that he was dealing with human beings and not merely with cases He saw disease in its earliest stages and he also saw the progress of his patients through the hands of specialists and consultants and could better than anyone keep an unbiased outlook on the false claims and true between successful and unsuccessful treatment and between professional honesty and dishonesty The patient who had an honest general practitioner and who trusted him was the most fortunate of all and was the best served

In a reference to quacks Mr Eason said that the public had always a great belief in the unqualified practitioner and in medicine, as in sport, preferred the amateur to the professional He was free to advertise, and his failures seldom came to light He got his living from two classes of society The idle and ignorant rich frequented the osteopath, the chiropractor, and other miracle mongers and the ignorant poor patronized the herbalist In between them the solid business and professional classes trusted their doctor as they trusted their lawyer, their stockbroker, and their other professional advisers

It is true that from time to time unqualified persons evolve methods of treatment that are subsequently taken up by the medical profession but these unofficial discoveries are not peculiar to the profession of medicine The amateur has often made discoveries in other branches of science and knowledge discoveries not foreseen by the trained scientist but this is not necessarily derogatory to the profession I would advise you however that throughout your career you should keep your eyes and ears and especially your mind open to any new trend of thought or method of treatment however unorthodox its source Try it out fairly and if after due inquiry you find it sound make use of it

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MIDDLESEX HOSPITAL ANNUAL REUNION

A company of more than three hundred past and present members of the Middlesex Hospital Medical School met at the Savoy Hotel on Friday, October 1, the occasion of the annual reunion dinner Dr Douglas McAlpini, neurologist to the hospital, presided over a very happy gathering Mr E W Meyerstein, a generous supporter of the hospital and the medical school, whose gifts have totalled many thousands of pounds, was unable, owing to doctor s orders, to attend He however sent a cheerful telegram, and two of his most recent gifts were gratefully acknowledged during the evening

In proposing 'The Middlesex Hospital and Medical School, the Chairman mentioned the loss sustained by the hospital during the past year through the death of Sir John Bland-Sutton, to whom he paid a special tribute Future generations of Middlesex men would think of Bland-Sutton not only as the donor of the Institute of Pathology but as the man who had set a standard of achievement which would be an inspiration for all time Time was responsible for the retirement during the past year of Dr R A Young for thirty five years a member of the staff and one who had risen to high office in the College of Physicians, also Mr W Sampson Handley, who had acquired an international reputation in respect to the treatment of cancer and had helped to place the hospital in the forefront of the campaign against that disease Discussing the hospital s progress the Chairman said that the new radiotherapeutic department, although not officially opened, was already receiving patients It was he thought the finest department of its kind in the country It had been made possible by yet another magnificent gift from Mr Meyerstein The treatment of cancer in that department would bring relief to hundreds of sufferers and even cure some The new hospital was now complete, although over 100 beds remained unopened, and there was urgent need for fresh additions to the school buildings

The toast was responded to by Mr Richard C Davis (Chairman of the Medical School Finance Committee) Dr H E A Boldero (Dean of the Medical School), and Mr E M Japha (senior Broderip Scholar) Mr Davis was able to report that the income of the school was satisfactory and took the opportunity to express gratitude to the Medical Research Council and the British Empire

is by far the most potent and it tends to invade the deeper parts of the follicle giving rise to that distressing lesion known as the boil or furuncle Furthermore should the cutaneous cells become at any time sensitized to one of these infective agents the lesion will assume the well known characteristics of an eczematous eruption

Some other points in the aetiology of these affections must be indicated Besides the obvious factors of debility and bad hygienic surroundings there are others that make certain persons specially liable to infections of this kind In the view of most dermatologists the seborrhoeic subject is particularly susceptible and herein doubtless heredity and habits play their respective parts - Whereas the skin of a person in perfect health is remarkably free from germs in the case of the seborrhoeic person the wide-open lumina of sebaceous follicles generally teem with the acne bacillus the pityrosporon and the *Staphylococcus albus* Although these are usually benign in character they undoubtedly prepare the soil for invasion by more active organisms The scalp is a region particularly affected in this manner hence infection can readily spread by contact from it to the external ear Again in my experience the fair skinned person is more liable to skin eruptions than the dark and to exhibit any allergic manifestations

Another factor is the initial lesion in the skin surface that allows the entry of organisms This can be brought about in many ways—for example from irritation caused by dirt about the crevices and folds of the auricle wax in the meatus or a chronic suppurating discharge from the middle ear Direct injury also plays its part, and we have all seen the result in a perichondritis of the pinna or a spreading erysipelas after plastic operations on the cartilaginous meatus Perhaps however the commonest cause of the initial lesion is the imprudent use by the patient himself of a finger nail a match stick or some such implement to remove wax from his ear or to allay an irritation set up by the latter or consequent upon the local congestion produced by a chronic tubal and middle-ear catarrh themselves the result of some irregularity in the nose or nasopharynx The medical attendant too may be to blame as when he uses too irritating a fluid or makes unskilful attempts to extract a foreign body from the meatus and without due care for asepsis Finally let us mention in passing since we cannot discuss them here such obscure aetiological factors as age incidence heredity environment, immunity cell sensitization the allergic condition and the virulence of the invading organism and its saprophytic or parasitic qualities

Varieties of Otitis Externa

We can now enumerate the commoner clinical varieties of otitis externa and mention a few of the more important details which help us to recognize them

OTITIS EXTERNA CIRCUMSCRIPTA OR FURUNCLE

A furuncle begins in a pilo-sebaceous follicle hence this lesion is confined to the outer or fibro-cartilaginous portion of the meatus The causal micro organism is usually the *Staphylococcus aureus* or *albus* although occasionally a pneumococcus may be found It is an acute condition beginning as a tender spot quickly followed by pain and tenderness which may become of an e cruciating character There may be one furuncle or more than one and there is a great tendency to recurrence If we can see the actual localized swelling or swellings in the meatus and at the same time a tympanic membrane that shows little or no acute signs of inflammation the diagnosis is easy and certain This however is not so in severe cases or in those associated with an eczematous condition when the swelling may be so great as to close the canal and prevent a view of the tympanic membrane Then the case may be mistaken for one of acute mastoiditis with perimeatal oedema or, especially if the inflammation has spread to surrounding structures behind the ear oedema or even an abscess over the mastoid region In such cases an anaesthetic may be necessary to allow of adequate inspection of the drumhead or of an incision being made over a post auricular swelling in order to determine whether the pus is superficial or deep to the periosteum Furthermore, we must not forget that a furunculosis may coexist with an acute mastoiditis or be confused with a parotid abscess that has discharged into the meatus

OTITIS EXTERNA DIFFUSA

This also is an acute condition and comprises a number of different infections The signs and symptoms resemble those of furunculosis but are generally more severe and the canal in its entire length is more or less inflamed The invading organism is usually a streptococcus (sometimes the erysipelas variety) or it may be the *Bacillus pyocyaneus* the Plaut-Vincent organism or very rarely that of diphtheria In many of these infections the acute diffuse meatitis affects the surface of the tympanic membrane as well as the walls of the canal and may be recognized in its various stages—namely, first a stage of desquamation with superficial swelling and serous discharge secondly a stage of deep swelling involving the perichondrium and thirdly a stage of suppuration Many textbooks still mention a croupous form of otitis externa in which a coagulated fibrinous membrane is repeatedly thrown off in the form of casts of the inner part of the canal and drumhead Its aetiology was never definitely known and it is doubtful if it is now ever seen A true diphtheritic membrane however, remains a possibility and although exceedingly rare it should be borne in mind whenever a diffuse otitis externa appears without obvious cause in a child who has a diphtheritic affection in the nose or throat

OTITIS EXTERNA MYCOTICA (OTOMYCOSIS)

Various fungi may gain entrance to the external auditory canal and there set up inflammatory reactions Among them may be mentioned the pityrosporon and the aspergillus The former is said to be perhaps the commonest cause of an infective meatitis This may appear clinically as no more than a non inflammatory scaliness comparable to ordinary dandruff of the scalp It may however be followed by a definitely inflammatory seborrhoeic dermatitis Its importance lies in the fact that it seems to prepare the way for further invasion by other organisms—for instance by the *Staphylococcus albus* and *aureus* which may lead to meatal boils or by the streptococcus which is likely to produce impetiginization with fissures at the angles of the meatal orifice (Barber) Eczematization also readily occurs

In the case of the aspergillus the fungus may simply inhabit the meatus without causing any morbid changes in the tissues upon which it grows thus giving rise to no symptoms except perhaps a slight impairment of hearing If however the tissues become invaded the mycelia perforating the lining membrane of the bony canal and the skin covering the drum membrane an acute inflammatory process arises The germ appears to require warmth and

had acquired, through the generosity of Mrs Meyer Sassoon, a high-voltage *x*-ray apparatus whose maximum output was a million volts There had been certain changes in the governing body Lord Stanmore had resigned from the office of treasurer, which he had held for sixteen years During the last few days the clerk to the governors, Mr Thomas Hayes, who had served the hospital for thirty-two years, had retired he had endeared himself to all by his personality and had maintained cordial relations between the medical staff and the governing body From the staff Mr R C Elmslie had retired at the beginning of the year, and Professor H H Woollard had gone to University College They had to congratulate Mr Girling Ball on being appointed dean of the Faculty of Medicine in the University of London, which had recently increased its annual grant to the school by £3,000 Congratulations were also due to Dr Robb Smith on his appointment as assistant director of pathology at Oxford, and to Mr W E Underwood on winning the Jacksonian Prize for 1936 and on being appointed subdean of the College Dr Hinds Howell also referred to the loss St Bartholomew's had sustained in the deaths of Mr T Just and Professor E H Kettle Work was, he continued, now in full swing in the new building, but he would like to remind them that they still owed the Merchant Taylors Company something like £60 000 Much yet remained to be done for the *x*-ray department, and Bart's was still without a private patients block They were in need of a residential college, at a cost of £50 000 They urgently required money for research Altogether at least £250,000 was necessary to put the hospital on a sound footing, and he hoped that benefactors would help them to solve this financial problem

The health of the guests was proposed by Mr Reginald Vick and responded to by Mr George Aylwen and a pleasant evening was drawn to a close by Mr R Foster Moore who proposed a toast to the Chairman, which was received with acclamation

Dr Wilson in his reply, said that the pleasure he enjoyed as dean was not so much as a result of any success of policy, but rather as a result of the careers of those whom he had been mainly responsible in bringing to the medical school It was interesting to find now some justification for the games policy inaugurated in 1920 in the interests of the boys who, after leading healthy outdoor lives, had been dumped down in a great city It was difficult to explain the vehement opposition that had been stirred up in the breasts of some of the other schools They at St Mary's had been accused for years of taking too much exercise, but now in the physical fitness campaign the whole nation was being told that it did not take enough, and elderly gentlemen who had given up their lives to the acquisition of wealth were busy in the Press and on the platform explaining to the proletariat how really essential exercise was to a sound healthy life and sane outlook

Responding to the toast of his health, Mr Zachary Cope said there was a great sentiment of loyalty to St Mary's, but they would need that spirit of 'sticking together more than ever in the future They were at the moment on the crest of a very big wave, in every department there was progress and excellent and amicable relations existed between the School and the Board under the chairmanship of Colonel Verey, who with his fellow members, was most helpful in every way Paying tribute also to Colonel Parkes the house governor and to the dean of the school, Mr Cope said that with such people at its head St Mary's would continue to prosper, but, unless there was maintenance of the sentiment which had animated those concerned in the past the future would hold many problems The State was going to take an increasing part in all their doings It was necessary in order to be able to withstand the attacks not only on hospitals but on medical schools, that there should be a feeling of loyalty throughout every institution He believed St Mary's would weather the storm, standing as one united hospital four-square to all attacks

ST MARY'S HOSPITAL

Past and present students of St Mary's Hospital Medical School met to dine at Claridge's on October 2 Mr V Zachary Cope surgeon to the hospital, presided

Dr M W Lloyd Owen in proposing the toast to 'St Mary's Hospital Medical School said that he had the highest admiration for the way in which Dr C M Wilson, whose name he coupled with the toast had devoted his life to the welfare of the medical school Outward and visible signs of Dr Wilson's achievements were to be seen in the medical school building itself and more recently in the magnificent ground at Teddington, which had been used that afternoon for the first game of the rugby football side Generally in the sphere of athletics the school had held its own The hospital itself had recently made distinct progress Evidence of this was to be seen in the new nurses' home and the pay-block The Lewis Carroll ward for children, consequent on a magnificent gift by Mr Harben was rapidly nearing completion It would contain twenty-two ordinary cots, and the very important provision of four observation cots, which would prove a godsend to the harried house physician in dealing with the difficult problem of the child in casualty with pyrexia They were all now looking forward to November 10, when the Queen was to pay the hospital a visit and open the pay-block Dr Lloyd Owen also paid tribute to the generosity of Mr Meyerstein in providing a research dental laboratory, and, concluding on the note on which he had begun said as long as the hospital had a man of such character and foresight as the dean at the helm to guide its endeavours there need be no fear as to the future

NATIONAL HEALTH CAMPAIGN

INAUGURATION BY THE PRIME MINISTER

The Prime Minister, Mr Neville Chamberlain inaugurated the national health campaign at a reception held by the Central Council for Health Education at the London School of Hygiene and Tropical Medicine on the night of Thursday, September 30 Sir Kingsley Wood the Minister of Health presided at the meeting and Mr Arthur Greenwood, Lord Horder M D Sir Percy Harris, and Mr H J Scrymgeour Wedderburn Under-Secretary of State for Scotland, also spoke in support of the campaign Those on the platform included Lord Stanhope, President of the Board of Education, Lord Addison, M.D, Dr James Fenton, Chairman of the Central Council, Lord De La Warr, Lord Kennet, and Lord Aberdare. The Prime Minister was received by the Mayor of Holborn, the Dean of the School (Professor W W Jameson, M D) and Dr Fenton Lord mayors, mayors, chairmen of county councils chairmen of district councils representatives of the medical profession, and others interested in the work of the health services were present at the reception

MR CHAMBERLAIN'S ADDRESS

In the course of his speech which was broadcast from the library on the National wave-length the Prime Minister said-

To understand what moves us to this effort we must think not of the national health as an impersonal abstract thing but of the people who compose the nation, the fathers and mothers who carry the responsibility of bringing up a family, but to whom, unless they have health,

"BUTTONHOLED" EXTENSOR EXPANSION

BY

D L C BINGHAM, F R C S Ed

AND

E A JACK, F R C S Ed

Clinical Tutors Surgical Out patient Department Edinburgh Royal Infirmary

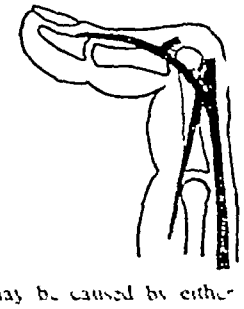
Injuries to the tendons which govern the delicate movements of the fingers are all potentially serious as regards subsequent function and each particular injury demands its own appropriate treatment Certain of these injuries are rare and therefore when they occur may not be recognized Delay in their treatment frequently leads to disability which may be avoided or at least minimized by immediate repair

It is because of the rarity of buttonholed extensor expansion and the necessity for operative repair that we wish to draw attention to the condition During the last year we have seen three cases of this injury amongst a large number of conditions of the hand and fingers

The extensor tendon to a finger as it reaches the metacarpo phalangeal joint spreads out into an apo neurotic sheet which covers the proximal phalanx and divides into a central and two lateral bands The central band is inserted with the dorsal ligament of the proximal interphalangeal joint into the base of the middle phalanx The lateral bands pass distally one on each side of the proximal interphalangeal joint and then converge to be inserted with the capsule of the distal interphalangeal joint into the base of the distal phalanx The interosseous and lumbrical tendons pass from a more volar plane to fuse with these lateral bands just distal to the metacarpo phalangeal joint

Aetiology

'Buttonholed extensor expansion is an injury which consists essentially of a rupture of the central band of the tendinous expansion as it passes over the proximal interphalangeal joint The two lateral bands are thereby deprived of their supporting intercommunication and when flexion occurs at this joint they dislocate volarwards one on either side of the joint the displacement being increased by the pull of the lumbrical and interosseous tendons At the same time the head of the proximal phalanx protrudes through the rent in the central band and capsule (see figure)



The injury may be caused by either direct or indirect types of trauma

A Direct Trauma—(1) A cut wound over the flexed proximal interphalangeal joint may divide the central band of the extensor and the lateral bands being protected by the convexity of the knuckle (Case 1) (2) A sharp blow over the flexed knuckle may be sufficient to divide the central band by nipping it against the head of the proximal phalanx (Case 2)

B Indirect Trauma—Sudden forced passive flexion occurring in an actively extended finger with the extensor tendon taut may rupture the central band just proximal to its insertion into the base of the middle phalanx (Case 3)

Clinical Features

The clinical features of these cases are easily recognized There is a history of trauma The proximal interphalangeal joint is swollen and tender and the finger assumes the characteristic attitude of extension at the distal and flexion at the proximal interphalangeal joint If extension of the finger is attempted hyperextension of the distal phalanx occurs but as the lateral bands have passed forwards to the volar side of the axis of the joint and the central band has completely lost its purchase on the middle phalanx slight increase in flexion takes place at the proximal interphalangeal joint Passive extension is usually almost complete and the position can be maintained but not against resistance and as soon as flexion occurs the finger becomes once more fixed in the position of the deformity

Treatment

The treatment is straightforward and should be undertaken immediately Delay leads to lengthening of the central band by fibrous tissue and liability to the subsequent loss of full extension Under a local anaesthetic the tendon is exposed through an L shaped incision The head of the proximal phalanx presents through the tear in the central band and the displacement of the two lateral bands is obvious The finger is straightened and the metacarpo phalangeal joint flexed and after approximating the torn edges of the central band with fine interrupted sutures the two lateral bands are splinted back with one or two transverse sutures passing from one to the other across the central band This counteracts the pull of the lumbricals and interossei and prevents the forward displacement The wound is closed and the finger fixed in full extension in a light plaster for four weeks Thereafter a short course of active exercises soon re establishes mobility

Case Histories

Case 1 (male aged 15)—While sharpening a scythe the patient received a small cut over the proximal interphalangeal joint of his right index finger The finger became flexed and he was unable to straighten it Ten weeks later he was seen because of persistent deformity and loss of extension Operation revealed a rent in the central band and dislocation forwards of the lateral bands the gap being filled with scar tissue This was dissected out and the tendon repaired with waxed silk thread The finger was splinted in extension for sixteen days and then active movements were started Six months later there is still 45 degrees limitation of extension though movements through the rest of the range are free The disability is no doubt due to an insufficiently long period of immobilization after operation with subsequent stretching of the suture lines The result is not satisfactory and further repair has been advised

Case 2 (male aged 81)—This patient was knocked down by a motor car and received among other minor injuries a sharp blow across the knuckles of his right hand The skin was not broken but he found he was unable to straighten the index finger which presented the typical features described Operative treatment was carried out three days after the injury and fixation of the finger was maintained for four weeks Two weeks later extension was limited by only 10 degrees while flexion was limited by about 15 degrees As there was considerable disability from arthritis in the other fingers the result was considered good

Case 3 (male aged 71)—The middle finger of this man's right hand was caught in the fastening of a coat as it

and mainly through the local authorities, who have responded to the idea of the campaign with the greatest enthusiasm Each month is to be devoted to some special subjects so as to obtain the greatest amount of concentration Thus October will be given to a general introduction, November and December to maternity and child welfare services including ante natal clinics, January to the school medical and dental services and to milk in schools, February to tuberculosis and venereal diseases Up to this point we shall be dealing with services designed either to cure or, better still to prevent disease But in the last month of our campaign we shall come to the latest but not the least important of all our efforts to promote the national health I mean our new plans for stimulating and encouraging physical development Here we shall be dealing not only with school children but also with young people who have left school and are passing on to maturity I am afraid that in this matter of physical development some other nations, and especially Scandinavians have got ahead of us but now that we have realized its importance I am confident that we shall not be long in making up for lost time and showing that *we do not mean to be left behind And so in March* the National Advisory Council for Physical Training will take up the theme describing the new facilities for physical exercise and recreation and demonstrating how it can contribute to the enjoyment of life and to greater efficiency of mind and body

LORD HORDER'S SPEECH

Lord Horder discussed the doctor's part in the national campaign for a healthier Britain and emphasized the importance of enlisting the aid of hospitals provident associations and every other health agency, in addition to the health services proper

There is no question of the willingness of the doctor to help But when I think of how the doctor can help I am faced with a less easy task The doctor, of course can give lectures demonstrations, answer questions at public meetings He makes himself familiar with the health services, and does his best to see that his patients avail themselves of these services But the best things he does are not these The best things are the things that enter into his daily routine whether he be what is called a general practitioner or a specialist The doctor works at the periphery Your health services—and I agree with the Prime Minister that they are the best in the world—operate in the centre It is the doctor who makes contact with the human material for whose benefit the health services exist It is the doctor who deals with the individual As the Prime Minister has stressed, it is to the individual that this appeal must ultimately be made That is if you have decided as thank God you have, to achieve national fitness without regimentation

The Doctor a Vital Link

"At the periphery there are difficulties which the centre does not always experience To get your benefits across, the doctor provides a link that is vital He more than any one else knows if the machine really works and where if it does not the trouble really lies Too often the doctor finds the individual muted by worry He finds him static in regard to his own interests in the matter of health finds him bewildered, it may be, by the mass of official chits and sanctions find him hostile at times How wise you are Mr Prime Minister to invoke the aid of the doctor The doctor has this tremendous pull—he is the friend of the man woman and child you seek to help and he has their entire confidence

But the doctor was human and needed encouragement continued Lord Horder The fight was not only waged against disease and unfitness but also against economics He was thinking not only of the excellent army of medical officers of health but of Drs Smith Mackintosh Jones the rank and file holding the field

Need for a Wider Appeal

"If your call to the nation to better health is limited to a fuller use of the health services the response will fall short of your desire You Mr Prime Minister, and your colleagues have I know, some reason for concentrating on this aspect of the problem in the first instance, and I think you are right I think it is right to deal with the things we have and to see that they are properly used before dealing with things which may be for the moment visionary But you have promised us that you will enlarge this appeal not only in the direction of implementing the Act through which grants are being made towards physical training There is this basic matter of food, by which I mean enough food and the right food We doctors are deeply concerned and involved in this question

Lord Horder said that he was glad that it was recognized that there were a large number of agencies other than the health services proper which must be co ordinated in the service of the campaign The hospitals both voluntary and municipal the universities and research institutes the public medical services and the provident associations were the media through which the Prime Minister with his leadership, could enable the doctor to pull his full weight If he were to specify one medium more than another for ensuring an abundant return for the courageous efforts being made he would choose that of closer co operation and consultation between the local authorities and the doctors who were face to face with the domiciliary and individual problems relating to health

THE CAMPAIGN IN SCOTLAND

Mr H G Scrymgeour-Wedderburn M P, Under Secretary of State for Scotland launched the Government's national health campaign in Scotland by a broadcast talk on October 1 He said that Scotland had some special problems The people of Scotland were healthier now than at any time in their history, but although great progress had been made other nations had made even greater progress, for the Scottish death rate was higher than that of England and Wales and of several other countries while the infant death rate last year was 82, as compared with 59 for England and Wales There was far too much sickness among the people, and too small a proportion of men and women enjoyed the happiness that should come from perfect health The first problem in Scotland was maternity and infant welfare Next the problem of chronic sickness in the insured population was to be investigated by all the medical practitioners in the country Education of the public in healthy living was to be pursued with the help of the family doctor, welfare centres, schools and schemes for physical training and recreation The health services in Scotland, built up by the efforts of the Government the local authorities, and the medical profession and costing many millions of pounds every year had done great work, but they could do greater work still, and for this it was essential that the people should use those services to their fullest possible extent The Empire Exhibition which would be opened in Glasgow next spring would provide a rallying point for the progress of this health campaign in Scotland but if its results were to endure continuous patient effort was needed Doctors could help in sickness and could advise what should be done to keep well The organized community could provide decent social conditions and services but health remained very largely a way of living, and in the end it was for the individual to lead the healthy life

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Dr M von Pfaundler, professor of children's diseases at Munich and conjoint editor with the late Professor Schlossmann of the well known *System of Children's Diseases* has retired from his chair and been made emeritus professor

lesions My attention was drawn to one important factor the collars of these workers often become encrusted with a mixture of dried sweat and slaked lime which has a marked abrasive effect and often contributes to the development of lesions on the neck The frequent changing of the collar and the use of strips of lint however greatly reduce the damage

It is stated by Antonibon (*Bollettino di Oculistica* April 1931) that lime in the eye is damaging both by reason of the hydroxyl ion which causes colliquation of the corneal tissue and also by the action of the calcium ion which in the first place is adsorbed on to the protein particles It is likely that similar changes occur in raw areas of the skin created by and subsequently exposed to lime Therefore it is not surprising that such sores are slow to heal and this fact should incite one to use all possible preventive measures

Several reports have been received from employees describing the benefit they have derived from talc used in this manner

Clinical Memoranda

Epidemic Catarrhal Jaundice in School Children

A very interesting account of this disease written by Dr Lisney (1937) appeared in the *British Medical Journal* of April 3 last It referred to an epidemic in Leicestershire in 1936 Some further notes of an epidemic in Gateshead may be of interest The epidemic seems to be similar to the one described by Dr Lisney and to those referred to by Morgan and Brown (1927) in their account of the disease At first it was confined to the children in one school but now several other children have been attacked in various parts of the town Up to the present thirty-one children have been affected in the school in which the outbreak commenced and thirteen in six other schools

Incidence

Forty four cases have been investigated and all of them are children of school age except two children too young to go to school and one parent So far as I know this is the only adult who has been infected in the present epidemic Of the forty-one school children fourteen are boys and twenty seven are girls and the following table shows the age incidence

Age	Male	Female
5	2	3
6	2	7
7	3	5
8	–	4
9	4	5
10	1	2
11	2	1
Total	14	27

There were only two instances where more than one member of a family was infected In one of these a school child infected her younger sister and her father

The epidemic began on January 13 1937 and still continues (September 25) although fewer cases are now being notified There is no reason to suspect that the milk or water supply is at fault The public water supply is filtered and chlorinated and is above suspicion The school milk supply is pasteurized and conforms to the tests for pasteurized milk It is from the same source as in other schools which are not affected by the epidemic

All the evidence points to infection by personal contact It is difficult to estimate the incubation period The first child to contract the disease left school on January 13 and the second on January 26 After that cases occurred at intervals of three or four days until nineteen children had been affected Cases Nos 19 and 20 give some indication of the probable incubation period for No 19 left school on March 8 and No 20 (who could not have been in contact with No 19 after that date) contracted the disease on April 6 (twenty nine days after) which agrees with the period of one month given by Dr Lisney

Symptoms and Signs

All the cases so far have been slight The onset is gradual and at first the child complains of slight abdominal pain with sometimes nausea and loss of appetite After five or six days vomiting occurs this has been present in all cases and in many of them it was very severe There may or may not be a rise of temperature A day or two after the vomiting attack jaundice appears first in the conjunctivae and then spreading to the skin of the face neck trunk and limbs according to the severity of the illness In some cases it is limited to the eyes and face In severe cases there is itchiness of the skin When jaundice appears the faeces become very pale and the urine dark After about a week the jaundice disappears and the patient is quite well In nearly all the cases seen the patient when convalescent was stated to eat ravenously There were no complications

Bacteriological Investigation

The faeces of seven cases were examined but revealed nothing of importance except that in one case an atypical non lactose fermenting organism was found In this case the sample was taken before the appearance of jaundice The urine of two cases was inoculated into guinea pigs but in neither case did they show signs of jaundice and no leptospira were found Bacteriological examination of milk supplied to schools revealed nothing of importance

Summary and Conclusions

The present epidemic in Gateshead is similar to those referred to above The disease occurs chiefly in children aged 5 to 10 years and is spread by personal contact The incubation period is probably about four weeks The premonitory symptoms are often slight and during this period when the child is still at school he is apparently infectious to others, and it would seem advisable that during an epidemic all school children who have attacks of vomiting should be kept at home for four days to see if they develop jaundice

The above brief account of epidemic catarrhal jaundice at present attacking children in Gateshead is published in the hope that others may also give details of epidemics of the disease in their districts and particularly in the hope that some method of investigation may be suggested which would lead to the discovery of its causal organism

I am greatly indebted to Dr J Grant medical officer of health for Gateshead for permission to publish this short account of the present epidemic of catarrhal jaundice in that town

Bertram Sergeant M B B.S., B Hy.,
Chief Assistant School Medical Officer and Assistant Medical Officer of Health
Gateshead

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Local News

ENGLAND AND WALES

Tuberculosis in Wales—Committee of Inquiry

The Minister of Health has sent a letter to Lord Davies, as president of the King Edward VII Welsh National Memorial Association, announcing the appointment of a small committee of inquiry into the working of the arrangements for the prevention, treatment, and after-care of tuberculosis in Wales The appointment of this committee was foreshadowed by Sir Kingsley Wood during his recent visit to South Wales His letter states that Mr E Clement Davies, K C, M P, has agreed to act as chairman, and Dr F J H Coutts, C B, as the other member Dr Coutts was for many years a senior medical officer of the Ministry, and has had long experience of the administrative and other problems connected with tuberculosis The secretary of the committee will be Mr D J Wildgoose, Ministry of Health, Whitehall, S W 1 The terms of reference of the committee are

To inquire into the working of the arrangements for the prevention, treatment, and after-care of tuberculosis by local authorities in Wales and Monmouth through the agency of the King Edward VII Welsh National Memorial Association and otherwise and to advise whether any, and, if so what steps should be taken to improve these arrangements and in particular whether and in what respects the scheme made under Section 102 (3) of the Local Government Act 1929 for the Third Grant Period should having regard to the cost of public health services in Wales be amended

Tuberculosis in Manchester

The report for 1936 on the health of Manchester records that the notification and death rates for tuberculosis during the year constituted a low record figure Although notifications of non-pulmonary forms of the disease show a very slight diminution, the main decline is in pulmonary cases This decline has now been continuous for five years The report stresses the importance of proper treatment at the earliest manifestation of the disease Delay is especially noticeable in patients of the age group from 65 onwards Thus in this group there exist a large number of active, chronic tuberculous individuals who constitute a potential source of infection to their families Efforts are being made to secure the examination of contacts of such patients, especially the young adults The report deplores the valuable time lost because patients frequently resort to nostrums advertised in the lay press before visiting a doctor The clever pseudo-medical advertisements of these remedies are characterized as mischievous and dangerous Although the year was somewhat unfavourable for other respiratory diseases, the death rate from pulmonary tuberculosis was only 0 87 per 1,000 The effect of fog on persons suffering from pulmonary tuberculosis was very definite, with the coming of the first fogs the deaths from this disease increased rapidly For example, in the January and February fogs the deaths rose from an average of 14 during the preceding weeks to 15 18, and 20 per week Again, in two spells of fog in the autumn the figures of 16 and 24 deaths per week were reached The average weekly death rate for the whole year was 13

Health Aspects of Smoke Abatement

Coincident with the start of the campaign for improving the health of the British nation came the ninth annual conference of the National Smoke Abatement Society at Leeds last week In his presidential address on October 2 Dr H A Des Voeux urged the reiteration of the ancient Greek ideal of clean and open cities freed from slums on earth and polluted atmospheres He recalled that coal was not used in England before 1239, and that conditions had grown worse with advancing industrialism and inadequate sewerage Mr J E Acfield indicated the importance of considering the location of high-power electricity generating stations when residential centres were being planned He added that only three of thirty new buildings of any magnitude erected since April 1930, in the central area of Leeds used raw coal as fuel, and this had been brought about without the corporation having had to exert any pressure There were now in that city 4 200 new dwelling houses and cottage flats equipped with ranges specially designed for burning coke, and all buildings now being erected on housing estates were being so furnished Ventilation problems in such cases had as yet not been entirely overcome, and gas fires presented difficulties in this respect as well as in regard to the cost of gas Mr Charles Gandy, chairman of the executive committee, pleaded for smokeless zones in towns as being a primary obligation of the town planner Dr R Veitch Clark, medical officer of health for Manchester thought that the existing legal powers were not being utilized enough Only a statutory smoke board for a regional area could secure effective administration, and he called attention to the parallel in the case of joint river boards Dr Matthew Burn, deputy medical officer of health for Birmingham, discussed the work of statutory and advisory committees, pointing out that a great deal more could be done with the powers already available Close and effective co-operation with manufacturers would be of great value in achieving the objective of a cleaner atmosphere Councillor W Asbury chairman of the Sheffield, Rotherham, and District Smoke Abatement Committee, explained how research had rendered certain metallurgical processes nearly smokeless, low-temperature furnaces were only successful when using gaseous fuel and electricity, though progress had been made recently with the use of pulverized coal Dr W M Frazer, medical officer of health for Liverpool, mentioned the fear that smoke by laws might discourage new industries, and stressed the value of intensified education in respect of smoke abatement and fuel economy Successful classes were being conducted by the West Lancashire and Cheshire Regional Smoke Abatement Committee in collaboration with the Liverpool University School of Hygiene He thought that the mass rate of emission of pollution from domestic smoke required more forcible action, and that the time had come to organize a national effort to promote smoke abatement Dr J Johnstone Jervis, medical officer of health for Leeds, described what had been done in part of the West Riding as illustrating what could be achieved under the existing legislative powers, the greatest source of discomfort had been found to be the older and more obsolete coal-mining plants

AUSTRALIA

A Febrile Disease in Queensland

The annual report (1936–7) of the Walter and Eliza Hall Institute of Research in Pathology and Medicine, Melbourne, contains observations on what appears to be a new disease In the course of the last three years some thirty cases of febrile disease have been observed in Queensland The fever does not conform to any of the usual clinical types, nor has investigation along orthodox bacteriological lines established its aetiology The disease has been provisionally termed ' Q fever,' while Queensland rickettsial fever is also suggested as a suitable name The local investigator of the cases, Dr E H Derrick, found that a mild febrile reaction occurred in guinea-pigs inoculated with blood taken from a patient at the height of his fever This guinea-pig fever was indefinitely transmissible in the guinea-pig by blood or liver emulsion, but no pathological changes could be detected After recovery the animals proved to be immune both to infective guinea-

cannot be measured Most readers have heard of Schliephal e s successes when he first used short waves in local pyogenic infections Dr Cumberbatch has treated a relatively small number of cases of superficial disease with short waves and diathermy and has come to the conclusion that there appears to be very little difference in the results but in more deeply situated diseases short-wave treatment is definitely more successful Inducto thermy is the most recent of the electrothermic methods and it is proving to be the best method of inducing artificial fever as it is much safer and less irksome for the patient and safer for the operators The remaining third of the book is concerned with surgical electrothermic methods and includes a chapter by the late Dan Mackenzie on destruction of the tonsils by diathermy, one on the treatment of malignant disease of the upper air passages by Douglas Harmer and one by Kenneth Walker on electrothermic methods in prostatic obstruction

The book is illustrated by photographs and diagrams and has for frontispiece a portrait of Arsene d Arsonval now in his eighty sixth year who has happily lived to see the widespread application of diathermy and its far-reaching benefits resulting from his years of patient research work

THE SURGERY OF PAIN

La Chirurgie de la Douleur By R Leriche (Pp 428 18 figures 65 fr) Paris Masson et Cie 1937

This book by Professor René Leriche is an indexed monograph of some four hundred pages, dedicated to the memory of Charles Nicolle and based on twenty lectures given by the author in the College of France at the request of M Nicolle The preface which consists of fifteen closely printed pages pays tribute to the pioneers in the surgery of pain Horsley Weir Mitchell Abbé Spiller Frazier Cushing van Gehuchten Krause Thiersch Foerster Jonnesco and others In France Professor Leriche singles out three men who have made important contributions—namely Jaboulay Chipault, and Sicard He points out how pain varies according to the temperamental type of the afflicted subject and cites the different reactions seen during the great war in men of different nationalities The men of Napoleon s Grande Armée were apparently but little affected by the pain of their wounds and certain Cossacks during the great war remained quite quiet and unperturbed while they had amputations performed without the use of any anaesthetic Leriche distinguishes two varieties of pain one fixed and related to nervous innervation the other vague and ill defined and associated with vasomotor and trophic disturbances It is with this latter type that so much of his surgery of the sympathetic nervous system has been concerned

The nineteen chapters of which this monograph consists are devoted to pain in various anatomical sites and to questions of its relief Each chapter is made up of a series of sections with subheadings These are well separated from each other and each is complete in itself so that references in the index are readily found and are for the most part single The author states that because of the many complications following chordotomy he performed in 1925 a new operation section of the median commissure of the spinal cord but he has apparently overlooked the fact that Dr Greenfield at the National Hospital Queen Square had suggested this operation some time before this and in December 1926 the late Mr Donald Armour had performed it before the Hunterian meeting of the Society of British Neurological Surgeons which took place during that month in London All Leriche s work however has been less concerned with the somatic than the sympathetic nervous system and in this volume we find a very full survey of his many contributions

The book is written with all the vigour and enthusiasm of the director of the surgical clinic at Strasbourg Two of the most interesting chapters are those on angina and on the nature of physical pain Illustrations are scanty but for the most part clear and demonstrate the points made in the text We should like to have seen some more reference to the work of British neurologists and particularly to Mr Wilfred Trotter s contribution to our knowledge of peripheral pain Those interested in the afferent side of the sympathetic system cannot afford to overlook this monograph

HEALTH PROPAGANDA

Health Education of the Public A Practical Manual of Technic By W W Bauer B S M D and Thomas G Hull Ph D (Pp 227 illustrated 12s net) Philadelphia and London W B Saunders Co 1937

People in this country who devote themselves to advancing the cause of health must find interest from time to time in comparing their own methods with those adopted by workers in other lands who are engaging the same problem with equal sincerity but under conditions which almost inevitably, are widely different All such we feel sure will derive guidance together with some entertainment from the book on the health education of the public in which two distinguished members of the American Medical Association show how in their experience the population of the United States may be brought to realize the value of health We have found nothing in the book from which having regard to the differing circumstances we feel disposed to dissent We entirely agree that two health talks a day on the wireless are too much also that slovenly health exhibits are worse than no exhibits at all also that the personality of the missioner may often make or mar the message he seeks to convey We have been interested to learn that some health expositors in America test their pamphlets before issue on ten year old children believing that on this plan they are able to strike a standard which will be within the comprehension of any adult! Among other avenues explored are the public meeting the newspaper the cinema the lantern slide, and the magazine Under the title Miscellaneous Devices the authors refer with toleration though without enthusiasm to the plan of giving a child a shining blue button on which are printed the words I am Schicked Are you? We commend the book to all who have to do with adult health education

DICTIONARY OF APPLIED CHEMISTRY

Thorpe s Dictionary of Applied Chemistry By Jocelyn Field Thorpe C B E D Sc F R S F I C and M A Whiteley O B E D Sc F I C Fourth edition Vol I A B (Pp 703 (3s net) London Longmans Green and Co 1937

We welcome the first volume of the fourth edition of *Thorpe s Dictionary of Applied Chemistry* which is appearing under the editorship of Professors J C Thorpe and M A Whiteley This dictionary has been a standard work of reference for many decades and the need for an encyclopaedic book of this type has been increased by the rapid development of the subject in recent years The last volume of the third edition appeared in 1927 and two supplementary volumes were issued in 1933 and 1935 The new edition has been completely remodelled and rewritten It consists of monographs on selected subjects

Anaemia of Hepatic Cirrhosis

Sir—I was interested in the annotation (*Journal*, September 25, p 628) on the anaemia of hepatic cirrhosis especially in the statement that 'it seems unlikely that the part played by the liver is passive or that it acts merely as a storehouse for material elaborated in the intestinal tract Some years ago I showed that an important sequela of iron deficiency in pigs was a macrocytic anaemia associated with great destruction of the central areas of the liver lobules In extreme cases every lobule was affected and to the extent that the liver tissue remaining consisted of a single layer of liver cells at the periphery of the lobules Recovery was possible however, and there was the most dramatic rise in the percentage of haemoglobin and in the red cell count on the administration of even a single dose of liver extract (Incidentally I suggested that such cases be employed for the purpose of standardizing liver extract) I recognized at the time that such a result was presumptive evidence of the existence of a function by which the liver elaborated a 'forerunner substance' produced in the intestinal canal by the interaction of the intrinsic and extrinsic factors but that this point could only be finally settled by the administration of dried stomach tissue when a negative result would be expected to follow on the present hypothesis Unfortunately, for reasons which need not be gone into here, I have not had the opportunity of carrying this out, so that it must be left now to someone in more fortunate circumstances, or alternatively to those having at their disposal suitable cases of cirrhosis of the liver in human beings

The annotation goes on to say that "the mechanism of pernicious anaemia is more complicated than was at first realized I imagine that the unravelling of this complexity would be greatly facilitated by a recognition of the essential difference (and its implications) that exists between macrocytic and megalocytic anaemias Absence of liver agent in cases in which the marrow is organically sound and healthy leads to a macrocytic anaemia, a condition from which the patient can recover in pernicious anaemia, however, the bone marrow is organically diseased and functioning on an early primitive red blood cell formation basis—that is, a megalocytic one The absence of liver agent in this case (brought about as a consequence of the disease—on this point see, for example, Castle and Minot's book on the anaemias 1936) keeps the blood formation on this early basis with an inevitable fatal issue unless this substance is artificially administered when amelioration takes place, blood formation still however, remaining primitive and never becoming definitive in type The rationale of the views just expressed is fully discussed elsewhere (*Edin med J* 1935, **42**, 293) and space would not allow of its adequate treatment here—I am, etc,

Aberdeen Sept 25 J P McGowan

Giant-cell Tumours of Bone

Sir,—I sent Mr Osborn's letter with its criticism of surgery and ardent advocacy of *x*-ray therapy of giant-cell tumours to Dr T Campbell Thompson of New York, asking for his comments In order to be brief, I may say that his feeling is that the treatment by surgery is more reliable and causes less loss of function than treatment by x rays

In his opinion there has been something like 20 per cent loss of function in the joints treated by surgery as compared with 50 per cent or more in those treated by x rays I saw one case of a hip-joint in which there was entire loss of cartilage and joint space as seen in the *x* ray and almost complete loss of motion I saw one case of a giant-cell tumour at the ankle-joint in which the x-ray treatment was sufficient to arrest the tumour but caused such severe skin changes that a chronic intractable oedema of the foot developed which eventually required amputation All of our men here who have seen cases treated by x rays feel the same way—that the dosage required for arrest of the tumour is almost sure to cause irreparable changes in the joint close to which the tumour almost invariably lies The results from operation are quite uniformly good unless the operation is done carelessly and closure done poorly or if infection results

I think that Mr Osborn's letter is very well written, but he apparently is not sufficiently cognizant of the poor results and the complications of x ray treatment

I feel that this letter is worth bringing before your readers—I am, etc,

Oxford Oct 2 G R Girdlestone

Endotracheal Anaesthesia

Sir—Mr Cecil Joll, in a letter published on October 2, disagrees with Dr Ivor Lewis's article citing thyroid surgery as a contraindication to endotracheal anaesthesia. While the opinion of such an eminent thyroid surgeon must be regarded with the greatest respect, we would venture to suggest that it is not the view at present held by the majority of surgeons and anaesthetists in regard to operations for toxic goitre

It so happens that one of us (C L H) has statistics covering a series of 2,000 thyroid operations for toxic conditions only, of which more than 700 were performed by the other (G L K) Half of this total were performed under endotracheal anaesthesia and the other half were not, so that we thought the results might be of sufficient general interest to mention briefly

The first series covered the period from 1920 to 1928, and the anaesthetic technique employed was at first insufflation with air–ether and later endotracheal inhalation with nitrous oxide–oxygen and minimal ether These methods were usually preceded by local infiltration with novocain

The second series, which has just been completed, started in 1929 with the avertin–N_2O–O_2 technique Most of these patients had in addition an infiltration with 0·5 per cent novocain and 1/500,000 adrenaline, though about 200 had only adrenaline–saline solution The comparative mortality figures are as follows

	Endotracheal Anaesthesia	Avertin +N_2O–O_2
Immediate mortality	1 (0·1 %)	0
Remote mortality (up to seven days from operation)	28 (2·8 %)	13 (1·3 %)
Total mortality	29 (2·9 %)	13 (1·3 %)
Deaths due to respiratory complications	14	3

In one of the patients who died from respiratory complications in the 'avertin' series, a condition of advanced asbestosis was discovered *post mortem* and if this one be excluded it will be seen that the respiratory mortality was seven times greater in the endotracheal than in the 'avertin" series We have no figures for non-fatal respiratory complications, but they are undoubtedly much lower in the second series The same surgeons operated throughout, and the surgical technique has not altered appreciably during the relevant period

If reasonable gentleness is employed by the surgeon both ether and endotracheal anaesthesia are quite unneces

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THE HAEMORRHAGIC STATE

The fact of the clotting of shed blood is so much a matter of everyday common experience that it is accepted as a natural phenomenon without need for explanation though even lay people are aware that failure to clot may be followed by serious trouble in bleeders When the process is subjected to further investigation however it is found *to consist of a complicated series of physicochemical* changes the nature and sequence of which are by no means capable of clear description by physiologists When a break in the sequence occurs as the result of some inherent or added pathological defect a group of disease phenomena can be recognized known as the haemorrhagic state or haemorrhagic diathesis and a beginning of differentiation may be possible among this group Even without a clear pathological basis for differentiation a body of clinical experience has grown up empirically which enables a working classification to be adopted

The established facts of the physiology of blood coagulation are easily stated and are essentially those used by Morawitz in his theory of coagulation enunciated in 1904 The process consists of two stages first the formation of thrombin from its precursors and second the conversion of fibrinogen to fibrin under the influence of thrombin The precursors of thrombin are prothrombin calcium ions and a tissue element derived from the blood platelets or endothelial cells (thrombokinase cytozyme) Recent work has shown that trypsin and certain proteolytic snake venoms can replace the calcium and platelets and alone can activate prothrombin to thrombin In most of the theories of coagulation and they are numerous it is accepted that the prothrombin and calcium and thrombokinase unite chemically to form thrombin They and fibrinogen are all present in the circulating blood and one major difficulty in any theory of coagulation is to say why the blood remains fluid in the blood vessels It has been postulated that there is an antithrombic action of the plasma or that a protective substance is produced perhaps in the liver (heparin) In certain pathological conditions intravascular clotting may take place as a result of the agglutination of blood platelets at foci of irritation on the vessel walls More commonly there is extrusion of blood from the vessels into the tissues or to the exterior These conditions of increased bleeding may follow sepsis or be associated with jaundice with lack of vitamin C in anaphylactic states or may be idiopathic the last constituting the essential haemorrhagic states

The underlying pathological condition is by no means certain In some septic states there may be disorganized permeability of the capillary wall without alteration of the bleeding time the coagulation time or the precursors of blood clot in others these may be affected through changes in the bone marrow secondary to bacterial toxins or chemical poisons The importance of avitaminosis in scurvy is well known, and there are indications that a subscorbutic state may be present in many *patients owing to relative deficiency of vitamins* Recent work suggests that the bleeding tendency sometimes observed in jaundice may be due to deficiency of prothrombin while in states of anaphylaxis there is often a considerable increase in the antithrombic activity of the plasma In haemophilia in which the clotting time is delayed while the bleeding time is normal there is a delayed elaboration of thrombin apparently this is not the effect of a lack of thrombokinase but of an abnormal platelet stability or inhibition of thrombokinase production from the platelets Patients with thrombocytopenic purpura have a haemorrhagic tendency in spite of the fact that enough platelets are circulating to make the blood clot *in vitro* almost within normal time but the bleeding time is delayed and the clot formed retracts slowly

It will be seen that there are difficulties in expressing the underlying pathological states in this group of diseases and in opening the subject at the recent Annual Meeting of the British Medical Association at Belfast Professor L J Witts felt that more value would be obtained from the discussion if it were dealt with pragmatically His address is published in the *Journal* this week at page 689 In a critical discussion of modern advances of knowledge and of the recent literature of the subject Professor Witts is able to point out much valuable information that has accumulated particularly in regard to those haemorrhagic states which are secondary The great advance of the last decade in the haemorrhagic diseases has been the separation of scurvy as due to deficiency of vitamin C and the isolation and synthesis of vitamin C or ascorbic acid As is usual with any new and successful remedy it has been applied in the treatment of a number of diseases quite outside those of the haemorrhagic state Fortunately the

gruntled woman Perhaps the best method of deciding whether artificial termination of pregnancy would benefit a patient s health when the practitioner and consultant disagree would be for the doctor to take the opinion of a second independent specialist and abide by a majority vote —I am, etc,

STANLEY W WRIGHT, M B, M C O G

Newcastle, Staffs, Sept 29

SIR —I quite agree with Dr F M R Walshe's letter (*Journal* October 2, p 678) in which he states 'we may be thankful that in this country it [the Law] will never hand over to us the power of life and death over our future fellow-citizens' I have expressed similar views elsewhere, but feel that two types of case need consideration—namely, cases of rape and of incest Unpleasant as this subject is it must be faced, since these cases are more commonly followed by pregnancy than is generally realized Clearly in these cases it is against the interest of the State for pregnancy to continue and, in my view, with legal safeguards induction of abortion should be allowed —I am, etc,

London, W 1 Oct 3 JOHN H HANNAN

SIR —Dr F M R Walshe is surely wrong in holding that the nation would fetter itself with the chains of a potential medical tyranny if it allowed doctors to accede to any woman s request to have her pregnancy interrupted What is tyrannical is the present ruling that only seriously diseased women may legally have the operation It is a tyranny which a rapidly increasing number of women are determined to abolish, and which is openly deplored even by some Conservative Members of Parliament —I am etc,

London S W 15, Oct 2 B DUNLOP

Diagnosis of Ectopic Gestation

SIR,—The interesting paper by Dr W C W Nixon on aids in the diagnosis and treatment of ectopic gestation (*Journal*, September 18, p 579) recalls a method I adopted sometimes to confirm the diagnosis of ectopic gestation in doubtful cases As Dr Nixon says, acute tubal rupture with severe internal haemorrhage very seldom calls for any additional diagnostic measures The puncture of the posterior vaginal fornix is certainly, in the majority of cases, an appropriate means of confirming the diagnosis But because of the danger of infection or intestinal adhesions I should think it is not always safe unless immediately followed by laparotomy

The occurrence of shoulder pain is also a very useful sign, and the patient ought to be questioned about it, though in my experience most patients do not feel any such pain To induce this symptom by irritating the phrenic nerve I put the patient on the operating table in the Trendelenburg position, preferably under very light general anaesthesia If there was but a small extravasation in the pelvis some blood came in contact with the inferior surface of the diaphragm, and within a few minutes the patient started a regular singultus The hiccup stopped of course with deeper anaesthesia—for which chloroform was never used

In several cases in which I applied this test with a positive result the laparotomy showed an ectopic gestation with some extravasation into the pelvis and often only a trace of blood in the upper abdomen I have had no opportunity of trying the same test in cases of ascites in which I should think it would also be positive Whenever I find the peritoneal cavity containing free old blood I do not perform appendicectomy or any other operation on the gut, unless the need is urgent, because of the danger of infection of the peritoneum —I am, etc

London N W 6, Sept 25 H G LIEBMANN

Continuous Negative Pressure in Surgery

SIR —May I be allowed to compliment Mr M S Bennett-Jones on his well-thought-out paper on continuous negative pressure in surgery (*Journal* September 25 p 613) There are one or two statements, however to which he has committed himself I think unfortunately because while not really contributing to his argument, their accuracy is open to challenge If Mr Bennett Jones will consult my note on page 624 of the same issue he will see that the use of intercostal drainage by no means "entails the use of a small drainage tube The internal diameter of the cannula which I there describe is 10 mm

Then again, he says, "In narrow intercostal spaces the pressure of large drainage tubes *may* cause necrosis of adjacent ribs' One has also heard it said that necrosis of rib *may* occur after rib resection for empyema I suppose as a humble scientist I must admit that anything *may* happen but as a practical surgeon I do not consider that either statement need cause us any concern whether we believe in rib resection or intercostal stab Personally I believe in the latter as the first step at least in almost every case I am sure Mr Bennett-Jones is wrong when he says that 'it is better to resect a rib in all cases Even when he weakens so far as to say "in most if not in all cases' I think he is making a considerable over statement I could say much about the efficacy of the comparatively weak suction of the simple water seal method in drainage both of empyemata and of the chest after lobectomy, but I do not want to suggest that the stronger suction secured by Mr Bennett Jones is not an excellent thing too in more chronic cases it is admirable His presentation of the case for closed drainage of the chest could hardly be bettered —I am, etc

Liverpool, 1 Oct 1 JOHN T MORRISON

The Scope of Orthopaedic Surgery

SIR —I would like a ruling on a discussion as to the limits of orthopaedic surgery Do the following cases come under orthopaedic or general surgery? Gunshot wounds of arm all amputations' osteomyelitis, sarcoma of knee finger amputations, motor accidents to limbs, lacerations —I am, etc,

Grimsby Sept 23 S E DUFF

The Dangerous Area of the Face

SIR —In connexion with the annotation which appeared in the *Journal* of September 25 (p 629) may I point out that the venous or lymphatic anatomical peculiarities of the upper lip are not in themselves sufficient to explain the high mortality which attends complicated facial furuncles The lachrymal sac is much nearer to the cerebral veins and is often infected, yet the mortality is probably *nil*—at least I never saw or heard of a fatal issue To a lesser degree the same applies to hordeolum I remember seeing two fatal cases of thrombosis of the cavernous sinus following a hordeolum of the upper lid, but in view of the frequency of hordeolum the mortality must be nearly *nil* or at least very small indeed These are facts pointing to the solution of the problem The lachrymal sac is so situated that the action of the facial muscles in talking and eating does not affect it Only the orbicularis palpebrarum participates in the movement

only sixty six cases were admitted to the Port Health Authority's isolation hospital situated on the south bank of the river about a mile below the boarding station at Gravesend The boarding medical officers, of whom there is always one on duty night and day throughout the year, are comfortably accommodated on a hulk lying in the river at Gravesend and connected to the shore by telephone, so that wireless messages received from ships via the North Foreland radio station can be communicated promptly to the medical officers A sturdy ambulance launch with Diesel engines of some 200 horse power and capable of a speed of eleven knots, lies alongside the hulk ready to take the medical officer off to ships and to remove cases of sickness ashore. Strictly speaking the Authority is only responsible for the control of infectious disease, but because its officers are so readily available they are often called upon to give assistance to urgent cases of non infectious sickness and accidents

Quarantine is a thing of the past and the modern method is to facilitate, so far as possible, the movements of ships passengers and goods In this connexion an article in the current report on the surveillance of contacts shows the extreme care that is necessary in checking the destinations of passengers and members of crews who are contacts with such an infection as small-pox in order to secure that they shall be kept under the supervision of the medical officers of health of the districts to which they are proceeding The hygiene of crew accommodation in British ships has for many years engaged the attention of Port Sanitary Authorities who have made repeated representations to the Board of Trade as to the need for higher standards When the report was in course of preparation it became known that the Board of Trade was about to issue new instructions to its surveyors who are responsible for the supervision of the plans and construction of crew accommodation in new ships The medical officer of health therefore refrained from repeating former criticisms and awaited the revised instructions (which have now been issued), but he calls attention to the unsatisfactory arrangements for the feeding of crews of coasting vessels, which are often very hard run and in which the crew ration themselves and cook their own meals

The inspection of imported food is an important part of the work of the Port Health Authority Inspection must in the first instance be worked on a principle of sampling but experienced food inspectors know what is of established reputation what has been doubtful or unsatisfactory in the past and what is new and therefore to be carefully checked In this way control is much closer than would appear possible in view of the enormous quantity and variety of foods which enter the port During 1936 no less than 3,288 tons of foodstuffs were condemned as unfit for human consumption, and were either destroyed or disposed of for industrial purposes An article on the inspection of canned foods explains in detail the procedure by which an inspector—by the methods of inspection, palpation, percussion, and auscultation familiar to the physician—judges by external examination the soundness or otherwise of canned foods

Space will not permit of reference to other matters of interest in this report but it is worthy of mention that the medical officer of health, Dr Charles F White records the terms of a resolution in regard to shellfish which has been submitted to the Ministry of Health by both the Association of Port Sanitary Authorities of the British Isles and the British Medical Association The resolution is as follows

> That the present system of control of shellfish layings by closure is unsatisfactory as a public health measure and ruinous to the shellfish industry that it has now been proved that shellfish can be efficiently cleansed by relaying in the case of oysters and mussels and by steaming in the case of cockles and winkles that the necessary apparatus can be established and operated on a self supporting basis, and that, therefore the time has now arrived when legislation might be introduced with advantage to both the public health and shellfish industry requiring that only such shellfish (whether home produced or imported) as are certified by a responsible authority to have been cleansed in this country by an approved method in a recognized establishment should be sold for human consumption '

A NEW IDEA IN ASEPSIS

No surgeon escapes occasional disasters due to the infection of clean operation wounds This danger is all the more to be guarded against the greater the extent of the operation site and since advances in surgery often increase this an increase in the precautions taken to prevent such infection becomes ever more desirable Thoracic surgery now leads the way in exposing really extensive tracts of tissue to possible infection and thoracoplasty seems to have been the chief problem in asepsis which led Hart[1] to investigate the sources of accidental contamination and their possible prevention The wound infections which it was hoped to prevent were mainly due to *Staphylococcus aureus* and although these are commonly attributed to organisms previously present in the skin itself Hart denies this He found by exposing culture plates that the air of an operating theatre contained staphylococci in considerable numbers supposedly derived from the throats of the occupants since carriers as might be expected were often present and although their numbers could be diminished to a certain point by reducing the theatre personnel by excluding known carriers by masking and by alterations to the system

[1] *Arch Surg* Chicago 1937 34 874

commoner It is also curious that it did not get hung up in the journey down At the same time it had a very good chance of getting through, as there was nothing to "strike the barb in, and the point was probably not too sharp from rust—I am, etc,

London E C 2, Sept 27 E B Lathbury

"Qualification £3,000"

Sir—I feel that the following advertisement, which has appeared recently at least twice in the 'agony column of *The Times* is worthy of being kept on record in case the British Medical Association ever has to deal with another Osteopathy Bill, or with a Chiropractors Charter

PARTNER, Osteopath or Chiropractor either sex REQUIRED in a large established Ophthalmic practice Qualification £3 000—Write Box —— The Times E C 4

As no osteopath will admit that chiropraxis has any virtue, and the chiropractors are equally scornful about osteopathy it becomes apparent that to treat and cure eye diseases the one thing needful is—the needful!—I am, etc,

Woolton Hill, near Newbury, Oct 2 Henry Robinson

Obituary

J ALLMAN POWELL, M D

Physician and Anaesthetist Cheltenham General Hospital

We regret to announce the death on September 29 of Dr John Allman Powell, honorary physician and honorary senior anaesthetist to the Cheltenham General and Eye Hospitals, and consulting physician to the Tewkesbury Hospital He was born in 1884, eldest son of the late Dr B C Powell of Roscrae, Co Tipperary, and studied medicine at Trinity College, Dublin, where he had a brilliant academic career, graduating B A, B Ch, and B A O in 1907, and proceeding to the M D in 1910 After winning prizes in the University and holding a scholarship and resident posts at the Adelaide Hospital, Dublin, Dr Powell was appointed resident medical officer at the Wolverhampton General Hospital He began practice in Cheltenham in 1913, and the following year married Nora Kathleen, daughter of G N Oulton, K C He served three years with the R.A M C during the war In 1923 he was appointed as a physician to the Cheltenham General and Eye Hospitals In 1935 he was elected president of the Gloucestershire Branch of the British Medical Association, but shortly before he was due to take office he was stricken by a coronary thrombosis, and a second attack two years later ended his life Dr Powell knew no fear, nothing daunted him to the last moment of his life Within some months of his first attack he delivered his presidential address to the Branch it was characteristic of the man enforced rest was the one thing he was intolerant of He had a large practice, and his repute as a sound physician caused his opinion to be widely sought and much valued by his colleagues He threw himself into his hospital work with enthusiasm He made a special study of diabetes and designed a clinical chart for correlating the dosage of insulin with the rise and fall of sugar in the urine and the amount of calories in the diet Recently he had been doing valuable work in the use of the oxygen tent, and had demonstrated its use at meetings of the B M A at the hospital At the annual summer clinics given by the staff of the hospital his lectures were distinguished by common sense and clarity enlivened by a spontaneous wit that drove his views home to his audience For the same reason he was the most welcome of speakers at meetings of the local Branch of the B M A His remarks proved his wide reading, and yet were made with a modesty and puckish humour that were all his own The funeral took place at the Cheltenham Parish Church and though the memorial service had been notified as for personal friends and relatives, the church was filled and over forty of his profession were present

Dr J B Davey writes

The death of Dr Allman Powell has brought sorrow to hundreds of homes, rich and poor, in Gloucestershire In Allman, as he was affectionately known to his colleagues, were combined a wide knowledge of medicine with great resourcefulness He was at his best perhaps, in an emergency Then a decision was quickly reached and as promptly acted upon Until everything that could be done for the patient had been done he gave himself and anyone whom he had called in to assist no rest When to others all hope seemed to be lost Allman would stick to his patients, and at times seemed to compel them to recover by his infectious optimism A very skilful anaesthetist, he was in great demand by surgeons in difficult cases Intensely interested in his profession, he had the knack of rapidly extracting the important facts from a book or lengthy paper, and was ever eager to give his patients the benefit of any new and promising methods of treatment or diagnosis An enthusiastic supporter of the B M A he frequently contributed papers or in discussions at the meetings of the Gloucestershire Branch, and his election to its presidency about three years ago afforded him the liveliest satisfaction Unfortunately symptoms of the disease which ultimately proved fatal declared themselves shortly before he was due to assume office, and his activities as president were much curtailed in consequence The loss of an eye at hockey some years ago debarred him from ball games, but on a horse or in waders with a rod he could hold his own with most sportsmen Indeed it was a real delight to watch him cast a fly in an awkward position He enjoyed all that is good in life, but few things more than a day's fishing As companion on a holiday he was ideal A very charitable and generous nature complete absence of professional jealousy and a genuine desire to help colleagues in any difficulty endeared Allman Powell to practitioners all over the county He was a most lovable man

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation of the Senate held on October 1 Professor H R Dean M D Master of Trinity Hall, was admitted to office as Vice-Chancellor In the course of his valedictory address the outgoing Vice Chancellor Mr G H A Wilson Master of Clare College mentioned the offer of a very large sum from the International Educational Board of the Rockefeller Foundation for new buildings and endowment for study of the biological sciences the bequest of £100 from the late Lady Allbutt for the Cambridge medical school library the signing of a contract for the new anatomy building and the approval given for establishment of new laboratories for research in clinical medicine

bosis Fat emboli which had been regarded as playing an important part in the production of petechial haemorrhages, were rarely seen Ring haemorrhages which were observed in cases where the patient had survived several days were interpreted as a late stage in the formation of petechiae active diapedesis having ceased and stasis having occurred in the vessel, the extravasated blood being forced into the tissues by an accumulation of tissue fluid in the perivascular space When petechiae are limited to the perivascular spaces they may be completely absorbed and perfect recovery from concussion may take place but if the haemorrhage goes beyond the perivascular spaces into the brain parenchyma degeneration of cells demyelination and subsequent gliosis will follow as in haemorrhage from a ruptured vessel and irreparable damage to the brain will result Finally it is stressed that these deep petechial haemorrhages are essentially associated with concussion and serve to differentiate it pathologically from contusion of the brain

"PARAGOITROUS" AFFECTIONS

A recent survey of the goitrous areas in Rumania by Dr Danielopolu, aided by some of his colleagues [1] has led to some interesting but disturbing results He is of opinion that for Rumania goitre perhaps even more than syphilis and pellagra is a factor making for racial degeneration His general classification of thyroid disorders need not detain us as it does not differ materially from that generally adopted in this country but the evidence he adduces of the existence of a group which he terms 'paragoitrous affections" occurring in goitrous areas calls for attention Under this term he includes arrest of growth idiocy, mental deficiency stammering and other disturbances of speech and of hearing sometimes amounting to deaf-mutism They may appear without the ordinary signs of hypothyroidism but their prevalence in the areas where goitre is endemic their association with goitre myxoedema and cretinism, mark them as of thyroid origin That bad conditions contribute to the thyroid disorder and these associated syndromes is demonstrated by the fact that in orphanages even in the districts where goitre is endemic only slight enlargements of the gland were seen good food and hygienic surroundings having raised the resistance of the inmates against the inroads of more serious mischief As might be anticipated the worst districts are mountainous where the diet chiefly consists of maize fermented apples and prunes—potatoes and haricot beans meat and eggs being rarely obtainable The dwellings were bad and ill lighted Hyperthyroidism on the other hand was met with only in the towns and usually among those living under favourable conditions of nutrition and hygiene His paper is illustrated by a number of striking photographs showing large goitres such as were formerly so much more prevalent in Switzerland and Derbyshire than they are to day But the most distressing illustrations are those depicting the familial incidence of the paragoitrous syndrome thus in one group both parents are goitrous and semi idiots two children are normal while four are deaf mute cretins In another the mother is goitrous and semi idiotic while all five children are deaf-mute cretins Maps of different districts indicate some communes in which nearly every house has some goitrous occupants not infrequently five or six His whole survey reveals an alarming state of affairs which could be greatly alleviated as it has been in other parts of the world but which if neglected must seriously imperil the nation

[1] *Bull Acad Méd Rumanie* 1937 3, 33

THE FORAMEN OF MAGENDIE

Since papers on the foramen of Magendie continue to appear we may well ask with Quintus the son of the old Titus Andronicus What subtle hole is this?" Ever since Magendie's original description in 1828 enterprising anatomists embryologists and surgeons have been wont to exclaim as did Saturninus "I'll see what hole is here" and investigate this region of the brain The latest contribution is from the pen of Professor J T Wilson [1] who in 1906 in what is now a classical paper on the anatomy of the calamus region of the human bulb threw light on the formation of the opening and its relations and now writes on its nature and mode of origin This foramen has for long given rise to controversy and as recently as 1930 Sir John Bland Sutton stated that there was no agreement among anatomists in regard to it [2] Sir John like Virchow Reichert, Kölliker Cleland and Mackay [3] and others looked upon it as an artefact produced by dissection and only quite recently we have heard a distinguished Continental anatomist deny its existence In 1923 Bland-Sutton wrote This foramen has had such charm for teachers that it maintains a place in textbooks although sealed up by practical anatomists many years ago [4] To this Professor Wood-Jones replied

As a teacher I fully admit the charm of this foramen and as a practical anatomist I also regard it with affection for of its presence in the undisturbed condition of the roof plate of the fourth ventricle I have no doubt whatever" [5] Nowadays neuro surgeons have frequently to examine the suboccipital region of the human brain and are in no doubt as to the normal presence of the opening Indeed in certain cases of non communicating hydrocephalus in which the roof of the fourth ventricle is closed over it is necessary to make an artificial foramen of Magendie in order to release the cerebrospinal fluid into the basal cisterns and subarachnoid spaces In 1930 as a result of observations made in both the operation theatre and the dissecting room attention was drawn to the undoubted presence and large size of the normal opening by Lambert Rogers and C M West [4] and though Professor Wilson in his recent paper disputes certain parts of the description given in their paper there can no longer be any doubt of the normal existence of a large opening in the roof of the fourth ventricle which constitutes the foramen of François Magendie

[1] *J Anat* London 1937 71 423
[2] *J Anat Physiol* 1906 40 210 and 357
[3] *On Faith and Science in Surgery* London Heinemann 1930
[4] *J Anat* London 1931 65 458
[5] *Lancet* 1923 1 1143
[6] Ibid 1923 2 486

On September 30 the Lord Mayor of London announced at the Mansion House that Lord Nuffield had given £50 000 to the rebuilding fund for the Hospital for Sick Children Great Ormond Street Another gift by Lord Nuffield announced on the same day is £15 000 to the Princess Elizabeth Orthopaedic Hospital, Exeter, for the purpose of extensions and research

Lord Nuffield has placed £100 000 in the hands of trustees for the development of orthopaedic surgery, and an organized service for the early discovery and the cure of crippling disabilities in South Africa The scheme will be based on information to be gathered and collated by Professor G R Girdlestone, who will visit South Africa for the purpose during December and January

The October issue of the *Practitioner* is a special number devoted to advances in diagnosis and treatment, it includes twenty-one signed articles reviewing recent progress in general medicine, conservative surgery, biochemistry, and the specialties The price is 7s 6d

On September 30 the Lord Mayor of Birmingham launched an appeal for £49 000—the sum necessary to be raised before the Birmingham hospital centre scheme can be cleared of debt Sir Charles Hyde, proprietor of the *Birmingham Post* had lowered the debt to £49 000 by contributing £5 000

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B M A HOUSE TAVISTOCK SQUARE W C 1

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QUERIES AND ANSWERS

Pain in the Male Nipple

BALBUS writes I have under my care a minister—6 feet high and 8 stone—who though 82 years old is very active and can walk twenty miles with ease He complains that three months ago he felt a pain and uneasiness in both nipples of the mammae One recovered entirely, the other still remains in the same condition The chief symptom is a jagging pain and an uneasiness when anything such as clothing comes in contact There is no retraction or inflammation of the nipple It looks perfectly normal yet at its base there seems a little induration compared with the other Can any of your readers tell me if they have had any such experience in practice or refer me to any book in which one can find a description of the condition I have been thirty years in practice but have never seen it before I felt for the axillary gland but found no indication there I thought the trouble might have arisen from rheumatism as the patient has some other symptoms of that disease but perhaps I am wrong

Treatment of Enuresis

Dr A G BRINTON (Johannesburg) writes On several occasions this condition has been immediately relieved by correcting small errors of refraction The last case I had is typical of many A boy, aged 10, had + 0 5 astigmatism at 180° and this correction was ordered to be worn constantly A very grateful letter from his father arrived a month later This is comparable to many cases of mental disturbances hay fever sunstroke bilious attacks and many neuroses which are cured by fractional hypermetropic astigmatic corrections usually at bad angles round about the horizontal

LETTERS, NOTES, ETC

The "Times" Health Supplement

On Thursday September 30 the *Times* marked the inauguration of the Government's national health campaign by issuing a special supplement In this supplement articles from authorities on different aspects of national health reviewed the progress which has been made in the new preventive medicine Sir Farquhar Buzzard Regius Professor of Medicine in the University of Oxford contributed an article on the doctor in the home Sir Arthur MacNalty Chief Medical Officer to the Ministry of Health and Board of Education reviewed the British public health services while those for Scotland and Wales were dealt with by Dr J M Mackintosh Chief Medical Officer of the Department of Health for Scotland and Mr John Rowland Chairman of the Welsh Board of Health Sir George Newman contributed a study on the health of the school child and the subject of child guidance was considered by Dr A Macrae Dr N D Bardswell outlined the national scheme for the prevention of tuberculosis and an article on mental health was written by Sir Laurence Brock Sir Edward Mellanby the secretary of the Medical Research Council in a short article explained how the work of medical investigation is carried out in this country An article on the voluntary hospitals was written by Mr H L Eason Principal Officer of the University of London Other contributions to this symposium were by Dr J D King on the care of the teeth by Dr G F McCleary on safer motherhood and by Dr M D Mackenzie on recent trends in physical culture abroad together with articles by Dr Drummond Shiels on the work of the British Social Hygiene Council on port sanitation by Dr W M Frazer and on the work of the National Ophthalmic Treatment Board by Dr I Harvey Flack

Contamination of Postage Stamps

Dr A W PATERSON (Ipswich) writes Noting in your issue of October 2 a letter from Dr Holderness M O H Loughborough with regard to insanitary practices of shopkeepers I am stimulated to draw attention to a practice almost universal in post offices when supplying postage stamps The stamps whether singly or in sheets are invariably pushed across the counter with the gummed side downward and often flatly applied to the counter As it is a practice, convenient if far from sanitary to lick stamps before applying them to envelopes etc the likelihood of infection from a filthy counter is very great Considerable care should be taken to keep the stamps very clean and steps should be taken to instruct the public never to lick stamps under any circumstances I have not seen attention drawn to this source of infection before

Medical Golf

The autumn meeting of the Scottish Medical Golfing Society was held at Bramshot Golf Club Fleet on September 26 seventeen members being present A bogey competition was held in the morning with the following results (1) Dr A A M Reekie and Mr Hamilton Bailey—one up (2) Dr F M Loughnane and Dr MacMyn—all square The foursomes in the afternoon were won by Dr Bruce Williamson and Mr Hamilton Bailey—all square Dr Reekie and Mr Charles Donald Dr Shanks and Mr Gillespie tied for second place with one down

The eighth autumn meeting of the Sussex Medical and Dental Golfing Society was held on September 26 at Southdown in glorious weather The captain's prize presented by Mr Scott Page was won by A R Elliott with a score of 1 up The runner up was J H Twiston Davies The afternoon round was a four ball foursome against bogey which resulted in a tie with 3 up between W Gallaugher and W G Thwaites and O A C Warren and L Muir Smith

ANAESTHESIA IN GENERAL PRACTICE

This is one of a series of articles, contributed by invitation

PRE-OPERATIVE TREATMENT AND PREMEDICATION

BY

R MACHRAY, M B, B S

The present article outlines the measures that it is desirable to take in the preparation of a patient for operation in so far as these come under the control of the anaesthetist The extent of preparation necessary or possible will naturally vary widely, but the guiding principle should be that the patient comes to the theatre in the best possible condition of physical health and mental rest, so that he will the better be able to resist the disturbances that the disease, its operative treatment and the anaesthetic produce The period, therefore, between the decision to operate and the operation itself should be utilized with this in mind

General Rules

The length of time devoted to pre operative measures will vary with the urgency of the operation When circumstances allow it may be advisable for the patient to spend several weeks of easy life in pleasant surroundings with special attention to diet and sleep There will be cases in which, although the need for operation is urgent, a better result will be obtained if prolonged and complete rest in bed with appropriate medical treatment is enforced Such conditions may arise from the nature of the disease itself or from some intercurrent affection It is obviously wise to postpone until better weather operating on patients who are chesty every winter, and, in general extremes of temperature and fog should be avoided Dental sepsis has a definite influence on pulmonary complications It should therefore be eradicated if there is sufficient time for any possible reaction to subside otherwise much may be done with brushing and mouth washes These questions are usually outside the anaesthetist's province, but if the anaesthetist is also the general practitioner they will need consideration

Coming now to more immediate measures, adequate rest and opportunity for an unhurried preparation are essential, while the early morning say 8 to 9 o clock, is the best time for the operation itself These things can best be arranged for in most instances if the patient enters the nursing home early the previous evening after a good night s sleep he then has not to wait long for the final preparation before basal narcosis or the anaesthetic itself is begun In formidable operations and where lengthy preparation is necessary, and in the case of the old and feeble more time should be allowed and there should be a complete absence of hurrying Such a course will always be found worth while In comparatively trivial operations, however it is permissible for the patient to enter the nursing home only a few hours before the operation, if this takes place in the afternoon

Purgation

Where no action of the bowels will take place for two or three days as in abdominal operations it is obviously desirable that the alimentary canal should be reasonably empty and in other cases it will usually make the patient more comfortable But this emptying should be done by the most gentle method possible and vigorous purgation avoided Many of the drugs employed are mucosal irritants and not only will produce diarrhoea and a disturbed night but will increase the post operative discomfort and favour subsequent distension Another objection is that vigorous purgation will tend to dehydration and acidosis Frequently the patient will be able to say which aperient and what dose suit him best and also how long it takes to act the last is important, as an unbroken night must be assured and the bowels must be opened at least three hours before operation A suitable purgative is infusion of senna Sometimes the least disturbing results will be obtained from a combination of mild purgation and an enema An enema alone will be indicated in two circumstances first, when there is insufficient time for an aperient to act (although the patient can be instructed to take it at a suitable time before entering the nursing home), secondly, when avertin is to be given Here success depends so much on complete retention that unless several hours can elapse after the action from the purgative, it is unwise to risk an irritated bowel and better to rely on a skilfully administered soap and water enema Even this should be given four hours before the administration of avertin Pelvic operations need a more elaborate preparation, which is usually dictated by the surgeon

Value of Glucose

Where dehydration and starvation are present the loss should be made good by giving saline and glucose by the rectal route if necessary Pre-operative glucose is valuable in the prevention of post anaesthetic acidosis It should be prescribed especially when there is any evidence of deranged liver function and when previous anaesthetics have been followed by much vomiting In normal cases it probably has no effect, but since it also has no ill effect it should be given in all cases except the most trivial Recommended doses vary widely, but probably two to three ounces confer the maximum benefit and should be taken in lemonade with the evening meal Diabetic patients will need special treatment and a dosage of insulin and glucose worked out for each case

Sleep

A good night s sleep is of great importance and there will not be many patients who can manage this without assistance A sleepless night will not only cause great mental distress but will be wearing to the patient s physical condition Even if he has been sleeping well previously it is better to order a sedative The drug and dose will vary with the temperament but adequate dosage is essential Here again the patient may be able to suggest a drug that suits him or what is more important drugs that have no effect or are upsetting Aspirin and bromides are of help but not certain enough for routine use Nembutal grains 1½, is reliable, and may be combined with aspirin grains 10 Medinal grains 5 to 7½ is more powerful but does not suit everyone The patient should retire to bed before 10 p.m and immediately take the sedative and he should sleep until about 5 to 6 o clock If he wakes early and feels hungry he should be allowed a cup of tea and

of the sphincter mechanism at the lower end of the common bile duct, so that the bile may flow freely into the duodenum It is then unnecessary to feed the patient with bile By this method of gradual decompression the appetite of the patient improves rapidly, and "pancreatic asthenia" has not been observed during convalescence

278 Cirsoid Aneurysm

F W MARSHALL (*J R A M C* July, 1937, p 16) describes a new method of treatment for cirsoid aneurysm The tumour is not a true aneurysm, but has the distinctive pulsatile character and varix-like appearance of a localized dilatation of an artery Trauma is probably the most common cause of cirsoid aneurysm, and infection or operative incisions may also be causative, congenital telangiectases, vascular naevi or angiomata may be starting points The most common site is the scalp, although the lesion may occur in other places, such as the hand, foot, knee uterus or mesentery The tumour appears as a soft pulsating swelling which consists of tortuous and hypertrophied communicating vessels A continuous bruit is audible on auscultation, and a thrill is often felt on palpation, the tumour is compressible In cases of cirsoid aneurysm of the scalp the patient complains of a rushing noise in the head, with headache and giddiness If untreated the aneurysm may increase in size, cause atrophy of the skin and skull and may ultimately communicate with the cerebral arteries or rupture, and cause death from haemorrhage Treatment has hitherto been difficult and dangerous, but two cases are described in which a two-stage operation was carried out with complete success The first procedure was the tying together of as many of the nutrient vessels as could be found, with an injection of sodium morrhuate solution into the aneurysmal mass, subsequent injections being given if necessary The final stage consisted of the radical extirpation of the sclerosed mass This method of treatment is easy, free from danger, and its end-results are good

Therapeutics

279 Vitamin Therapy in Diseases of the Spinal Cord

R PFAFFENBERG and H MIELKE (*Klin Wschr*, June 26, 1937, p 919) do not believe in the common aetiology of subacute combined degeneration of the spinal cord and of pernicious anaemia The former, however, is often associated with diseases affecting the gastro-intestinal tract, such as pellagra, sprue, achlorhydric anaemia, etc In cases of affections of the spinal cord associated with anaemia the latter condition is often improved by liver therapy, while the spinal affection usually remains unaffected, although it benefits from vitamin B therapy The authors discuss the action of vitamin B Taken in the form of yeast given orally it often proved ineffective in cases in which its subsequent administration by injection gave satisfactory results, several standardized preparations are recommended The earlier the treatment was begun the better were the results, and no ill effects were observed from large doses The motor functions seemed to recover sooner and to a greater extent than did the sensory functions

280 Cod-liver Oil in Ulcerative Colitis

R SPIEGEL (*J Mt Sinai Hosp* N Y July–August, 1937, p 94), in a preliminary report, describes eleven cases of chronic ulcerative colitis which were treated by the rectal instillation of cod-liver oil emulsion by means of a Murphy drip or a partly clamped enema bag with satisfactory results For the most part a 40 per cent emulsion of cod-liver oil acacia and water was used In patients whose lesions had healed, leaving only a slight residual ulceration in the anal part of the rectum, suppositories containing 68 per cent cod-liver oil were given The treatment began with the administration of 2 to 4 ounces of the emulsion two to four times a day, the dose being gradually increased until 8 ounces could be retained The duration of the disease was from ten months to nine years, and in all cases other forms of treatment had been ineffective The progress of the cases was observed sigmoidoscopically, and nine of the eleven patients improved At the end of the third month of treatment the sigmoid appeared normal except for very fine granulations, and abdominal cramps and rectal urgency had diminished or were absent In the later part of the treatment instillations were given less often

281 Magnesium Oleate as a Cholagogue

F GRADINGER (*Med Welt* July 31, 1937, p 1072) has investigated the cholagogue action of magnesium oleate In ten patients a duodenal tube was passed and the duodenal secretion tested at ten minute intervals After one hour 5 grammes of magnesium oleate were injected into the tube and the duodenal secretion again tested In the majority of cases a marked increase of bile in the secretion was noted No effect on the excretion of bile was noted in severe cases of jaundice, but in diseases of the gall bladder and of its ducts magnesium oleate appeared to have a beneficial action In cases of enlarged liver due to heart failure long-continued treatment with magnesium oleate resulted in a retrogression in size of the liver, even to normal dimensions in some instances

Radiology

282 Radium Treatment of Prostatic Adenomata

R BOUCHARD (*J Urol med Chir* June, 1937, p 522) describes a case of adenoma of the prostate which occurred in a man of 78 and which was treated by two applications of 55 milligrammes of radium element with an interval of seven weeks between the two applications Improvement was seen almost immediately, and at the end of seven years the patient was in excellent health, without any difficulty in micturition, the prostate was almost normal in size, and a slight difficulty in passing a catheter was removed by dilatation It is suggested that this method of treatment might be used more extensively in those cases of adenoma of the prostate which are not suitable for surgical intervention The immediate benefits are certain, and there is no danger of shock, haemorrhage, or infection, and the mortality is *nil* In cases in which enucleation is not possible resection under local anaesthesia is recommended for the treatment of the median lobe, and radium for the large lateral lobes Reference is made to other cases which have been successfully treated by the application of radium

283 Cancer of the Lip

S A HEYERDAHL and R B ENGELSTAD (*Tidsskr norske Laegeforen* July 1, 1937, p 692) report from the Norwegian Radium Hospital in Oslo their experiences of the treatment of cancer of the lip in 1932 and 1933 Of their forty-nine patients only two were women In as many as forty-seven cases the lower lip was involved, the upper lip being the seat of the primary lesion in only two cases After an interval of two and a half to four years thirty were symptom-free and there were also four patients who at the time of their deaths from intercurrent diseases, had been symptom-free for from one to three years after treatment All the twenty-one patients in whom the cancer was operable and who had no enlarged glands were symptom-free on re examination In a second group in which the disease was still operable although enlarged

ness is not always lost, although there will be no recollection of this

Avertin is the most reliable in its hypnotic action Its dosage (0 1 gramme per kilogramme of body weight) and method of preparation can be obtained from a table supplied by the makers and should be adhered to Obese and elderly patients require a smaller dose—say three quarters—while the maximum should be 8 grammes In cases of doubt it is best to run in three quarters of the selected dose and after a quarter of an hour to use the remainder if consciousness has not been lost It should be given half an hour before operation and the patient be kept on the side until the anaesthetic is started This will minimize the risk of obstruction as the jaw relaxes

THE SHANGHAI BOMBARDMENTS

Any scepticism that may have been felt regarding newspaper reports on the effects of Japanese bombing of densely populated Chinese cities is dispersed by first-hand accounts of the experiences of resident British doctors which are now reaching England The plight of the unfortunate Chinese civilians and the immense difficulties of providing adequate medical aid for the stricken and homeless are now more fully realized in this country and on the Continent The League of Nations has voted a sum of £250 000 for medical services in China Following an appeal by the Archbishop of Canterbury and other leading men a national fund has been opened for the relief of distress under the auspices of the China Association the British Red Cross Society, and the Conference of British Missionary Societies Meanwhile, pending the arrival of reinforcements of medical personnel and supplies the energies and resources of doctors and hospitals in Shanghai Canton and other Chinese cities are sorely strained

Care of Wounded Civilians

In the Shanghai bombardments the task of dealing with the wounded civilians fell largely to the Lester Chinese Hospital This institution, founded in 1844, is staffed by missionary doctors and nurses appointed by the London Missionary Society and also by Chinese members of both professions There are normally 230 beds and 4 000 in patients are treated annually while the number of new out-patients reaches 62,000 Since other hospitals had to be evacuated for military reasons while the emergency and Red Cross hospitals were entirely reserved for the soldiery the influx of wounded civilians into the Lester Hospital was particularly heavy Some measure of relief was afforded by the conversion to a temporary hospital of the Lester Institute normally devoted to laboratory work and research In addition to the great number of direct victims of the bombardments many of whom suffered from severe cranial or abdominal wounds other unfortunates were brought to hospital, especially Koreans who suspected of being Japanese spies had been severely handled by the crowd The appalling effects of modern explosives in densely populated areas are evidenced by the statement that the bursting of one single shell resulted in the death of two hundred people

Among casualties brought to the Lester Hospital was a man whose body completely severed across the middle was still held together by his almost uninjured clothes In another case a Chinese mother was blown to pieces while the twin babies in her arms escaped with a few scratches Less tragic but grimly humorous was the case of a woman whose leg had to be amputated On regaining consciousness she burst into tears bemoaning the loss of thirty dollars which had been hidden in the stocking of the severed limb

Apart from the great influx of major surgical cases many other factors increased the difficulties of the hospital The staff was depleted by the holiday season As a precaution against fires the gas supply had to be cut off The general disorganization consequent upon the bombardment made it difficult to obtain food and other supplies while a plague of flies from the corpse littered destroyed areas caused a heavy incidence of dysentery

These accounts of the troubles encountered in Shanghai in dealing with civilian victims of artillery, and especially aerial bombardments give a painful foretaste of the conditions which may be expected in our own cities in the event of another European conflagration Similar problems will have to be met and it is important that measures for dealing with the civilian victims of aerial warfare should be perfected as far as possible, in peace time This point has been stressed in our correspondence columns

In the issue of October 2 we printed a letter received by the Secretary of the British Medical Association from Dr R C Robertson of the Lester Institute Shanghai The letter quoted a cablegram from the British doctors of that city appealing to the B M A to exert its influence to prevent the carnage caused by bombing

CONGRESS FOR EXPERIMENTAL CYTOLOGY ZURICH, AUGUST, 1938

According to the decisions taken at the fourth Congress in Copenhagen the fifth International Congress for Experimental Cytology will be held in Zurich Switzerland during the week August 7 to 12 1938 The sixteenth International Physiological Congress and the International Veterinarian Congress will be held in Zurich too on August 14 to 18 and August 21 to 25 respectively

The proceedings of the Cytological Congress are not to be divided in sections but will be organized in the following way scientific sessions will take up seven half-days two afternoons are reserved for demonstrations and during one afternoon there will be an excursion Special subjects are to be treated at each session opening with a general review to which one or two supplementary reviews may be added Reprints of these papers will be sent to the members of the Congress at their home address or—if very late—will be handed over to the members at the opening sessions Copies of the individual papers are likewise to be distributed before the sessions, the main object of the Congress being the discussion of cytological topics of special interest.

In agreement with the International Committee the Local Committee has chosen the following subjects for review epithelium in culture and in the organism structure of chromosomes mechanism of mitosis cancer cells and normal cells experimental research on cytology and viruses ultrastructure of the protoplasm and its products chemistry of the cell These reviews are calculated to cover the seven scientific sessions in the order indicated above The names of the reviewers will be published in the second preliminary programme The individual papers must be registered at the Congress Bureau before April 15 accompanied by a summary not to exceed half a page in the *Archiv f exp Zellforschg* (the address of the Congress Bureau is Prof W von Möllendorf 9 Plattenstrasse Zurich) The Local Committee will decide in each case whether it is possible to accept papers entered later than April 15

Further information about the Congress may be had through Professor W von Möllendorf or the honorary secretary for the Society Harald Okkels M D., Institute for Pathological Anatomy University of Copenhagen Denmark

The Board of Control (Metropole Buildings Northumberland Avenue W C 2) has issued a revised list of medical practitioners in England and Wales who have been approved by the Board for the purpose of making recommendations under Sections 1 (3) and 5 (3) of the Mental Treatment Act 1930 The names are given first in alphabetical order with full addresses, and are then regrouped geographically

Obstetrics and Gynaecology

290 Ultra-violet Irradiation in Pruritus

M Segre (*Minerva med* July 22, 1937, p 65) in pruritus not due to systemic disease finds ultra-violet ray therapy much more rapidly effective and less dangerous than other methods of treatment, in particular he thinks it superior to x-ray therapy He uses a quartz lamp and mercury vapour, and varies the dosage considerably according to the cutaneous sensibility previously determined by trial He finds that the response is usually more acute in pale or blonde persons and as age advances A very fine desquamation rather than erythema and scaling is aimed at He prefers well spaced applications, the reaction from the first having disappeared before the second is made, and attaches importance to equal irradiation over the whole area of application, supplementary treatment being given to folds or cavities While encouraging the use of cold water compresses, he forbids the employment of ointments during treatment, although the use of soap and water, provided that the former is not too alkalined, is not forbidden, and diet is in no way modified The success of the treatment is due to its analgesic, vasodilator, and antibacterial actions and is bound up with its stimulation of cutaneous pigmentation Segre has had specially good results in senile pruritus, in pruritus of the anal and genital regions, and in that recurring in spring and summer

291 Puerperal Polyphlebitis

A P Ramos and P P de Biondini (*Ann bras Gynec* July, 1937, p 1) record the case of a woman aged 19 who a few days after Caesarean section developed loss of power in the right lower limb owing to the presence of femoral thrombosis Three days later a similar process occurred in the other leg, both arms, and the left side of the face, and was accompanied by high fever The patient was left immobilized, with the result that in eighteen days the temperature had subsided, in another twelve days the affected parts could be moved, and the patient was discharged in good health on the fiftieth day Similar cases which are very rare, have been described by Laennec (1828) Bouchut (1844), Jeannin (1905), and Commandeur and Bonnet (1909)

292 Colposcopy

H Henselmann (*Munch med Wschr* July 9, 1937, p 1082) points out that colposcopic examination, of which he has had three and a half years' experience, aids in the diagnosis of cancer to an unprecedented extent because of its magnification of 10 5 and its excellent illumination In 1,133 women sixteen cases of very early malignant infiltration were discovered in which it was seen that the malignant cells appeared first in the normal mucous membrane The author divided his cases of carcinoma of the cervix into three classes (1) cases which were easily diagnosed, (2) those which were diagnosed with difficulty and only by biopsy or by the occurrence of symptoms and (3) very early cases in which minute ulcers were present Colposcopic examination was of little additional value in the first group, it aided the differential diagnosis in the second and in the third it is the only diagnostic method possible The colposcope can be used to discover the early stages of carcinoma of the cervical canal, and the author has even been able to diagnose carcinoma of the body of the uterus, the presence of which was suspected by the occurrence of a brown or haemorrhagic secretion from the upper parts of the uterus He excluded from this series cases of manifest carcinoma or those suffering from other diseases Only sixty-eight of his cases came with no symptoms but only a desire to ascertain whether or no a carcinoma of the cervix was present All patients were expressly requested to return if any new symptoms should occur lest negative findings should produce a sense of false security By his rigid exclusion of all irrelevant cases Henselmann hopes to gather clinical material sufficiently large to warrant new discoveries in the diagnosis of early uterine cancer Of 278 women in whom carcinoma was discovered within three months of the onset of symptoms only 32 per cent could be cured With the colposcope the author is convinced that he will be able to raise this proportion of cures by diagnosing cases months or years before the onset of symptoms

Pathology

293 Vitamin A Excretion

R Boller O Brunner, and E Brodaty (*Wien Arch inn Med* July 31, 1937, p 1) have investigated the excretion of vitamin A in 321 patients before and after the administration by injection of this vitamin in the form of 'vogan The cases investigated included malignant tumours of the lungs, liver, and kidneys The reaction in the urine was the same before and after the injection of the vitamin Parenteral administration of the vitamin is therefore necessary only when the patients are unable to take nourishment, or in the presence of gastro intestinal disturbances sufficient to diminish absorption of the vitamin from the alimentary tract Vitamin A was found regularly in the urine in cases of jaundice with complete obstruction of the biliary ducts, in cases of chronic nephritis and nephrosis, and lastly in lobar pneumonia before resolution In severe cases of cirrhosis of the liver the reaction in the urine was also always positive, but it was impossible to find a definite connexion between the severity of the affection and the elimination of the vitamin The authors discuss the possible explanations of the excretion of the vitamin Pyramidon decreases its excretion, and in cases in which the secretion is already reduced pyramidon may stop it altogether

294 Type Studies of Pneumococci

N I Nissen (*Ugeskr Laeg* July 29, 1937, p 801) reports from a Danish hospital and from the State Serum Institute in Copenhagen his observations on 362 samples of sputum from patients suffering from bronchopneumonia Pneumococci were found in 192 of these cases and were classified according to type In the course of his investigations, which were extended to samples not only of sputum but also of pus, cerebrospinal fluid, blood, etc, sent to the State Serum Institute from different parts of Denmark, the author has isolated 300 strains from as many different persons, and, as one of his tables shows, nearly all of them could be brought into line with the classification of types of pneumococci described by Cooper Only in 3 7 per cent did the author fail to identify a culture with some type already known In the order of their frequency the pneumococci were identified with Types I, VII, III, VI, IV, and VIII More than 50 per cent. of all the types identified belonged to Types I, VII, and III In eighty-three cases of croupous pneumonia with typically rusty sputum Types I, VII, IV, and III were most often found, Type I being present in thirty-nine cases and Type VII in thirteen Only in one case did the type of pneumococcus change in the course of an infection, and then only after an interval of a month from recovery from pneumonia Successive bacteriological examinations in different stages of pneumonia showed that the type of pneumococcus identified rapidly diminished quantitatively in the sputum and usually disappeared completely in the course of two to six weeks But at the onset of the disease it was most exceptional not to be able to find and identify the pneumococcus responsible

Cancer Campaign for their continued generous support of the school's research work Last year the Medical Research Council in addition to the material support and facilities it afforded had given the school four full time research workers in the Courtauld Institute Reference was made by Dr Boldero to the new Rudyard Kipling Fund to assist students or recently qualified men who might otherwise have to abandon their careers and to the latest gift of Mr Meyerstein, an athletic ground at Chislehurst costing £14 000 and covering 18½ acres For the first time the school possessed a ground entirely its own Inasmuch as the rebuilding of the hospital was complete, those responsible for the school considered themselves at liberty to mention their own needs The Bland Sutton Institute of Pathology and the Courtauld Institute of Biochemistry provided excellent and up to date facilities for final year students But the fundamental subjects—those of the first and second M B—must be improved and with that object a complete scheme had been evolved of which the Board had approved and to which the University of London sympathizing with the need had contributed That scheme envisaged rebuilding in three stages The toast to the guests was proposed by Mr ERIC PEARCE GOULD and responded to by Surgeon Vice-Admiral P T NICHOLLS Medical Director-General R N Finally a toast to the Chairman was proposed by Dr D EVAN BEDFORD who acknowledged the enthusiasm and encouragement of Dr McAlpine in connexion with the neurological work now bearing fruit in the hospital For reasons of age Professor T Yeates is to retire in the near future and this fact gave rise to the many tributes paid to him during the course of the evening

WESTMINSTER HOSPITAL DINNER

The annual dinner of the old students of the Westminster Hospital Medical School was held at the Park Lane Hotel on Saturday October 2 In proposing the toast of The Westminster Hospital and Medical School the chairman, Mr A F MacCallan, referred to the new hospital and medical school which are at present being erected on adjoining sites in Horseferry Road The new school buildings would be ready for occupation, he said in January of next year and the new hospital which would have 350 teaching beds, a year later In the new school special provision had been made for the entertainment as well as for the teaching of students He concluded by congratulating Dr Arnold Stott upon his appointment this year as Physician to His Majesty's Household Major-General J W L Scott in replying to the toast which the chairman had proposed said that though the material conditions in which the work of the Westminster Hospital was carried on were going to be changed the spirit of the institution was unchangeable He believed that this indefinable spirit could justly be regarded as the result of a constant and happy communion between the staff and students of the hospital Mr J H B Round the secretary of the Students Clubs Union also replied and gave some account of student activities during the past year The toast of The Visitors was then proposed by Dr Adolphe Abrahams, the Dean of the Medical School In an amusing speech Dr Abrahams welcomed particularly Sir John Parsons the President of the Royal Society of Medicine Mr L H Savin of King's College Hospital and the Rev the Master of Charterhouse who had twice been Mayor of Westminster On behalf of the many distinguished guests the Master of Charterhouse then replied to this toast and told some anecdotes about his many medical ancestors The Chairman was proposed by Dr Arnold Stott who made witty reference to the many distinctions which had fallen to the lot of Mr MacCallan after his twenty years of ophthalmic work in Egypt To this toast the chairman responded briefly and at the same time conveyed the thanks of a large gathering o the secretaries of the dinner

UNIVERSITY COLLEGE HOSPITAL

The opening of the winter session 1937-8 at University College Hospital Medical School was marked by a reception given by the Dean and members of committee in the library on the afternoon of Tuesday October 5 All the hospital school, hostel buildings and paying patients wing were open for inspection

The following special demonstrations were on view In the bacteriological theatre, on the second floor of the Medical School the Curator of the Museum had selected a number of specimens and set out some microscopical slides and the director of the Radiological Department had arranged a demonstration in the new x ray department Dr Nina Kellgren showed a new cinematograph film on The Physical Development of Children and Corrective Exercises for Postural Abnormalities in No 1 Lecture Theatre The film illustrates postural abnormalities in young children ranging from 3 months to 8 years and how most of them can be remedied in the home by corrective exercises Dr Nina Kellgren who has spent over two years of intensive work on its production shows by comparison with a normal healthy child the abnormalities which occur at varying ages One of the most difficult ages is at 5 years actually over one hundred children of that age were examined to find a normal child suitable for the purpose of the film The primary object of the film is the education of students but its value to mothers throughout the country, if funds were available for its distribution, would be enormous in that the first part educates mothers what to look for in children, and the second part illustrates the corrective exercises for abnormalities depicted in the first part

ST. BARTHOLOMEW'S HOSPITAL

OLD STUDENTS' DINNER

The St Bartholomew's Hospital Old Students Dinner was held on October 1 in the College Hall, Charterhouse Square, Dr C M HINDS HOWELL, who recently retired from the position of senior physician to the hospital, being in the chair

In the unavoidable absence of Mr Justice Luxmore Mr G E H PALMER, Member of Parliament for Winchester and nephew of the chairman, filled the gap at the last moment and ably proposed the toast 'The Medical College of St Bartholomew's Hospital' He said that the difference between doctors and politicians was that doctors got credit for curing disease and abolishing evils, while the politician was blamed for causing all the evils in the world They had however many difficulties in common such as dealing with people who thought there was something wrong with them when in fact they were quite all right and with people who thought they were quite all right when they were quite all wrong Referring to the history of recent times, Mr Palmer asked why it was that man behaved as he did The politician was unable to supply an answer, but perhaps the medical profession could It was he considered, an important question and he hoped that everyone would turn to science biology and medicine in order to find a solution to the problem

In response Dr HINDS HOWELL in the manner which has endeared him to generations of Bart's students, gave an account of the activities of the hospital and the college during the past year The Duke of Gloucester, he said had consented to take office as president of the hospital, and he reminded them that the Duke of Windsor as Prince of Wales had attended the first dinner to be held in the college hall two years ago This year Queen Mary had opened the new medical block which had been in active occupation for the past two months The hospital

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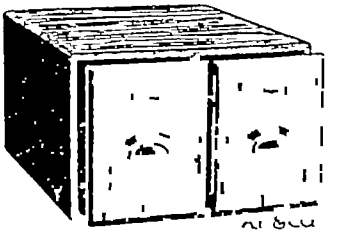
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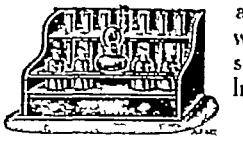
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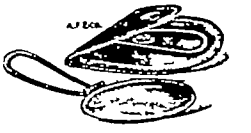
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that responsibility may become an intolerable burden, the young people who are just starting in life and to whom bad or good health means weariness and pain or that sense of power which is in itself an active enjoyment, and the small children who are at that critical stage when neglect of some simple precaution or some mistake in diet may handicap them all the rest of their lives

Existing Health Services

We are fortunate in this country in that all parties in the State have in the past used their opportunities to develop a range of services and facilities for improving the health of the people which has not been surpassed by any country in the world What we have not yet succeeded in doing is to ensure that those services are used to the full

Local authorities know well the difficulty of persuading people to take full advantage of their health services They have made great and praiseworthy efforts to spread the knowledge of what they are doing, and they have been backed up by numerous voluntary bodies with all that enthusiasm which is so characteristic of voluntary service But we believe that something more is called for at this time, something in the nature of a national campaign with all the publicity that can only be achieved by a concerted and organized attack by Government, local authorities voluntary organizations, doctors teachers and Press all working together for the same end

The Sanitary Cordon

Our health services are of two kinds those which come to the individual without any effort on his part, and those which require his active personal co operation

In the first category come such services as drainage, refuse disposal, street cleansing, and the provision of a pure water supply It is to these services that we owe our relative immunity from dangerous diseases that formerly used from time to time to sweep the country In 1866, for instance there was an epidemic of cholera 14 000 people died of it in England and in the squalid streets of the poorer parts of London the mortality was frightful To-day thanks to the improvement in these health services, cholera is unknown though the individual takes no special precautions to protect himself and thinks no more of the quality of the water he drinks than of the air he breathes

Personal Health Services

But there is another and more personal kind of health service which involves the necessity on the part of the individual man or woman to "do something" in order to take advantage of it In this category of personal service I give naturally a foremost place to that old-established and trusted institution the family doctor A cardinal rule of health is, Ask your doctor and, above all, Ask him in time Nor must I forget the great voluntary hospitals, with their relatively new allies, the municipal hospitals

Of this kind are our ante natal clinics and infant welfare centres our tuberculosis dispensaries and our facilities for the treatment of venereal diseases our school medical and dental services and our milk in schools scheme Some of these services have been in operation a long time others are of a more recent date and we are still adding every year to the weapons we use against ill health Under the stimulus of the Local Government Act of 1929 there has been a great extension of public general hospitals based on wider areas and separated from association with the Poor Law Even within the past few months we have had the Midwives Act of 1936 under which local authorities are making arrangements for properly qualified midwives on a whole time salary basis to be available for attendance either as midwives or as maternity nurses on women in their own homes These new developments will make their influence felt increasingly as time goes on, but we have only to look at the vital statistics to see that already the most encouraging and indeed startling results have been achieved In the last fifty years the standardized death rate has been brought down from 18 7 to 9.2 per thousand the infant mortality rate from 138 to 59, and the mortality rate from tuberculosis from 2 450 to 657 per million And the expectation of life of a newborn child to day is nineteen years longer than it was when I was born

Inertia and Procrastination

If we have achieved this success with services which only benefit a part of the population because the other part are not using them, may we not hope for still greater improvements if only we can overcome the inertia or the obstacles that keep them away What are these obstacles? It may be that the mother is too shy to go to the ante natal clinic Maybe she does not realize that the child s teeth are decaying and poisoning his system It may be that the person who has a tiresome cough is afraid to consult the doctor lest he or she should be told that they have been attacked by tuberculosis It may be that the child does not like milk or that the mother thinks that because it is cheap it is also nasty Whatever the cause, unfortunately we have plenty of evidence that in many places these health services are still not appreciated as they should be Let me give one or two instances to illustrate what I have just said

When I first began to take an active interest in public health tuberculosis was regarded as the most terrible and fatal of all the more familiar diseases But thanks largely to the vigorous measures taken to control it which have now been in operation for many years the death rate from tuberculosis in 1936 was less than half what it was on the average of the first ten years of the century, and to-day we can say that tuberculosis is an eminently curable disease provided it is diagnosed and dealt with at an early stage But although tuberculosis is now a compulsory notifiable disease we still find that a large number of cases are only brought to the notice of the M O H in the later stages when it is too late to effect a cure and sometimes even not until death has taken place The patient may for instance have ignored early symptoms and put off a visit to the doctor till the disease has become well established

Then again the figures of children under 1 year who attend infant welfare centres vary enormously In some areas the whole of the infant population attends in others the attendance is as low as 10 per cent Exactly the same variation is found among expectant mothers receiving ante natal care

Another striking instance of the disregard of health services is to be seen in the milk in schools scheme under which children can buy a 1/3 pint bottle of milk for 1/2d—that is at half the ordinary retail price School medical officers and teachers all over the country have testified to the good effects of the milk in improving the physique and the mental alertness of the children who take it regularly And yet if we leave out the children who receive free milk in these schools less than half the remainder are buying milk at the reduced price.

A Campaign of Publicity

Now these illustrations and I could give others to supplement them show clearly how great a need there is for a concentrated and determined crusade against ignorance, carelessness and indifference about health services We have got to bring home to everyone what are the dangers of ill health and how they may be avoided, and that whether it be for themselves or their children it is their duty not to neglect the services which are at their disposal

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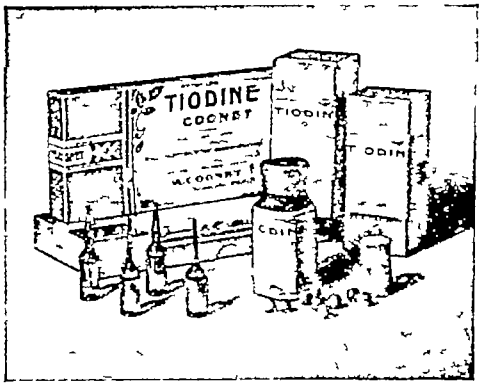
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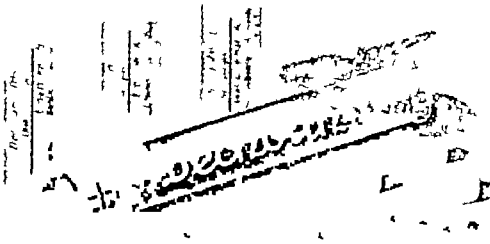
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WORLD SURVEY ON NUTRITION

[FROM A CORRESPONDENT IN GENEVA]

Nutrition as a subject of international concern first took the stage at the League of Nations Assembly two years ago At the Assembly now ending in Geneva it again held a position of prominence delegates from more than half the countries in the League taking part in discussions which occupied three sessions The whole question was raised originally at the instance of the Australian delegate Mr Stanley Bruce and both the committees concerned with it, one considering its economic and social aspects and the other its physiological aspects had British chairmen—namely, Lord Astor and Sir Edward Mellanby

British Empire

Lord Astor himself opened the discussion in the present Assembly by summarizing the final report of his Mixed Committee so called because it represented consumers and producers economists and agriculturists, and medical and social experts He said that something like thirty national nutrition councils had now been set up The representatives of a number of these had recently met in conference, and he had been particularly impressed by the value of the interchange of experience which had taken place regarding the technique of nutritional surveys in different countries and methods of nutritional education and propaganda

The discussion was continued by Mr R H Bernays M P Parliamentary Under-Secretary to the Ministry of Health who described the steps which Great Britain had taken to deal with malnutrition in colonial areas Reports showed the Colonial Governments to be fully aware of the urgency of the problem These reports contained accounts of surveys schemes for distributing milk for school children research work propaganda campaigns and courses in schools they were at present being studied by a central committee presided over by Lord De La Warr Mr Bernays also mentioned the adaptation of agriculture to the requirements of improved nutrition There had been a striking change in this direction, he said in the agricultural output of the United Kingdom—a sharp decrease in the area under cereals and a rise in the number of dairy cows Cereals at present represented only 5 3 per cent of agricultural output non-protective foods (excluding potatoes) only 11 4 per cent, protective foods (dairy produce eggs fruit and vegetables) 45 per cent, and intermediate products (potatoes meat and poultry) some 40 per cent Some account was also given by the Australian delegate of the movement there where an Advisory Committee on nutrition had already presented three interim reports In spite of the comparatively high level of nutrition in Australia there was much scope for further improvement and in particular the consumption of milk was too low The South African delegate said that in the Union attention was being concentrated on the nutrition of children Rations of cheese and milk were given in all primary schools and to some children in secondary schools

Nutrition in Europe

The speeches by the various delegates from European countries suggested that nutrition is not being lost sight of in military preparations In Hungary for example the minimum and also the optimum dietary requirements of agricultural workers are being studied, as well as the *problem of the adjustment of agricultural output to* nutritional needs The Austrian delegate called for the establishment of a uniform international classification by nutritive values of food destined for export, but Lord Astor said that the question of the classification and standardization of foodstuffs was already being studied by a technical committee appointed at the recent conference of representatives of national nutrition committees The Polish delegate complained that the nutrition problem of the peasant had been neglected, to which Lord Astor replied that this was mainly due to the scarcity of information on the subject Sweden called for a special international conference to investigate further means of stimulating the consumption of such important foods as milk and dairy products Denmark praised the moderate commercial policy of the United Kingdom in respect of tariffs which had enabled the British people to enjoy food at less than half the prices paid by many other European communities Finland described its progressive nutrition policy including important measures for improving the nutrition of school children and young persons studies of the diets of income and occupational groups, and investigations into agricultural productivity

South America

The delegates of Central and South American States also contributed their experience Venezuela had reduced *taxes on foodstuffs established health centres for children* encouraged diversity of crops introduced price control and distributed milk to the necessitous Uruguay had set up a large committee on popular nutrition, with sub committees in all the provinces under the auspices of the Ministry of Public Health and Public Welfare and an attempt was being made to provide fish foods and tropical fruits at economic prices and to reduce transport and distribution costs Chile had set up a national food council consisting of the Ministers of Agriculture Health and Labour, with various technical specialists A subsistence commissariat had been established to ensure a supply of staple foods direct from producers to consumers at costs reduced by the elimination of middle men Free midday meals were provided for all children in elementary schools the production and distribution of milk was being centralized and organized as a social service, and working mothers received benefits equal to half wages during the whole period of lactation Mexico spoke of a control established over the quality and price of protective foods, popular education in the principles of dietetics courses in scientific nutrition in its medical schools, teachers colleges and nurses training homes and publications on peasant nutrition and standard diets for workers

Asia and the Far East

In Asia too the gospel of nutrition is being vigorously spread The Indian delegate pointed out that the standards of nutrition employed in the League's inquiries had so far been based upon conditions in Europe and North America and for the East different standards would be required The Indian Government, he said had conducted research into the vitamin standards and had recently published tables showing the nutritive value of many foodstuffs commonly available in India Indian agricultural policy was being directed towards the increased production of milk Even China distracted land that it is spoke of progress in this field The majority of the population of China, said its delegate were probably permanently undernourished Their diet was mainly vegetarian and as compared with that of Europeans deficient in animal proteins in vitamins A and D and probably also in vitamin B Last year the Chinese Government set up a national nutrition institute in which were being studied such subjects as dietary standards in institutions and among industrial workers, the nutritional requirements of mothers and school children and the training of public health officers teachers and nutrition experts to spread knowledge regarding sound nutrition He promised that the results of these studies would be communicated to the League in due course

The League has now completed its work on nutrition, but will continue to take a fatherly interest in the movements in the different countries If all that was said in the discussion is to be taken at its full value the world will soon be flowing with milk and honey The pity is that the flow should be menaced by tragic interruptions which Geneva seems powerless to prevent.

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pig liver and to infective blood from human patients Further studies, prosecuted by the Institute failed to demonstrate the presence of cultivable bacteria leptospirae, rickettsiae, or protozoa in infective guinea pig tissues The agent was found to be filterable with difficulty through relatively permeable gradocol membranes The reactions of other animals were then tested The rhesus monkey reacted with a well marked fever, and its blood during the febrile period was infective to guinea-pigs In mice inoculated intraperitoneally although the infection rarely proved fatal, marked enlargement of the spleen occurred together with moderate enlargement and distinct histological changes in the liver Rickettsial bodies were observed in sections and smears of enlarged spleens situated in the cytoplasm of cells in the splenic pulp, forming rather sharply outlined microcolonies of closely packed organisms

Subsequent studies showed that the infective agent in mouse spleens was identical with that in guinea-pig liver After many mouse-to-mouse passages enlarged spleens were sent frozen by air to Brisbane These produced typical fever in normal guinea pigs but none in guinea-pigs immune to another strain of the infective agent, obtained initially from a different patient Thus the available evidence tends to incriminate the rickettsiae as the actual infective agents So heavy is the infection in mouse spleens that it has been possible to secure by differential centrifugation emulsions with large numbers of rickettsiae and very little tissue debris Preliminary experiments indicate that these emulsions are specifically agglutinable by convalescent sera from guinea pigs and a monkey and by one of two convalescent sera from human cases of Q fever at present available It is suggested that this indication if established by further studies should furnish a valuable means for the epidemiological investigation of the human disease

Correspondence

Spinal Anaesthesia for Caesarean Section

SIR —In my book on *Caesarean Section* (1927) I stated that I had never employed spinal anaesthesia in cases of Caesarean section, on account of the increased risk to the mother which it entails During the last ten years many cases have been published in which death or severe disabilities—meningitis paralysis severe headache, etc —were due to this method of treatment In the July number of the *Bulletin de la Société d'Obstétrique et de Gynecologie de Paris* (p 588) two cases are described of low Caesarean section in young healthy women in which fatal syncope occurred within one to three minutes of the spinal injection In the discussion of the cases it was stated that Professor Brindeau and Professor Brouha had had several fatalities and that the latter had in consequence abandoned spinal anaesthesia in cases of Caesarean section Professor Voron alluded to the special bulbar sensibility of women in labour to the action of cocaine compounds and added

Undoubtedly we ought to give up the employment of a mode of anaesthesia which otherwise possesses such incontestable advantages" De Lee (*Obstetrics* 1933 p 319) writes Krönig said spinal anaesthesia is dangerous in pregnancy and labour and present experience with all the drugs sadly confirms this Winter and Halban (*Lehrbuch der Operative Geburtshilfe* 1934) also call attention to the danger of spinal anaesthesia in women who are pregnant or in labour for general practitioners the question of its use does not arise For the foregoing reasons I was sorry to find, in Dr H K Ashworth's important article on spinal anaesthesia (*Journal* October 2, p 671) *Caesarean section given as an indication for that method* of anaesthesia which the eminent obstetricians mentioned *have concluded should be abandoned* in favour of general or local anaesthesia for this operation —I am, etc,

London W 1 Oct 2 HERBERT R SPENCER.

Pernicious Anaemia and Diabetes Mellitus

SIR —The two cases of pernicious anaemia and diabetes mellitus described by Dr H G McGregor (September 25 p 617) are of interest since this combination is relatively uncommon

In 1933 I reviewed my series of cases and suggested then that the combination was most possibly a coincidence Since then I have observed in a series of nearly one thousand cases of pernicious anaemia thirteen definite examples of diabetes mellitus coexisting in the same individual while two others are known to have had intermittent glycosuria for many years Of the thirteen patients six were males aged between 34 and 65 years and seven were females aged between 45 and 66 years Pernicious anaemia was first diagnosed in six patients two months one and a half three and a half four four and a half and six years respectively before the diabetes mellitus, symptoms of diabetes mellitus were first noted in four patients, one five ten and twenty six years respectively before the pernicious anaemia while in the remaining three the two conditions were diagnosed simultaneously

The hereditary factor may be of some significance, since I have often noted not only the occurrence of pernicious anaemia or subacute combined degeneration of the spinal cord in different members of one family but also families in which other members have had diabetes mellitus microcytic anaemia or simply achlorhydria (Wilkinson and Brockbank *Quart J Med* 1931 **24**, 219) Achlorhydria appears to be the most frequent common factor in the two conditions, since it is almost invariable in pernicious anaemia and Dr T H Oliver and I found that it was present in a large percentage of diabetics—an observation that has been noted by others Since the majority of cases of pernicious anaemia are first diagnosed between 40 and 60 years of age it will be interesting to follow up from this point of view the large number of diabetics now in that age period as a result of the highly successful modern diabetic treatment Particular attention should be paid to those diabetics with achlorhydria and with diabetic neuritis

The treatment of patients with pernicious anaemia and diabetes mellitus does not present any greater difficulties than may occur in the separate diseases Each disease can be treated adequately in the appropriate manner without interference from the second treatment, and my experience is that less insulin may be needed while greater amounts of anti anaemic substances are unnecessary With increased—almost normal—expectation of life for patients with pernicious anaemia it is now necessary to remember that they may develop other diseases to which the normal individual is liable Consequently changes in the character or an apparent return of the symptoms when taking adequate treatment must be investigated carefully—thus, a sudden loss of weight may indicate diabetes mellitus neoplasm phthisis, thyrotoxicosis etc all of which have been noted although not often in my series during the last nine years —I am etc

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sary in the vast majority of operations for toxic goitre, and their routine use appears to us to add a needless hazard to the procedure We recognize that they may be necessary for some patients with non toxic obstructive goitres —We are, etc.,

C Langton Hewer
Geoffrey Keynes

London Oct 4

Sir —Although Professor R E Kelly and Mr Cecil Joll are well satisfied with their results with endotracheal anaesthesia for thyroidectomy that is not the experience of many competent authorities in England and abroad Hewer's *Recent Advances in Anaesthesia* and the text-books published by Ross and Fairlie Nosworthy, and the Baker Institute, Melbourne are unanimous in stating that an endotracheal tube is best avoided in thyroidectomy These publications represent a very wide circle of opinion, and my own modest experience has led me to believe that it is true

I congratulate Professor Kelly on being the first to introduce endotracheal anaesthesia into England but I am surprised that he should be so prejudiced against modern inhalation methods which are now so universally accepted Nothing could approach normal physiological conditions more nearly than the wide bore Magill tube which merely prolongs the trachea to the surface and eliminates the gateway of the glottis

Professor Kelly permits himself to err when he refers to our machinery as cumbersome and he seems to be uncertain as to the function of the bag in the circuit—which leads me to wonder what method he has devised for giving cyclopropane —I am, etc,

London W 1 Oct 5 Ivor Lewis

Adult Serum in Measles

Sir —I was interested in the paper by Sir Kaye Le Fleming in your issue of September 25 (p 612) where he describes the treatment of an epidemic of measles in a public school by adult serum Some of his remarks call for comment

Ever since the days of Francis Home (1719–1813) workers have been attempting to prevent or modify measles with varying success Of recent years, however it has been established that an attack of measles can be prevented or attenuated by the use of a suitable dose of convalescent measles serum or even adult serum This has long passed the experimental stage, and is now recognized as the established procedure in measles control Nicolle and Conseil (1918) showed that the serum of children convalescing from measles could confer protection on an exposed susceptible and this advance was soon put on a definite basis by work both in America and in this country As long ago as 1927 Dr F B Smith and I published an article on the prophylaxis of measles with convalescent serum Since then I have used both convalescent measles serum and adult serum on several occasions in school epidemics of measles and can vouch for its efficacy in prevention when this is desired or attenuation in suitable cases Among other publications I would like to call Sir Kaye Le Fleming's attention to papers by Burnet (1935) on the attenuation of measles by adult serum Hobson (1934) and Elkington (1936) which deal specifically with the control of measles epidemics Hence it is hardly accurate to claim that his is the first occasion on which adult serum treatment has been used in a public school

It is interesting to note that there was no evidence of temporary immunity among susceptibles resulting from the use of adult serum This is in marked contrast with what may be expected from the use of convalescent measles serum given before the sixth day from exposure I am so impressed with the uniformly good results obtained by the use of convalescent measles serum that I always carry a stock, and each time I have had occasion to use it I have been increasingly impressed with its effectiveness in prevention or attenuation of the disease and avoidance of complications

For some time now it has been my practice in school epidemics of measles to divide the susceptible children into two groups those who are poor risks and who should be given serum at once, aiming at prevention and those who are healthy and in whom attenuation rather than prevention is desired —I am, etc,

Harrogate Clinic Sept 27 Sinclair Miller

References

Burnet W S (1935) *Lancet* 1 631
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Miller and Smith (1927) *J Path Bact* 30, 180
Nicolle and Conseil (1918) *Bull Mem Soc méd Hôp Paris* 42 336

Indications for Induction of Abortion

Sir —Mr E A Butterworth's letter (*Journal* September 25, p 635) raises an important question I feel, however that he has been unfortunate in the choice of his second illustrative case Within recent years the advisability of induction of abortion for tuberculosis has received considerable attention the conclusions reached are admirably surveyed and summed up in F J Browne's *Ante natal and Post-natal Care* Who is to decide whether induced abortion is necessary in any particular patient? If it is the patient's doctor the obstetrician becomes merely the tool for the purpose of the operation and his wider prognostic experience is valueless If the consultant's view opposes that of the practitioner, the latter may refer his patient to a further specialist for the confirmation of his opinion

It is absurd to say that advice is given in accordance with rules The consultant has to consider what treatment will best serve the interests of the patient, and the patient must be advised accordingly I know of few obstetricians who hesitate to perform induction of abortion if it be warranted On the other hand patients are constantly referred to obstetricians for the termination of pregnancy when the indications are slight or non existent No doubt in many of these cases there is some domestic indication but in, the absence of a definite pathological condition—rendering the continuance of pregnancy more hazardous than the risk and difficulties attending abortion —the majority of obstetric specialists hesitate to advise the latter course Until the indications are extended to include unwanted pregnancies —and I hope this may never come to pass—a great deal of unnecessary suffering often mental can be alleviated by the patient's doctor who should be responsible for her instruction in contraception or should advocate voluntary sterilization in suitable cases

Finally I would point out that it is unjustifiable for a doctor to assure his patient before her visit to the consultant that abortion is to be induced If the consultant does not concur in the view that termination of pregnancy is necessary the patient will be annoyed either with her doctor or with the specialist, according to her own desires concerning the pregnancy and the reputation of either may suffer through the nimble tongue of a dis



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of the eyelids and usually a hot fomentation over the affected lid reduces its action to a minimum It is the movement of the facial muscles that presses on the inflamed venules and squeezes out from them septic emboli infecting the cerebral veins—I am, etc,

London E 1 Sept. 25 N Pines

Sulphanilamide in Gonorrhoeal Infections

Sir—In a letter published in the *Journal* of September 25 (p 636) Mr Morton Whitby describes a system of treatment of gonorrhoea, which has, he states enabled him to proclaim a cure between the fourth and eighth week The difficulty of assessing cure in this disease is of course notorious It would therefore be of value to know what tests of cure he has employed He mentions the use of urethral instillations of a mercurochrome solution massaged into the bladder It is not easy to understand how a solution can be conveyed from the urethra to the bladder by massage Are these instillations given into the anterior or posterior urethra? Gonococcal infection of the bladder is not very common, and this makes it difficult to understand the rationale of this procedure

Mr Whitby also deplores the fact that ultra short wave therapy is not available for poor patients at any of the clinics in this country This method was introduced at the Seamen s Dispensary at Liverpool some two years ago while I was a junior assistant there and was extensively used in the treatment of acute epididymitis and prostatic infection—I am, etc,

Salford Sept 30 R C Webster M D

Nutrition in the Falkland Islands

Sir—Dr Arbour Stephens s letter in your issue of September 13 draws attention to the responsibility of Great Britain for the general care and nutrition of those in outlying colonies in which trade and communications make living difficult and unsatisfactory for often diminishing numbers of inhabitants

During a recent spell of general practice in one of the northernmost islands of the Shetlands I have had the chance to observe the conditions under which the people there are obliged to pass their lives There also the teeth of the children of pre school age are rotten and their resistance to gastric and respiratory diseases is low But what struck me most of all was the large incidence of a type of neuritis which I attributed to a dietetic insufficiency chiefly of vitamin B, Administration of this vitamin caused a marked improvement in a number of the cases But I concluded that education was the only satisfactory method of tackling such a number of cases—being even more necessary in these districts than on the mainland where restriction of choice in diet was not so marked

Surely in conditions where amount and variety of diet is restricted both on account of the limited communications and the poverty of the inhabitant a great deal of good could be produced by an elementary knowledge of dietetics—I am etc,

Edinburgh Sept 25 M Spencer Harrison

Sir—In his letter published on September 25 (p 636) Wing Commander Stanley Turner doubts the diagnosis of influenza by Dr Cheverton the M O on the spot and offers some imaginative one as an alternative In order to drive his arguments home he quotes a ship surgeon who writing in 1769 described the soil as fine black earthy This description differs greatly from the report of Sir John Orr, wherein we read that the soils are acid, the nitrogen high, but not utilizable In the report to the Colonial Office (kindly lent me by Mr Ormsby Gore the Colonial Secretary) we are told the best cows give only two gallons of milk, the majority give much less, in the cattle tuberculosis is rife and the stock through inbreeding is very puny Dr Turner states that the cattle are fat fertile and good milkers The people are is hardy as the animals Dr Turner tells us although the Colonial Office report states there is a considerable amount of ill health—for example, nervous debility amounting almost to mental lethargy—possibly due to disturbance of the calcium phosphorus ratio and vitamin deficiency

In the report one finds that appendicitis is a common disease but then Dr T P Binns states (*Journal* p 637) It was fashionable to have the appendix out A statement of this sort is not complimentary to his successor who removed the appendix because of present day fashions on the Falkland Islands! Dr Binns admits the teeth were poor, but they took little care of them and their ideas of infant feeding were not calculated to help the growth of healthy teeth It would be interesting to know why Dr Binns was not able to improve matters if it merely meant educating these hardy people

Nasal catarrh and bronchitis are very prevalent and asthma incidence is high but now that the medical profession has been informed by Dr Turner that this asthma is due to the large amount of mutton eaten we shall see what we shall see—I am, etc,

Swansea Sept 26 G Arbour Stephens

Education in Food Values

Sir—Viscount Dawson of Penn told the House of Lords that malnutrition or, as he preferred to call it undernutrition was largely due to lack of education in the choice and cooking of food, and went so far as to suggest a panel of travelling teachers to instruct housewives how to buy and how to cook food Dame Louise McIlroy (*Journal* August 7, p 258) repeated the old story of white bread and shops stacked with tinned foods and asked how many ante natal clinics or hospitals concerned themselves with lessons in the preparation of foodstuffs Further she inquired whether rural institutes gave demonstrations in food expenditure and values

No doubt all these expedients are good but I venture to inquire whether it ought to be the duty of clinics or hospitals or peripatetic teachers to give this instruction We have had sixty-seven years of primary education in Great Britain and Ireland, and in these years have grievously failed in the important function of teaching our people how to feed themselves The Education Department receives well merited praise for supplying free milk and meals to deserving cases but does it get due credit for having permitted the present state of malnutrition or undernutrition so largely due to defective training to develop?—I am etc

Sept 6 M D, F R C P

Foreign Body in the Rectum

Sir—I read Dr C P Warren s letter (September 25 p 638) with some interest It is a common practice among fishermen who catch eels with hooks not to bother taking out the hook if it has been gorged as it kills the eel They therefore cut the line leaving the hook inside It was only recently that I remarked on the possible danger of this practice and suggested that it was curious that cases of the hook being swallowed were not

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Further particulars may be obtained from the Dean, Charing Cross Hospital Medical School, London, W.C.2, to whom applications should be submitted.

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UNIVERSITY OF LONDON

The late Mrs Florence Joy Weldon of Oxford bequeathed her residuary estate upon trust for the foundation at the University of London of a Professorship of Biometry for the higher statistical study of biological problems in memory of her husband the late Walter Frank Raphael Weldon, at one time Jodrell Professor of Zoology at University College London She wished the professorship to be associated with University College, in the hope that the close friendship between her husband and the late Sir Francis Galton might be perpetuated in the active association of the Weldon and Galton Professorships

The University accepted the benefaction with gratitude, and a trust deed has now been approved by all the parties concerned The chair has been established at University College the first holder being Professor J B S Haldane, F R S who took up his appointment on October 1

UNIVERSITY COLLEGE

A course of ten lectures on "Biometry" will be given by Professor J B S Haldane F R S at University College Gower Street W C on Tuesdays at 5 p m., beginning October 12. The course is open without fee to students of the University registered in the Faculties of Science and Medical Sciences

Medical News

The Harben Lectures for 1937 of the Royal Institute of Public Health and Hygiene on *The Theoretical and Practical Significance of Endocrinology* will be delivered by Professor E C Dodds at 28 Portland Place, W, on Monday Tuesday and Wednesday, October 11, 12, and 13, at 4 p m In the first lecture Professor Dodds will speak on the posterior lobe of the pituitary, in the second on the anterior lobe of the pituitary and in the third on the sex hormones

The opening address of the new session will be given at Guy's Hospital Medical School to day (Friday October 8) at 3 p m., by Sir Edward Poulton, F R S., President of the British Association who will also distribute the prizes

A course of four lectures on the physiology of hearing and speech will be given by Dr Phyllis M Tookey Kerridge on October 11 18 25 and November 1, at 5 p m at University College, Gower Street W C

The autumn dinner of the Aberdeen University Club will be held at the Café Royal, Regent Street London on Thursday, November 18 with the Lord Rector, Admiral Sir E. G R Evans in the chair Medical graduates who are not members of the club and who wish to be present should communicate with Dr Andrew Topping, County Hall S.E 1

The autumn series of Chadwick Public Lectures opened at Gateshead on October 8 Other lectures will be given in London as follows At 26 Portland Place, W., on October 14, at 5 30 p m., Professor W A Osborne of Melbourne on The Study of Nutrition November 16 at 5 15 p m., Dr Bernard Myers on The Promotion of Health in the Empire Citizen November 2, at 5 30 p m Dr J M H McLeod Malcolm Morris Memorial Lecture on "Leprosy in Great Britain at the Present Time At the London School of Hygiene and Tropical Medicine Gower Street W C., on November 24 at 5 15 p m., Mr Pointon Taylor on "Town Planning and Town Dwelling December 7 at 5 15 p m Dr William Butler on The Thames Estuary and the Problem of Sewage Disposal of Greater London"

A meeting in support of the Caldecott Community for Children The Mote Maidstone will be held at the Mansion House on Tuesday October 19 at 3 30 p m The Lord Mayor of London will preside and the Archbishop of Canterbury the Earl of Lytton, and Miss Rendel will speak on the work of the Community which exists for the benefit of normal children (girls and boys) from abnormal homes Particulars may be had from the appeal secretary, Miss Gourlie, 259A, King's Road S W 3

In our advertisement columns this week the British Postgraduate Medical School Ducane Road W announce a vacancy for the post of Sub Dean of the School at a commencing salary of £1,250 per annum

The annual dinner of the Surgical Instrument Manufacturers Association will be held in the King's Hall of the Holborn Restaurant on Friday, October 15, at 7 p m

The forty third congress of the Italian Society of Internal Medicine will be held under the presidency of Professor Carlo Gamna at Turin from October 19 to 22, when discussions will be held on the modern conception of colitis the pathology of old age and the diagnosis and treatment of sellar and parasellar syndromes The secretary is Professor Cesare Giordano, R Clinica Medica, Corso XXVIII Ottobre, Turin

The Duke of Kent will visit Birmingham on October 13 to open the conference of the British Hospitals Contributory Schemes Association On the following day he will inspect the progress made with the building of the Birmingham Hospitals Centre

Under the auspices of the British Institute of Philosophy an address will be given by Dr William Brown on Modern Psychology and Religion at University College, Gower Street W C on Tuesday October 12, at 8 15 p m Cards of admission can be obtained from the Director of Studies, University Hall 14, Gordon Square, W C 1

During the course of the International Cremation Congress held in London last week the setting up was announced of an International Cremation Federation for the purpose of spreading knowledge of the superiority in economic aesthetic, and other respects of cremation over the traditional form of burial Lord Horder chairman of the council of the Cremation Society welcomed the setting up of the new organization and said that it marked a great step forward The first president of the International Federation is Dr P H Van Rooijen (Holland) the vice presidents are Dr H Zeiss (Germany) and General F Bauer (Sweden) The secretary general is Mr P Herbert Jones and the treasurer is Dr H T Herring honorary secretary of the Cremation Society The headquarters will be in London

After many years of service Dr Tom Jays so well known for his work as Principal of Livingstone College has resigned as honorary secretary of the Medical Prayer Union, and Dr Neville Bradley 49 Highbury Park London N.5 has been appointed in his place and any practitioner desirous of obtaining information about the Union is requested to communicate with him Among its activities are the annual medical missionary breakfast held during the Annual Meeting of the British Medical Association and meetings in London and the provinces

On September 30 Dr F W Eurich was entertained to dinner at the Midland Hotel in Bradford by members of the medical profession and of the wool textile industry when cheques were handed to him in recognition of the services he has rendered to the community more especially in anthrax prevention during his forty years in the city Dr W Hayburn took the chair and Dr J B Dunlop in proposing the health of the guest dwelt on Dr Eurich's investigation into anthrax, which he said had armed the wool textile industry against a sinister scourge The cheque on behalf of the medical profession in Bradford and the West Riding was handed to Dr Eurich by the chairman Among the other speakers who paid tribute to Dr Eurich's work were Dr W MacAdam of Leeds and Dr F J O Coddington Bradford stipendiary magistrate

NORTHAMPTONSHIRE COUNTY COUNCIL.

Towcester Rural District Council

SENIOR ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH
DISTRICT MEDICAL OFFICER OF HEALTH

The above Authorities invite applications from registered medical practitioners holding a Diploma in Public Health or similar qualification for the appointment of Senior Assistant County Medical Officer of Health and District Medical Officer for the Towcester Rural District

The inclusive salary will be at the rate of £800 per annum with a travelling allowance on the scale from time to time approved by the County Council Office accommodation and clerical assistance will be provided £110 per annum of the above inclusive salary is attributable to the appointment of District Medical Officer

The appointment of Senior Assistant County Medical Officer of Health is a designated post for purposes of the Local Government and Other Officers Superannuation Act 1922 and the salary attaching to that appointment will be subject to a deduction of 5 per cent per annum for superannuation in accordance with the provisions of that Act.

The officer appointed will act under the County Medical Officer of Health as Assistant School Medical Officer and Assistant Medical Officer for Maternity and Child Welfare, and perform such other duties as may be assigned to him by the County Council and County Medical Officer of Health

The appointment will be subject to the Sanitary Officers (Outside London) Regulations 1935 and the Local Government Act 1933 and the officer appointed will be required to perform in the Towcester Rural District all the duties imposed on a District Medical Officer of Health by the relevant Acts Orders and Regulations

The officer will be required to devote his whole time to the duties of the office and to reside in a place approved by the Authorities

The candidate appointed will be required to pass a medical examination

The appointment will be determinable (subject to the relevant provisions of the Local Government Act 1933) upon three months notice on either side.

Applications stating age, qualifications and experience together with copies of not more than three recent testimonials should reach the undersigned not later than October 18th 1937

Canvassing will disqualify

H S MARTIN
County Hall Clerk of the County Council
Northampton
September 28th 1937

SURREY COUNTY COUNCIL

MENTAL HOSPITALS COMMITTEE

APPOINTMENT OF JUNIOR ASSISTANT MEDICAL OFFICER (male)

Applications are invited for the post of male Junior Assistant Medical Officer (unmarried) in the Surrey County Council Mental Hospital Service

Commencing salary which will be subject to statutory deductions under the provisions of the Asylums Officers Superannuation Act 1909 will be £350 rising by annual increments of £25 to a maximum of £450 per annum together with apartments board laundry and attendance valued for superannuation purposes at £150 per annum The person appointed will also be paid in addition to his salary the sum of £50 per annum if he holds the Diploma in Psychological Medicine

The appointment will be subject to termination by one calendar month's notice on either side and the person appointed will be required to undergo a medical examination

Applications stating age, accompanied by copies of three recent testimonials and enclosed in an envelope endorsed Mental Hospitals Junior Medical Officer" must reach me not later than Wednesday October 20th 1937

DUDLEY AUKLAND
Clerk of the Council

Mental Hospitals Department,
County Hall
Kingston-upon-Thames
October 5th 1937

COUNTY BOROUGH OF BRIGHTON

SANATORIUM AND INFECTIOUS DISEASES HOSPITAL

Applications are invited for the post of male JUNIOR RESIDENT MEDICAL OFFICER

Salary £250 per annum with board and lodging.

The appointment is for a period of six months

The post is designated under the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination before being appointed to the position.

Particulars and form of application can be had from the undersigned

Applications must be delivered at my office before 10 a m on Monday October 25th 1937

DUNCAN FORBES
Medical Officer of Health

Royal York Buildings,
Brighton 1
October 1st 1937

CITY OF BIRMINGHAM

SELLY OAK HOSPITAL (520 Beds)

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Further particulars of the appointment may be obtained from the Medical Superintendent of the Hospital

Applications stating age experience and qualifications accompanied by copies of recent testimonials and endorsed Radiologist should be sent to the Medical Superintendent Selly Oak Hospital Birmingham not later than Wednesday October 13th 1937

F H C WILTSHIRE
Town Clerk

The Council House Birmingham
September 1937

CITY OF BIRMINGHAM

Maternity and Child Welfare Department

Canwell Hall Babies Hospital (84 Beds)

WOMAN RESIDENT MEDICAL OFFICER

A Woman Resident Medical Officer is required for a period of six months Duties to commence on December 6th

Applicants should have had previous experience as a resident house physician

Salary £250 per annum with board and laundry

Applications giving particulars of qualifications age and experience and accompanied by copies of three recent testimonials should be sent to the Medical Officer of Health The Council House Birmingham 3 on or before October 15th 1937

F H C WILTSHIRE
Town Clerk

CITY OF BIRMINGHAM

SELLY OAK HOSPITAL (520 Beds)

JUNIOR MEDICAL OFFICERS (MALE)

Applications are invited from fully qualified Medical Practitioners for the whole-time appointments of Junior Medical Officers (male) at the Selly Oak Hospital Birmingham The appointments will be for periods of six months in the first instance but may be extended at the end of that time for further periods of not exceeding six months

Salary at the rate of £200 per annum and full residential emoluments

Further particulars may be obtained from the Medical Superintendent at Selly Oak Hospital to whom applications stating age experience and qualifications with copies of recent testimonials should be forwarded not later than Wednesday October 27th 1937

F H C WILTSHIRE
Town Clerk

The Council House
Birmingham
September 1937

COUNTY BOROUGH OF GATESHEAD

ASSISTANT MEDICAL OFFICER OF HEALTH (FEMALE)

Applications are invited from duly qualified medical women in possession of the Diploma of Public Health or similar qualification for the post of Assistant Medical Officer of Health in the Public Health Department. The person appointed shall work under the general supervision and control of the Medical Officer of Health Experience in midwifery and diseases of children will be a recommendation for the post The salary payable is at the rate of £500 rising to £700 by annual increments of £25 and the appointment is subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 The appointment will be terminable by one month's notice from either side.

A list of the duties of the office may be obtained from the Medical Officer of Health Greenesfield House Mulgrave Terrace Gateshead to whom applications stating age and experience and accompanied by not more than three recent testimonials should be sent not later than October 22nd 1937 in envelopes endorsed Assistant Medical Officer

Town Hall J W PORTER
Gateshead 8 Town Clerk

GLAMORGAN COUNTY COUNCIL

APPOINTMENT OF VENEREAL DISEASES MEDICAL OFFICER (MALE)

Applications are invited from registered medical practitioners (male) under thirty five years of age whose experience complies with Section 5 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930 for the appointment of Medical Officer under the Public Health (Venereal Diseases) Regulations 1916

The Person appointed will be required to work under the general direction of the County Medical Officer of Health to pass an examination as to physical fitness to devote his whole time to the duties of the office to reside where directed by the County Council and to commence his duties as soon as possible. The appointment will be terminable by three months notice on either side

The salary to be paid in respect of these and any other duties assigned to the successful candidate in the Department will be £750 per annum rising by biennial increments of £50 to a maximum of £937 10s per annum Travelling and subsistence allowances will be paid according to scale.

The appointment is superannuable

Forms of application and further particulars of the appointment can be obtained from the County Medical Officer Dr E. Colston Williams Glamorgan County Hall Cardiff by whom applications on the appropriate form should be received not later than the first post on November 17th 1937

HENRY ROWLAND
Clerk of the Glamorgan County Council
Glamorgan County Hall Cardiff
September 24th 1937

RHONDDA URBAN DISTRICT COUNCIL

WOMAN ASSISTANT MEDICAL OFFICER

Applications are invited from unmarried or widowed women medical practitioners not exceeding 45 years of age for appointment as ASSISTANT MEDICAL OFFICER under the direction and supervision of the Council's Medical Officer of Health and School Medical Officer at a salary of £500 rising by annual increments of £25 to £700 a year the first annual increment being payable on April 1st following the completion of six calendar months service under the Council travelling expenses necessarily incurred in the performance of the duties will also be allowed Candidates must have had not less than three years professional experience subsequent to registration and must be experienced in the diseases of children the possession of a Diploma in Public Health is also considered desirable The appointment which is designated under the Local Government and Other Officers Superannuation Act 1922 will be subject to the passing of a medical examination and will be terminable by two calendar months notice on either side. The Officer appointed will be required to reside within the Rhondda Urban District and will not be allowed to engage in private practice.

Applications are to be made on forms obtainable from the Medical Officer of Health Tydfil House Llewellyn Street Pentre Rhondda by whom they must be received endorsed Assistant Medical Officer and accompanied by copies of three recent testimonials not later than the first post on Tuesday October 19th 1937

The Council Offices D J JONES
Pentre, Rhondda Clerk of the Council
September 25th 1937

CITY OF EDINBURGH

TRINITY HOSPITAL and SUBSIDIARY TRUSTS and ALEXANDER MORTIFICATION

Applications are invited from Medical Practitioners in Edinburgh for the post of MEDICAL OFFICER to attend Pensioners on the Establishments of the above Trusts resident in Edinburgh (including Leith and suburban areas) The number of pensioners to be attended will vary from time to time but in the meantime will be about 400 The appointment will be on a part-time basis at an inclusive salary of £250 per annum Applications giving full particulars of qualifications should be sent by October 16th to the subscriber from whom copies of the Regulations as to the appointment may be obtained

City Chambers D ROBERTSON
Edinburgh Town Clerk
September 29th 1937

BRITISH RED CROSS SOCIETY

CLINIC FOR RHEUMATISM
Peto Place Marylebone Road N W 1

The British Red Cross Society invite applications for the appointment to the Clinic for Rheumatism Peto Place Marylebone Road N W 1 of an HONORARY GYNAECOLOGIST

Applications should be sent in not later than October 25th addressed to —

The Secretary of the Medical Board
Clinic for Rheumatism
British Red Cross Society
14 Grosvenor Crescent
London S W 1

EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

273 Symptomatic Steatorrhoea

E. LUNDSTEEN (*Hospitalstidende* June 22 1937, p 698) points out that Thaysen applied the collective term of idiopathic steatorrhoea to the conditions hitherto known as coeliac disease and tropical and non tropical sprue respectively Such idiopathic steatorrhoea or Gee–Thaysen s disease must be distinguished from what the author calls symptomatic steatorrhoea two cases of which he reports from Professor Meulengracht s hospital in Copenhagen The first patient was an unmarried woman, aged 52 who presented all the cardinal signs of Gee–Thaysen s disease, including sprue-like motions great emaciation, stomatitis hypocalcaemia with tetany pigmentation of the skin, anaemia and a flat blood sugar curve The post mortem examination however, revealed carcinosis of the small intestine, with innumerable flat white tumours ranging in size from a pin s head to an almond They were confluent at some points and isolated at others There was no enlargement of the mesenteric glands The high fat content of the motions was probably due to the stasis in the intestinal lymphatic vessels caused by the malignant growths The second patient was a married woman aged 24, who, after a normal pregnancy and confinement, developed steatorrhoea, marked hyperchromic anaemia glossitis, latent tetany, and a flat blood sugar curve She became very emaciated, but recovered completely in response to blood transfusions and from two to three months treatment with stomach and liver preparations

274 Serum Sickness in Typhoid Fever

B JOCHWEDS and A SZTEJNBERG (*Monde med* Paris, July 1, 1937 p 779) treated forty one cases with large doses of normal horse serum during the typhoid epidemic at Warsaw in the autumn of 1934 Two injections of from 60 to 80 c cm were given with one or two days between each and serum sickness developed in seventeen, or 42 per cent In four cases it occurred in convalescence without having any effect, and in another four it did not modify the course of the disease In the remaining nine the termination of the attack of typhoid coincided with the appearance of serum sickness which in no way aggravated the attack of typhoid The serum sickness itself was treated by injections of 10 per cent calcium bromide twice a day either alone or in combination with subcutaneous injections of adrenaline

275 Cardiac Effects of Uterine Myomata

H DIETEL (*Dtsch med Wschr* July 30 1937 p 1186) has investigated eighty cases of myoma of the uterus at the University Maternity Hospital in Hamburg Eppendorf with special reference to the theory that this condition has an injurious influence on the heart As many as sixty two of these patients were between the ages of 30 and 50 and eighty further patients of approximately the same age who were suffering from various other gynaecological ailments served as controls Both groups were subjected to the same tests the blood pressure was measured electrocardiographic records were taken and the basal metabolism was estimated The blood pressure measurements were repeated in each case so that a complete graphic record could be obtained and the results were found to be approximately identical for the two groups On the other hand the electrocardiograms showed a much higher rate of abnormalities in the cases of uterine myomata than in the control group In the first group there were as many as twenty-eight patients showing slight electrocardiographic abnormalities and six showing serious abnormalities, whereas among the controls there were only sixteen with slight and four with serious abnormalities The basal metabolism also was more often abnormal in the cases with myomata there were only twenty-two of these patients with a basal metabolism ranging from normal to 10 per cent above it, whereas there were forty seven with a basal metabolism raised by 10 to 20 per cent and eleven in which it was raised by more than 20 per cent In the control group there were as many as fifty three patients with a basal metabolism ranging from normal to 10 per cent above it, twenty four in whom it was raised by 10 to 20 per cent, and only three in whom it was more than 20 per cent above normal The author concludes that the constitutional disturbances from which many patients with myoma of the uterus suffer may well be due to a disordered function of the thyroid gland

Surgery

276 Total Thyroidectomy in Cardiovascular Disease

R SINGER (*Wien klin Wschr* July 9, 1937, p 1025) reports a number of cases of cardiovascular disease in which, after all medical treatment had failed considerable improvement was obtained following total thyroidectomy The results were good in myocardial disease as well as in angina pectoris The author elaborates the theoretical basis of the operation, which should be limited to cases of chronic decompensated hypertony which do not respond to digitalis and strophanthin therapy, and to non progressive angina pectoris which remains uninfluenced by the usual therapeutic measures In no case was the operation followed by cachexia strumipriva, in fact most of the patients felt much brighter after the operation

277 Common Duct Obstruction

I S RAVDIN and W D FRAZIER (*Surg Gynec Obstet* July 1937 p 11) discuss the effects of obstruction of the common bile duct on the cytology of the liver cells and on the portal blood flow It has been seen that when the duct becomes obstructed the liver cells continue to secrete bile until the intraductal pressure reaches the same level as the secretory pressure of the liver If the gall bladder is capable of absorption bile may be secreted for hours but if it is badly damaged the intraductal pressure may rise so abruptly that secretory suppression of the liver occurs in a few hours As the liver cannot be distended to any great extent the intrahepatic ducts dilate at the expense of the hepatic cells and blood vessels the portal venous circulation suffering most The arterial circulation also becomes affected and hepatic anoxaemia results Portal venous stasis causes stagnation of the blood in the intestinal tract and leads to an increase in the blood volume in this part of the circulatory system and a decrease in the circulating blood volume The bilious ascites which follows common duct obstruction is due to the rise in pressure in the capillaries Intense hyperaemia occurs when a complete obstruction of the ducts is relieved and may cause damage to the liver cells and changes in circulation A method of gradual decompression is described which has been in use for several years The apparatus is illustrated and shows how by means of a Y tube the flow of bile can be regulated Enough is obtained externally for analytical study, and the rest is forced down into the duodenum by controlling the level of the Y tube The pressure within the decompression apparatus should only be sufficient to overcome the tonus

BOROUGH OF SOUTHALL

APPOINTMENT OF MEDICAL OFFICER OF HEALTH

The Council invite applications for the above appointment from duly qualified and registered Medical Practitioners who in addition to the qualification prescribed by any Statute are also registered in the Medical Register as holding a Diploma in Sanitary Science, Public Health or State Medicine

The appointment will be subject to the provisions of the Local Government Act 1933 the Sanitary Officers (Outside London) Regulations 1935 and the approval of the Minister of Health

The person appointed will be required to perform all the duties imposed on a Medical Officer of Health under relevant Acts and Orders to act as Medical Officer to the Maternity and Child Welfare Centres and Medical Superintendent of the Isolation Hospital so long as this continues to be maintained by the Council and will also be required to carry out such other duties of a like nature as the Council may with the consent of the Minister of Health (where necessary) from time to time direct

The person appointed will be required to reside within the Borough and to devote his whole time to the duties of the office He will not be permitted to engage in private practice.

The inclusive salary attaching to the office will be £800 per annum rising (subject to satisfactory service) by annual increments of £50 to a maximum salary of £1 000 per annum together with a car maintenance allowance of not less than £50 per annum

All fees receivable in respect of any duties carried out by the Medical Officer of Health must be paid into the Council's accounts

The Local Government and Other Officers Superannuation Act 1922 has been adopted and the above-mentioned post designated for superannuation purposes and the successful candidate will be required to pass a medical examination by the Council's Medical Officer of Health and to contribute to the Council's Superannuation Fund

The person appointed will be required to give three months notice to determine the appointment

Applications stating age qualifications and experience accompanied by copies of three recent testimonials must be delivered to the undersigned not later than October 25th 1937

The canvassing of any member of the Council by or on behalf of any candidate for the above-mentioned appointment is prohibited and will result in the disqualification of that candidate and each candidate is required to state in his application whether or not he is related to any member or Chief Officer of the Council

W STALEY BROOKES
Town Hall Southall Town Clerk
October 4th 1937

COUNTY BOROUGH OF DERBY

Derby City Hospital

ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited for the post of Assistant Resident Medical Officer (male) at the above Hospital of 300 beds This Hospital provides treatment for acute medical and surgical cases tuberculosis, obstetrics and children's diseases etc

Candidates must be registered in medicine and surgery

The appointment is for a period of six months two months notice of termination of duties may be given on either side

Salary at the rate of £200 per annum with board and residence.

Applications stating age experience, and accompanied by three recent testimonials should be sent to the undersigned as soon as possible.

Public Health Department GORDON LILICO
1 Derwent Street, Medical Officer of Health
Derby

CHARING CROSS HOSPITAL

MEDICAL REGISTRAR

The Council invites applications for the post of Medical Registrar Candidates must be registered Practitioners (male) Honorarium £150 per annum A copy of the Regulations can be obtained from the undersigned to whom applications together with copies of three recent testimonials must be submitted not later than the first post on Monday October 18th 1937

GEORGE J JONES
Charing Cross Hospital Secretary
Strand W C 2
October 5th 1937

WEST HERTS HOSPITAL

Hemel Hempstead Herts
(114 Beds 24 miles from Euston)

JUNIOR RESIDENT MEDICAL OFFICER

required to commence duties about the beginning of November Male unmarried preferred Salary £170 with rooms board and laundry Applications, stating essential particulars and enclosing copies of three recent testimonials to be sent *at once* to ROBT L BUTTERFIELD
Clerk to the Hospital

ESSEX COUNTY COUNCIL

LADY ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

The County Council of the Administrative County of Essex invite applications for the above appointment from duly qualified Registered Medical Practitioners holding a Diploma of Public Health and not over 45 years of age

The Officer appointed must have had experience as a Medical Officer of an ante natal clinic

The salary will be £500 per annum and will rise subject to satisfactory service by annual increments of £25 to £700 per annum and travelling expenses will be allowed

The appointment will be held by the successful candidate during the pleasure of the Council and will be determinable by the Officer by three months notice in writing

The person appointed will be required to pass a medical examination and to contribute to the fund established by the County Council under the Local Government and Other Officers Superannuation Act 1922

The appointment will be subject to the Council's Sick Pay Rules and Regulations a copy of which will be forwarded on application

Applications on the prescribed form obtainable from the undersigned accompanied by copies of not more than three testimonials (which will not be returned) should be addressed to me and delivered at the County Hall Chelmsford not later than 10 a m on Monday October 25th 1937

County Hall E S HOLCROFT
Chelmsford Clerk of the County Council
October 5th 1937

ESSEX COUNTY COUNCIL

TEMPORARY ASSISTANT SCHOOL MEDICAL OFFICER

The County Council of the Administrative County of Essex invite applications for the above appointment from duly qualified registered Medical Practitioners Preference will be given to a candidate who has had experience in school medical inspection

The appointment will be for a period of one year from January 1st 1938 and the person appointed will be required to carry out duties in the Dagenham area

Salary will be at the rate of £500 per annum and travelling expenses will be allowed

Applications stating age qualifications and experience accompanied by copies of not more than three recent testimonials should be addressed to me and delivered at the County Hall Chelmsford not later than 10 a m on Monday October 25th 1937

County Hall E S HOLCROFT
Chelmsford Clerk of the County Council
October 5th 1937

CITY OF MANCHESTER

Monsall Hospital for Infectious Diseases (600 beds)

The Public Health Committee invites applications from registered medical men for the post of SECOND RESIDENT ASSISTANT MEDICAL OFFICER at the above named hospital

Preference will be given to applicants who have held resident surgical and medical posts in a general hospital and have taken the Diploma in Public Health or have special experience in Bacteriology and who have had previous experience in fevers

Salary £350 rising by £25 annually to £450 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service.

Full information and forms of application may be obtained from the Medical Officer of Health Sun light House Quay Street Manchester 3 and applications for the post must be received by him not later than October 23rd 1937

F E WARBRECK HOWELL
Town Hall Town Clerk
Manchester 2
October 2nd 1937

COUNTY BOROUGH OF SOUTH SHIELDS

The South Shields General Hospital

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENT

Applications are invited by the South Shields Corporation for the appointment of Deputy Medical Superintendent of the above hospital (400 beds) at a commencing salary of £350 per annum rising by two annual increments of £50 to a maximum of £450 per annum together with board residence and laundry valued at £101 per annum

The salary and emoluments are subject to a deduction of 5 per cent under the Local Government and Other Officers Superannuation Act 1922

Form upon which application should be made accompanied by copies of three recent testimonials may be obtained from the Medical Officer of Health Town Hall South Shields and should be received by the undersigned in an envelope marked Deputy Medical Superintendent not later than October 27th 1937

HAROLD AYREY
Town Hall South Shields Town Clerk
September 30th 1937

THE KING EDWARD VII WELSH NATIONAL MEMORIAL ASSOCIATION

Applications are invited from duly registered medical practitioners for the following posts (twelve months appointment in each case) at the GLANTRY HOSPITAL (196 beds for pulmonary and surgical tuberculosis in men women and children) Fairwater near Cardiff.

(*a*) RESIDENT MEDICAL OFFICER (male) Salary £350 per annum plus maintenance.

Preference will be given to applicants who have held the post of House Physician or House Surgeon at a general hospital and have had institutional experience in the treatment of pulmonary tuberculosis

(*b*) ASSISTANT RESIDENT MEDICAL OFFICER (male or female) Salary £200 per annum plus maintenance

Applications stating age, qualifications experience etc together with copies of three recent testimonials should reach the undersigned not later than Wednesday October 20th 1937

Memorial Offices D A POWELL.
Westgate Street Principal Medical Officer
Cardiff

DEVON COUNTY COUNCIL (MEDICAL DEPARTMENT)

Hawkmoor Sanatorium near Bovey Tracey

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners (male or female) for the above appointment Candidates must be unmarried and have held resident hospital appointments Salary will be at the rate of £250 per annum with board residence and laundry

The appointment will be made in the first instance for a period of six months and renewable for a further six months

Forms of application may be obtained from the undersigned and must be returned accompanied with copies of not more than three recent testimonials not later than the first post on Friday October 22nd 1937

L MEREDITH DAVIES
County Medical Officer
4 Barnfield Crescent Exeter

CORPORATION OF BARKING

RESIDENT MEDICAL OFFICER

Applications are invited before October 22nd 1937 from qualified medical practitioners for the designated appointment of Resident Medical Officer at the Council's Upney (Maternity) Hospital comprising 24 beds

Previous medical appointments in a maternity hospital and experience in ante-natal work is essential and preference will be given to candidates holding or reading for membership of the College of Obstetrics and Gynaecology

Salary £350-£25 £450 plus emoluments, valued at £15s per annum

Particulars of duties and applications forms may be obtained from the undersigned

S A JEWERS
Town Clerk
Town Hall Barking Essex

CORPORATION OF BARKING

PUBLIC HEALTH DEPARTMENT

Applications are invited from Registered Dental Surgeons for the designated appointment of ASSISTANT DENTAL SURGEON

Salary scale £450-£20-£550

Particulars of duties and application form can be obtained from the undersigned to whom such form must be returned not later than October 29th 1937

S A JEWERS
Town Clerk
Town Hall Barking Essex

BRITISH POSTGRADUATE MEDICAL SCHOOL.

APPOINTMENT OF SUB-DEAN

The Governors invite applications from registered medical practitioners for the post of Sub-Dean of the School

Salary £1 250 per annum rising by *annual* increments of £50 to £1,500 per annum

Applications must be received not later than the first post on October 30th 1937 by the Chairman of the Governing Body British Postgraduate Medical School Ducane Road Shepherd's Bush London W 12 from whom further particulars of the duties etc may be obtained

THE ROYAL INFIRMARY BRADFORD

It is proposed to create the post of DERMATOLOGIST to the Bradford Royal Infirmary The successful applicant must reside in Bradford and practise solely as a Dermatologist

Applications and copies of recent testimonials are to be sent to the undersigned on or before October 22nd

H TRUSSON
House Governor and Secretary

glands were demonstrable there were eleven patients, ten of whom were still symptom free In a third group which contained seventeen inoperable cases, there were only three patients who had become symptom free under treatment with radium The authors insist that these figures underline the enormous importance of giving cancer of the lip radium treatment as early as possible

284 X-Ray Treatment of Cancer of the Rectum

E Bandier (*Ugeskr Laeg* July 1, 1937, p 714) endorses with certain reservations the general opinion that the radiological treatment of cancer of the rectum is palliative rather than curative At the Radium Station in Copenhagen, in the period 1931 to 1934 the admissions for cancer of the rectum numbered 142, but only nine of these cases were considered operable In 125 cases x ray treatment only was given with a supplementary colostomy being performed in a few instances There were forty-three deaths during the first year after treatment, thirty-nine during the second year fifteen during the third year, eight during the fourth year, and three during the fifth year None of the patients who died showed at any *time signs of clinical recovery, and in almost every case* the cause of death was cancer of the rectum In the eight cases in which the immediate cause of death was other than cancer, the tumour of the rectum showed no regression The author gives details of five cases in which, after microscopical verification of the diagnosis, clinical recovery was achieved under treatment by *x* ray therapy alone The observation period was three years in two cases and five in three An attempt was made to ascertain what were the factors governing the recovery in these five most exceptional cases but they appeared to be quite ordinary instances of adenocarcinoma of the rectum Recovery could not be ascribed to any novel departure from conventional x ray treatment of cancer of the rectum The author concludes that while x-ray treatment is incomparably inferior to operative treatment in operable cases these five recoveries justify further close study of x ray treatment for this condition

285 X-Ray Treatment of Blood Diseases

J Ducuing P Marques and O Miletzky (*J Radiol Electrol* June, 1937, p 250) have treated by means of total radiotherapy eleven cases of which there were five of Hodgkin's disease, five of myeloid leukaemia, and one of lymphatic leukaemia. They irradiated the whole body by means of two x ray tubes energized simultaneously They gave a total maximal dose of 300 *r* units in three to four weeks the maximum dose at a sitting was 25 *r* units and the applications were given every second or third day During the course of treatment the blood should be closely watched as the danger of the treatment lies in the possibility of causing a leucopenia or thrombopenia rather than an anaemia Leucopenia usually does not arise in lymphogranulomatosis and in leukaemia The anaemia which is always present in these cases does not constitute a contraindication to total radiotherapy in fact it is often improved by the treatment Thrombopenia is more serious and no cases showing less than 100 000 thrombocytes per c mm should be subjected to the treatment Cases of lymphatic leukaemia are particularly prone to develop anaemia and leucopenia as a result of the treatment

286 Cerebral Changes Due to Radium

H A Colwell and R J Gladstone (*Brit J Radiol* July 1937 p 549) have exposed the brains of living rats to gamma rays of radium and have observed a number of non suppurative inflammatory changes The immediate effects of the irradiation were vascular engorgement and changes in the nerve cells mainly in the larger cells of the cerebral and cerebellar cortex With the lapse of time no attempt at repair was observed on the contrary, the degenerative changes in the cells were progressive The histological changes were similar to those occurring in the neighbourhood of haemorrhages or mechanical injuries after death The vascular dilatation which followed immediately after irradiation was accompanied by an escape of red blood corpuscles The initial stages of inflammation of the cerebral membranes were accentuated at twenty four hours after irradiation The inflammatory reactions which were observed in the earlier stages increased progressively with the lapse of time and were attended by disintegration and total destruction of nerve cells occasional haemorrhages into the nerve tissue and cerebral ventricles, and the appearance of necrotic patches due to contraction of the arterioles

287 Cancer of the Cervix

J C Ahumada O Prestini and J del Togno (*Zbl Gynäk* July 10, 1937, p 1639) review the results of radium therapy in 607 cases of carcinoma of the uterus *in which the Regaud technique was used Of these cases* 40 per cent were operable, 53 per cent inoperable and 7 per cent were regarded as hopeless In the operable group a five year cure was achieved in 46 per cent, and in the inoperable cases only in 19 per cent

288 Gastric Mucosa in Relief

R A Arens and S D Mesirow (*Radiology* July, 1937, p 1) describe a method for the demonstration of the relief of the gastric mucosa by means of a new colloidal *suspension of barium in water (Rugar) combined with* the administration of a seidlitz powder The patient was given on an empty stomach the colloidal suspension of barium mixed with water in a proportion of one to fifteen He was then placed in the prone position and told to lie at first for five minutes on his left side then for an equal time prone, and at last for another five minutes on his right side He was then given the seidlitz powders and instructed not to belch Films of the stomach were taken in the right lateral right oblique, and anterior positions The patient was finally given an ordinary barium meal and the radiographs were repeated The authors present a series of thirty cases, in some of which the stomach was normal while in several the examination revealed unusual pathological findings They agree with the Cole collaborators that this sedimentation method cannot be used as a routine to the exclusion of the ordinary barium meal, but they think that it is useful as an adjunct in certain special cases

289 Radiology of Haemoptysis

Schmidt and Unholtz (*Z Tuberk* 78 1-2 p 1) have x rayed 151 cases of haemoptysis mostly of tuberculous origin The patients were photographed in bed immediately following cessation of bleeding and again later when convalescent In one third of the cases no clinical or x ray changes could be found In the remainder shadows due to massive aspiration of blood or secondary inflammatory changes were seen They were of considerable assistance in determining whether the underlying condition was in the process of healing, stationary or progressive Evidence of haematogenous dissemination of tuberculosis was well marked By means of radiographs it was possible to ascertain the course of the disease, its distribution and the course of the *focal* pneumonias following haemoptysis even in the absence of physical signs Changes of non tuberculous origin were only differentiated by the absence of the specific organism

WEST LONDON HOSPITAL, HAMMERSMITH ROAD (239 Beds)

CHIEF ASSISTANT TO THE DEPARTMENT FOR TREATMENT OF INJURIES required. The post is a resident one and the duties commence on NOVEMBER 1st. Salary at the rate of £200 a year with board lodgings and laundry allowance. Candidates must be duly qualified registered Medical Practitioners and it is desirable they should possess one of the higher Surgical Degrees or Diplomas. They must have had special experience in the treatment of fractures.

The appointment which is terminable by a month's notice on either side will be for a period of six months in the first instance but this period may be extended.

Applications which must be made on printed forms obtained from me must reach me not later than first post on Wednesday October 27th. Candidates will be required to call upon such members of the Medical Staff as directed to be in attendance at a Medical Council meeting at 4.30 p.m. on Friday October 29th and the House Committee meeting at 5 p.m. the same day when the appointment will be made.

H. A. MADGE,
Secretary.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL
Shooters Hill, London, S.E.18
(General Hosp.)

The Board of Management invites applications from suitably qualified candidates for the post of HOUSE SURGEON for six months with effect from November 1st 1937. Remuneration will be at the rate of £100 per annum plus board residence and laundry.

The closing date for the receipt of applications (which should be made on the prescribed form obtainable from the undersigned) is Monday October 18th and short-listed candidates will be required to meet the Appointments Committee on Friday October 22nd 1937 at 4.45 p.m.

R. S. G. HUTCHINGS,
Secretary.

HOSPITAL FOR EPILEPSY AND PARALYSIS
Maida Vale, London W.9

HOUSE PHYSICIAN REQUIRED NOVEMBER 1st.

Applications are invited for this post. The salary is at the rate of £100 p.a. and the appointment is for six months. Applications accompanied by copies of three recent testimonials should reach me by October 13th.

The accommodation at the Hospital does not permit of women graduates holding this appointment.

H. W. BURLEIGH,
Secretary and General Superintendent.

MILLER GENERAL HOSPITAL
Greenwich Road, S.E.10

Applications are invited for the post of ASSISTANT RADIOLOGIST. Candidates must possess a medical qualification and the D.M.R.E. Candidates will be expected to call upon the members of the Honorary Medical and Surgical Staff a list of whom can be obtained from the Secretary.

An honorarium of £125 per annum will be allowed.

Applications stating qualifications and experience together with copies of not more than three recent testimonials should be sent to the Chairman of the Hospital on or before October 25th 1937.

September 21st 1937.

MILLER GENERAL HOSPITAL
Greenwich Road, S.E.10

Applications are invited for the post of ASSISTANT RADIOLOGIST. Candidates must possess a medical qualification and the D.M.R.E. Candidates will be expected to call upon the Members of the Honorary Medical and Surgical Staff a list of whom can be obtained from the Secretary.

An honorarium of £125 per annum will be allowed.

Applications stating qualifications and experience together with copies of not more than three recent testimonials should be sent to the Chairman of the Hospital on or before October 25th 1937.

September 21st 1937.

ST. MARY'S HOSPITAL, W.2

CASUALTY HOUSE SURGEON

Applications are invited for the above post from duly qualified candidates.

Candidates must have been House Surgeons for a full period of office to this Hospital or to some other General Hospital approved by the Board.

The salary is £100 per annum with board and residence and the appointment is for six months.

Applications with copies of testimonials not exceeding three in number should reach the undersigned (from whom particulars may be obtained) on or before Thursday October 21st.

W. PARKES,
House Governor.

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL
Gray's Inn Road, W.C.1

ASSISTANTS IN THE OUT PATIENTS DEPARTMENT

There are the following vacancies:

SECOND ASSISTANT to attend on Saturdays at 11.30 a.m.

THIRD ASSISTANT to attend on Tuesdays at 5 p.m.

THIRD ASSISTANT to attend on Mondays at 2 p.m.

The duties are to assist the Surgeons in seeing the patients and the posts are honorary ones.

Applications which may be for periods of three six or twelve months should be sent to the undersigned immediately.

JOHN H. YOUNG,
Secretary Superintendent.

THE GUEST HOSPITAL, DUDLEY
(General Hospital—107 Beds—Shortly to be increased to 160 Beds)
The Resident Staff consists of a Resident Surgical Officer and two House Surgeons.

Applications are invited from registered Medical Practitioners for the post of RESIDENT SURGICAL OFFICER (male). Salary at the rate of £250-£300 per annum according to experience with furnished apartments board and laundry. Candidates must have had experience in emergency surgery and preference will be given to those holding the qualification of F.R.C.S. or M.S.

Applications stating age qualifications and experience accompanied by copies of testimonials to be sent to the undersigned.

H. RAYMOND HURST,
House Governor and Secretary.

October 1st 1937.

SAMARITAN FREE HOSPITAL FOR WOMEN
Marylebone Road, N.W.1

Applications are invited for the post of HOUSE SURGEON for a period of six months commencing on November 8th next. Salary at the rate of £100 per annum with board lodging and laundry. Previous experience as House Surgeon essential. Applications accompanied by copies only of three testimonials must reach the Secretary at the Hospital on or before Wednesday noon October 27th 1937.

G. H. HAWKINS,
Secretary.

SAMARITAN FREE HOSPITAL FOR WOMEN
Marylebone Road, N.W.1

Applications are invited for the post of REGISTRAR for a period of twelve months salary at the rate of £130 per annum. Applications stating age accompanied by copies only of three testimonials must reach the Secretary at the Hospital on or before Wednesday October 27th 1937.

G. H. HAWKINS,
Secretary.

THE ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN
Waterloo Road, S.E.1

RESIDENT CASUALTY AND ORTHOPAEDIC HOUSE SURGEON

Applications are invited from qualified male practitioners for the post of Resident Casualty and Orthopaedic House Surgeon to work in the Out Patient Department with care of Orthopaedic beds vacant immediately at £150 per annum. The appointment is in the first instance for a period of six months.

Applications with copies of testimonials should be sent to the Secretary at the Hospital from whom further particulars can be obtained.

THE ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN
Waterloo Road, S.E.1

There will be a vacancy on November 1st 1937 for a HOUSE PHYSICIAN (male) at the above Hospital. The appointment is in the first instance for a period of six months. Salary at the rate of £100 per annum with board and residence. Applications with copies of testimonials should be forwarded not later than Wednesday morning October 20th to the Secretary at the above address from whom further particulars can be obtained.

THE MARIE CURIE HOSPITAL
(Centre for treatment of cancer in women by radium and X-rays)

Applications are invited from qualified medical women for the post of RESIDENT MEDICAL OFFICER. Previous hospital experience desirable. Salary £100 per annum.

Applications to be sent with copies of not more than three recent testimonials to the Secretary, 2, Fitzjohn's Avenue, N.W.3.

ROYAL HALIFAX INFIRMARY

Hospital recognised by the Royal College of Surgeons (England)

Wanted a SECOND HOUSE SURGEON also a THIRD HOUSE SURGEON (male unmarried). Candidates must be duly qualified and registered. The appointments will be for six months ending April 30th 1938 followed by promotion if suitable. Salary including all services required in connection with Paying Patients Ward £175 per annum and £150 per annum respectively with residence, board and laundry. The Resident Staff consists of Resident Surgical Officer and three House Surgeons. The Hospital contains Maternity and Paying Patients blocks. Also a Pathological Department a large Eye, Ear Nose and Throat Department, Radiological Department and Radium Clinic.

Particulars of the duties may be obtained from the undersigned to whom applications stating age and nationality together with testimonials should be sent on or before the 20th instant.

A. MIDGLEY,
Secretary.

October 4th 1937.

THE ROYAL INFIRMARY, SHEFFIELD
(500 Beds)

The Board of Management invite applications for the undermentioned posts:

1 HOUSE PHYSICIAN
2 HOUSE SURGEON
3 HOUSE SURGEON to the ORTHOPAEDIC AND FRACTURE SERVICE
4 OPHTHALMIC HOUSE SURGEON
5 HOUSE SURGEON to the EAR NOSE AND THROAT DEPARTMENT

The salary attached to posts (1) (2) (3) and (5) is £80 per annum increasing after six months service to £100 per annum and to (4) £120 per annum with board and residence in each case.

These appointments will be tenable for the period of six months commencing on November 1st, 1937.

The Ophthalmic Department contains 69 beds and an Out patient Department which is open daily.

Applications with copies of testimonials to be sent to the General Superintendent and Secretary.

October 4th 1937.

WESTERN INFIRMARY OF GLASGOW (INCORPORATED)

RADIUM DEPARTMENT

The Managers invite applications for a FULL TIME ASSISTANT RADIUM THERAPIST for the National Radium Centre at the Western Infirmary.

The work will include treatment by the usual Radium methods and also by Beam Therapy. Salary £400 per annum.

Fifteen applications with copies of at least two testimonials with each application to be lodged with the Subscriber on or before Wednesday October 20th 1937. Canvassing not permitted.

J. MATHESON JOHNSTON,
Secretary and Treasurer.

87 Union Street, Glasgow.

October 1st 1937.

PETERBOROUGH AND DISTRICT MEMORIAL HOSPITAL (154 Beds)

Appointment of SENIOR RESIDENT HOUSE SURGEON (3 Residents on Staff)

Applications are invited from fully qualified male practitioners for the above post which becomes vacant on November 1st next.

Applicants must have held a hospital appointment previously for at least six months and have had experience in Fracture work.

Salary at the rate of £175 per annum for the first six months and £200 per annum afterwards.

Applications stating age qualifications and experience with copies of recent testimonials to be sent to the undersigned from whom further particulars may be obtained.

FRANK A. C. TAYLOR,
Secretary-Superintendent.

BEXHILL HOSPITAL, BEXHILL-ON-SEA

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male or female).

Duties to commence on December 1st 1937 the appointment being for a period of six months. Salary £150 per annum with board residence and laundry.

Applications stating age nationality experience and qualifications accompanied by three recent testimonials should be received not later than October 20th 1937.

P. E. WINDO,
Secretary.

BEXHILL HOSPITAL, BEXHILL-ON-SEA

APPOINTMENT OF HONORARY CONSULTING SURGEON

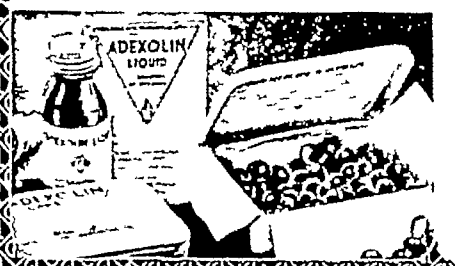
Applications are invited for the appointment of Consulting Surgeon on the Honorary Staff of the above Hospital. Applicants must be of recognized Consultant Status.

Applications should be received by the undersigned not later than October 20th 1937.

P. E. WINDO,
Secretary.

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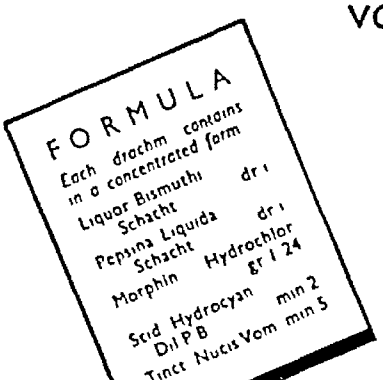
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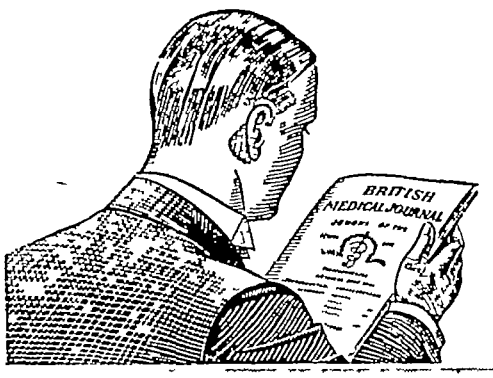
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WANTED AN INDOOR ASSISTANT IN AN old-established, industrial and country practice with view to succession in a year or two —Address No 825 B M.A. House, Tavistock Square W C 1

WANTED AT ONCE, OUTDOOR MALE ASSISTANT British preferably ex H.S and H P for good-class mixed practice in Midlands salary £400 p.a with £50 car allowance work light and time for study house or rooms can be arranged —Address No 825 B M.A. House Tavistock Square W C.1

WANTED FOR LARGE INDUSTRIAL Practice in Birmingham Outdoor ASSISTANT with view to early partnership Some experience necessary and must be able to drive car —Address No 710 B M A House Tavistock Square W C 1

WANTED IMMEDIATELY —INDOOR AND Outdoor ASSISTANTS for Town and Country Practices with and without view to Partnership Good salaries offered State full particulars — BRITISH MEDICAL BUREAU 33 Cross Street Manchester 2

WANTED IMMEDIATELY — INDOOR ASSISTANT male under 30 no objection straight from hospital Protestant Salary £300-£350 a year *No midwifery little night work* —Address No 1080 B M A House Tavistock Square W C 1

WANTED IMMEDIATELY MALE ASSISTANT East London suburb Outdoor self contained furnished flat at surgery *Salary £400 to* £500 p a Share panel midwifery etc No capital State race age experience —Address No 1032 B M A House Tavistock Square W C 1

WANTED IMMEDIATELY MARRIED ASSISTANT 30-35 for South Wales colliery practice £450 p.a with free unfurnished house car provided or allowance —Address, No 1087 B M A House Tavistock Square W C 1

WANTED INDOOR ASSISTANT FOR EAST London panel and private practice Salary £300 per annum car provided for work.—Address No 1088 B M A House Tavistock Square W C 1

WANTED INDOOR ASSISTANT FOR practice in Glamorgan Suit recently qualified man Good salary and prospects — Address No 840 B M A House Tavistock Square, W C 1

WANTED INDOOR MALE ASSISTANT Native of British Isles £300 p a Car found Dispenser and second assistant Apply with photograph —Address No 822 B M A House Tavistock Square W C 1

WANTED IN INDUSTRIAL DISTRICT WEST Riding MALE ASSISTANT Scotch or English with car some experience Salary £450 p a and car expenses, outdoor Partnership if mutual satisfaction —Address No 1023 B M A House Tavistock Square W C 1

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WANTED SINGLE MALE ASSISTANT FOR Glamorgan Colliery Practice. Salary £400 *p.a outdoor with rooms and attendance* or £350 p.a —indoor Cottage Hospital Newly qualified suitable —Address No 939 B M A. House Tavistock Square W C 1

WANTED YOUNG MALE OUTDOOR ASSISTANT Private practice no panel in Staffordshire country town Work light. Time for reading Car provided Salary £400 —Address No 836 B M.A House Tavistock Square, W C 1

WANTED —WELL-QUALIFIED ENERGETIC young ASSISTANT with view to partnership in a good-class practice in a North-West seaside town with well-equipped hospital University degrees and postgraduate hospital experience essential Practice already contains M D M R C P., and F R C.S Eng Experience in some specialty a recommendation —Address No 1002 B M A. House Tavistock Square W C 1

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ASSISTANT INDOOR WANTED SOON Mixed practice in South Coast town Dispenser kept State age nationality experience. Salary £300 —Address No 1007 B M.A House Tavistock Square W C 1

ASSISTANTSHIP OR PART TIME REQUIRED in London area by Australian woman graduate anxious to study higher degree All the necessary testimonials —Address No 1013 B M A House, Tavistock Square, W C 1

ASSISTANT (PART-TIME) REQUIRED during evening surgeries mainly occasionally as locum North London Accommodation can be *provided if desired* —Address, No 1081 B M A House Tavistock Square W C 1

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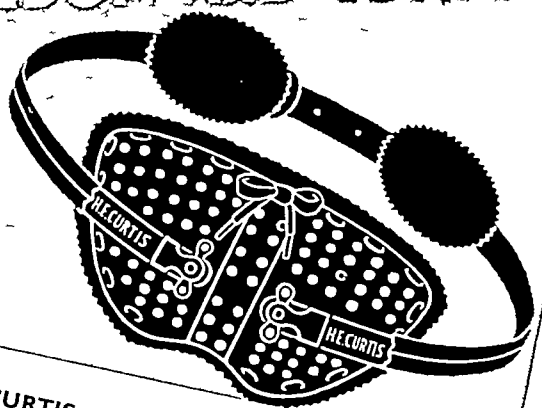
INDOOR MALE ASSISTANT WANTED IN old-established good-class practice private and panel near Leeds Man with some experience preferred Salary £300 or according to experience —Address No 1026 B M A House Tavistock Square W C 1

LIVERPOOL —ASSISTANT WANTED UNDER 30 English or Irish preferred Old-established practice panel and private No midwifery Salary £350 p a and furnished flat Reply giving full particulars with copies of testimonials and photo (to be returned) to—Address No 1015 B M A House Tavistock Square W C 1

OUTDOOR ASSISTANT WANTED EARLY November Middlesex near London Keen reliable drive car Good salary and prospects Give age details references *and photo* to be returned —Address, No 1017 B.M A. House Tavistock Square W C 1

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TWO FINE SUITES OF CONSULTING ROOMS in good modern house in WEYMOUTH STREET W 1 Passenger lift c h w etc Moderate rentals will be accepted For full particulars apply ELLIOTT SON AND BOYTON 6 Vere Street, Cavendish Square, W 1 (Mayfair 3204)

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APPOINTMENTS—Contd.

COUNTY OF KENT

TWO ASSISTANT TUBERCULOSIS OFFICERS (male)

Applications are invited for the above-mentioned whole time appointments on the staff of the Public Health Department

The duties will include attendance at dispensaries and such other work as may be assigned from time to time

The salary is at the rate of £600 a year rising subject to satisfactory service by annual increments of £25 to a maximum of £750 a year with subsistence and travelling allowances according to the County Council's Scale

The officers appointed will be required to reside in such part of the county as may be directed

The posts are designated as established ones under the Local Government and Other Officers Superannuation Act 1922 and each is terminable by three months notice on either side The successful candidates will be required to pass a medical examination

Applications stating age qualifications and clinical experience with special reference to practical experience in the diagnosis and treatment of tuberculosis accompanied by copies of not more than three testimonials must be received by the County Medical Officer of Health Sessions House Maidstone not later than Tuesday October 19th 1937 No official form of application will be issued

Sessions House, Maidstone W L PLATTS
Clerk of the County Council

October 2nd 1937

LANCASHIRE COUNTY COUNCIL

JUNIOR ASSISTANT MEDICAL OFFICER
Wrightington Hospital Appley Bridge

Applications are invited for the post of Junior Assistant Medical Officer (male unmarried) for the Wrightington Hospital which contains 206 beds for non-pulmonary tuberculosis (adults and children) and 20 beds for combined pulmonary and non pulmonary cases Salary £200 per annum together with board residence and laundry

The appointment will be for six months or for twelve months as may be agreed upon

The medical staff consists of medical superintendent two assistants two consultant orthopaedic surgeons and other visiting surgeons There are excellent facilities for reading for M D

Forms of application and conditions of appointment obtainable from Central Tuberculosis Officer County Offices Preston Letters to be marked Wrightington M O

Closing date October 21st 1937

County Offices, Preston GEORGE ETHERTON
Clerk of the County Council

CITY OF LIVERPOOL

Smithdown Road Hospital (1 220 beds)

Applications are invited for the appointment of RESIDENT ASSISTANT MEDICAL OFFICER at Smithdown Road Hospital a general hospital with 1 220 beds

The appointment is for a period of one year at a salary of £200 per annum together with the usual residential allowances

Canvassing will be deemed a disqualification

Applications to be made on forms obtainable from the Medical Officer of Health Municipal Annexe Dale Street Liverpool 2, to be endorsed Resident Assistant Medical Officer and returned to the undersigned so as to be received not later than Tuesday October 19th 1937

Municipal Buildings Dale Street Liverpool 2 W H BAINES
Town Clerk

October 1937

LEEDS PUBLIC DISPENSARY & HOSPITAL.

Applications are invited for the posts of—
1 CASUALTY OFFICER AND HOUSE SURGEON (male)
2 HOUSE PHYSICIAN (male)

Appointment for six months Salary at the rate of £150 per annum with board residence and laundry

Applications with copies of three recent testimonials to be sent on or before Monday October 18th addressed to the undersigned Public Dispensary and Hospital North Street Leeds, 2.

CHARLES F J MAURY
Secretary and Superintendent

BATLEY AND DISTRICT HOSPITAL.

(General Hospital—84 Beds)

Required a duly qualified RESIDENT HOUSE SURGEON (male) Salary £175 with board residence and laundry Applications with copies of testimonials should be sent at once to—

A. W WESTERN
Secretary

Batley Yorks

CITY OF MANCHESTER

PUBLIC HEALTH DEPARTMENT

Crumpsall Hospital (1,568 Beds)

APPOINTMENT OF A CONSULTANT AURIST (Part-time)

The Public Health Committee invite applications for the appointment of Consultant Aurist (part time) at the Crumpsall Hospital Manchester 8, to commence duty on December 1st 1937

Salary £250 per annum

Forms of application and copies of a memorandum on the terms and conditions of appointment may be obtained from the Medical Officer of Health Sunlight House, Quay Street Manchester 3 by whom applications must be received not later than October 23rd 1937

F E WARBRECK HOWELL,
Town Clerk.

Town Hall Manchester
September 28th 1937

HOSPITAL OF ST CROSS RUGBY

(120 Beds)

Applications are invited for the post of ONE MALE RESIDENT MEDICAL OFFICER (three R M O s)

Salary to commence at the rate of £100 per annum for the first three months £125 per annum for second three months and at the rate of £150 per annum for subsequent months Full board washing etc provided

Six months appointment and eligible on completion of service for further extension of six months

Candidates must be prepared to commence duties on November 1st 1937

The practice of the Hospital offers excellent opportunities for wide experience

Certificates and other fees shared by R M O s

Applications, stating age nationality and full details with copies of three recent testimonials to be sent to the undersigned

(Signed) W COCKBURN
Superintendent and Secretary

THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL OSWESTRY

(Beds Adults 210 Children 110)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (male) which will become vacant in January 1938

The appointment is for a period of one year but may be renewed annually for a period not exceeding three years

Commencing salary £350 p.a rising by annual increments of £50 to £450 p.a with board residence laundry

Candidates must be registered medical practitioners and have had previous Orthopaedic experience it is essential that they should possess a higher surgical qualification

Applications together with copies of three recent testimonials, stating age qualifications and experience should be received not later than November 6th 1937

JOHN MENZIES
Secretary-Superintendent.

MANCHESTER ROYAL INFIRMARY

HOUSE SURGEON
Aural Gynaecological and Ophthalmic Departments

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointment vacant on November 15th 1937 Applicants must hold a Medical and Surgical qualification and be registered

The appointment is for six months, subject to the bye-laws as to notice etc Salary at the rate of £50 per annum with board-residence and allowance for laundry

Applications stating age to be sent to the Chairman of the Medical Board not later than Tuesday October 19th 1937

By Order
W R TINDALE
Gen Supt and Secretary

October 5th 1937

THE ROYAL GWENT HOSPITAL.

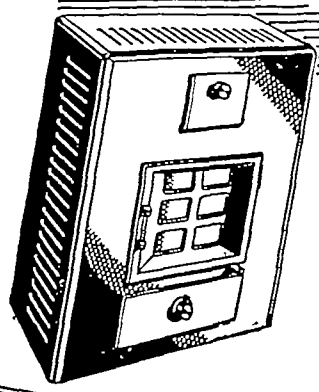
Newport Mon
(210 Beds)

Applications are invited for the following appointments which become vacant on November 1st next—

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DEVON—TOWN ABOUT £4,000 P A., large Panel ¼ SHARE for disposal Premium £2 125 Good residence at £100 p.a—3

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ISLE OF WIGHT — TWO FIFTHS SHARE in well-est PRACTICE of about £2 600 p a Panel 1 200 and appts Nice house garden and garage. Social and sporting facilities Premium 2 years purchase—13

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MANCHESTER — PLEASANT DIS TRICT About £1 200 p a Panel 750 Ample scope Well built detached house 5 bed garden and tennis lawn etc—15

SUFFOLK—COUNTRY AVERAGE £1 096 p a Old-estd. Panel £582 Appts and clubs over £100 p a Premium £2 000 House with 2 recep 3 bed surgery etc Electric light Indoor sanitation Garden and garage Rent £40—16

LANCS — TOWN OLD-ESTAB Average £1 300 p.a Select panel of 807 Scope for Surgery and X Ray Premium 1½ years pur chase Nice house on rental £70 p a—17

LONDON, S E.—RESIDL AVERAGE £700 p.a. Panel 600 Old-estd Fees 3/6 to 10/6 Premium 1½ years purchase. Corner house 5 bed etc £1 200 or offer—18

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1 KENT—Very old-established mixed class PRACTICE in growing district within 15 miles of London Cash receipts last year, £1 540, including appointments about £230 and panel 1 700 Good detached double fronted house (6 bedrooms) with garage and garden for sale Scope for increase Premium two years purchase Cottage hospital

2 S MIDLANDS—PARTNERSHIP in Practice, about £3 600 in beautiful country district, easy distance of good town Panel 1 600 Visits 5/ to £1 1s House (about 7 bedrooms) garage for two cars and nice garden to rent Premium one third share two years purchase

3 SURREY—PARTNERSHIP in Practice, averaging £5 000 p a, in residential district about 10 miles from London Panel 3 000 Fees 3/6 to £1 1s Suitable house obtainable One fifth share (after preliminary Assistantship) at two years purchase

4 SUFFOLK—PARTNERSHIP in old-established country town Practice about £8 000 p a Good appointments and clubs and large panel Visits 3/6 to £1 1s After preliminary Assistantship one sixth share would be sold to suitable man at two years' purchase Cottage hospital

5 ESSEX—Good middle class non-panel PRACTICE averaging over £2,150 p.a, in outlying suburban district Fees 3/6 to £1 1s Detached corner house on main road (6 bedrooms) garden and garage, for sale Excellent scope for panel Premium two years purchase

6 S W OF ENGLAND—PARTNERSHIP in steadily increasing Practice, averaging over £1 800 in beautiful country district near coast Panel 1,050 Nice house (7/8 bedrooms), garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

7 BUCKS—PARTNERSHIP in old-established country Practice about £2 400 Small panel Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms), with garage for two cars and about half acre garden to rent One fourth share at two years purchase

8 LONDON, W 2, and W 6—Non-dispensing and non panel PRACTICE, run by two men in partnership Receipts about £1,300 and £700 respectively Premium two years and one and a half years purchase respectively Or either would be sold separately

9 ESSEX—Old-established and steadily increasing PRACTICE in outlying district Receipts 1937, at rate of £1,500 p a Panel 750 Visits mainly 5/ Nice detached corner house (6 bedrooms, etc) garage and garden Rent £100 Premium £3 000 or near offer

10 KENSINGTON—Good class non-dispensing PRACTICE doing about £600 a year No panel but scope if required Fees 10/6 to £1 1s Very attractive residence with excellent consulting room etc 6/7 bedrooms and large garage etc Premium Freehold house and practice £5 200

11 S COAST—PARTNERSHIP in Practice, about £1 500 p a in health resort Panel 1 150 Visits mostly 5/ *Modern semi-detached house* (3 bedrooms) with garage to rent District rapidly growing, offering good scope Premium two-fifths share £1,250 to include share of drugs etc

12 WEST INDIES TOURIST RESORT—PARTNERSHIP in steadily increasing Practice doing £2,500 a year Partner must be experienced in surgery and possess M C O G Share of £1,000 at first at two years purchase

13 ISLE OF WIGHT—Well-established PRACTICE about £1,200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating garage and small garden for sale or rent Good scope Premium £2 000

14 HOME COUNTIES, within 30 miles of London—PRACTICE, averaging about £3,000 p a in country district Good appointments and panel 2 500 Detached Georgian house (5 bedrooms, etc), garage and good garden, to rent Premium two years purchase Preliminary Assistantship

15 SURREY—Well-established and increasing PRACTICE, within 20 miles of London Cash receipts last year £1,284 *Chiefly run from main surgery* Plenty of scope Good introduction Premium £2 000 Purchaser could get on Cottage Hospital

16 LANCASHIRE COAST—NUCLEUS OF PRACTICE averaging £245 p.a, offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms) for sale Suit either medical man or woman Premium £500 to include instruments, drugs and surgery furniture etc

17 SUFFOLK AND NORFOLK BORDER—Old established country PRACTICE about £1 100 p.a Panel 832 returning for 1936 £582 Good house (3 bedrooms) garden and garage Rent, £40 p a Premium 1¼ years purchase or offer

18 S COAST—Middle and upper-class non-dispensing PRACTICE, about £3 300 in residential town and watering place No panel Visits 3/6 to £1 1s House to rent or purchase Premium two years purchase

19 LONDON, W C—Mixed PRACTICE £2,360 p a Panel over 3,000 No midwifery Well situated house to rent on lease Great scope Premium to include lease goodwill some furniture and fittings £5 000 or near offer

20 MIDDLESEX—PRACTICE in residential district Receipts last year over £2 000 Panel about 1 600 Visits 3/6 to 10/6 Nice residence (4 bedrooms dressing room etc), good garage and garden for sale or rent Premium £4,250

21 S OF ENGLAND—PRACTICE averaging £834 p a, in rapidly growing residential district near important coast town (appointments and panel worth about £400 p.a) Semi-detached corner house (3 bedrooms and attic), with garage for sale or rent Scope Premium £1,450

22 S E COAST—Easily worked middle-class PRACTICE, averaging £650 p a in summer resort House (6 bedrooms, etc) in best part, with large garden and garage for sale Branch surgery rented at 10s weekly Panel 200 Scope Premium £1,200

23 LONDON W C DISTRICT—Increasing PRACTICE doing £1 460 (including a branch surgery in N 7 area) Panel over 1,560 Private residence to rent at £210 p.a on lease, also branch surgery rented on lease Good scope Premium two years purchase

24 W OF ENGLAND—Old established non panel PRACTICE at well known inland spa Cash receipts £830 p a Suitable houses or flats obtainable Extensive building taking place in neighbourhood with excellent opportunity for panel if desired Premium one and a half years purchase

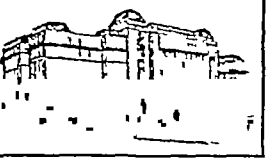
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The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds) which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency where desired, at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 HOME COUNTIES —RESIDENTIAL TOWN —PARTNERSHIP —A one fourth share with increase later is for disposal (after a preliminary assistantship of 6 months if wished) in a particularly sound mixed-class Practice offering good surgical scope Gross cash receipts for last 12 months stated to be approximately £4 800 Panel of about 2 000 and good appointments worth about £360 p.a Visits 3/6 to 21/ Choice of houses Ingoing partner must have the Fellowship have had hospital surgical experience and be accustomed to better-class work preferably married and not over 34 years of age

2 NORTH CORNWALL —Very genuine unopposed country PRACTICE in picturesque district near coast and within easy reach of two good towns producing nearly £1 000 p a including panel of £320 Very moderate expenses Small house recently redecorated, with 2 reception, 4 bedrooms etc electric light and power garage and small garden Price for freehold £400 all of which can be obtained on mortgage Premium £1 976

3 HOME COUNTIES —Mixed-class PRACTICE in residential district established many years Average gross cash receipts for last 3 years £1,356 p a Panel of 750 and appointments worth over £100 p a Nice house with good garden containing 2 reception 5 bedrooms, dressing room etc Professional rooms with separate entrance can be rented at £95 p a Sport of all kinds and good educational facilities Premium 2 years purchase

4 NORTH LONDON —Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant Gross cash receipts for last 12 months £1 681 Panel of 320 appointments worth about £700 p a Visits 5/ to 7/6 Good house with reception 5 bedrooms, etc Professional rooms, small garden, garage Freehold for sale or might be rented Premium 2 years purchase or near offer

5 OUTLYING EASTERN SUBURB —Non panel PRACTICE established upwards of 45 years and held by vendor for past 15 years Gross cash receipts for last 12 months £2,236 p.a Very moderate expenses Very nice detached corner house with garden back and front side entrance containing 2 reception, 6 bedrooms, etc Price £1 000 Premium 2 years purchase

6 PARTNERSHIP —LONDON EAST —A HALF-SHARE of middle and working-class Practice producing for immediate past 12 months £4 567 p a Panel of over 5 000 Suitable house can be obtained

7 NORTHERN SUBURB WITHIN 10 MILES OF HYDE PARK —Middle class PRACTICE offering very good scope for increase producing for immediate past 12 months £829 Panel of about 560 and appointments worth £50 p.a plus private fees Good house containing 1 reception, 4 bedrooms, Professional rooms good garden and garage Price freehold £1 300 or can be rented at £90 p a Premium £1,200

8 RESIDENTIAL TOWN WITHIN 35 MILES OF LONDON —Old-established non panel PRACTICE, producing over £2,800 p a Good house with 3 reception, 4 bedrooms, etc good Professional rooms garden garage Can be rented on lease at £63 p a Moderate expenses Good educational and sporting facilities Premium 1½ years purchase

9 SURREY —PLEASANT RESIDENTIAL TOWN —PRACTICE produced for last 12 months approximately £1,280 Panel of 800 Fees 3/6 upwards. Midwifery 3 to 10 gns. Suitable house available and surgery premises on rental Vendor relinquishing on account of ill health. Premium £2,000

10 NORTH EAST COAST —Old-established PRACTICE, producing about £900 p a. but stated to be capable of considerable increase Choice of suitable houses Partnership introduction will be given Vendor retiring

11 LONDON, SOUTH WEST —Well established better working class PRACTICE, averaging about £3 500 p a., including Panel of over 2,300 patients Very good house on rental in excellent repair with 5 bedrooms etc and very good professional accommodation

12. SOUTH WEST LONDON —PRACTICE has been established over 40 years and has been held by vendor (who wishes to return abroad) about ten years Gross cash receipts for last 12 months over £900 including Panel of about 350 which could be increased Suitable house with 5 bedrooms on rental Moderate premium for quick sale

13 KENT COAST —FAVOURITE SEASIDE RESORT —PRACTICE established 40 years and now for disposal as vendor is going abroad. Gross cash receipts average £1 921 p.a including about £550 from Panel and £235 from Clubs Good hospital Vendor on staff Scope for increase and for some surgery Good freehold house available with ample accommodation Freehold £1,200 Premium 2 years purchase

14 KENT —LARGE TOWN —PRACTICE (with scope for increase) established by vendor 12 years ago now for disposal owing to ill health Gross cash receipts are stated to be about £700 p a including a Panel of about 800 patients. Fees, advice and medicine 2/6 Visits from 3/6 to 5/ Midwifery from 3 guineas House situated in a pleasant and secluded garden contains 2 large public rooms with commodious hall and staircase 4 large bedrooms, etc Surgery and dispensary Freehold for sale or might be rented Premium for house and practice £2,000

15 WEST MIDLANDS —PLEASANT RESIDENTIAL TOWN —PRACTICE producing about £1 600 p a. including a selected Panel of about 560 patients Mostly better-class and non-dispensing Consultations 3/6 to 10/6 Visits 5/ to 1 guinea. Freehold house for disposal contains 3 reception 3 large and 3 smaller bedrooms with separate servant s quarters Excellent consulting rooms, garage for 2 cars.

16 HAMPSHIRE NUCLEUS—stated to be producing now at the rate of £5 per week and to offer considerable scope for an energetic worker

17 COAST TOWN.—Old-established held by Vendor past 3½ years and now for disposal as he wishes to specialise Gross earnings for year ending 31/3/37 approximately £2,183 Panel of about 770 patients producing about £425 p a., and appointments producing about £100 p a Fees 3/6 and 5/ Visits from 5/ Good house available freehold £1 100 Accommodation consists of consulting room, 7 bedrooms, 2 reception rooms etc. Premium 2 years purchase or near offer

18 EAST LONDON —Old-established PRACTICE producing about £1,800 p.a Panel of nearly 2,600 patients Fees 2/ to 3/ Visits from 3/ Midwifery 3 to 5 guineas about 20/30 cases yearly Very good house on rental at £120 p.a. Accommodation consists of surgery waiting room 2 reception and 4 bedrooms 2 maids rooms and bathroom Garage Premium £3 600

19 LANCS —High-class Seaside and Residential Town —Easily worked old-established PRACTICE for sale Gross cash receipts about £1,100 p a including a panel of about 325 patients. Fees 3/6 to 10/6 Visits 5/ to 21/ Midwifery about 12 cases p.a Minimum 5 guineas rising to 15 guineas. Mostly non-dispensing. Low expenses Suitable house available with consulting and waiting rooms, 2 reception 3 bedrooms and a maid s room and box room. Large garden and garage Leasehold for sale or would be rented Premium 1½ years purchase There is stated to be good scope for increase for an energetic man

20 OPHTHALMIC PRACTICE for sale in a capital Australian City —Gross cash receipts approximately £2,000 (Australian) Good consulting rooms can be rented at £180 p a. Further details on application.

21 PHYSIO THERAPEUTIC PRACTICE with scope for *X* ray work in large town. ONE HALF SHARE available Receipts over £2,000 p.a.

22 WEST END PRACTICE —Death Vacancy—Skins—Genito-Urinary—V D., Electro-Therapy etc. Gross cash receipts for past 12 months about £1 815 Fees 2 and 3 gns Suitable accom available Premium by arrangement.

23 SOUTH COAST —PARTNERSHIP —A TWO FIFTHS SHARE in good middle and upper-class practice producing about £2,550 p a. Panel of 1 300 Fees 3/6 to 21/ Suitable house can be rented at £65 p a. Easily worked, and scope for increase Premium 2 years purchase

24 ASSISTANTSHIP—with a view to a PARTNERSHIP SHARE to produce about £1 100 p.a in a well-established Practice Ingoing man must be young, have had considerable hospital experience He should be married or engaged and a Protestant Will applicants please give full details of experience etc

25 DEVON SOUTH COAST—A well-established good-class entirely private PRACTICE producing for the past 12 months about £1 000 Panel could be had if desired Fees 2/6 3/6, 5/ and 7/6 with a few visits up to 21/ Non-dispensing. Suitable house containing consulting room 2 reception rooms, 6 bedrooms, for sale Freehold £1 400 Partnership introduction. Would be suitable for ex I M S or similar

26 DEVELOPING NORTHERN SUBURB —A 3/8TH SHARE is offered in a well-established and growing Practice Receipts for 12 months to 1/4/37 amounted to about £5,200 including about £80 from appointments and a Panel of some 5 300 patients There is a choice of houses available.

27 LANCS —SUBURB OF LARGE TOWN —PRACTICE established for 10 years—gross cash receipts for year ended 31/3/37 amounted to about £800 with an increasing Panel of some 470 patients Fees 2/6 and 3/6, with visits 3/6 and 5/ Suitable house with good accommodation and separate surgery available on lease at £60 p a Premium £1 100 plus good debts, drugs and surgery equipment at valuation. Vendor giving up owing to ill health

28 *LONDON E.2.—Lock up PRACTICE established 80 years for disposal.* Income about £800-£900 p a., with Panel of about 1 150 patients. Fees 2/6 and 3/6 Visits from 3/6 Suitable accommodation available consisting of consulting room, dispensary waiting room the remainder being sub-let for £280 p a. Rent and rates £230 p.a Premium 2 years purchase to include about £150 fittings, fixtures, drugs, etc.

29 CITY PRACTICE.—Lock up hours 10-1 and 5.30-6 30 producing about £1 000 p.a including £200 from Panel and appointments. Suitable accommodation available

30 BAYSWATER —PRACTICE, established some 65 years for disposal. Gross receipts about £1 440 p.a with 1 000 Panel patients. Suitable house on lease at £130 p a Premium 2 years purchase.

31 SURGICAL OPENING —WITHIN 50 MILES OF LONDON —A £1,000 share is offered to a FIFTH PARTNER in an old-established Practice The patients comprise all classes and there is little visiting done under 10/6. Ingoing partner would do all surgery but must be prepared to do ordinary G P as well Choice of houses Applicants must be 28-40 preferably hold a degree and must have their English Fellowship Premium 2 years purchase.

32. LONDON S W —Old-established PRACTICE producing £1,500 p.a., with panel of 1,266 patients for disposal Appointment and small club bring in about £85 p.a House available contains Professional accommodation, reception room and 3 bedrooms and maids room bathroom. For sale or might be rented Premium £3 000

33 HAMPSHIRE.—COUNTRY PRACTICE.—Old-established PRACTICE held by vendor for past 7 years. Gross cash receipts stated to average £740 p.a. Panel of 472. Appointments worth about £130 p.a Fees 3/6 upwards Pleasant house containing 2 reception 5 bedrooms, etc., Professional accommodation Good garden and garage Rent £55 p.a Prem £1,250.

34 LONDON EAST — PRACTICE established 30 years, and producing £1 400 p.a , including panel of 1 800 and appointments worth £236 Small house with 1 sitting 2 bedrooms etc Rent £60 Premium 2 years purchase

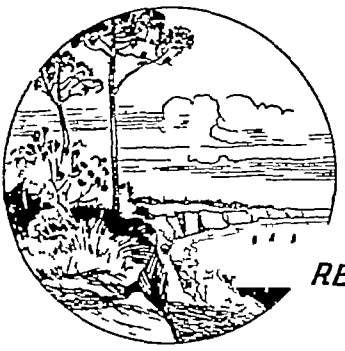
35 EASTERN COUNTIES —Mixed-class PRACTICE in pleasant agricultural district producing for last twelve months over £1 300 p a. Fees 3/6 to 21/ Nice house in good position with 2 reception 4 bedrooms dressing room, etc. Separate professional accommodation Modern conveniences. Garden, garage Price for freehold £1 300 Sport of all kinds and schools within reach

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ROYAL COLLEGE OF SURGEONS OF ENGLAND

DIPLOMA OF FELLOW

Notice is hereby given that the next Primary and Final Examinations for the Diploma of Fellow will commence on Monday November 29th and Thursday November 11th respectively

LICENCE IN DENTAL SURGERY

Notice is hereby given that the Final Examination will commence on Friday November 5th

Candidates who have fulfilled the necessary conditions and who desire to present themselves for Examination must give notice in writing to the Director of Examinations Examination Hall 8-11 Queen Square London W C 1 at least twenty-one days before the date of Examination transmitting at the same time such Certificates as may be required by the Regulations

HORACE H REW
Director of Examinations

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DIPLOMA IN ANAESTHETICS

Notice is hereby given that the next Examination for the Diploma in Anaesthetics will commence on Friday November 12th

Candidates who have complied with the necessary requirements and who desire to present themselves for the above Examination must apply in writing to the Secretary Examination Hall 8 11 Queen Square London W C 1 at least twenty-one days before the date of the Examination

HORACE H PEW
Secretary

LONDON HOSPITAL MEDICAL COLLEGE

(UNIVERSITY OF LONDON)

SCHORSTEIN MEMORIAL LECTURE

The above Lecture will be delivered by Professor ARTHUR ELLIS O B E M D F R C P Director of the Medical Unit London Hospital on THURSDAY OCTOBER 21st at 4 15 p m in the ANATOMY THEATRE.

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ROYAL COLLEGE OF SURGEONS OF ENGLAND

ANNUAL MEETING OF FELLOWS AND MEMBERS

NOTICE is hereby given that it is proposed to hold a MEETING OF FELLOWS AND MEMBERS at the College in Lincoln's Inn Fields on Thursday the 18th NOVEMBER 1937 at 4 o'clock p m and that a Report from the Council will be laid before the meeting

Fellows and Members can obtain copies of the Report on application to the Secretary and can if they so desire have their names placed on the List of those to whom the Report is sent annually Means to be brought forward at the meeting must be signed by the mover or by the mover and other Fellows and Members and must be received by the Secretary not later than the 5th November

A copy of the Agenda will be posted on or after the 11th November to any Fellow or Member who may apply for one

KENNEDY CASSELS
Secretary

8 Oct — 1937



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Applicants may suggest some particular task of research which they wish to undertake and should state their qualifications —Address Secretary Empire Rheumatism Council 1 Mitre Court Bldgs Temple E C 4 Applications close November 15th

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Applications together with copies of testimonials should be addressed immediately to the undersigned from whom further particulars may be obtained

THORNBURROW GIBSON
October 5th 1937 Secretary Superintendent

ROYAL EYE HOSPITAL
Medical School
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RESEARCH SCHOLARSHIP

Applications are invited for the Royal Eye Hospital Research Scholarship tenable at the Hospital Preference will be given to candidates who propose to undertake research on a clinical subject The value of the Scholarship is £100 per annum Applications are to be received by November 13th 1937 Further particulars can be obtained from the Dean.

HIS MAJESTY'S COLONIAL SERVICE.

COLONIAL MEDICAL SERVICE

Vacancies exist for TWO DISTRICT MEDICAL OFFICERS in CYPRUS Candidates must be British subjects of European parentage under 35 years of age and must possess a medical qualification registrable in the United Kingdom Candidates must be well qualified to undertake maternity work and preference will be given to candidates who have held Hospital or Public Health appointments and who have special knowledge of surgery gynaecology and midwifery Salary £700 a year rising by annual increments of £30 to £900 a year with an efficiency bar at £800 The appointments are pensionable subject to a probationary period of two years Free quarters are not provided Free passages are provided on first appointment and when proceeding on and returning from leave Appointed candidates will be required to pass examinations in modern Greek within a certain period after their arrival in Cyprus

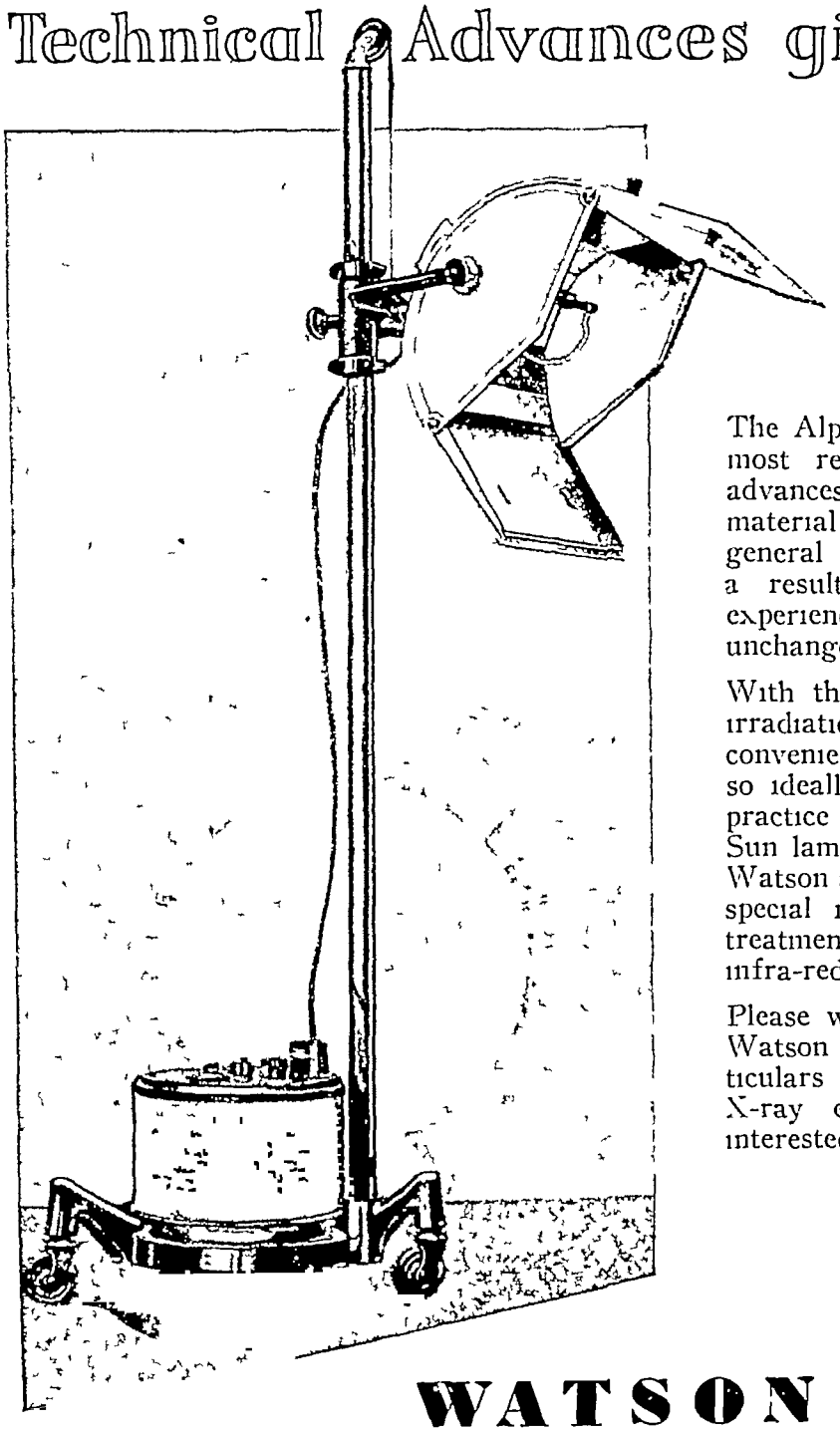
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Candidates below the age of 28 years are preferred, and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

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Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than November 22nd, 1937

HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE.

The Secretary of State for the Colonies proposes to select within the next few months not less than 12 Medical Officers to fill vacancies the majority of which will occur in Tropical Africa or in Malaya

QUALIFICATIONS —Candidates must be British subjects of European parentage under 35 years of age and must possess a medical qualification registrable in the United Kingdom Preference will be given to candidates who have held Hospital or Public Health appointments or who have special knowledge of anaesthetics radiology surgery medicine ophthalmology, gynaecology and midwifery diseases of the ear nose and throat venereal diseases etc

SALARY —Initial salaries vary from £600 to £700 and rise by increments to a maximum of between £1 000 and £1 200

PRIVATE PRACTICE —Private practice is not allowed as of right, but in the case of some appointments it is permitted on certain conditions

QUARTERS —In Tropical Africa free quarters or an allowance in lieu are provided In Malaya quarters are provided at an annual rental not exceeding 6% of the officer s salary

PASSAGES —Free first-class passages are provided on first appointment and when proceeding on and returning from leave Assistance is also given towards family passages

TERMS OF APPOINTMENT —The appointments are pensionable, subject to a probationary period which varies from two to three years

COURSES OF INSTRUCTION IN TROPICAL MEDICINE AND HYGIENE —Selected candidates will normally be required to attend a course of instruction leading to the Diploma in Tropical Medicine and Hygiene before proceeding overseas

DUTIES — Although Medical Officers are appointed in the first instance for general service there are opportunities for work in special branches of medicine and surgery in public health and in medical research

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service), 2, Richmond Terrace, Whitehall, London, S W 1

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Candidates must be duly qualified registered medical practitioners unmarried and should hold one of the higher surgical qualifications As Senior Resident Officer the Resident Assistant Surgeon will be responsible for certain administrative duties

Applications with copies of testimonials should reach me not later than first post on Saturday October 16th 1937 Candidates must attend a Meeting of the Medical Council on Friday October 22nd 1937 at 4.30 p.m and prior to that date call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but if so notified must attend a Meeting of the Board of Management at 5 p.m on Tuesday October 26th 1937 when the appointment will be made

H A MADGE
Secretary

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL,
Haverstock Hill N W 3

(Out patient Department Bayham Street Camden Town N W 1)

The Council invite applications for the appointment of SURGEON TO OUT PATIENTS

Candidates must be Fellows of the Royal College of Surgeons England

Application stating age qualifications and experience together with copies of not more than three testimonials should reach the Secretary not later than October 18th

Candidates will be required to call upon members of the Honorary Medical Staff of the Hospital

Full particulars together with the Regulations governing the appointment may be obtained on application to the Secretary Hampstead General and North West London Hospital Haverstock Hill N W 3

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL,
Haverstock Hill N W 3

(Out patient Department Bayham Street Camden Town N W 1)

The Council invite applications for the appointment of PHYSICIAN TO OUT PATIENTS

Candidates must be Members or Fellows of the Royal College of Physicians London

Application stating age qualifications and experience together with copies of not more than three testimonials should reach the Secretary not later than October 18th

Candidates will be required to call upon members of the Honorary Medical Staff of the Hospital

Full particulars together with the Regulations governing the appointment may be obtained on application to the Secretary Hampstead General and North West London Hospital Haverstock Hill N W 3

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL,
Haverstock Hill N W 3

APPOINTMENT OF CASUALTY SURGICAL OFFICER

Applications are invited from unmarried registered Medical Practitioners for the position of Casualty Surgical Officer as from November 1st next at the Out patient Department of the Hospital Bayham Street Camden Town

The salary will be at the rate of £100 per annum together with board residence and laundry allowance

Application Forms may be obtained from which will be received by the Secretary together with copies of not more than three testimonials which must reach the Secretary not later than October 18th next

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL,
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APPOINTMENT OF A HOUSE SURGEON

[illegible]

WESTMINSTER HOSPITAL
Broad Sanctuary S W 1

Applications are invited for a RADIOLOGIST in connexion with the two Radium Bombs at the Westminster Hospital Annexe 66 Fitzjohn's Avenue Hampstead

Candidates must be registered medical practitioners Preference will be given to candidates possessing or reading for the D M R E

The appointment is full time and will be for one year

Five copies of applications and of three testimonials should be sent to the undersigned from whom the amount of the salary and other details can be obtained at Westminster Hospital Broad Sanctuary S W 1 on or before Friday October 15th 1937

CHARLES M POWER
Secretary

THE HOSTEL OF ST LUKE
(Clergy Nursing Home) 14 Fitzroy Square London W 1

The Committee of Management invite applications for the post of RESIDENT MEDICAL OFFICER (male) to the above Hostel

Candidates must have had previous experience as House Surgeon at a General Hospital The appointment is for six months and may be renewable for a further period of six months Salary at the rate of £100 per annum with board residence and laundry A fortnight's holiday will be allowed every six months and the Locum will be paid by the Committee of the Hostel

Applications with three recent testimonials should be addressed to the Secretary of the Hostel at 14 Fitzroy Square London W 1 and reach him before October 16th The successful applicant will be required to take up his duties on November 1st

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(d) JUNIOR HOUSE SURGEON	

Appointments in the first place will be for a period of six months dating from November 1st

Candidates must possess a registered medical and surgical qualification of the United Kingdom

Form of application may be obtained from undersigned

Two members of the present staff are candidates for the two senior appointments

FRANK JENNINGS
House Governor and Secretary

ST MARY'S HOSPITAL
W 2

OBSTETRIC REGISTRAR

The Board of Management invite applications for the above post Candidates for the appointment must be Fellows or Members of the Royal College of Surgeons of England or Graduates in Surgery of a British University An honorarium of £100 per annum will be paid with luncheon and tea provided Copies of the regulations for the Obstetric Registrarship may be obtained on application to the Secretary's Office

Applications with copies of not more than three testimonials should reach the undersigned on or before Tuesday October 12th

W PARKES
House Governor

ROYAL FREE HOSPITAL
Gray's Inn Road London W C 1

Applications are invited from Medical Women who have had recent pre-natal and post-natal experience for the part-time appointment of ASSISTANT MEDICAL OFFICER in the Department of the treatment of Venereal Diseases (female) vacant on January 1st 1938 Terms £150 per annum a minimum salary of £100 per annum Intending candidates should [illegible] and experience with copies of recent testimonials to the undersigned on or before October 16th 1937

RICHARD T BARTLEY
Secretary

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL

SURGICAL REGISTRARS

[illegible]

THREE REGISTRARS [illegible]

REGISTRARS [illegible]

EAST HAM MEMORIAL HOSPITAL,
Shrewsbury Road E 7
(107 Beds)

Applications are invited for the post of PHYSICIAN in charge of the Skin Department Candidates must hold a University degree in Medicine and Surgery and be Fellows or Members of the Royal College of Physicians of London and engaged solely in dermatological practice

Applications stating full particulars together with copies of three testimonials should reach the undersigned on or before October 21st

Candidates will be expected to send copies of their application and testimonials to and call upon Members of the Honorary Medical Staff

REGINALD PERRY
Secretary

THE QUEEN'S HOSPITAL FOR CHILDREN
Hackney Road E 2 Tel Bis 4033
(104 Beds)

The Board of Management invite applications for the post of ASSISTANT SURGEON Candidates must be Fellows of the Royal College of Surgeons Attendance required one half-day weekly in Out Patient Department The Assistant Surgeon will also have charge of beds

An honorarium to cover travelling expenses will be paid

Applications with copies of three recent testimonials should be sent to the undersigned not later than October 14th 1937

CHARLES H BESSELL,
September 4th 1937 Secretary

THE QUEEN'S HOSPITAL FOR CHILDREN
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The Board of Management invite applications for the post of MEDICAL OFFICER in charge of Whooping Cough Clinic Candidates must have had experience of children's diseases and preferably hold M D or M R C P Attendance on Friday afternoons An honorarium of one guinea per session will be paid

Application with copies of not more than three testimonials should be sent to the undersigned not later than October 14th 1937

CHARLES H BESSELL,
September 4th 1937 Secretary

THE NATIONAL TEMPERANCE HOSPITAL,
Hampstead Road N W 1

Applications are invited for the following post HOUSE PHYSICIAN (male) Salary £100 per annum Board residence and laundry allowance being provided

The appointment is for a period of six months as from November 1st Preference will be given to those who have held resident posts Candidates must submit applications stating qualifications age etc with copies of not more than three testimonials by Wednesday October 6th addressed to the Secretary

DREADNOUGHT HOSPITAL,
Greenwich S E 10
(Seamen's Hospital Society)

Applications are invited for the non-resident post of RECEIVING ROOM OFFICER (male) for six months from October 18th Salary £100 per annum with lunch and tea Hours of attendance week-days 9 a.m to 5 p.m Saturdays 9 a.m to 12 noon

Applications stating age nationality and experience of previous Hospital appointments accompanied by copies of testimonials to be sent immediately to the undersigned

T A TYSON
October 2nd 1937 Secretary

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST
B [illegible] W 1

[illegible]

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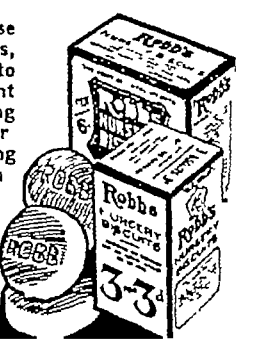
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Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A. House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District.	Town or District.
CONTRACT PRACTICE	CONTRACT PRACTICE.—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer.)*	LLWYNYPIA CLYDACH VALE PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme.)*	OAKDALE, MON *(Medical Officer for Medical Aid Association.)*
BLACKPOOL AND FYLDE FRIENDL SOCIETIES COUNCIL. *(Medical Officer.)*	MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer.)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society.)* *(Workmen's Medical Scheme.)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme.)*	NEATH AND DISTRICT *(Medical Aid Association.)*	

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1

Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments.)*	The Medical Secretary New South Wales Branch, 135 Macquarie St., Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries.)*	The Honorary Secretary Victorian Branch British Medical Association, Medical Society Hall Albert St. East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices.)*	Hon. Sec. Western Australian Branch British Medical Association Shell House 205 St. George's Terrace Perth Western Australia.
QUEENSLAND *Brisbane Associate Friendly Societies Institute.)*	The Hon. Sec. Queensland Branch British Medical Association B.M.A. House 225 Wickham Terrace, Brisbane B 17				

October 6, 1937 By Order of the Council G. C. ANDERSON, *Secretary*

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(120 Beds.)

Applications are invited for the post of SENIOR RESIDENT MEDICAL OFFICER. Previous experience preferred.

One year's appointment. Salary at the rate of £150 per annum. Full board, washing, etc. provided.

The applicant will be expected to take charge of a 40-bed ward for Orthopaedic Surgical Tuberculosis and Fracture cases and to assist in the Fracture Clinics in the Out Patient Department.

The Orthopaedic and Surgical Tuberculosis Department is approved by the Ministry of Health and the Board of Education.

Candidates must be prepared to commence duty on Saturday, October 16th, 1937.

Applications stating age, nationality and full details with copies of three recent testimonials to be sent to the undersigned.

(Signed) W. COCKBURN
Superintendent and Secretary.

ROYAL EASTERN COUNTIES INSTITUTION FOR THE MENTALLY DEFECTIVE.

MEDICAL SUPERINTENDENT required by about December 15th for a Branch of the Royal Institution situated at Bridge Home, Witham, Essex. 340 male beds.

The Superintendent appointed will be in administrative and medical charge of the Home at Witham subject to the authority of the Medical Superintendent of the whole group of Institutions and Branches which form the Royal Institution.

The appointment is a whole time one. Previous residential experience in a Mental Deficiency Institution or in a Mental Hospital is essential. Age not over 40. Applications to be received not later than October 20th. Salary £700 a year rising by annual increments of £25 to a present maximum of £900 with unfurnished house (free of rates), gas, electricity, laundry and garden produce.

Apply giving age, nationality, experience, and copies of references to Medical Superintendent, Royal Institution, Colchester.

SMEDLEY'S HYDROPATHIC ESTABLISHMENT, MATLOCK.

HOUSE PHYSICIAN, male, unmarried and fully qualified required. Salary at the rate of £200 per annum with residence, board and laundry. Appointment for 12 months, renewable if suitable, with view to permanency with good prospects. Previous experience in resident Hospital appointment preferred. Duties include attendance at local hydropathic Hospital. Applications stating qualifications, experience, age and nationality, together with copies of three recent testimonials to be sent to Dr. Harbinson, Smedley's Hydro, Matlock, before October 31st, 1937.

THE COVENTRY AND WARWICKSHIRE HOSPITAL, Coventry.

Applications are invited for the post of non-resident HOUSE GOVERNOR and SECRETARY to the above Hospital, commencing salary not less than £700, rising by biennial increases of £50 to £1,000 per annum. Federated Superannuation Scheme in force. Previous Hospital administrative and organizing experience essential. Medical examination may be required. Applications, stating age, qualifications and experience, and accompanied by copies of three recent testimonials, should be sent to the Chairman on or before October 6th. Canvassing will be deemed a disqualification.

THE HOSPITAL FOR SICK CHILDREN, Newcastle-upon-Tyne.

Applications are invited for the posts of HOUSE PHYSICIAN and HOUSE SURGEON.

(Male or female) to commence duties as soon as possible until January 31st, 1938. Salary at the rate of £100 per annum together with board, residence and laundry.

Applications stating age and qualifications together with copies of testimonials to be sent to the Secretary, Mr. Neil Brodie, 18 City Road, Newcastle-upon-Tyne 1.

MANCHESTER ROYAL INFIRMARY

The Board of Management of the Manchester Royal Infirmary invite applications for the post of RESIDENT MEDICAL OFFICER of the PRIVATE PATIENTS' HOME of 100 beds to be opened shortly.

Applicants must be registered and hold a Medical and Surgical qualification and must have had at least one year's resident experience in a general hospital.

The appointment is for twelve months, renewable for a further period.

Salary £250 per annum with board, residence and laundry allowance.

Full information is obtainable from the undersigned to whom applicants must send twelve copies of their application and testimonials on or before 9 a.m. on Thursday, October 14th, 1937.

By Order
W. R. TINDALE
General Superintendent and Secretary.

CITY MENTAL HOSPITAL, HUMBERSTONE, LEICESTER.

THIRD ASSISTANT RESIDENT MEDICAL OFFICER (male, single) under 30. Residential. General Hospital experience is desirable. Salary £350 rising by £50 per annum to £450 per annum together with board, lodging, washing and attendance, valued for purposes of superannuation at £150 per annum. An additional £50 per annum will be paid for possession of a D.P.M.

The appointment is subject to the provision of the Asylums Officers' Superannuation Act, 1909.

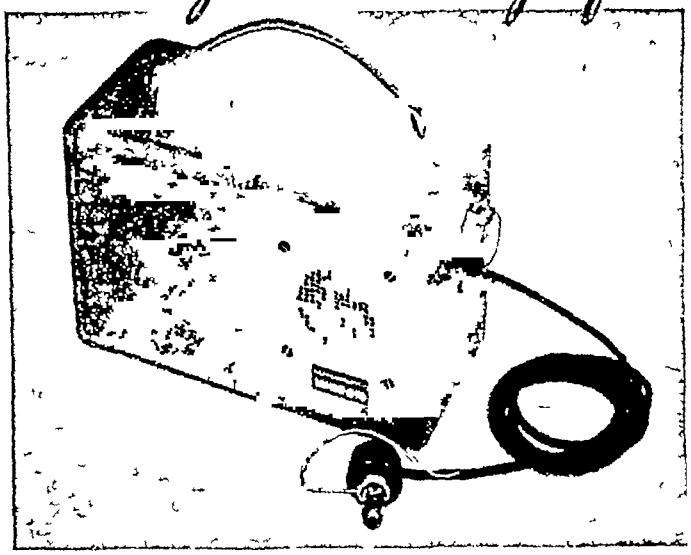
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Applications giving particulars of experience, etc., together with names of three references, one of which should be non-professional and marked "A.M.O.", to be sent to the Medical Superintendent.

(Advertisements continued on p. 52.)

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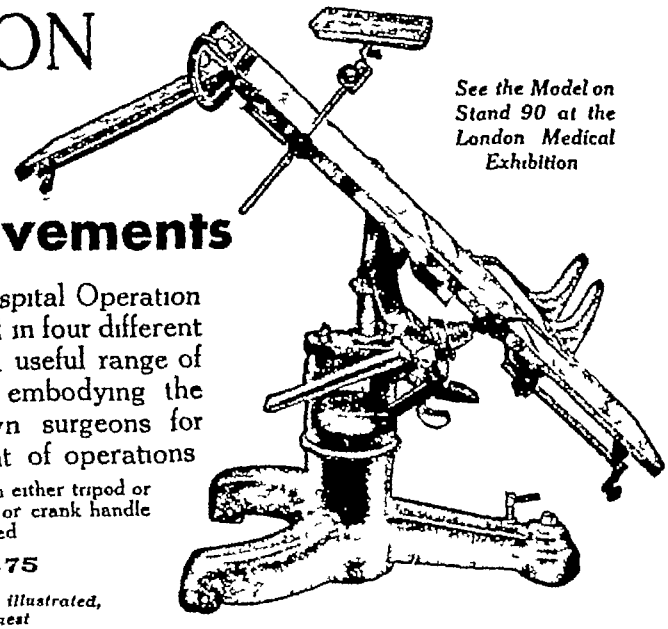
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DOCTORS REQUIRING QUALIFIED Dispensers Nurse Dispensers, Secretary Dispensers or Chauffeuse Dispensers are invited to write wife or phone Temple Bar 5858 THE DISPENSERS BUREAU 3 Lindsay House 171 Shaftesbury Avenue, London W.C.2.

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LADY DISPENSER HALL CERTIFICATE desires post with Doctor Experienced book keeper good references —Address No 1021 B.M.A House Tavistock Square, W.C.1

M.B., (HOLDING PRIMARY FELLOWSHIP) 28 just completed seven months House Surgeonship seeks POST offering operative- scope. Excellent testimonials agreeable, hard worker Surgical experience object — No 1083 B.M.A House Tavistock Sq W.C.1

MEDICAL RECEPTIONIST SECRETARIAL post required by young lady doctor's daughter Public school education. Expert shorthand-typist qualified driver Non-resident London district.—BARBARA PITT 55 Gloucester Gardens W.2

NEEDED IN SOUTHERN NIGERIA TO FILL an immediate vacancy a LADY DOCTOR of missionary outlook to undertake RURAL DISPENSARY WELFARE WORK under the Church Missionary Society —Apply Sec Medical Committee, Church Missionary Society 6 Salisbury Square London E.C.4

NURSE DOMESTICATED WOULD LIKE A position as HOUSEKEEPER to bachelor doctor Undertake charge good plain cook help if necessary assist in surgery if desired London or district preferred Age 37 —Address No 1084 B.M.A House Tavistock Square W.C.1

PART TIME WORK IN GENERAL PRACTICE. Fifteen miles North of London Male One to two hours each morning £150 p.a Car not essential —Address No 1016 B.M.A House Tavistock Square W.C.1

SECRETARY LADY REQUIRES POST Saturday mornings London preferably W district. Shorthand typewriting accounts — Address No 1006 B.M.A House, Tavistock Square, W.C.1

SECRETARY RECEPTIONIST (29) REQUIRES position res or non res Well educated good appearance capable methodical 12 yrs experience England and Continent. Languages shorthand typing etc. Ex references Recommended — No 1029 B.M.A House, Tavistock Sq W.C.1 Address No 1029 B.M.A House Tavistock Square, W.C.1

SHORTHAND TYPIST EXPERIENCED well versed in medical terms desires post as SECRETARY to doctor in London or county town. Excellent references —Address No 1082 B.M.A House, Tavistock Square W.C.1

THE LONDON AND PROVINCIAL MEDICAL STAFF BUREAU (Licensed annually by the L.C.C.) 24b Hereford Road W.2 will supply qualified Dispensers Secretaries Receptionists etc. without fee to Medical Practitioners.
Phone Bayswater 0823

THE ROYAL ARMY MEDICAL CORPS ASSOCIATION 85 Eccleston Square S.W.1 (Telephone Victoria 2724) supplies qualified Dispensers, Book keepers Laboratory Assistants Sanitary Assistants Male Nurses Mental and Special Treatment Orderlies Dental Clerk Orderlies, Porters Caretakers etc without charge to prospective employers.

WOMAN DOCTOR FOR EVENING SURGERY (Branch) Hackney Good experience post graduate student few night calls Please state period available experience and other essential particulars —Address No 1033 B.M.A. House Tavistock Square W.C.1

YOUNG LADY DESIRES POST AS SECRETARY RECEPTIONIST Fluent German typing would do research work reading in German and English also translations Part or whole time —Write B.A 90 Hanson Street W.1

YOUNG LADY PUBLIC SCHOOL EDUCAtion smart appearance keen adaptable desires post (London) as SECRETARY RECEPTIONIST to professional Good speeds fluent French Drive Car One year massage training —Address No 1014 B.M.A House Tavistock Square W.C.1

PARTNERSHIPS

WANTED BY M.B. F.R.C.S.Ed. AGED 29 PARTNERSHIP offering Surgical Scope Hospital and G.P. experience Hard worker Capital available —Address No 1024 B.M.A House Tavistock Square W.C.1

WANTED PARTNER FOR WOMEN'S Practice in North Midlands city Share worth about £750 p.a Later increase Good house.—Address No 750 B.M.A House Tavistock Square W.C.1

WANTED PARTNERSHIP ABOUT £1,250 (or assistant-ship with early view) by Scotch graduate (1925) Age 38 Retired R.A.M.C family reasons Ex H.S. H.P. Special experience E.N.T. anaesthetics ordinary surgery Capital available Married family —Address No 1034 B.M.A House Tavistock Square W.C.1

A LARGE OLD ESTABLISHED PRACTICE in a country town within easy reach of London and near a University town will shortly have a vacancy for a JUNIOR PARTNER after a preliminary assistantship The SHARE available will be worth approximately £1 100 per annum net Applicants should be about thirty years old with good qualifications having held hospital appointments prepared to do some surgery and to undertake all branches of general practice Applications should be sent with full particulars to Address No 814 B.M.A House Tavistock Square W.C.1

A MALE JUNIOR PARTNER AGED ABOUT 30 is required in a large partnership in East Anglia Must have held Resident H.P. appointment and be a competent anaesthetist Applicant will be required to do a preliminary assistantship after which a gross share of £1 300 approx per annum will be offered at 2 years purchase This will be increased later to a suitable man Apply giving full particulars to—Address No 101.. B.M.A House Tavistock Square W.C.1

M.B., B.CHIR (CAMBRIDGE) AET 26 ex H.P. and with G.P. experience desires PARTNERSHIP own or country Good house with some garden essential —Address No 323 B.M.A House Tavistock Square W.C.1

MEDICAL WOMAN M.B. L.M.S.S.A. TEN years in G.P. Some Capital PARTNERSHIP early 1938 Preliminary ASSISTANTSHIP —Address No 1001 B.M.A House Tavistock Square W.C.1

PARTNERSHIP AFTER 3 TO 6 MONTHS ASSISTANTSHIP in country district in Hampshire Surrey or Sussex preferably near Guildford 4½ years experience age 8 M.R.C.S. L.R.C.P.— Address No 1003 B.M.A House Tavistock Square W.C.1

PARTNER WANTED —South Coast Practice established only 4 years ago but steadily increased to £1 278 cash last year Panel 700 Club £100 a year Developing rapidly Fees 3s 6d to 7s 6d Opportunity for only youngish energetic man of United Kingdom extraction Half share £1...50 —Address No 1010 B.M.A House Tavistock Square W.C.1

PRACTICES

WANTED BY EXPERIENCED G.P. MIXED PRACTICE (or PARTNERSHIP) within 50 miles of London Income at least £1 700 Nice house and garden essential —Address No 727 B.M.A. House Tavistock Square W.C.1

WANTED BY PRACTITIONER AGED ABOUT 40 PRACTICE OR PARTNERSHIP of £1 000 p.a or more Rural preferably near Coast Detached house could be purchased Ample capital — Address, No 2381 PERCIVAL TURNER LTD 4 Adam Street London W.C.2

WANTED BY PRIVATE ADVERTISER ample capital —Non-dispensing PRACTICE or PARTNERSHIP in good town Income £1 000 upwards Medium- ized house and garden preferably to rent —Address No 1020 B.M.A House Tavistock Square W.C.1

WANTED IMMEDIATELY —MIXED PRACTICE or PARTNERSHIP Income £1 400-£2,000 Pleasant district good schools nice house, preferably to let —Address No 1009 B.M.A. House, Tavistock Square W.C.1

WANTED IN THREE TO FOUR MONTHS small PRACTICE £400-£500 Country near town with hospital Southern half England Panel accepted No midwifery To suit retired service man. House with garden tennis court —Address No 1031 B.M.A House Tavistock Square W.C.1

WANTED IN 9-12 MONTHS BY EXPERIENCED practitioner non-dispensing better class PRACTICE of £1 000 upwards in small town on or near S. Coast. Nice house and garden No objection small panel Confidential —Address, No 943 B.M.A House Tavistock Square W.C.1

WANTED in 3 4 MONTHS BY EXPERIenced G.P. PRACTICE £1 000 to £1 200 Country or country town S. or S.W. Garden Educational facilities Ample capital —Address No 1078 B.M.A. House Tavistock Square W.C.1

WANTED —LARGE CASH WORKING-CLASS PRACTICE —Address No 1004 B.M.A. House Tavistock Square W.C.1

WANTED PRACTICE OR BRANCH IN NORTH LINCOLNSHIRE by experienced practitioner Pleased to offer good figure for desired area Size immaterial —Address No 1035 B.M.A House, Tavistock Square W.C.1

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CORNWALL — OLD-ESTABLISHED PRACTICE Receipts last year nearly £1 400 good panel Nice house and garden for sale with practice Combined price £3 800 Vendor selling through ill-health Mortgage on house obtainable. —Apply PEACOCK AND HADLEY LTD 67/68 Chandos Street Strand W.C.2

CROYDON CASH PRACTICE WITH PANEL over 700 rapidly increasing Receipts £1 500-£1 700 p.a Branch with ample scope. Premium £2 000 Vendor specialising —Address No 536 B.M.A House Tavistock Square W.C.1

FOR SALE RAPIDLY GROWING PRACTICE established four years in pleasant part Middlesex Very good prospects. £400 Modern house may be purchased £850 or rented —Address No 1089 B.M.A House Tavistock Square, W.C.1

MANCHESTER — OLD ESTABLISHED middle and working-class PRACTICE, capable of increase Cash receipts over £1 200 p.a Panel 800 Good double-fronted house 2 reception 5 bedrooms and professional rooms Premium—Practice and House—best offer — BRITISH MEDICAL BUREAU 33 Cross Street Manchester 2

ONE AND A HALF YEARS' PURCHASE offered for mixed PRACTICE with good panel North-country town preferred not essential Book debts fittings etc as mutually agreed —Address No 1019 B.M.A. House Tavistock Square W.C.1

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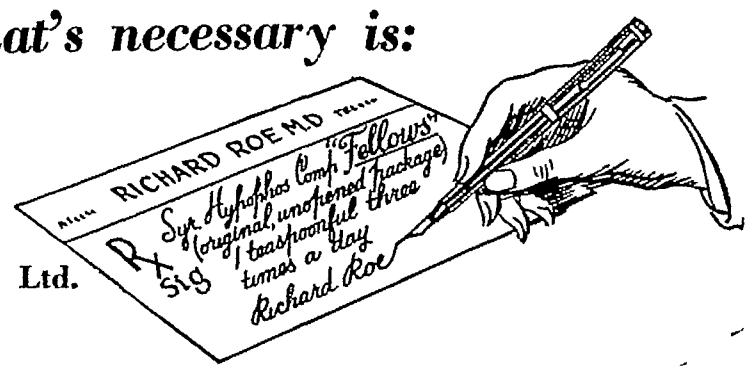
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NORTH WALES COUNTIES MENTAL HOSPITAL, DENBIGH

The Visiting Committee invite applications from duly qualified male candidates unmarried for the post of JUNIOR MEDICAL OFFICER Commencing salary which will be subject to statutory deductions under the Provisions of the Asylum Officers Superannuation Act 1909 will be £350 rising by annual increments of £.5 to £450 per annum together with full board residence laundry and attendance, valued at £125 per annum for superannuation purposes The appointment to be terminable upon one month s written notice on either side

A knowledge of Welsh is desirable

The person appointed will also be paid in addition to his salary the sum of £50 per annum if he holds the Diploma of Psychological Medicine.

Applications stating age, qualifications, and accompanied by three recent testimonials are to be sent to the Chairman of the Visiting Committee endorsed Junior Medical Officer not later than Saturday October 23rd

Dated this 29th day of September 1937

WM BARKER
Clerk to the Visiting Committee

KNOWLE MENTAL HOSPITAL
Fareham, Hants.

Applications are invited for the post of JUNIOR ASSISTANT MEDICAL OFFICER

Applicants should be male and single, and under 35 The salary is ±350 rising by yearly increments of £25 to £450 with board lodging washing and attendance valued at £150

The possession of a Diploma in Psychological Medicine entitles the holder to an extra £50 per annum

The salary is subject to deduction under the Asylums Officers Superannuation Act, 1909

Applications stating age and all particulars accompanied by copies of three recent testimonials should be sent to the Medical Superintendent not later than October 16th 1937

September 24th 1937

LINCOLN COUNTY HOSPITAL.

Wanted JUNIOR HOUSE SURGEON male, unmarried Salary at the rate of £150 per annum rising to £200 per annum at the conclusion of six months approved service. Board residence and washing will also be provided.

Every candidate for the appointment must be registered under the Medical Acts

Applications stating age and other particulars with copies of not more than three testimonials are to be sent to the undersigned from whom further particulars may be obtained

ARTHUR MOORE,
Secretary Superintendent

Lincoln September 27nd 1937

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL.
(220 Surgical and Medical Beds)

HOUSE SURGEON TO OPHTHALMIC AND EAR NOSE AND THROAT DEPARTMENTS

Applications are invited from fully qualified men for the above post.

The appointment is for six months

Salary at the rate of £150 per annum

Applications stating age, together with copies of three recent testimonials should be sent to the undersigned M H BOONE.

October 4th 1937 Superintendent and Secretary

HARTLEPOOLS HOSPITAL
Hartlepool (96 Beds)

Applications are invited for the post of HOUSE SURGEON (male) salary £150 p.a with board residence and laundry

The appointment is for six months (subject to renewal) Duties to commence in October

Applications stating nationality age qualifications and experience should be addressed to the undersigned

NORMAN O DEANS
Secretary

ROYAL SURREY COUNTY HOSPITAL
Guildford. (216 Beds)

Wanted November 1st, 1937 HOUSE SURGEON (male) Six months appointment recognized for the F.R.C.S Duties General Surgery Orthopaedics, and Casualties Salary £150 per annum with board residence and laundry

Applications stating age and essential particulars with copies of not more than three testimonials to reach the Secretary-Superintendent not later than October 19th 1937

ADDENBROOKE'S HOSPITAL CAMBRIDGE.

The General Committee invite applications for the appointment of an HONORARY PHYSICIAN

Applications, accompanied by sixteen copies of each of three recent testimonials to be sent to the undersigned on or before Thursday November 4th

Personal canvass of the Committee is expressly forbidden

J A BEARDSALL
Secretary Superintendent

HULL ROYAL INFIRMARY

Applications are invited from Registered Medical Practitioners for the posts of —

(a) HOUSE PHYSICIAN (male) to the Sutton Branch vacant November 5th Salary £160

The Branch Hospital is not a recovery annexe but a general hospital of 100 beds 45 of which are reserved for medical cases

(b) SECOND HOUSE PHYSICIAN (male) Main Hospital vacant October 22nd Salary £150

Salary is plus residence board and laundry

The posts are recognized by the University of London for the M D Branch I (Medicine) Examination

The appointments will be for a period of six months but will be determinable at any time by one month s notice on either side

Applications giving particulars of age experience and nationality together with copies of recent testimonials should be addressed to the undersigned

R J CARLESS
October 4th 1937 House Governor

BIRMINGHAM AND MIDLAND EYE HOSPITAL.
(114 Beds)

Applications are invited from duly qualified Medical Practitioners for the post of RESIDENT SURGICAL OFFICER at the above Hospital Salary £200 per annum and £10 laundry allowance

The Resident Staff consists of a Resident Surgical Officer and three House Surgeons and in the event of one of the latter being promoted to the position of Resident Surgical Officer applicants should state whether they will be willing to accept appointment as House Surgeon at a salary of £130 (rising at the end of six months satisfactory service to £150) per annum

Applications with testimonials and evidence of registration should be forwarded immediately

Church Street J W PEARCE
Birmingham 3 General Superintendent.

SUSSEX EYE HOSPITAL.
Eastern Road Brighton.
(48 Beds)

HOUSE SURGEON (male) required Salary at the rate of £150 per annum with board residence and laundry Good ophthalmic experience The appointment which is for a period of six months will be vacant about the middle of December

The Hospital is recognised by the Examining Board of the Royal College of Physicians of London and the Royal College of Surgeons of England for the D.O.M.S Diploma

Applications in writing accompanied by copies of recent testimonials should be sent to P F Spooner Assistant Secretary Sussex Eye Hospital Eastern Road Brighton

September 29th 1937

BOROUGH MENTAL HOSPITAL
ROWDITCH DERBY

SECOND ASSISTANT MEDICAL OFFICER wanted. Commencing salary £350 per annum rising by £.5 per annum to £450 with an additional £50 per annum if in possession of the Diploma in Psychological Medicine, with board apartments attendance and laundry Candidates must be unmarried and registered under the Medical Act The appointment is subject to 3 per cent. deduction on salary and emoluments under the Asylum Officers Superannuation Act 1909 Applications stating age and full particulars together with copies of three recent testimonials to be sent not later than October 11th to the Medical Superintendent.

BETHLEM HOSPITAL
Monk s Orchard Eden Park Beckenham Kent.

Wanted ONE RESIDENT HOUSE PHYSICIAN (gentleman unmarried) recently qualified in medicine and surgery

The term of residence is for six months from November 1st, apartments complete board and laundry being provided and an honorarium at the rate of £150 per annum will be paid for the first three months, rising if commendable service be given to the rate of £200 per annum for the second period of three months

Written applications with testimonials are to be forwarded to the Physician-superintendent at the Hospital from whom copies of the duties can be obtained

THE ROYAL PORTSMOUTH HOSPITAL
Portsmouth
(Six Resident Medical Officers)

Applications are invited for the post of HOUSE SURGEON (male) qualified Salary at the rate of £130 per annum with board etc To commence duty on November 1st 1937 Six months appointment. Eligible on completion of term for extension or other resident posts

Applications stating age nationality etc with copies of three recent testimonials to be sent to the undersigned not later than Friday October 15th 1937 from whom all particulars can be obtained.

B WAGSTAFF
Secretary

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PARTNERSHIP NEAR LEEDS — THREE FIFTHS SHARE of old-established PRACTICE held by vendor 40 years Good house central heating separate entrance to Surgery in own grounds of 1 acre Freehold £2 000 Average cash receipts £4 250 Premium 2 years purchase.—No 2801

PARTNERSHIP IN HULL.—Receipts of Practice £3 600 SHARE for sale, £1 000/£1,200 at 2 years purchase House available —No 2810

MIDDLE AND WORKING-CLASS PRACTICE near HALIFAX —PLEASANT DISTRICT Panel patients 944 Average receipts £802—distinct scope up to £1,300 p a Good house rent £52. Premium £1 500 including Surgery fittings —No 2811

NON PANEL OLD-ESTABLISHED GOOD MIDDLE-CLASS PRACTICE in South Yorkshire, best residential part of the town modern house in its own grounds distinct scope for increase also for developing panel Practice doing £1 200 yearly Premium for Practice and house £3 000 —No 2812

BRADFORD — MIDDLE AND BETTER WORKING-CLASS PRACTICE Established 45 years in present hands 6 years Average receipts for last 3 years £1 460 Number of panel patients 947 Good corner house, Freehold £1 400 Premium asked 1½ years purchase. Receipts for the past 6 months show an increase on previous figures —No 2783

MIDLANDS —Country PRACTICE situated in good hunting district and near golf course. Average receipts £1 100 p a Panel patients 260 Freehold house £1 100 Premium 1½ years purchase but £1,500 will be accepted —No 2813

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Applications stating age qualifications and experience with copies of three recent testimonials to be addressed to the Secretary Superintendent and to reach him not later than October 23rd

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Particulars concerning Genora brand Oral Vaccine will be found in the new brochure on Vaccine Therapy which has recently been published by Genatosan Ltd This booklet also gives information regarding a wide range of vaccines administered by hypodermic injection and the standard types of Local Immunity Products A copy of the brochure will gladly be supplied to any physician on request

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NORTHUMBERLAND—Very old-established *PRACTICE* in country district near to sea Cash receipts last year £1 827 Panel 971 and transferable appointments £230 p.a. Excellent house 2 reception 5 bedrooms, 3 Professional rooms (separate entrance) garage and ¼-acre garden Premium—Practice—2 years purchase—No 1022.

DERBYSHIRE BORDER.—Very old-established mixed Panel and Private PRACTICE in semi-rural district about 20 miles from Manchester Cash receipts £1,360 p.a. excluding appointments of £300 p.a., half of which may be transferred Panel 1 040 Scope for energetic man Excellent detached house 2 reception 5 bedrooms, Professional rooms (separate entrance), garage and large garden Vendor retiring Premium—1¼ years purchase—No 1025

MANCHESTER—Well-established Private and Panel PRACTICE in suburb Cash receipts last year £1,222. Panel 800 Scope for increase Good house, 2 reception, 5 bedrooms, 2 Professional rooms. Premium—Practice and house—best offer—No 1009

LANCS TOWN—Very old-established PRACTICE. Income £1,500 p.a. Panel 1,500 Scope Good house to rent at £50 p.a *Premium—best offer*—No 945

MONMOUTHSHIRE.—Well-established Panel, Contract and Panel PRACTICE. Cash receipts last year £1 400 Panel 1 200 which with Contract work yields £1,230 p.a. Scope. Good house 2 reception 5 bedrooms and garage Rent £40 p.a Expenses low Premium—£2,000—No 970

NORTH WALES COAST—Middle class PRACTICE. Receipts £1 417 p.a Panel 415 Excellent house with ample accommodation garage and garden Premium—£1 800—No 929

LANCS TOWN—Old-established mixed class PRACTICE in large town Cash receipts approximately £1 300 p.a Panel 800 Scope Good house 2 reception, 5 bedrooms, 3 Professional rooms, garage and garden Premium—1¼ years purchase—No 1010

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town Average cash receipts £2,450 p.a. Panel 1,200 Appointments £190 p.a. Scope. Nice house in good condition, 2 reception 5 bedrooms garden Rent £68 p.a Premium—half share—2 years' purchase—No 1013

DERBYSHIRE/CHESHIRE BORDER.—Old-established PRACTICE capable of great increase Cash receipts last year £700 (increasing) Panel 862. Excellent house 2 reception 4 bedrooms, 3 Professional rooms (separate entrance) garage and good garden Premium—Practice and house—best offer—No 989

NORTH WEST COAST—Old-established middle-class PRACTICE in Seaside town. Cash receipts £1 100 Panel 350 Nice house garage and garden. Premium—1¼ years purchase—No 961

LANCS TOWN—PARTNERSHIP in middle and working-class Practice in clean town close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception 4 bedrooms garage and garden Premium—*one half share*—2 years purchase or *near offer*—*No 1015*

MIDLANDS—Old-established mixed Panel and Private (non-dispensing) PRACTICE. Cash receipts approximately £1,900 p.a. Panel 1,950 Scope Excellent house with nice garden garage etc. Premium—Practice—2 years purchase—No 983

LIVERPOOL.—Old-established (non-dispensing) PRACTICE in pleasant residential suburb Cash receipts last year £1 124 Panel 1,270 Great scope as extensive building in progress. Good house 3 reception 5 bedrooms, garage and garden Rent £65 p.a. Premium—£2,000 or nearest offer (to include surgery fittings and furniture etc.) Vendor secured an appointment—No 1027

NOTTINGHAM—PARTNERSHIP in old-established Practice Cash receipts £2,500 p.a. Panel 3 000 Nice house. Premium—half share—£2,400—No 975

LANCS TOWN—Mixed-class PRACTICE. Cash receipts £1 010 Panel 1 050 Good house Premium—1¼ years purchase—No 951

CHESHIRE TOWN—PARTNERSHIP (after preliminary Assistantship) in mixed-class Practice Cash receipts last year £3,293 Panel 3 000 Scope, especially for a surgeon Good house available—Premium—one-third share—2 years purchase—No 992.

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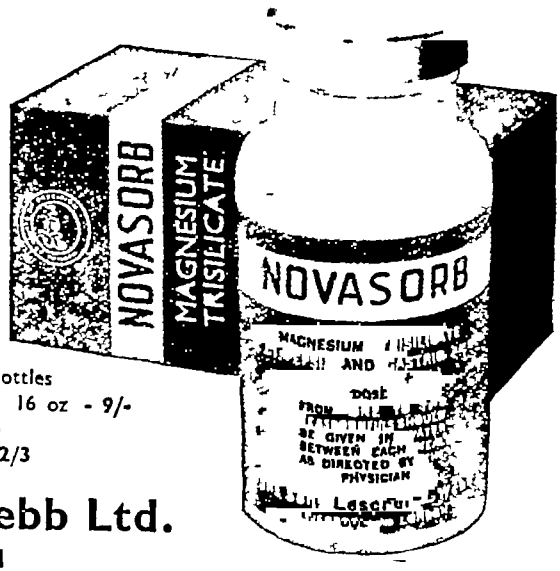
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SATURDAY OCTOBER 16 1937

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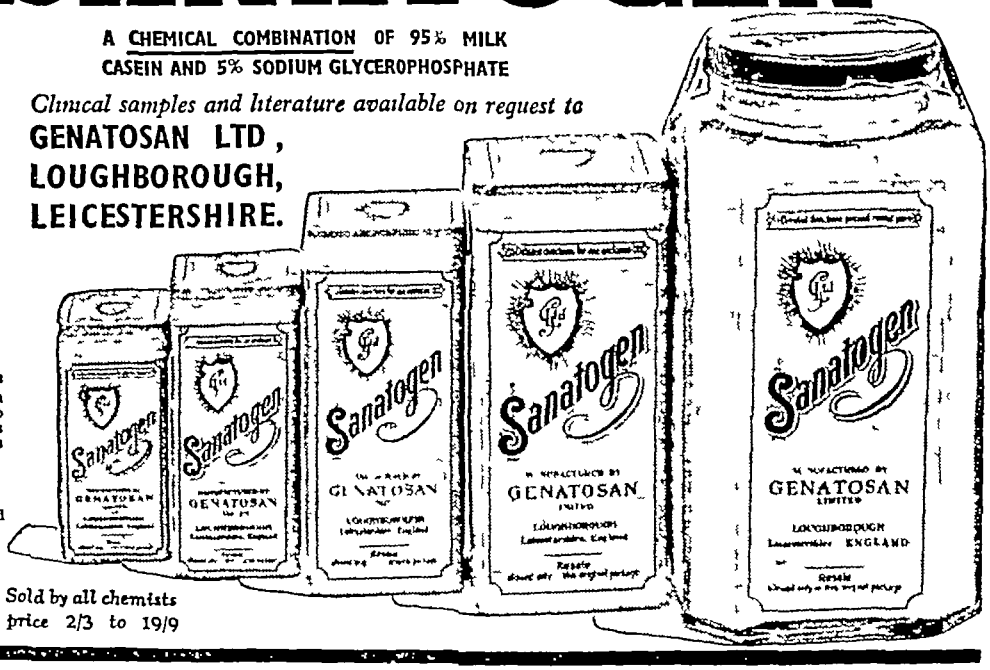
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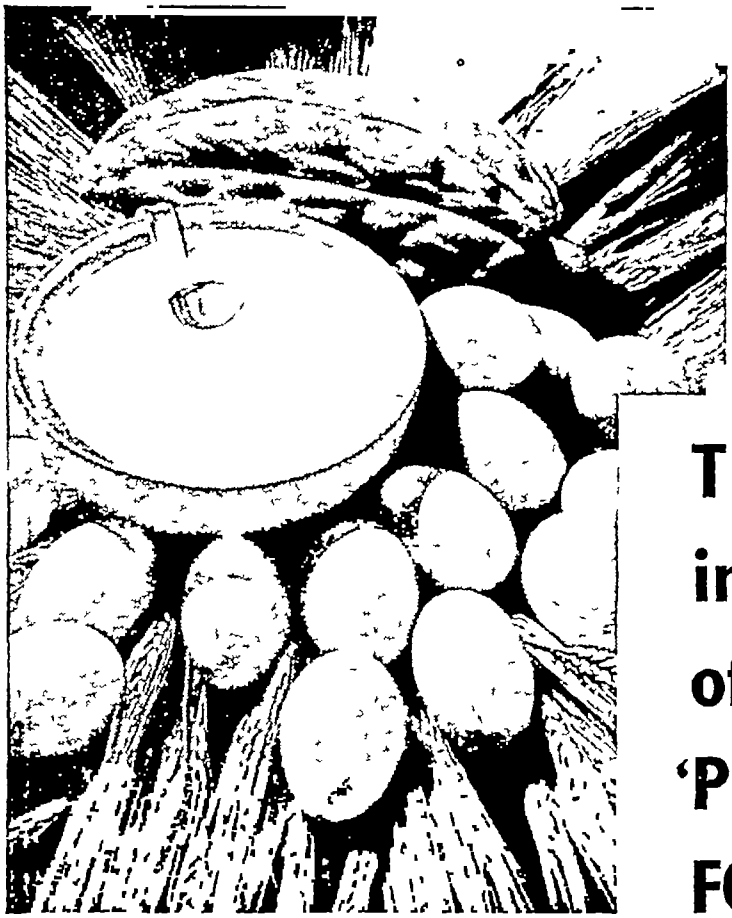
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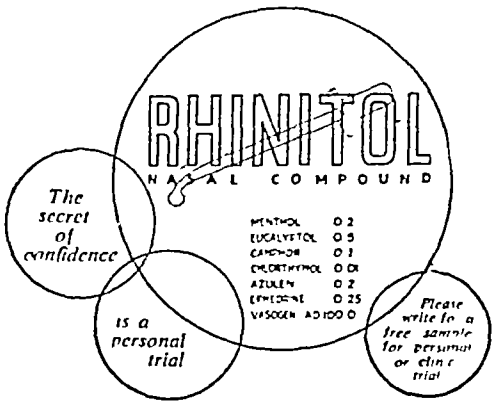
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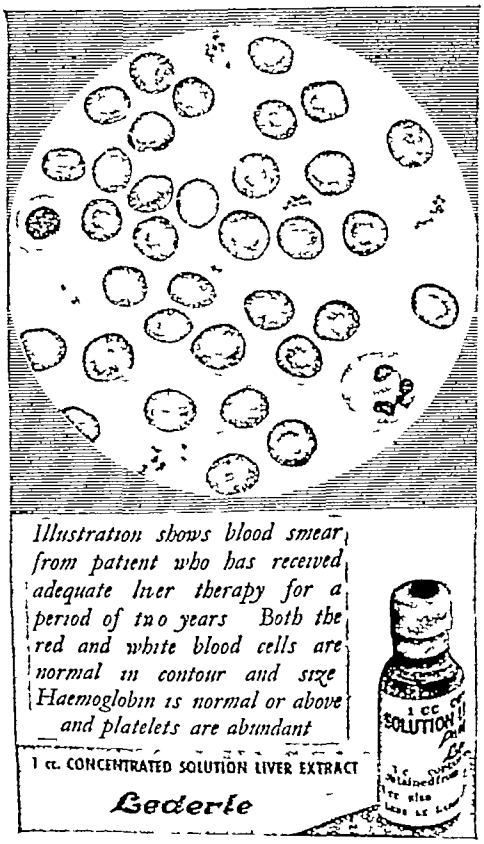


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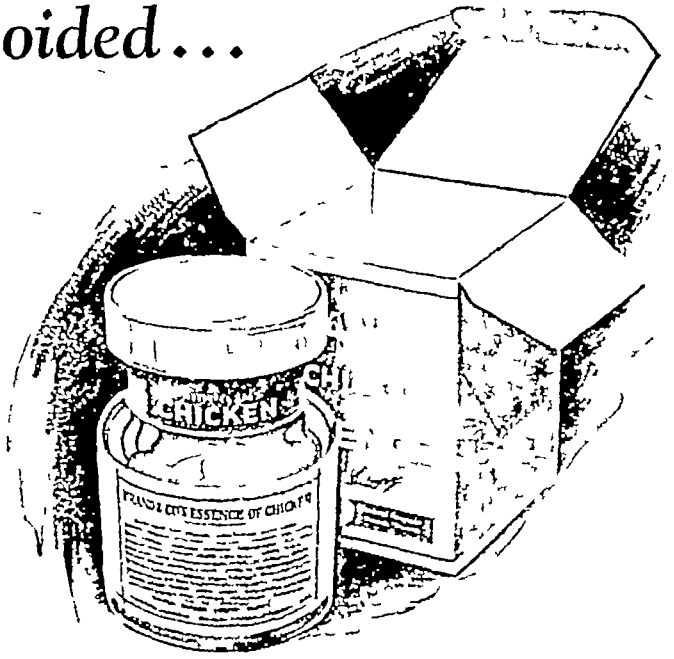
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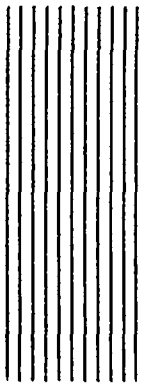


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Volume 8 Clin Med & Surg Jan 1937

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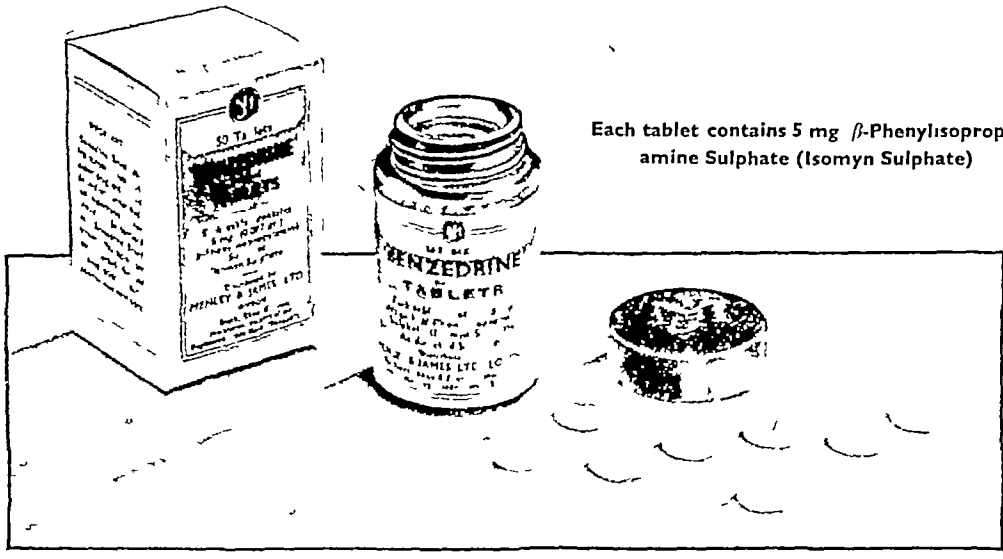
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biliary disease It must be remembered that in patients who have already developed gall-stones recurrent attacks of cholecystitis are common and often severe

Acute Infective Cholecystitis—This is a surgical emergency and needs no discussion

Catarrhal Cholecystitis—This is the variety I wish to bring into the forefront of discussion to day It is due to infection with organisms of obviously low-grade virulence, and often smoulders on without giving rise to serious or acute symptoms for a long period of time It is difficult to diagnose, but if untreated is likely to be followed by gall-stones and many other complications

Symptoms and Diagnosis

Moynihan, in the days of the rapid development of gall-bladder surgery, described the "inaugural symptoms of gall-stones" These, we know now, were the symptoms of the preceding cholecystitis, but at a later stage than we must now identify them At that time it is fair to say that the early stages, except of the acute and fulminating variety constituting a surgical emergency, were seldom if ever sought for or recognized It is the diagnostic problem involved in the common catarrhal cholecystitis that I wish to emphasize, and a correct diagnosis will often be missed and treatment too long delayed if the doctor fails to investigate further all cases of dyspepsia which do not respond to simple treatment He may, and generally does, consider the possibility of gastric or duodenal ulcer, and is disappointed when the *x*-ray examination by barium meal which he advises yields a negative result He may think of chronic appendicitis, but up to the present he too seldom thinks of the great frequency of gall-bladder disease as a cause of dyspepsia The association of flatulence with the dyspepsia is suggestive, but by no means conclusive

It is best at the very outset, when considering how the diagnosis of gall-bladder infection may be proved, to admit the difficulties involved The diagnosis by simple clinical methods is easiest when gall-stones are present Biliary colic occurs in roughly 40 per cent of such cases, while recurrent acute attacks of cholecystitis lead to obvious signs in the right upper quadrant Further, it is in these cases that cholecystography is of such great diagnostic value Even when gall stones are absent the local signs of tenderness or pain or both below the right costal margin may, along with the presence of flatulent dyspepsia, strongly suggest the diagnosis The real difficulty arises in the cases—and they are many—in which a catarrhal cholecystitis is associated with dyspepsia only, without local pain or tenderness over the gall-bladder at all These are the early cases in which medical treatment may be of avail How are such cases to be completely and positively diagnosed so that proper treatment may be carried out? Ordinary simple clinical methods fail us here—what help can we obtain by other methods?

I must first refer to cholecystography, but omit any lengthy discussion, since Dr Hardman is to deal with this aspect of the subject I will only say that in my experience which is now considerable, the use of the dye followed by *x* rays generally does not yield information of positive diagnostic importance in the early cases of catarrhal cholecystitis in which physicians are so interested I am too often confronted with an *x*-ray diagnosis of pathological gall-bladder or poor filling or faintness of shadow, which are taken to indicate disease when I know full well the differences in technique and the differences in absorption of the dye, even on different days in the same person On the whole I am still very chary of accepting a diagnosis of early cholecystitis on *x*-ray evidence, whatever improvements in technique may later make possible

We now come to the method of duodenal intubation, and here I feel on quite different and much more secure ground I would go so far as to say that in early cholecystitis it is at present the only diagnostic method on which we can positively rely It is far too little used in Britain, but is a routine method in America and elsewhere I have indicated in a recent paper some of the reasons why it has not yet obtained its proper place in diagnosis with us, and I feel this defect must be remedied Perhaps, as in many tests of this kind, too much was at first claimed for the method, but of its diagnostic value in experienced hands I have no doubts at all

Differential Diagnosis

This is at times easy, but is often difficult unless the technique of duodenal drainage is employed This section might easily detain me too long, for the differential diagnosis from chronic gastritis, pylorospasm, peptic ulcer, carcinoma, and peripyloric adhesions would require consideration Moreover, peptic ulcer and chronic cholecystitis may coexist I have seen a number of examples of this combination The clinical differentiation between cholecystitis and chronic appendicitis is not easy, and here again the duodenal tube may be the only real help Diseases of the liver itself, especially early cirrhosis, are frequently confused with gall-bladder infections I have made this mistake too often and have seen the cirrhotic liver exposed by the surgeon when my confident diagnosis was chronic cholecystitis I deliberately omit more than a reference to important diseases situated outside of the abdomen—such as coronary thrombosis—which have frequently been mistaken for cholecystitis, since Dr Miller will be speaking on this point

Treatment

This will be discussed in detail by subsequent speakers, and I need only deal with some general principles I have already alluded to the difficult problem of deciding on the site of the microbic infection and the important bearings the solution of this problem must have on treatment by drugs excreted in the bile Next I must refer especially to the form of treatment now commonly known as "non surgical drainage of the biliary tract" This treatment began with the use of the duodenal tube, repeated emptying or rather partial emptying of the gall-bladder being induced by the direct injection through the tube into the duodenum of either a concentrated solution of magnesium sulphate or olive oil Later it was found in practice that the passage of the duodenal tube was unnecessary, the same drainage of the biliary tract being obtained by giving the patient a small dose of concentrated magnesium sulphate solution on an empty stomach I am convinced of the great value of this form of treatment when persisted in daily for months

As regards diet in the treatment of early cholecystitis and the prevention of gall-stones, I am far less strict (except when obesity forms part of the problem) than are many physicians I do not see the need for restriction in cholesterol-containing foods, since the body can obtain a supply from so many foods The only essential restriction is cooked fat, and especially "fried foods," which aggravate the common flatulent dyspepsia I do not exclude butter or milk in moderate amount, and olive oil (a food) has great value in preventing flatulent dyspepsia and in emptying the biliary tract, although it does *not* dissolve gall-stones

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Causes of Failure in Diagnosis

Fallacious findings are of two kinds (1) A normal shadow is demonstrated and at operation a pathological gall-bladder is found, (2) no shadow is obtained and at operation a normal gall-bladder is seen

The first type of error is usually found in association with the strawberry gall-bladder It has been suggested by A C Mooney (*British Journal of Radiology* 1935, 8, 403) that 'there is always an associated cholangitis of varying degree, and this latter is mainly responsible for the resulting changes in gall bladder structure which eventually produce disturbance in function The cholangitis is a result of an ascending bacillary or streptococcal infection from the bowel, passing up either directly along the duct lymphatics or being blood-borne by the portal system In the more common blood-borne infection the peritoneal and muscular coats are the first to be attacked Changes in the mucosa occur as a later development' Hence concentration of dye is not affected in the earlier stage of the disease and a radiograph may show a good gall-bladder shadow while at operation a diseased bladder is found Kirklin states that 'in approximately 10 per cent of normal responses from patients ordinarily selected for the test the gall-bladder is nevertheless diseased' Operative findings upon 287 cases with normal gall bladder shadows support his statements It would seem inevitable, therefore, that there will always be a percentage of errors in those cases showing normal shadows Statistics indicate that in this group the test is less reliable than in the pathological group where no shadow or only a faint shadow is obtained

Now the second type of fallacy—that is, no shadow and a normal gall-bladder—may arise from different causes

1 Defective liver function Insufficient dye may be excreted from a cirrhotic or carcinomatous liver to give any shadow in the gall bladder and yet the gall bladder may be unaffected

2 Achlorhydria in connexion with a hypotonic stomach and duodenum may be associated with a relaxed sphincter of Oddi and too rapid emptying of the gall bladder so that no concentration occurs

3 Gastric stasis with consequent failure of absorption of the dye

4 Vomiting immediately after ingestion of the dye

5 Failure on the part of the patient to carry out instructions

6 Chronic duodenal ulcer or chronic appendicitis

If these extraneous causes of error can be eliminated the absence of any gall-bladder shadow or a very faint shadow can be taken as a reliable indication of disease The actual percentage of error will vary in different clinics and with different workers Statistics of the Mayo Clinic to which Kirklin refers in a paper written in March, 1935, gave confirmation of the x-ray diagnosis, whether positive or negative in 95 per cent of the cases Dr Lysholm of Stockholm claims that in his clinic the average error is one in a hundred

I have tried to draw some conclusions as to the accuracy of the test in my own practice from 512 cases examined in two hospitals and in private practice during the past few years I do not claim that these figures are extremely good but they probably represent an average degree of accuracy In the rush of hospital x-ray work as it is carried out to day it is not easy to ensure that a perfect technique is always employed With constant changes in the nursing staff in the wards occasional errors in preparation occur and are difficult to avoid, and for this reason I find that the figures for private work are slightly better than those of the hospital x ray department

TABLE I

Description	No	Operated	Correct	Per cent.
Normally visualized	197	29	21	72.4
Faint shadow	92	37	31	83 7
No shadow	154	71	65	91.5
Stones	69	48	46	95 8
Total	512	185	163	88 1
Total cases reported pathological	315	156	142	91 0

Of the eight cases which gave fallacious x-ray findings in the first group small stones were found in three and gravel in one, mild cholecystitis was present in three, and in one the gall bladder was removed but no reason was given for its removal In all these cases the mucous membrane was healthy enough to allow of good concentration and a normal shadow

TABLE II—*Analysis of Surgical Findings in Cases Reported Faint Shadow*

Multiple stones	4
Single stone in gall bladder	2
Chronic cholecystitis with stones	8
Chronic cholecystitis without stones	12
Carcinoma of liver	1
Chronic appendix Normal gall bladder	3
Chronic duodenal ulcer Normal gall bladder	3
Adhesions between gall bladder and duodenum	3
Cirrhosis of liver	1
Total	37

TABLE III—*Analysis of Surgical Findings in Cases Reported No Shadow*

Chronic cholecystitis Cancer head of pancreas	1
Multiple stones	13
Single stone in gall bladder	1
Stones in cystic duct	3
Strawberry gall bladder	1
Chronic cholecystitis with stones	17
Chronic cholecystitis without stones	15
Carcinoma of liver	3
Chronic appendix Normal gall bladder	3
Chronic duodenal ulcer Normal gall bladder	1
Cirrhosis of liver	1
Empyema with stones	7
Adhesions around gall bladder and cystic duct	3
Normal gall bladder	2
Total	71

Conclusion

In conclusion I would like to say that the oral method was used in all my cases This is capable of giving a correct indication in nearly 90 per cent of cases as to whether the gall-bladder is normal or pathological The fact that 10 per cent of errors may occur is good reason for urging that the Graham Cole test should not be used to supplant the usual clinical methods of examination but should take its place as part of the ordinary routine investigation as a valuable aid in the diagnosis of cholecystic disease It should be remembered that the test is essentially a functional one, and in only a small percentage of cases can a differential diagnosis be made The success of the method depends upon the most careful attention to detail in preparation and to correct radiographic technique

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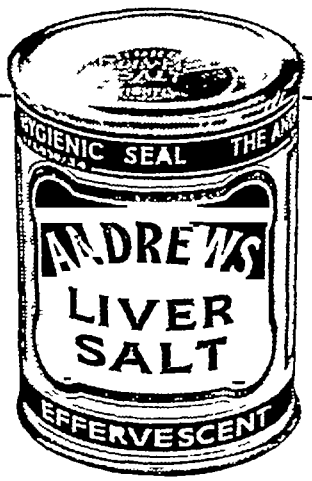
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1 ANDREWS LIVER SALT is a pleasant-tasting effervescent aperient with tonic properties Its laxative action is due to the presence of magnesium sulphate and other salts, which, by their Osmotic action, induce the flow of water through the bowel wall from the surrounding tissues In this way, the walls of the bowel are thoroughly cleansed, and its contents are maintained in a semi-fluid condition, thus ensuring an easy painless evacuation

2 By removing from the system the poisonous waste food substances, which slow down the digestive process and impede the action of the liver, ANDREWS acts as a tonic to the whole system and is a valuable aid in maintaining perfect fitness

3 ANDREWS stimulates the flow of bile, and thus assists in the later stages of food assimilation and in destroying the toxins of faecal stagnation

4 It is ant-acid in action, and the carbon dioxide which is liberated when ANDREWS is dissolved in water has a sedative effect on the stomach and a physical cleansing action on the stomach walls It is, therefore, valuable in cases of indigestion, sickness and sick headaches

5 Rheumatism, when due to bowel sepsis, may be safely treated with ANDREWS LIVER SALT and the treatment of all forms of this disease is assisted by the effective bowel evacuation induced by ANDREWS

6 It relieves headaches caused by excessive intercranial pressure, by reducing the amount of fluid passing through the brain.

7 It may be used as a hydragogue purgative in the treatment of oedema, ascites, pleuritic effusions, and nephritis, and with safety even in failing cardiac conditions

8 In cases of fever, its brisk effervescing solution in water makes a refreshing and invigorating drink, quenching thirst, diluting the toxins, and relieving the strain upon the kidneys

9 It may be taken with perfect safety by the most delicate adult or child, and may be confidently used in pregnancy where the stronger purgatives might be harmful ANDREWS does not produce any violent disturbance in the system, nor does it affect the secretion of milk.

DOSE—as a laxative, the usual dose is two teaspoonfuls stirred into a glass of water and taken on rising in the morning or last thing at night, but this should be adjusted to individual needs and, in the case of children, graduated according to age.

Loss on ignition was measured by heating over a Meker burner to a constant weight

Antacid values were determined by adding a known excess (100 c cm) N/20 HCl to an accurately weighed amount of the sample (about 0 2 gramme) and incubating at body temperature for four hours, in which circumstances decomposition is almost complete The unused excess of acid was estimated by backward titration with N/20 NaOH These values as well as those for the adsorption of methylene-blue have been calculated on the basis of the ignited weight The actual clinical values are influenced by the amount of water (Table I, column 3), and consequently are lower

Adsorption—Exactly 0 2 gramme of the sample was washed into a 50 c cm test-tube and the volume made up to 20 c cm with distilled water, 25 c cm of aqueous methylene blue solution 0.2 per cent were added The corked tube was kept at room temperature and shaken several times a day At the end of fourteen days the unadsorbed excess of methylene-blue was estimated colorimetrically Adsorption continues for many days and is not complete before the end of two weeks The strengths and proportions were arranged to give saturation figures falling on the horizontal portion of the graph (Mutch, 1936) methylene-blue concentration in adsorbate against concentration in supernatant fluid, at equilibrium

FINDINGS

Water Content—The loss in weight on ignition represents all the free water and most of that combined When sepiolite is heated it loses water without decomposition up to about 600° C, when the diffraction radiograph indicates a change to enstatite (Migeon, 1935) Further losses occur continuously up to 1,000° C., when they cease and the radiograph changes to that of cristobalite, the molecular structure having been broken down completely and every trace of moisture having been driven off It will be seen that all samples contained water far in excess of that demanded by the theoretical formula The antacid and adsorption values have been calculated on the basis of ignited weight As already pointed out, in actual practice the powder received by the patient would contain a certain amount of water (Table I, column 3) and be proportionately less effective Any value above 30 per cent for water content must be regarded as needlessly high The adsorptive and antacid qualities of true sepiolite No 1 are in no way impaired by careful drying down to a water content of 25 per cent or even less Undesirable dilution is particularly noticeable in sample 12

Magnesia Silica Ratio—In pure sepiolite the gravimetric ratio between the MgO content and that of SiO_2 is 1 2 24 Any increase in this ratio represents contamination with free silica or the presence of one of the higher silicates A decrease in the ratio represents admixture with free magnesia or the presence of some silicate with a higher magnesium content such as french chalk The ratios observed are given in Table I, column 5 The discrepancy between each sample and true magnesium trisilicate is indicated by the data in column 6 In certain instances the product conforms closely in general composition to the demands of the theoretical formula Other products depart widely from these primary requirements Clearly much material contaminated with large amounts of free silica sometimes in almost equimolecular proportion, has been supplied when magnesium trisilicate has been prescribed

Antacid Value—The antacid properties are affected adversely by the presence of an excess of silica For example, the crudely siliceous sample 13 was little more than half as potent as the correctly proportioned sample 1 Two drachms of sample 13 must therefore be prescribed to secure the same neutralizing effect as one drachm of the standard material Conversely the antacid action is increased by adulteration with magnesium oxide In such an event, however, the adsorption potency suffers and the valuable property of lag in the rate of neutralization is partly lost Sample 7 illustrates the falling off in adsorptive power which occurs when magnesium is present in excess of the theoretical requirements

Adsorptive Value—This is dependent upon a number of factors many of which are still obscure In the series of siliceous magnesias surveyed the action is greatest in those products which conform most closely in chemical composition to the formula $2MgO\ 3SiO_2\ nH_2O$ Contamination with an excess of either constituent is associated with a falling off in adsorptive power—for example, sample 13, with its almost incredibly high silica content, possesses the feeblest adsorptive value of all

Clinical Utility

All clinical observations carried out at Guy's Hospital during the last two years (1935 and 1936) have been made with true artificial sepiolite No 1 (brand magsorbent), which conforms accurately to the dictates of the theoretical formula and yields the pure diffraction radiograph of the natural mineral It is completely insoluble in water and its intrinsic particle size is of a fine colloidal order Its applied pharmacological properties include

1 The combination of a useful total antacid potency with a slowness in the rate of interaction with hydrochloric acid of gastric strength

2 The provision for strong adsorption effects externally or in the stomach and intestine through the medium of (*a*) any unneutralized excess of sepiolite, (*b*) colloidal silica produced during interaction with gastric acid in accordance with the equation

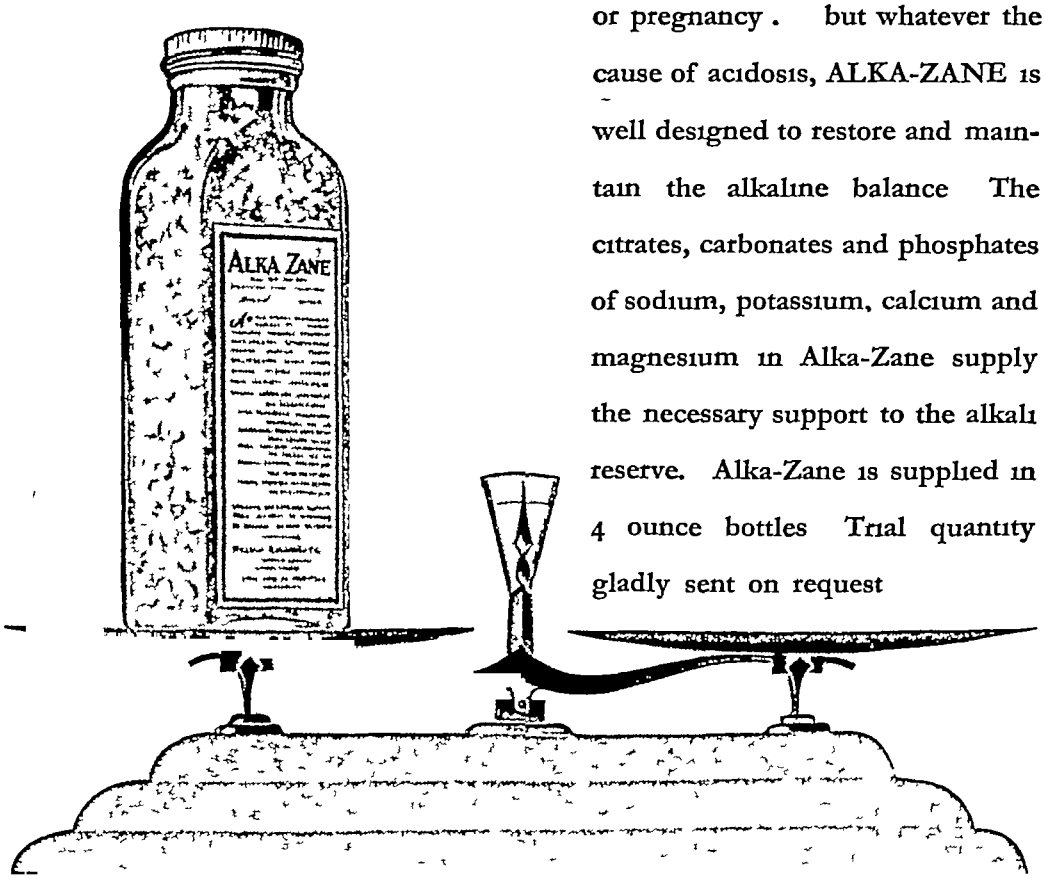
$$Mg_2Si_3O_8\ 2H_2O + 4HCl = 2MgCl_2 + 3SiO_2 + 4H_2O$$

Continuous Control of Gastric Acidity—It is estimated that the daily secretion of gastric juice corresponds to 1½ to 3 litres of 0 3 per cent HCl The average 2½ litres can be neutralized in the laboratory by about 2½ litres of milk or 230 grains of dried sodium bicarbonate In the stomach the problem is complicated by varying rates of secretion and constant loss through the pylorus Kark and Davis (1936) found that even 50 per cent more milk than that theoretically needed, given hourly as 5 oz. feeds, failed to control gastric acidity Free HCl at times rose to 0 1 per cent and the total acidity to the equivalent of 0 2 per cent HCl W N Mann (1937), also working at Guy's Hospital, confirmed this inadequacy of simple neutralization with milk He then administered true artificial sepiolite hourly and found a complete absence of free HCl over a period of eight hours The gastric tube was kept in place continuously throughout this period and the stomach contents were sampled every thirty minutes

These observations confirm and amplify the earlier observations on fractional test meal graphs (Mutch, 1936b) Two factors make possible this exercise of complete and continuous acid control on a spaced scheme of dosage First, the slowness of the interaction between

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acid after fourteen days' contact when the *p*H is still as low as 3 5 Fig 2, showing the acidity day by day, indicates that an indefinitely long period would be required to secure much diminution in acidity below *p*H 3 6 Neutrality can only be achieved by adding more sepiolite With N/20 HCl a 10 per cent excess of sepiolite is required to approach this end Fig 3, giving the seven-day *p*H reading of mixtures containing N/20 HCl and graduated excesses of sepiolite, demonstrates that even with a 50 per cent excess of sepiolite a slight acidity persists at the end of a week Other factors which influence dosage are the volume and strength of the gastric juice, the rate of loss through the pylorus, the degree of duodenal regurgitation, and the completeness of the result

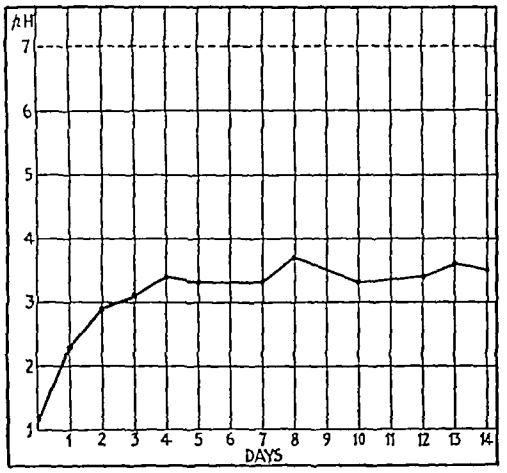


Fig 2—Acidity of Mixture containing Equivalent Weights of Artificial Sepiolite (Magsorbent) and N/20 HCl (Note (1) substantial lag in neutralization , (2) that final balance does not approach the neutral point)

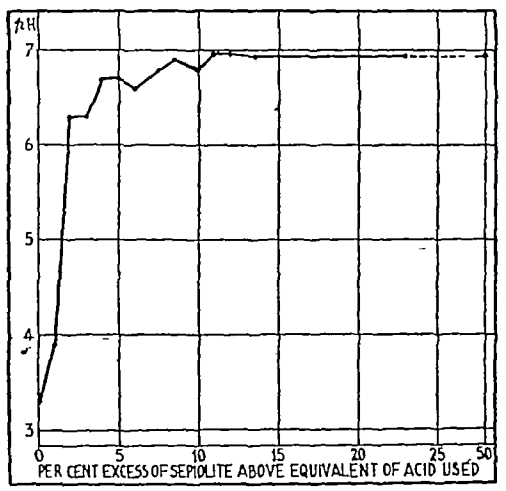


Fig 3—Influence of an Excess of Artificial Sepiolite (Magsorbent) on the Final Acidity of Mixtures with N/20 HCl (*p*H measured after seven days at room temperature)

however, be taken as a basis on which to estimate the probable requirements of other patients Another observation which must influence selection of the dose for particular cases is that the rate of interaction and the completeness of neutralization both fall off rapidly as the strength of the acid diminishes For example, using a substantial and constant excess of acid of various strengths (100 c cm N/20 HCl or its equivalent and 0 15 gramme

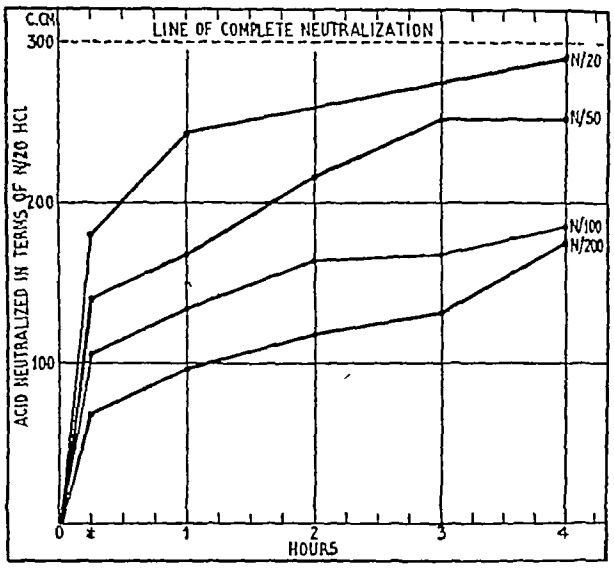


Fig 4—Neutralization Lag at Various Acidities Sample 1 using 1 Gramme Sepiolite 1 (Magsorbent) Ignited Weight, plus Marked Excess of Acid

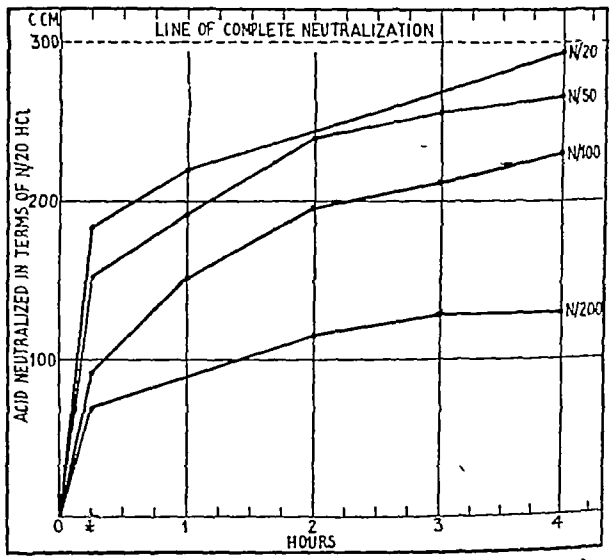


Fig 5—Neutralization at Various Acidities Sample 2 using 1 Gramme Sepiolite 1 (Magsorbent) Ignited Weight plus Marked Excess of Acid

desired Fortunately the substance is non-toxic and non-cumulative and does not cause alkalosis so that if absolute anacidity is sought for doses can be increased without stint W N Mann found in his case of gastric ulcer that one drachm hourly was sufficient to abolish all free HCl from the stomach for a period of eight hours Such complete neutralization is widely recognized as advantageous in the treatment of chronic peptic ulceration, but is rarely required in other cases If kept up long enough it would inevitably be detrimental Mann's data can,

sepiolite, ignited weight) and estimating the residual acid at various intervals by backward titration, it was found that after one hour N/20 HCl had used up about 75 per cent of the sepiolite, N/50 HCl had used 60 per cent N/100 HCl had used 47 per cent, whilst the N/200 acid had interacted with only 33 per cent, so that at the lowest acidity two thirds of the dose remained unutilized after one hour and about one half was still undecomposed at the end of four hours Automatic adjustment to the conditions in the stomach must clearly occur Full details

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TUBERCULOSIS OF THE CERVICAL LYMPHATIC GLANDS

BY

R REID, M S Lond , F R C S

Consulting Surgeon

AND

M C WILKINSON, M B Lond

Medical Superintendent

Essex County Council Sanatorium Black Notley

Tuberculosis of the lymphatic glands is a disease that tends to run a long and debilitating course, but shows also a disposition to undergo natural cure when the patient s resistance can be assisted by his circumstances and environment The disease was recognized centuries ago as the king s evil, and was cured then by the royal touch To day there is unanimity of opinion that many varieties of treatment may achieve success, but that certainty of this is assured by none The authors, therefore, while recognizing that different methods may be employed with equally excellent results by different workers, wish to set out a method of treatment based on the pathology of this disease that has achieved a fair measure of success in a reasonable amount of time

The review deals with 119 consecutive cases of tuberculous cervical adenitis treated in Black Notley Sanatorium (Essex County Council) over a period of six years The patients have been drawn from town and country alike, and both sexes and all ages have been accepted Some had already received treatment by operation or other means before admission, but the majority were new and untreated cases In general the treatment has consisted of a combination of constitutional and operative measures , in the last four years there has been less delay in submitting patients to operation where such was indicated, but constitutional treatment has been the fundamental factor, and in no case was surgical extirpation of the tuberculous glands adopted as a primary measure

Sex Age Groups

It will be seen from the table given below that seventy out of the 119 cases fall into the 6 to 15 years decade, and that the vast majority occur in childhood and adolescence, before the lymphatic system undergoes its natural decline

Age	Male	Female	Total
11–15	12	17	29
0– 5	8	7	15
6–10	24	17	41
16–20	4	11	15
21–25	3	5	8
26–30	0	4	4
51–35	1	3	4
36–40	0	0	0
41–45	0	1	1
46–50	0	0	0
51–55	0	2	2
			119

Family History

In this series of 119 cases there was no family history of tuberculosis in seventy-one, in twenty-five cases no note was made but there is good reason to believe it was negative and in the remaining twenty-three cases the following was elicited there was a history of phthisis in the family in nineteen cases of glands in the neck in two cases, of tuberculosis of the knee in one case, and of tuberculous meningitis in one case Thus in this series only 16 per cent of patients had a near relative suffering from phthisis This fact bears out the observation that the human form of bacillus is relatively uncommon in tuberculous glands Many investigators have estimated the frequency of bovine tuberculosis in this disease affecting the cervical glands, and the following is a summary of their findings Scotland, 90 per cent , England, 65 per cent , U S A , 54 per cent , Germany, 25 per cent

Tonsillar Sepsis

The cervical lymphatic glands drain the tonsil and lymphatic tissue of the nasopharynx, the first tissue to come into contact with ingested tubercle bacilli If the lymphatic tissue of the nasopharynx and tonsil is unhealthy, and if as a result the cervical lymphatic glands are also abnormal, it may be that the frontiers are left poorly guarded against invasion of tuberculosis, which will then become established in the cervical glands Howarth and Gloyne (*Lancet* 1923, **1**, 1202) found that the tubercle bacillus was present in the tonsil in about 5 per cent of 300 cases of tonsillectomy in patients with cervical adenitis Howarth stated that tuberculosis was a late and superadded infection upon a gland damaged as a result of focal sepsis in the drainage area

Of the 119 cases in this series eighty-five had a history or signs of tonsillar disease, in twenty one cases only the throat was normal, and in thirteen cases no note on this point was made Of the eighty-five patients with abnormal tonsils thirty one had been treated by tonsillectomy prior to admission, and twenty-two had their tonsils and adenoids removed during their stay in the sanatorium In the remaining thirty-two cases, although the tonsils were not normal, for various reasons no tonsillectomy was performed The findings in this series therefore tend to support the theory that disease in the lymphatic tissues of the nasopharynx is an important factor in the aetiology of tuberculous glands of the neck

Pathology

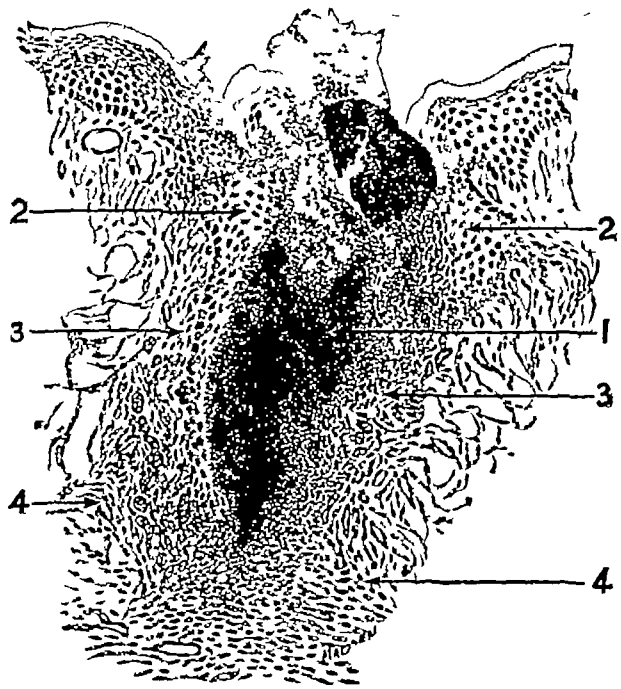
Sources of tubercle bacilli other than the exhalations and sputum of consumptives and the milk from tuberculous cows seem to be of little importance, and from the frequency of bovine tuberculosis it may be concluded that milk is the great vehicle of infection All evidence is in favour of the bacillus entering through the tonsil or surrounding lymphatic tissue and passing thence to the lymphatic barrier in the glands of the neck As would be expected, the upper carotid chain is the group most often affected, although glands in the posterior triangle and the supraclavicular regions are not uncommonly involved, and it is not unusual to find evidence of disease in more than one group of glands in the neck In only one case in this series was the cervical adenitis part of a generalized tuberculous lymphadenitis, this condition occurring typically in a negro child

An interesting fact in this series is that in no case was the disease found to exist beyond the lymphatic system, and no case has shown secondary lesions such as pulmonary or bone tuberculosis In tuberculosis of the lymphatic system there are evidences of great powers of resistance to the infection, and it may be that not only can this system withstand and overcome an infection which is not too heavy, but that such infection successfully protects the individual throughout life

The tubercle bacilli, having established themselves in the affected gland, produce their characteristic lesions, and

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2 Regenerating epithelium
3 Regenerating connective tissue
4 Budding new capillaries

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general rule the success of aspiration in the treatment of a tuberculous abscess depends upon the employment of a technique in which the needle is passed into the abscess cavity through and across muscle The needle track is thus closed by the approximation of the muscle fibres We are indebted to Sir Henry Gauvain for instruction in this technique In the neck this technique can rarely be used, as the abscesses are superficial and the needle cannot be inserted across the muscle Furthermore, the pus in these cervical glandular abscesses is often caseous and does not aspirate readily through a needle, or, when it does, the aspirated cavity is small and refills so quickly that aspirations have to be repeated very often, and in spite of them the abscess frequently breaks down The authors therefore reserve aspiration for all other forms of tuberculous abscess, but when it appears to be unlikely to succeed in the treatment of a tuberculous glandular abscess they empty the abscess through a small incision by means of gentle curettage and then re suture the wound The risk of secondary infection following this procedure is small, possibly because the tuberculous granulations which form a good nidus for organisms of secondary infections have been removed The wound does not often heal by first intention, but the operation is followed by subsidence of periadenitis and in the size of the gland mass, and subsequent radical operation if performed is considerably facilitated

There is a type of tuberculous skin involvement due to the breaking down of a tuberculous gland beneath the skin An ulcer is formed the base of which consists of a deep layer of tuberculous granulations, these may be treated by "brass paste,' as recommended by Sir Henry Gauvain This paste causes sloughing of the granulations, leaving the ulcer bare, clean, and healthy Alternatively, curettage of the granulations may be performed

Radical Operative Treatment

The operation for radical excision of tuberculous glands of the neck is a controversial field in surgery There is no doubt that it has produced many unsatisfactory results, due chiefly to the sequelae of recurrence, persistent sinus, muscle palsy, and ugly scars Some of the cases in this series had been previously operated upon by radical excision with bad results The causes of this failure can be almost wholly attributed to ill-advised operation before general treatment had converted the case from Group 1 stage to a stage of less activity If operations are attempted in the presence of periadenitis it will be found that the difficulties are very great, larger incisions are required, and diseased glands may be missed and nerves injured The main contraindication for the operation, therefore, is active disease with periadenitis

Anaesthesia

The anaesthetic must be one which can be administered without obstructing the surgeon A basal anaesthetic with gas and oxygen is suitable, therefore, but at times it causes considerable venous congestion of the neck Open ether, general contraindications being absent, is on the whole the most satisfactory anaesthetic, as there is less congestion and administration is simple and not complicated by bulky apparatus It has already been noted that pulmonary lesions are rare when there is tuberculous disease in the neck glands

Operation

The neck is turned to the sound side and an anaesthetic screen erected A natural transverse crease in the neck over the tumour is chosen and a transverse collar incision is made, including any sinus or diseased skin that may be present If the mass is extensive it is more satisfactory from the cosmetic point of view to make two or more transverse incisions, rather than a vertical one The vertical incision, however restricted, produces a poor cosmetic result, and full exposure can be given by the transverse incision The cut divides the platysma the flaps are then dissected upwards and downwards, and a self-retaining retractor is inserted If a sinus leading to the gland is visible, dissection of the gland is simplified by passing a director into the sinus and pulling up the gland In any case the sterno mastoid muscle is dissected backwards off the mass and partly divided if necessary The mass of glands is then pulled *backwards* and the fascial tissue on its anterior margin picked up and dissected forwards close to the gland until a line of cleavage is found Gauze dissection will then sweep this fascia off the glands, and vessels will be identified and tied As the gland is pulled upwards and backwards and dissection continued the internal jugular vein will be seen This can be peeled off the glands, never being firmly adherent The mass is then pulled down, and further dissection with scissors and gauze close to the gland reveals the posterior belly of the digastric muscle The mass is cleared from this and gauze is packed into the depth of the wound Next the sterno-mastoid is retracted and cleared off the mass, here, high up, the spinal accessory nerve will be seen entering the deep surface of the muscle In order to clean and preserve it, division of the mass may be necessary The gauze plug is now removed and in the depth of the wound the jugular vein and its anterior tributaries will be seen with the digastric muscle above The gland mass is next dissected upwards towards the skull until the uppermost gland is reached Above this the pedicle is clamped and the mass removed It is essential that all glands which are enlarged and firm or caseous should be removed Soft seedling glands may be left, and dissection need not be carried far afield to clear the chain, provided that no hard white glands are left If in any part of the operation the gland mass is found to be ill defined and to involve important structures injury of which would be prejudicial to the patient it is best to avoid risk of injury by curetting the affected part, as small residual areas of caseous tissue are not likely to prevent healing by first intention or to cause recurrence of disease if sufficient constitutional treatment has been given When haemostasis has been secured the deep space is closed as far as possible by fine deep sutures, the platysma is united with the same material, and the skin closed with ophthalmic salmon-gut A drain inserted for twenty-four hours in the posterior part of the wound is useful in preventing a haematoma, which may organize if any residual space is left Stitches are loosely tied and are removed in four days, if this is done and the platysma properly sutured the cosmetic results should be excellent

Analysis of Immediate Results

Before examining the tabled results below certain facts should be borne in mind

1 The cases are grouped according to their state on admission

2 Under the heading of conservative or constitutional treatment are included all surgical measures except formal excision

3 Formal excision was required for the more intractable cases, therefore the duration of treatment is not a

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unsatisfactory An interesting feature in late results is that no fresh foci of tuberculosis had been found to develop in any case This supports the view that the lymphatic tissues of the body form a barrier to invasion by the tubercle bacillus, and when invasion is met with in this site blood-stream infections do not occur This is also compatible with the fact that traces of old cervical adenitis are rare in cases under treatment in the sanatorium for tuberculosis at other sites

Causes of Failure

Among the causes of failure must be included the type of gland already mentioned which becomes palpable owing to mechanical reasons, perhaps many months after a more superficial mass has been removed True recurrence of the disease, however, is indicated only by the fresh development of tuberculosis in a gland previously unaffected In this series cases of failure have been found to be due most commonly to incomplete treatment Either the constitutional treatment was inadequate or excision was not carried out when it should have been In at least one case tonsillectomy was omitted and the infected tonsil was the cause of failure The following cases are quoted to illustrate the various causes of failure

1 INSUFFICIENT CONSTITUTIONAL TREATMENT

Case A a Man aged 30—This patient was admitted with a breaking-down gland in the right posterior triangle there was much periadenitis After some weeks the periadenitis had subsided at operation the gland mass was incompletely excised as there was some spread by abscess formation which was not clearly defined The operation was finished by curettage The wound healed by first intention in fourteen days As the patient was anxious to return to business he was then discharged One year later he developed a fresh tuberculous gland in the right submaxillary region There was no trace of disease at the site of the previous lesion

Case B a Boy aged 6—Admitted from a hospital where inadequate tonsillectomy had been performed There was a mass of tuberculous glands behind the left sterno mastoid These were removed, and after four months treatment in all the patient was discharged He was readmitted a year later with an enlarged left submaxillary gland showing calcification The tonsil on the left side was very unhealthy During his second admission to the sanatorium tonsillectomy was performed and the left submaxillary gland removed The causes of failure in this case were inadequate constitutional treatment in the first instance and failure of the original tonsillectomy

Case C a Boy aged 6—Admitted suffering from tuberculous cervical adenitis with periadenitis and ulceration After three months conservative treatment this had subsided considerably, and it became necessary to transfer the child owing to pressure of beds *The parents refused this and* took the child home Recurrences subsequently occurred, requiring further treatment This case should perhaps not be included in the series as treatment was not completed in the first instance

2 CASES IN WHICH CONSTITUTIONAL TREATMENT FAILED OPERATION SHOULD HAVE BEEN PERFORMED TO COMPLETE CURE

Case A a Boy aged 5—When admitted the patient had a large mass of left submaxillary glands with periadenitis and ulceration Ten months constitutional treatment was given and he was discharged with a persistent gland which broke down again later This was a failed constitutional treatment case which should have been treated by surgery at the Group 2 stage

Case B a Girl aged 12—Admitted with breaking down gland in the left side of the neck. After six months constitutional treatment she was discharged with a small hard gland which lay at the bottom of a healed sinus Afterwards the sinus reopened this would not have occurred if the gland which had reached the Group 3 stage had been removed before discharge

3 CASE IN WHICH TONSILLECTOMY SHOULD HAVE BEEN PERFORMED

A Girl aged 12—When this patient was admitted she had a small mass of glands in the posterior triangle which healed well after seven months' constitutional treatment The tonsils were unhealthy, but were not removed Four years after discharge there was recurrence at a fresh site in the submaxillary region The patient was readmitted and tonsillectomy performed, with excision of glands

4 CASES IN WHICH CAUSE OF RECURRENCE IS NOT KNOWN

Case A a Boy aged 14—Admitted with multiple discrete glands in both sides of neck, the size of marbles He had had five previous operations, and the diagnosis of tuberculosis had been proved by pathological examination He was treated by constitutional measures including a plaster collar, for five months and excision of glands on both sides of the neck was performed He was then sent to a special school in the country On his return home, however, recurrence started in the glands These were of the non-caseating type

Case B a Woman of 25—This patient had had three operations for tuberculous cervical glands, followed by constitutional treatment at the sanatorium on each occasion A recent report states that there is a fresh recurrence of tuberculous glands

Conclusions

In our opinion the conclusions below summarize our experience of tuberculous glands of the neck derived from the collection and study of the cases forming this series

1 The nasopharyngeal lymphatic tissue is the probable path of entry for the tubercle bacillus in this disease

2 Tuberculosis of the cervical lymph glands is a local disease which does not give rise to metastatic lesions

3 Treatment is basically by constitutional methods aided at the proper time by active surgical procedures

4 When treatment is carried out according to the above plan results are satisfactory

Our thanks are due to Sir Henry Gauvain under whose supervision the work has been done and to Dr W A Bullough and the tuberculosis officers of the Essex County Council for their information concerning the present condition of the patients in the series

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An interesting case of lead poisoning is described in the annual report on the health of the city of Sheffield, the cause of the poisoning being contaminated beer It was found that the patient had been a frequent customer at an establishment where beer was conveyed from barrel to beer pump through lead pipes Of samples of the beer which had remained in these pipes overnight one specimen showed a content of lead of one-third of a grain per gallon of beer Immediate action by the health department resulted in the replacement of the lead pipes by others of suitable material Other breweries and licensed clubs in the city were notified of the danger and undertakings to discontinue the use of lead pipes within a reasonable time were given The mortality rate from diphtheria during the year was the highest since 1915 A record number of cases (1,951) were admitted to the city fever hospital In the majority of the severe cases the 'gravis' type of *C diphtheriae* continued to be isolated It was found that these cases tended to become toxic at a very early stage Of eighty four deaths thirty-seven occurred in cases which had received antitoxin within the first three days of the illness

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Blood Groups

Diseases	Moss	IV		III		II		I	
	International Grouping O			B		A		AB	
	No of cases	Abs	%	Abs	%	Abs.	%	Abs	%
(a) *Blood Diseases* (i) Pernicious anaemia	193	80	41 45	25	12 95	75	38 9	13	6.7
Achrestic ,,	17	9	—	—	—	7	—	1	—
Aplastic ,,	18	11	—	1	—	5	—	1	—
Category (i) total cases	228	100	43 85	26	11 4	87	38 15	15	6 6
(ii) Haemolytic anaemia	65	30	46 2	6	9.2	26	40	3	4.5
Categories (i) and (ii) total cases	293	130	44 36	32	10 92	113	38.56	18	6.14
(iii) Leukaemias	24	12	50	3	12.5	8	33 3	1	4.2
Total blood diseases, categories (i) (ii) and (iii)	317	142	44 8	35	11	121	38.2	19	6
(b) *Neoplasms* *(i) Carcinomata*	92	49	53 3	9	9 8	30	32.6	4	4.3
(ii) Sarcomata	15	9	—	—	—	6	—	—	—
(iii) Intracranial group of neoplasms and a few others Cerebellar tumours	16	7	—	2	—	7	—	—	—
Cerebral tumours	196	99	50 5	18	9.2	75	38 3	4	2
Meningioma	18	9	—	1	—	7	—	1	—
Acoustic and other neuromata	23	11	—	2	—	9	—	1	—
Other tumours and spinal tumours	40	16	—	3	—	20	—	1	—
Total	293	142	48 46	26	8 87	118	40 27	7	2.38
Pituitary tumours	61	29	47 6	3	4 9	26	42.6	3	4.9
Total category (iii)	354	171	48 3	29	8 2	144	40 7	10	2.8
Total categories (i) (ii) and (iii)	461	229	49 7	38	8.3	180	39	14	3
Normal for the hospital calculated from 1 927 consecutive cases grouped	1 927	939	48 72	148	7 68	792	41 1	48	2.49

Group B was found Fifteen of Group AB and twenty-six of Group B were included in this series of 228 cases The remainder were 100 Group O and eighty-seven Group A The percentages of this series were thus O, 43 85, B, 11 4, A, 38 15, AB, 6 6 The cases of pernicious anaemia alone numbered 193, and showed 41 45 per cent of Group O, 12 95 per cent of B, 38 9 per cent of A, and 6 7 per cent of AB

It is seen that Groups O and A approach one another very closely, Group A remaining roughly about the normal 41 per cent and if anything, a degree or two under (the normal figures for the hospital are given in the table) Group O is well below the normal, 48 per cent It is also noted that the rarer Groups AB and B are higher in numbers and percentages than normal—Group B almost twice and Group AB thrice the normal percentage It was also noted clinically that in the latter groups the severest manifestations of the blood diseases often were generally evident From this high incidence of the Groups AB and B in the blood diseases dealt with in this article one would like to make the statement that people falling into those blood groups are more susceptible to those diseases than people in the other groups, but, of course, to do so and to eliminate the element of coincidence would require much more intensive examination of a very large series of cases—into the thousands or tens of thousands if possible

In the second category only sixty-five cases were available This category included those diseases diagnosed as haemolytic anaemias of various types acquired or hereditary (acholuric jaundice, etc) with corresponding blood abnormalities, and with or occasionally without an enlarged spleen A similar type of percentage chart to the above was again observed, but the similarity was not so marked The figures were 46 2 per cent of Group O, 9 2 per cent of B, 40 per cent of A, and 4 5 per cent of AB

The third category, and the smallest, included the leukaemias (lymphatic, myelogenous, and monocytic types, chronic or acute) In all only twenty-four cases were available Among those were three of Group B and one of Group AB The proportions were 50 per cent of Group O, 12 5 per cent of B, 33 3 per cent of A, and 4.2 per cent of AB

The latter percentages are strikingly like those given by the series of carcinomata grouped On this observation one would like to conjecture some association between those two classes of disease—but of course that would be ridiculous on such small evidence A point which should perhaps be made here is that in the hospital in which this work was done the proportion of cases of blood diseases may be higher than in the average general hospital

The Neoplasms

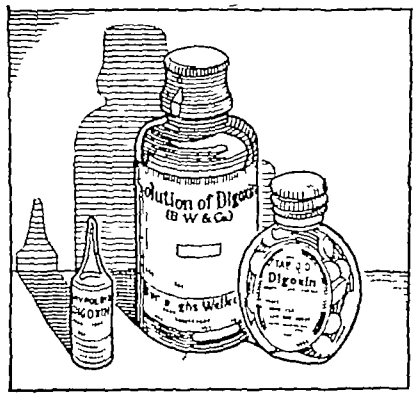
The neoplasms were also treated in three categories, the last, the biggest, was included because of the large numbers of cases of intracranial tumours available which were grouped, in the majority pre-operatively

The first category included the carcinomata, and ninety two cases were grouped There were 53 3 per cent of Group O, 9 8 per cent of Group B, 32 6 per cent of Group A, and 4 3 per cent of Group AB

The second category included the sarcomata, but only fifteen cases of the latter were available These were nine of Group O and six of Group A

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but the blood pressure was normal She was admitted on that day to the Brighton Maternity Hospital

On admission it was found that pregnancy corresponded to thirty-six weeks The blood pressure was 125/90 There was no albumin in the urine, but considerable oedema of the ankles was present, and visual disturbances were complained of No other abnormal signs were observed On March 16 the membranes were ruptured artificially this was followed on the 17th by some pain and a one finger dilatation of the cervix On March 19th the patient was fully dilated at 2 30 a m, and the delivery of a live female child followed The placenta was delivered fifteen minutes later The puerperium was uneventful

Summary

This case is of interest as being one of irregular menstruation amounting almost to amenorrhoea in which the menstrual cycle became normal following progynon treatment In addition the sterility which had formerly been present was relieved About the thirty-sixth week of pregnancy pre eclamptic symptoms became manifest, and it is felt, in view of the present theories as to the pathology of eclampsia, that this is of special interest in association with a case of known hormonal imbalance

Robson and Paterson, in a paper published in the *British Medical Journal* (1937, **1**, 311), give an account of their treatment of twelve cases of pre eclamptic toxaemia, using corpus luteum hormone (proluton, Schering) These authors state that clinical improvement appears to have been produced in these cases and that they believe the results to be sufficiently encouraging to warrant tests being made on a wider scale without delay

Discussion

In this case the patient s follicular hormone was substituted by progynon-B oleosum The signs of hormonal lack were overcome and the patient returned to normal During pregnancy this substitution was discontinued and a pre-eclamptic condition developed It is thought that this may give a clue to the cause of those eclampsias which have no premonitory toxaemic period and also of eclampsia in general

It is possible that there are two factors in eclampsia First, the renal or toxaemic factor, and, second, as a result of this poisoning, a resultant damage to the hormone-producing system It was this hormone lack that caused the symptoms in the above case

This theory also accounts for the fact that emptying the uterus does not cure eclampsia, for it is the lack of hormone that causes the condition and not merely the presence of a toxic substance

I wish to acknowledge the help of Mr K F Mackenzie, under whose care the patient was in hospital My thanks are also due to Messrs Schering for the supply of progynon and to Dr H Neumann for suggestions as to dosage

Petworth Sussex W Antony Ball M B, B S Lond

The Princess Royal on October 2 opened two new wings of the nurses home at the General Infirmary at Leeds She was received by her husband, Lord Harewood, in his capacity as president of the hospital Mr A P Nicholson the chairman, said that when the success of the appeal for £250,000 for extensions and improvements was assured the first work put in hand was the nurses home A new out-patient department was being built, and a new wing for paying patients, also a large *x*-ray department Dr G W Watson chairman of the Medical Faculty, thanked the Princess for her interest in this great undertaking and for her attendance that afternoon

Reviews

DISEASES OF THE LARYNX

The Larynx and its Diseases By Chevalier Jackson, M D, Sc D, LL D, F A C S and Chevalier L Jackson, A B M D, M Sc (Med), F A C S (Pp 555, 210 illustrations, 11 in colour 35s net) Philadelphia and London W B Saunders Co 1937

The industry of Dr Chevalier Jackson and his son is once again brought to notice by the publication of a joint work on the larynx and its diseases It is naturally impossible to determine or even to guess the precise share in authorship of the two writers, but it is quite evident on reading the book that every page is pervaded by the immense clinical experience and wisdom of the elder Jackson, and, although the claim that the book is new is justified by the new illustrations and the new writing, the familiar opinions and teachings constantly reappear There is in consequence not a great deal that calls for comment in one direction, for there is nothing particularly novel, but in another direction the fullness of the descriptions, the magnificent new coloured plates and other illustrations with which the book is liberally adorned, must excite admiration and satisfaction that Dr Jackson has collected all that he has to say about the larynx between the covers of a single volume

The Jacksons are gently apologetic for the style of writing and deprecate any effort towards the finish of a Macaulay, but the style is the Jackson style, and it is well that it should remain itself and attempt no imitation' The same is true of the illustrations, even of those which are photographic reproductions, and when on page 458 Dr Jackson is seen sitting in the corner of an automobile gazing at a hideous rag doll beside him, and then taking it across his knee to perform tracheotomy, no flicker of a smile is visible

In a few matters of detail the reader is left with a vague impression—for example, in the definition of contact ulcer This disease is Dr Jackson s own, and although it is beautifully illustrated with a coloured plate all to itself and fully described, and carefully differentiated from pachydermia, yet the reader is left to wonder what this curious disease really may be Mostly, however, the opinions and the statements are definite enough, and the authors have managed even to be quite clear on the subject of precancerous conditions To deny their existence is to confess insufficient clinical experience, and so far as the larynx is concerned this difficult question has been admirably clarified The authors use the words pachydermia, keratosis, and leukoplakia with clearly defined separate meanings which are of great assistance to a proper understanding

There are revealed naturally certain differences in the importance or incidence of types of cases presenting themselves in the United States For example, chronic laryngeal stenosis cannot be so common in Great Britain as it appears to be both on the continent of Europe and in America, but it is probably diminishing in America also, as the profession there has been gradually educated not to perform high tracheotomy

Where everything is so modern and the authors are so entirely independent and reliant altogether on their own experience and opinions, it seems strange to discover them in the part of *laudatores temporis acti*, but that they regret the passing away of Prohibition there can be no doubt, and they look forward to a higher incidence of

BRITISH MEDICAL JOURNAL

LONDON SATURDAY OCTOBER 16 1937

CHOLECYSTITIS *

BY

J W McNEE, D S O, M D, D Sc, F R C P Lond

Regius Professor of Practice of Medicine University of Glasgow Consulting Physician University College Hospital London

The subject of gall bladder infection has been discussed in recent years at many times and in many places, especially by hospital physicians and surgeons It is a good choice for discussion at an Annual Meeting of the British Medical Association, because its great frequency and clinical importance may then be emphasized to the general practitioner, who after all, has the main opportunity and responsibility of recognizing inflammation of the biliary tract in its earliest and most important stages

The combined results of many observations, by physicians, surgeons and pathologists seem to show without any doubt that disease of the gall bladder is now the commonest of all organic troubles of the digestive tract This has been repeatedly stated by Sir Arthur Hurst and he will no doubt speak on this point to-day Statistics in different countries and in different clinics must vary, but Piersol (1936) has recently published an analysis of the admissions to the gastro intestinal clinic of the University of Pennsylvania Hospital, Philadelphia and shown that 16 3 per cent of all the patients were diagnosed as suffering from gall bladder disease Duodenal ulcer, cancer of the stomach gastric ulcer, and chronic appendicitis followed in this clinic, in order of frequency, but these are merely the results in one American hospital I am unable to present the statistics of any large series of gastro-intestinal cases in Britain but it may safely be accepted that cholecystitis is now established here as one of the most common and important intra-abdominal diseases

It is obviously my duty in opening this discussion to give a general survey of the problem before us and not to spend undue time on matters which will be dealt with in greater detail by subsequent speakers

Age, Sex, and Type of Patient

It must nowadays be realized that the female who is fat fair forty and fecund is by no means the only type subject to biliary disorders and to their common sequel of gall stones It is true that cholecystitis is more common in females than in males for reasons which have many times been discussed and which need not detain us now Gall bladder troubles are however, quite common in men and it may be emphasized that cholecystitis occurs in young men and young women and even in children These facts are I think not yet sufficiently and universally realized With the increase of outdoor games and exercise in young people this disease may diminish but there are many mostly living in cities who have sedentary occupations in offices and factories and are prone to dyspepsia and biliary disease In acholuric jaundice a disease generally recognized in youth there is a special tendency to disorders of the biliary tract—both pigment stones and cholecystitis

Aetiology

I have already referred to sedentary occupations as increasing the risk of cholecystitis and indeed the factor of biliary stasis is the only important predisposing cause on which almost everyone will agree It would not be justifiable here to discuss disturbances in the physiology of the biliary tract as a cause of biliary symptoms, since so little is known with absolute certainty Problems concerning the sphincter of Oddi, contraction of the gall bladder and spasm of the main bile ducts are all involved here, and frankly in my view, the time has not yet come to bring questions of disturbances in the physiology of the biliary tract into the realms of ordinary practical medicine We have enough to deal with at present in gall bladder pathology, due to microbic infection of the gall bladder and biliary tract the essential cause of the subject we are discussing—namely cholecystitis Here too, we are faced with the difficulty of reconciling the divergent views of physicians and surgeons for the ultimate benefit of our patients This matter will no doubt be examined fully by Sir Arthur Hurst and Sir David Wilkie and I need only place the general position before you

The points of importance are

1 What are the common microbes which infect the gall bladder and what is their relative frequency?

2 By what route is the gall bladder infected—by passage along the ducts from the intestine or by the blood stream? Do the microbes in fact exist mostly or partly free in the bile or is the infection essentially deep seated in the wall of the gall bladder?

The importance of focal sepsis in teeth tonsils appendix or elsewhere in the aetiology of cholecystitis is an essential part of the problem which I only mention to give a lead to other speakers

Varieties

Cholecystitis with Gall stones—It is obvious that in the past the diagnosis of cholecystitis was seldom made before the common sequel of gall stones had occurred and given rise to obvious signs or symptoms Even nowadays the frequent accidental discovery of gall stones of inflammatory origin at post mortem examinations shows either that a diagnosis was missed or that the symptoms were insufficient to make the patient seek treatment for

* Read in opening a discussion in the Section of Medicine at the Annual Meeting of the British Medical Association Belfast 1937

of the pre-scientific age and [with] verbal symbols This is a hangover from ancient mythologies' Close on the heels of this follows Hyman's criticism of the value of psycho analysis, which he attacks not so much for its mysticism as for its materialism, pointing out among other things that the insistence on the initiate himself being analysed adds a financial burden which effectively reduces competition by restricting the entry into the ranks of approved psycho analysts He believes that the isolation of psycho-analysis from the rest of medicine is due in large part not to the hostility of the large body of physicians but to the reticence and arrogance of the analysts Hard hitting, this!

Dr Sevringhaus, in an interesting introduction to the section on endocrinology, suggests that all endocrine activity should be thought of as serving the functions of communication correlation, and catalysis In developing this theme he shows how this approach will avoid undue emphasis on the importance of any one endocrine activity, and will lead to a new aspect of biology, which will be absorbed into general medicine as biochemistry, nutrition, and other contributions have been

Altogether a helpful and entertaining volume, and no mere series of abstracts

CHEMICAL PHYSIOLOGY

Einführung in die Chemische Physiologie By E. Lehnartz. (Pp 420, 66 figures RM 18, geb, RM 19 60) Berlin J Springer 1937

In writing his Introduction to Chemical Physiology, Professor Lehnartz no doubt had clearly in his mind the class of student for whom the book was intended That point may not be quite so clear to teachers of the subject in this country It contains a great deal too much for the ordinary medical student, and it is obviously not designed for those reading for higher research degrees Probably it is best suited to those students who, being much above the average in scientific attainment, are destined from the beginning for honours in physiology or biochemistry and would therefore be able to take full advantage of a comprehensive volume of this type It may be said at once that the book is typically thorough in the way it covers in each chapter the whole of the ground leading up to concise presentations of the most important of recent work

The arrangement is in four main sections, the first two dealing with fundamental chemistry and physical chemistry respectively, the third embracing vitamins, hormones, and enzymes while the last is concerned with metabolism, interpreting that term in its widest sense The 'chemische anatomie,' to use the author's own term, contains all the essential material, with the exception of any reference to the chemical synthesis of the amino-acids That part devoted to the vitamins, hormones, and enzymes is probably the best in the book, and is a model of compression, for it contains within a reasonably short space the essence of these subjects in connexion with which there has been such a wealth of discovery Some portions placed towards the end of the last section do not quite reach the standard of the rest, rather suggesting that the author himself had less interest in the general chemistry of the body fluids than in the other departments of his field In the final subsection the bracketing together of skin and milk seems a little curious despite the author's explanation, and it would have been better if these had been considered under entirely separate headings

Taking the volume as a whole, the presentation of the subject-matter would have been rendered more palatable to the student by the inclusion of brief explanations of the nature of the actual methods of investigation Illustrations are sparingly used except in the hormone chapters More should have been introduced, not only for their intrinsic value but also because their presence tends to make the background of solid material facts seem less ponderous In general, however, the book has much to commend it, but, for reasons stated at the beginning of the review, its circulation in this country may be somewhat limited

NEUROLOGICAL TUMOURS

Tumors of the Nervous System An Investigation of the Most Recent Advances Proceedings of the Association for Research in Nervous and Mental Disease Vol xvi (Pp 493, 213 illus 64 tables 34s) Baltimore The Williams Wilkins Co London Baillière, Tindall and Cox 1937

The appearance of a new volume of the publications of the Association for Research in Nervous and Mental Disease is always a pleasure, since it is sure to contain something new and much that is interesting The present volume, in its general level and freshness of interest, compares favourably with those that have already appeared As its subtitle indicates, it makes no attempt to cover the whole subject but rather to indicate growing points in research and new diagnostic methods It begins with a description by Drs Canti, Bland, and Dorothy Russell of what they have learnt from the study of cinematographic records of the growth of gliomatous tissue in cultures The chapters on the metabolism of brain tissue (by Dr Wortis) and of brain tumours (by Drs Victor and Abner Wolf) provide fresh information on this new method of research Two advances in clinical diagnostic methods come from the New York Neurological Institute, Dr Elsberg's special olfactory tests for the localization of brain tumours and Dr Cornelius G. Dyke's encephalographic studies of tumours of the corpus callosum Each deals with a refinement of technique which should be of definite value Dr Leo Alexander has made a careful anatomical study of malformations in the region of the foramen of Luschka, indicating their developmental origin and their relationship to tumours and cysts in the ponto cerebellar angle

The other chapters contain less new matter but are valuable reviews by men with unusual experience in the subject with which they have dealt The last two chapters, on tumours of the peripheral nerves and nerve endings, have the special interest, to neurologists at least, of being written by general pathologists who can from a vast experience bring these tumours into line with those which arise from non-nervous tissues Dr Ewing's comments on these articles are a valuable addition to the chapters

The book as a whole is an example of fine team work and a reflection of the high standards of American neurology

Notes on Books

The Doctors Booklet by Walther Klussmann (Leipzig Georg Thieme, RM 4 80), is, as the subtitle indicates, "a collection of words of wisdom for the doctor's leisure moments and a guide to daily practice' The book was originally intended to be the joint work of Dr Erwin Lick and the compiler, who is a dentist at Bad Harzburg, but the former's untimely death prevented the execution of this plan Professor Klare, in the foreword, quotes Goethe's saying that one should every day hear at least one good song, read a good poem, and see one excellent picture In like manner he hopes that this little treasury will be the friend and companion to the doctor and

It must be remembered that in cholecystitis the liver itself is damaged or deranged in function, and a sojourn for treatment at a spa which specializes in hepatic diseases and in the other frequent accompaniments of cholecystitis, such as obesity, may be of great value Disordered function of the liver, so commonly associated with cholecystitis, is claimed by some to be concerned in the aetiology of migraine but I must state that I have never seen migraine in direct association with hepatic disease

Conclusion

In conclusion, my plea is for the more general recognition by doctors in Britain of the great frequency of cholecystitis, of the difficulties that must be faced in making a correct diagnosis of the methods that are of real practical use in diagnosis and treatment, and of the great diagnostic value of the duodenal tube Further, I would express my belief that catarrhal cholecystitis can be cured in its earlier stages by medical treatment, and that in this way we may hope to diminish the incidence of gall stones with their frequent dangers and complications

CHOLECYSTOGRAPHY THE EFFICIENCY OF THE GRAHAM-COLE TEST*

BY

T GARRATT HARDMAN, M D

Radiologist Richmond Hospital Dublin and Royal City of Dublin Hospital

The introduction of this method of examination by Graham and his associates in 1924 was one of the outstanding advances in radiology and it has proved of immense assistance to physicians and surgeons Nevertheless there are many to-day who are inclined to question the accuracy of this method of detecting disease of the gall bladder I believe that such incredulity is most frequently due to a very common human weakness—the disposition to allow one error in diagnosis to make a much more lasting impression on the mind than ninety nine correct diagnoses and so when asked whether the Graham-Cole test is reliable the answer is frequently in the negative

A second reason is a misconception as to how much a Graham Cole test will reveal Some place too great a reliance upon it as an absolute proof of the presence or absence of disease without realizing that there are some unavoidable fallacies No radiologist would attempt to claim infallibility for this method of examination but we do claim that the Graham Cole test carried out with punctilious care as to preparation of the patient administration of the dye and radiographic technique will yield valuable information on the functional ability of the gall bladder to receive and to concentrate bile containing dye This is to some extent a measure of the functional health of the mucous membrane of the gall bladder and the test yields a very high percentage of correct inferences regarding the presence of disease

It must be recognized at once that there are pathological conditions remote from the gall bladder such as duodenal ulcer and chronic appendicitis which will sometimes be responsible for a failure of that organ to show a normal Graham Cole reaction In my opinion such an admission brings home to us the necessity for a complete radiological examination of the gastro-intestinal tract in all cases in which the Graham-Cole test and the clinical history and signs are at variance

In thousands of cases operation has proved that disordered function as shown by a faint shadow or a failure to obtain any shadow, is a result of disease of the gall-bladder and in only a very small percentage are the *x* ray findings due to remote lesions In a large majority of the cases diagnosed as pathological one can only go so far as to say that there is complete dysfunction or impaired function

Conditions affecting the Gall bladder

A differential diagnosis between the conditions which may affect the gall bladder is only possible in a comparatively few cases Stones containing not less than 10 per cent of calcium will be demonstrable on an ordinary film without the introduction of any opaque dye Bilirubin stones are also radiopaque They may be obscured by the dye only appearing when evacuation has occurred Cholesterol stones are translucent If there is no obstruction of the cystic duct, and the gall bladder mucosa is sufficiently healthy to concentrate the dye these stones will be demonstrable as well-defined clear spaces in the opaque dye

Papillomas and adenomas may sometimes be recognized by the marginal defects which they produce Stones do not show such defects, but tend to lie grouped together in the centre of the gall bladder Multiple papillomas may give rise to negative shadows in a dye-filled gall bladder similar to those of cholesterol stones Repeated films taken at intervals would show that the defects remain constant in the case of papillomas whereas stone shadows would alter in relation to one another

The diagnosis of carcinoma of the gall bladder may be made occasionally, and Kirklin of the Mayo Clinic in a paper written in March 1935, refers to a case reported by Taterka in which the tumour produced a large irregular defect along the lateral wall of the gall bladder and in which the entire picture was analogous to that of medullary carcinoma of the stomach as exhibited with the barium meal Such appearances in the gall bladder must be very rare indeed for I believe that in the majority of cases of carcinoma of the gall bladder a well marked defect would be accompanied by such impairment of function of the mucosa that no shadow would be obtained by the Graham Cole test

I find it difficult to express a definite opinion upon Professor McNee's criticism that "x rays generally do not yield information of positive diagnostic importance in the early cases of catarrhal cholecystitis I do not know at what stage in the course of the disease the function of the mucosa would be sufficiently affected to present positive x ray signs or the duration of time which might elapse before such an effect was produced I think that most of the cases sent for examination are those which have been suffering from recurrent attacks of cholecystitis but I believe that a certain number of early catarrhal cases associated with duodenitis will show delay in the emptying time of the gall bladder Some workers have had experience and positive proof of such cases but Kirklin states that he does not attach much importance to delay in filling or emptying

It is impossible to go fully into the details of technique here Suffice it to say that the correct preparation of the patient strict directions as to the avoidance of all food until permitted and a careful radiographic technique are essentials for reliable results

* Communication to the Section of Medicine at the Annual Meeting of the British Medical Association Belfast 1937

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BROWN BREAD VERSUS WHITE

At a combined meeting of the Sections of Nutrition and Obstetrics and Gynaecology at Belfast this summer Sir Robert McCarrison drew attention to the importance of the provision of bread made from lightly milled cereals instead of the highly milled white bread which accounts for from 80 to 94 per cent of the bread consumed in this country Under present conditions in the baking trade bread may be divided into three main classes (1) white bread, from which both the bran and the germ of the wheat have been removed, (2) ordinary brown bread, which contains bran but very little germ, (3) "germ," whole-meal, or health breads, in which wheat germ with or without bran is incorporated The last may be made from lightly milled flour, or from white flour to which has been added germ—sometimes after being stabilized to prevent rancidity For nearly seventy years "white" flour in England has signified flour from which both germ and bran have been removed by "bolting" The removal of the germ deprives the flour of a number of important food substances, and for many years past authorities have debated, sometimes with a good deal of acerbity, whether the loss is of any serious importance in practical nutrition In 1929 Hartwell and Mottram[1] argued from the results of rat-feeding experiments that propaganda urging the use of brown bread by the working classes was uncalled for They also stated that it could be taken as certain that brown —that is, whole-meal—bread contains more protein of good biological value, more vitamin B_1, and more minerals, but held that in the mixed diet consumed even by the poorer classes deficiencies of white bread were adequately made up from other sources in the diet

Of the physiologically important constituents which are removed with the germ, vitamin B—and particularly the component B_1—is one requiring careful attention, for it seems probable that the protein and mineral deficiencies of white bread are far more likely to be made good by the other articles of the diet, even in the diets of the poor, than is this particular defect The use of the bradycardia test by Harris, and independently by Baker, Wright, and Drummond,[2] in place of the growth test, leaves no doubt as to the superiority of brown bread over white as a source of vitamin B_1 Baker, Wright, and Drummond accept the estimate of Cowgill, which they have themselves verified, that a 10 stone man consuming 3,000 calories daily needs 300 international units (I U) of vitamin B_1 to protect him from beri-beri This is the minimum requirement It is reasonable to suppose that the full physiological requirement is higher than this, and they regard 500 I U as a moderate estimate thereof They direct attention to the well-established facts that increased body weight, increased consumption of food, and pregnancy call for an increased intake of vitamin B_1 and that a positive correlation exists between the total carbohydrate content of the diet and the amount of B_1 necessary The requirements of the poorer people who habitually eat carbohydrate-rich diets are therefore greater than those of more fortunate individuals Morgan and Frederick, in 1935, estimated that whole-wheat bread (fresh) contained 98 to 130 I U of vitamin B_1 per 100 grammes of bread (that is, 1 to 1 3 per gramme), and that white bread (fresh) contained 0 3 unit per gramme Baker, Wright, and Drummond have arrived at estimates of a like order, but they find that there is considerable variation in the vitamin B_1 content of bread and give as average values 1 15 units and 0 15 unit per gramme for whole meal and white bread respectively Sometimes it is claimed that the yeast employed in baking is valuable in making good the deficiency of the flour in B_1 Ordinarily this is not so Bakers' yeasts vary considerably in vitamin B_1 content, but the figure 4 I U per gramme is a reasonable one to assume An addition of 30 to 60 oz of such material to a 280 lb sack of flour does little to improve the nutritive value of the loaf "Actually 0 66 lb of flour with a B_1 content of 0 15 I U per gramme together with this proportion of yeast will yield a 1-lb loaf with a value of 0 12 I U per gramme"

A striking fall in the consumption of bread and flour has, according to Lloyd and Orr, occurred during the past hundred years The consumption of flour in 1840 corresponded to about 21 3 oz of bread per day, in 1934 it was only 11 6 Regarding the former as a whole-meal product with a vitamin B_1 value of 26 units per oz and the white flour as having about 5 units per oz, Baker, Wright, and Drummond calculate that the change in character and intake of bread alone has caused a reduction in available vitamin B_1 of from 550 units to less than 60 They give some interesting

[1] *Lancet* 1929 2 892.

[2] *J Soc chem Ind* London 1937 56 191

MAGNESIUM TRISILICATE*

BY

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Since the publication of my original papers (Mutch 1936, 1936a, 1936b) on this substance last year a number of alleged trisilicates of magnesium have been placed on the market and a certain amount of analytical work on siliceous magnesian precipitates has been published by N. Glass (1936). The results of the manufacturers' efforts have on the whole been disappointing. Many of the products offered for sale are either grossly contaminated or incorrectly described, being of compositions which in no way approximate to that demanded by the theoretical formula, and Glass's studies are deprived of their scientific interest by his use of inaccurate methods of analysis (Rugg, 1936). If any ultimate judgement is to be made of the clinical value of a new therapeutic substance it is essential that the true substance itself shall be employed uniformly.

Identity

Much advance has been made in recent years in our knowledge of the molecular structure of the silicates. Chemical methods failed to distinguish adequately between different silicates bearing a common group constitutional formula. Physical analysis, particularly the diffraction radiograph, has supplied the need and is steadily evolving order out of chaos. For example, three hydrated silicates of aluminium possess the same formula $H_4Al_2Si_2O_9$. Their diffraction radiographs, however, are dissimilar and provide a basis for the classification of substances of this chemical composition into three distinct groups—dickite, kaolinite, and nacrite (Ross and Kerr, 1931). Hydrated trisilicate of magnesium occurs in two forms (Longchambon, 1935): sepiolite No. 1 or meerschaum, and sepiolite No. 2. The composition of each is represented by the formula $H_4Mg_2Si_3O_{10}$, often written as $2MgO.3SiO_2.2H_2O$. Structurally they are distinct, and each gives its own characteristic diffraction radiograph. Medicinal magnesium trisilicate can therefore be defined as a laboratory-prepared substance with a composition represented by the formula $H_4Mg_2Si_3O_{10}$, and yielding a pure diffraction radiograph of sepiolite No. 1 or of sepiolite No. 2. The artificial magnesium trisilicate which I originally described, and have continued to use, is such a substance. Radiographically it is identical with sepiolite No. 1. It is not, as is erroneously implied in Martindale's *Extra Pharmacopoeia* (1936), to be confused with precipitated magnesium silicate. Such precipitates are vague and variable siliceous gels containing a certain amount of magnesium. Synthetic magnesium trisilicate is a chemical entity built up from its component parts which, after association in colloidal form, are subjected to a process of maturation at 15° C.

I am indebted to Dr. D. F. Claringbull and Dr. M. H. Hey of the Mineral Department of the British Museum (Natural History) for the radiological identification of the product. The diffraction radiograph exhibited well-defined first order lines at 1·32, 1·54, 1·72, 2·62, 3·41, and 4·46 Angstrom units, whilst the line expected at 11·35 was outside the limits of the radiograph. The radiograph agrees accurately with the most recently published data (Migeon, 1935) and with radiographs of natural sepiolite No. 1 taken at the same time for purposes of comparison. The intrinsic particles were shown to be of finely colloidal dimensions with a crystalline basis. In size they were much smaller than those of kaolinite or of the most refined varieties of medicinal kaolin available.

Analytical Survey

Chemical analyses of a number of the products put forward by various manufacturers as magnesium trisilicate are given in Table I.

TABLE I.—*Analysis of Various Brands offered as Magnesium Trisilicate*

No.	Manufacturer	Sample	(1) MgO	(2) SiO_2	(3) Loss on Ignition	(4) Fe$_2$O$_3$ Al$_2$O$_3$ & CaO	(5) Ratio MgO : SiO_2 (Theoretical 1 : 2·24) (gravimetric)	(6) Contamination with Silica (SiO_2 in excess of true formula)	(7) Antacid Value (N/10 HCl neutralized by 1 gramme Ignited Wt. in 4 hours at 37° C.)	(8) Adsorption (Methylene blue adsorbed per gramme Ignited Wt. in 14 days at saturation)
			%	%	%	%			c.cm.	mg.
1	A	1	22·43	50·19	23·17	1·39	1 : 2·24	Nil	300·8	271
2		2	22·34	50·01	24·70	2·50	1 : 2·24	Nil	300·7	281
3		3	21·71	48·92	27·40	1·54	1 : 2·25	+ 0·44	303	23[illegible]
4	B		20·99	46·72	29·22	2·15	1 : 2·22	− 0·89	308	[illegible]40
5	C	1	20·12	44·19	32·94	0·9[illegible]	1 : 2·20	− 1·7	308	282
6		2	20·77	45·05	32·31	0·87	1 : 2·17	− 3·1	315	[illegible]7[illegible]
7		3	21·12	44·93	31·67	1·19	1 : 2·13	− 4·9	300	[illegible]50
8	D	1	19·97	47·65	30·29	1·41	1 : 2·39	− 6·69	[illegible]8	[illegible]7[illegible]
9		2	21·04	51·99	25·86	1·53	1 : [illegible]·47	+ 10·2	4[illegible]	25[illegible]
10	E	1	17·29	[illegible]·71	[illegible]·91	1·[illegible]3	1 : 3·05	16·7	205	[illegible]·[illegible]7
11		2	16·16	53·70	25·56	2·07	1 : 3·3[illegible]	− 48·[illegible]	4[illegible]	[illegible]·34
12	F		15·94	[illegible]·94	36·90	1·[illegible]5	1 : 3·37	4	[illegible]·3[illegible]	3[illegible]4
13	G		13·61	59·73	[illegible]·[illegible]4	1·04	1 : 4·39	9[illegible]·9	1[illegible]3	1·[illegible]

METHODS

The analytical methods described by J. W. Mellor (1913) were carried out with meticulous care. Refinements were introduced to ensure full precipitation of the silica (Mellor, 1913; Scott, 1925; Groves, 1936) and the recovery of all traces of iron and alumina (Mellor, 1913a) carried down with it. The moiety of magnesium (Mellor, 1913b) which incorporates itself with the calcium precipitate was also dealt with by the standard approved technique.

* Read in the Section of Pharmacology and Therapeutics in [illegible] Anæsthetics at the Annual Meeting of the British Medical Association, Belfast, 1937.

pharmaco-dynamic properties of certain drugs used as substitutes for morphine—namely, eucodal, dicodide, dilaudide, and acedicone—have also been under discussion, and the Secretariat of the League is preparing a memorandum embodying such information as has been collected

The representative of the United States reported on work carried out in his country, with the assistance of grants from the Rockefeller Foundation to the National Research Council, on the study of drug addiction During the last year, he said, three new substances had been patented, consisting of new ethers of morphine and its dihydrogenated derivative, dihydromorphine, and the new patents had been presented to the Secretary of the United States Treasury so that he might exercise general supervision over experimental studies with these substances It is hoped that they may be useful in substituting non-habit-forming drugs for the habit-forming derivatives of opium The same country has also placed at the disposal of the Advisory Committee a clinical study on the use of bromsalizol or monobromsaligenin in the treatment of pains accompanying chronic arthritis Another matter which has occupied attention is the preparation of standard rules for the control of pharmacies, and a memorandum has also been prepared showing that abuse and falsification of medical prescriptions occur in many countries The representative of Mexico stated that in his country the issue to medical, dental, and veterinary practitioners of special books of forms for the writing of prescriptions, printed on special paper and consecutively numbered, had proved useful, and this suggestion is to be further examined Finally, a subcommittee on the subject of Indian hemp has held three sessions The subcommittee finds that the data as yet before it in regard to the medical use of derivatives of *Cannabis indica* are still very limited The reports so far received express the opinion that the medical value of these derivatives is doubtful, that their use is decreasing, and that at least one country contemplates dropping them from its pharmacopoeia (No preparation of Indian hemp appears in the *British Pharmacopoeia* of 1932) An examination of 125,000 prescriptions in the United States showed that only 4 or 5 in each 10,000 called for derivatives of cannabis Information in regard to insanity resulting from the use of cannabis and to the relation between cannabis addiction and crime has been presented, and the experts have been asked to collect all information available on these subjects throughout the world

So far as the United Kingdom is concerned, the report for 1936 of H M Government to the League of Nations on traffic in opium and other dangerous drugs is a reassuring one If all the Governments which are parties to the Conventions of 1912, 1925, and 1931 could furnish equally complete and satisfactory returns the problem of the international traffic in narcotics would be nearing solution Inasmuch as raw opium, the coca plant, and Indian hemp are not produced in this country, administration of the International Conventions is mostly concerned with the manufacture, trade, and distribution of the drugs derived from imported raw materials The Pharmacy and Poisons Act of 1933 and the rules made under it came into full operation on May 1, 1936, but these did not materially modify the arrangements in regard to the sale and supply of dangerous drugs It is reaffirmed that addiction to narcotic drugs is not prevalent in the United Kingdom, and, indeed, that the number of addicts known to the central office is approximately 616—313 men and 303 women, 137 members of the medical profession are found in the list Morphine is the drug mostly resorted to, less frequently heroin or cocaine As regards international trade the system of import certificates and export authorizations continues to work well, there are no free ports or free zones in the United Kingdom and the deposit of dangerous drugs in bonded warehouses is not permitted Illicit traffic, which is still rife in the Far East and the Levant, is almost unknown here and is practically confined to seamen, mainly Orientals, the amount of opium seized by the Customs authorities last year was 9 kilogrammes

Only two firms in Great Britain are authorized to manufacture morphine, heroin, codeine, and dionine, and only one to manufacture cocaine Vigilant inspection, without warning, is carried out in the case of factories and of licensed dealers, and supervision is exercised over persons authorized to possess and use dangerous drugs Where such person is convicted of irregularities the Secretary of State is empowered to cancel the authorization to possess, supply, or prescribe the drugs Last year this power was exercised in ten cases, six being medical practitioners During the year 248,850 lb of raw opium were imported and 119 227 lb exported The chief recipients of the latter were Germany and the United States The exports of morphine and heroin from the United Kingdom show a reduction on the figures of previous years Prepared opium, which is still exported from India to certain Crown Colonies, is occasionally brought in by Chinese for smoking Its possession and use are totally prohibited here, and when seized it is confiscated and destroyed There were sixty prosecutions under the Dangerous Drugs Act in 1936, fifty-four resulted in conviction, forty-five were punished by fine, and nine by imprisonment

sepiolite and acids At body temperature and with N/20 hydrochloric acid a substantial secondary neutralization continues for more than an hour after the quick initial interaction has occurred (Mutch, 1936, 1936a 1936b) Secondly the non poisonous nature of the sepiolite which enables adequate doses to be given to compensate for the continuous loss through the pylorus Animal experiments have failed to reveal any deleterious cumulative effect (Mutch 1936a) and clinically it has been found that artificial sepiolite does not induce alkalosis

Alkalosis—The hourly administration of milk equivalent in all to about 3½ pints of 0 3 per cent hydrochloric *acid daily does not abolish the acidity of the gastric* juice Chemically this volume of milk is equivalent to about 345 grains of dried sodium bicarbonate The danger of clinical alkalosis probably begins when the daily intake of sodium bicarbonate exceeds 300 grains Much larger quantities of sepiolite No 1 can, however, be given with impunity Alkalosis is caused by simple absorption of a soluble alkali when the dose administered exceeds the demands of the acid actually in the stomach at the time It is caused also in part by the loss of that portion of the gastric acid which is neutralized by the medicament unless (1) the basic substance administered is eventually metabolized—for example, ammonium or protein—or (2) the base is reprecipitated in insoluble form in the small intestine

In the case of sepiolite soluble magnesium chloride is produced as the gastric juice is neutralized In an alkaline medium the base magnesium, is readily reprecipitated as magnesium hydroxide and so prevented from interfering with the internal balance between bases and acids Sepiolite itself is neutral and insoluble so that the unutilized excess cannot add to the body s alkali reserves

The validity of these deductions has been borne out in practice Magnesium trisilicate has been used extensively without provoking symptoms of alkalosis (A F Hurst 1936 T Hunt 1937, T L Hardy 1937) Biochemical

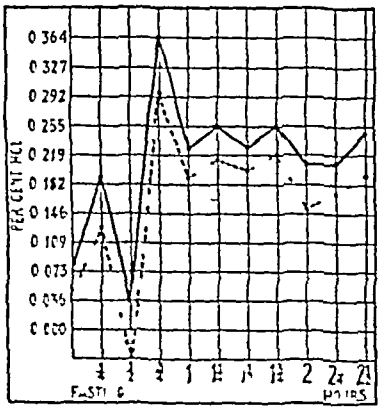


Fig 1—Fractional Test meal Curve of a Case serving as a Basis for Biochemical Observations on Possible Alkalosis (Note the hyperchlorhydria)

analyses of the blood and urine confirm these findings I am indebted to Dr J H Ryffel for the following analyses carried out on a patient recently under my care in Guy s Hospital for duodenal ulcer The man aged 5 had suffered from bouts of epigastric pain in late relation to meals since 1929 Dr Lindsay Lockes radiograph s showed marked deformity of the duodenal bulb The faeces contained occult blood and gave a spectrum of haematoporphyrin The fractional test meal curve was that of hyperchlorhydria with slight delay (Fig 1) The plasma bicarbonate was estimated and various urinary analyses made as recorded in Table II It will be seen that in spite of the taking of 3½ ounces of true artificial sepiolite daily for three weeks his urine remained acid there was no fall in the ammonia N/total N ratio and no

TABLE II—*Alkali Reserve with Large Doses of Sepiolite* (*Note No alkalosis*)

	Day of Treatment	URINE						Plasma Bicarbonate Vol/ar	Occult Blood in Faeces
		Volume	pH	Total Acidity N/10	Ammonia	Urea	Ratio Ammonia Nitrogen to Total Nitrogen		
Before Treatment		c.cm 1 100	5 6	34 100	0 024	2.0	2.4	0 030	+
Treatment	Hourly 2-drachm doses of sepiolite No 1 (magsorbent) (1½ oz. daily)								
Diet	5 oz. milk basis feeds								
During Treatment	1	1 300	6 0	10 100	0 021	1 45	2 9		
	2	1 400	5 8	1 100	0 029	1 59	3 1		
	3	1,200	6 0	10 100	0 015	1 51	2 1		+
	5	1,350	6 8		0 011	0 94	2 4		
	6	1 900	6 8	2/100	0 020	1 16	3 4		
	7	1 600	6 8		0 022	1.29	3 4		—
	8	2,000	6.2	11/100	0 018	1 10	3 3		
	9	2,200	7 0		0 032	1 29	5 0		
	16	1 750	7 0		0 020	1 32	3 0		—
	17	1 950	6 9		0 022	1.27	3 5		
	18	1 600	7 4		0 024	1 10	4 3		
	21	2 100	6 9		0 014	0 97	3 0	0 032	—
	22	970	6 6	10 100	0 030	2.08	2.8		

sensible increase in the plasma bicarbonate There was thus no chemical evidence of established or commencing alkalosis

Laxative Action—Artificial sepiolite sometimes produces a laxative effect The action is not apparent in laboratory animals and is usually inappreciable in man On occasions however it proves troublesome Magnesium chloride released in the stomach operates osmotically in the bowel as a saline aperient The varying response of *different individuals can be attributed to several factors* Personal susceptibility doubtless plays a part The amount of magnesium chloride produced depends not only on the dose of silicate given but on the acidity and volume of the gastric contents and the rate of outflow through the pylorus The proportion remaining in solution is determined by the extent to which precipitation of insoluble magnesium hydroxide and carbonate is effected by the alkaline pancreatic juice *The final amount available in* solution in the lower part of the bowel is again influenced by the reaction of the ileum and colon If their contents are acid hydroxide and carbonate will pass once more into solution and act osmotically as an evacuant There is clearly the fullest opportunity for the display of wide individual variations in response The effect is easily controlled when necessary by the simultaneous administration of a suitable amount of some constipating ad so bent such as kaolin or charcoal or of a constipating antacid such is chalk

Dosage

HYPERCHLORHYDRIA AND CHRONIC PEPTIC ULCERATION

When sepiolite is added to a chemically equivalent *amount of dilute hydrochloric acid the interaction no* only takes place relatively slowly but is incomplete For example with N 20 HCl the mixture remains strongly

Generally speaking all cases not falling under Stage II or IV will be placed under Stage III

Stage IV (*a*) Cases with massive infiltration of both parametria extending to the pelvic walls (*b*) Carcinoma involving the bladder or rectum. (*c*) The whole vagina infiltrated (rigid vaginal passage) or one vaginal wall infiltrated along its whole length with fixation of the primary growth (*d*) Remote metastases

The information from the various centres is given in tabular form which admirably suited for the information of those writing or working upon this particular subject, will necessarily not appeal to non expert readers The general editor of the report is Dr J Heyman, Radiumhemmet, Stockholm who is also in charge of all correspondence with the various collaborators

THE RED BLOOD PICTURE IN HEALTHY INFANTS

In the many recent studies of the blood picture of infants and children the word "normal" is naturally frequently used This term can designate the average of a large number of individuals, or in the sense of being contrary to pathological states it can be used to qualify the blood picture of fully healthy individuals Dr Nils Faxen has published some investigations[1] in which he approached the question of the normal blood count in infancy from the point of view of the findings in strictly healthy infants In a summary of the previous literature he refers to the discrepancies between the results obtained by different workers, and points out that in the classical investigations of Dr Helen Mackay even the breast-fed infants had a lower haemoglobin level than bottle-fed children who had been treated with iron suggesting that the results for the breast-fed group cannot be strictly considered as normal in the sense of being in no way pathological Faxén's material was very strictly selected from among the newborn infants at the Gothenburg Maternity Hospital and from children's care centres in the city They had to fulfil certain conditions as regards maturity at birth, subsequent diet and general health The estimates included determination of the haemoglobin, the red cell count, reticulocytes and diameter of the red blood corpuscles A careful statistical analysis of the figures was made, and, although differences in the arrangement of material by other workers makes direct comparison difficult, it seems obvious that the values obtained from 3 months of age for haemoglobin are higher throughout, while the haemoglobin percentage for the newborn babies in the Swedish series corresponds closely to that obtained by American and English investigators According to Faxen's work the haemoglobin figure for the first week of life is about 22 7 grammes per 100 c cm of blood During the following three months the haemoglobin level falls to a minimum of 12 7 grammes at 3 months of age and then there is a moderate rise to 13 7 grammes at 5 months of age With regard to the red blood corpuscles the following were Faxén's results 'In the first week of life the number is moderately high about 5 5 millions, decreases to a minimum 3 9 millions at 2 and 3 months of age afterwards rising again to about 4 5 millions, at which value the number of red corpuscles remains for the rest of the first year of life" Among other interesting points such matters as seasonal variations and racial considerations are discussed The question whether it is justifiable to characterize "normal" children as anaemic is one which requires careful thought

[1] *Acta paediatr* Stockh 1937 19 Supplement 1

DR. SAMUEL GEE AND HIS FRIENDS

Sir Humphry Rolleston contributes a pleasant little article on Dr Samuel Jones Gee and his friends to the anniversary volume in honour of Dr Joseph Hersey Pratt It now appears in the *Annals of Internal Medicine* vol xi No 2 August, 1937, and is thus accessible to a larger circle of readers Dr Gee (1839–1911) was a physician to St Bartholomew's Hospital He was recognized as a great clinical teacher, learned in the sense that the eighteenth century physicians were learned, sparing of his words, a concise writer, but no lover of society Even in his lifetime he became somewhat mythical What his pupils did not know they invented, and innumerable stories grew up around him, sometimes with a basis of truth but mostly as a result of imagination He married the daughter of a Quaker accountant had two daughters and died suddenly of heart disease while he was on a summer holiday in the Lakes Interwoven with the story of his life Sir Humphry tells of contemporary happenings at St Bartholomew's Hospital, which make good reading for many who are still alive and can testify to their truth from their own memories He adds, too a likeness of Dr Samuel Gee which is a fair portrait but lacks the characteristic expression familiar to his students

TUMOURS OF BLOOD VESSEL SHEATHS

Malignant tumours of the blood vessels are not common One of the first accounts was given by Carl Regnault in 1887, who termed them Gefasscheiden tumoren Five cases of angio endotheliomatous tumours arising in connexion with the sheath of large blood vessels have recently been reported by Lenormant Moulonguet, D'Allaines and Menegaux[1] These tumours were found in adults between 40 and 60 years of age Because of their rarity diagnosis is not at once apparent, and they are liable to be regarded in the first place as lipomas sarcomas, or myxomas *There are two main clinical varieties* In the first, which gives no evidence of its vascular association, the tumour is deep circumscribed, and sometimes bosselated It is firm in consistence and slowly growing, and occurs in the line of a large artery such as the femoral axillary posterior tibial, or carotid In the second variety the signs and symptoms resemble those produced by an arterial aneurysm, but there is no bruit, nor is the size of the tumour varied by compressing the main vessel In none of the cases have related lymphatic glands been involved, but the tumours are malignant amputation did not save the patient in the first of the cases recorded death supervening two years later A necropsy was not obtained The tumour

[1] *Ann Anat path méd chir* 1937 14, 259

are given in Table III and Figs 4 and 5 for two different samples of material Even at N/100 HCl and with a dosage far below the theoretical requirements most of the sepiolite will pass into the duodenum unchanged provided the pylorus is patent

TABLE III—*Neutralization Lag at Various Acidities (Note conspicuous slowness of interaction at low dilutions)*

Sample	Time	Volume of HCl (expressed as N 20) neutralized by 1 gramme (Ignited Weight) of Sepiolite (Magsorbent)			
		Using N/20	Using N/50	Using N/100	Using N/200
	Hours	c cm N/20	c cm N/20	c cm N/20	c cm N/20
1	½	180	140	106	68
	1	243	168	134	98
	2		216	163	119
	3		252	169	131
	4	290	252	185	175
2	½	184	152	92	70
	1	220	192	152	
	2		240	197	117
	3		256	212	129
	4	294	266	230	129

HYPOCHLORHYDRIC GASTRITIS

Within certain limits of dosage advantage can be taken of the general adsorbent action of sepiolite in the treatment of gastritis of the subacid type It has just been shown (Figs 4 and 5) that at low degrees of acidity the neutralizing effect of sepiolite is greatly enfeebled It can be demonstrated also that the reaction as measured by the *p*H value remains on the acid side of the neutral point on a properly balanced system The final *p*H attained by mixtures of acid of various concentrations with equivalent weights of sepiolite was N/10 < 2 8, N/20 3 3 N/50 6 0, N/200 6 3 (Readjusted for dilution the value for N/20 HCl becomes 5 1 instead of 3 3)

Fig 6 gives daily observations on N/200 HCl mixed with its equivalent of sepiolite By the end of twenty four hours the *p*H was only 4 7, and the general trend of the curve indicates that several weeks would have elapsed before neutrality could have been approached Experimenting with the effect of an excess of sepiolite on the ultimate acidity it was found that N/200 HCl mixed with 23 per cent excess of sepiolite still remained slightly acid (*p*H 6 7) at the end of a week Pepsin remains active at the neutral point and is not destroyed until an alkalinity of *p*H 7 25 is reached Such pepsin therefore as remains free, together with the portion adsorbed by the colloidal silica released from the sepiolite would in the above circumstances still be available for protein digestion

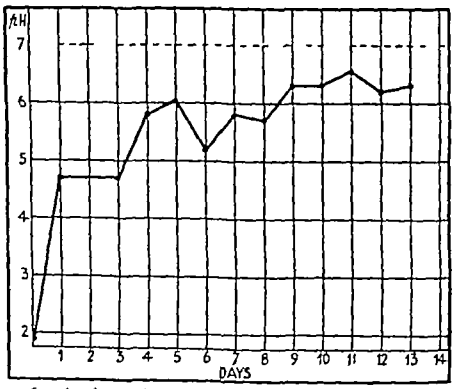


FIG 6—Acidity of Mixture containing Equivalent Weights of Artificial Sepiolite (Magsorbent) and N/200 HCl

As a general approximation the total daily dose which could probably be taken by patients with hypochlorhydria without abolishing peptic digestion would be considerably greater than the chemical equivalent of two litres of gastric juice at the maximum free HCl strength of the fractional test meal + 50 per cent for pyloric loss + 25 per cent for permissible excess of sepiolite over acid—for example maximum free HCl = 0 05 per cent (approximately N/70) The daily dose of sepiolite on these assumptions would be 2½ grammes, or 39 grains of the substance as prescribed (25 per cent moisture)—that is a 7 grain tablet five or six times a day

Summary

1 Medicinal magnesium trisilicate is defined as a "compound represented by the formula $H_4Mg\ Si_3O_{10}$ and giving the pure diffraction radiograph of the natural mineral sepiolite No 1 The ratio MgO SiO = 1 2 24 (gravimetric)

2 It is shown that many of the marketed brands fail entirely to conform to these basal requirements

3 The following therapeutic applications are discussed (*a*) the continuous control of gastric acidity in hyperacid states (*b*) the production of gastric anacidity without systemic alkalosis, (*c*) the utilization of the general adsorbent properties of the silicate in hypo acid conditions

4 It is demonstrated that (*a*) Artificial sepiolite No 1 does not cause alkalosis (*b*) The extent and speed of interaction with acids diminish rapidly at hypochlorhydric strengths Within certain limits of dosage the neutralizing effect is automatically adjusted to the demands of the gastric juice (*c*) Within a certain range a useful amount of the silicate can be given in hypochlorhydric states without its neutralizing the gastric contents to such an extent as to destroy peptic activity

5 An explanation of the variability of its mildly laxative action is put forward

6 Schemes of dosage appropriate to hyperchlorhydric and hypochlorhydric conditions respectively are discussed

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The French Society of Dermatology and Syphilology announces that an anonymous donor has offered a prize of 5 000 francs for the best work on dermatology or syphilology to be awarded every two years The first award will be in May, 1939 the subject being the processes of sensitization and immunization in the epidermomycoses Both French and foreign authors whose work has been written in French or translated into that language are eligible for the prize The articles should be sent to the general secretary Dr P Fernet, 11, Rue de Sontay Paris, 16e, before March 30, 1938

ANAESTHESIA IN GENERAL PRACTICE

This is one of a series of articles, contributed by invitation

POST-OPERATIVE TREATMENT

BY

R MACHRAY, M B

A variety of conditions needing treatment arise after an operation Some of these result more or less normally from the disturbance produced by the operation and the anaesthetic, while others are due to error in technique or to idiosyncrasy on the part of the patient An important factor that is often overlooked is the necessity for gentle handling of an anaesthetized patient while he is being returned to bed A profound change may follow the sudden alteration in position of a shocked patient, as may be demonstrated if after an operation in the Trendelenburg position the table is suddenly restored to the horizontal Sufficient assistance should therefore be available for all necessary movements to be carried out as gently as possible

Pulmonary Complications

When in bed the patient s head and shoulders should be raised on pillows, if there is no contraindication to this, as soon as he is sufficiently conscious He should be encouraged to move himself as much as possible and to expand his lungs fully at frequent intervals If unconsciousness is prolonged this latter manœuvre can be brought about by the administration at half-hourly intervals of carbon dioxide in quantities just sufficient visibly to stimulate respiration without it being at all laboured These measures will do much to combat the incidence of pulmonary complications Should any such complications supervene—bronchitis, bronchopneumonia, pulmonary collapse—then suitable treatment must be given In cases of pulmonary collapse from blocking of a bronchiole carbon dioxide inhalation is probably harmful, as it causes the plug to be sucked further in A stimulant mixture should be used in the hope that the plug may be dislodged by coughing Bronchoscopic suction may be successful in some cases In bronchitis and bronchopneumonia expectoration is often interfered with by pain in the wound Here small doses of morphine repeated four-hourly may, paradoxically, render the coughing easier by making it less painful The administration of iodides and stramonium will help to loosen the secretion Ammonium carbonate, 4 grains in milk, is of value, but as it is a powerful stimulant of secretion it should not be given when this is profuse, as in acute ether bronchitis Hot inhalations may prove soothing and beneficial, especially when there is a tenacious plug of mucus in the trachea that moves up and down with respiration If there is any dyspnoea or cyanosis oxygen should be given through a nasal catheter or, better still, the patient should be placed in an oxygen tent

These conditions, however, are best avoided by prophylaxis, which should take into account the three groups into which the causative factors fall First the patient s resistance should be at the maximum and sources of focal sepsis removed Secondly, the position of the patient during the operation should interfere as little as possible with respiration, the operation should be conducted gently and speedily body temperature should be maintained and tight bandaging around the chest be avoided Thirdly the anaesthetic, including pre- and post-operative sedatives, should be carefully selected and controlled, and all risk of gross aspiration of blood and vomit prevented during and after the operation

Pain

Post operative pain varies widely, not only with different operations but with the same operation in different patients, and it is therefore impossible to lay down any routine treatment Two principles must be kept in mind first the dosage must be adequate to provide relief, and, secondly, overdosage must be avoided as leading to respiratory depression and hindering recovery from shock Occasionally these two principles will prove incompatible, but in such cases it should be suspected that the drug employed is not the most suitable, and trial should be made with other drugs or different preparations of the same drug Sometimes lack of success with full doses of a potent narcotic will be followed by complete relief of pain with what is generally speaking a much milder drug Alternatively, tincture of opium may prove more successful than injections of morphine

It is a good plan to prolong the analgesic effect of the anaesthetic by giving rectally 30 to 60 grains of potassium bromide in saline as soon as the patient returns to bed This is especially valuable where recovery would otherwise be very quick, and greatly reduces the amount of restlessness, which is often so troublesome Aspirin, 15 to 25 grains, is frequently given with the bromide, but there is evidence that it is not absorbed through the rectal mucous membrane It is better to withhold morphine until there are definite signs that it will be needed rather than to order its routine administration while the patient is still fairly deeply anaesthetized But after a varying length of time the necessity for some more potent drug is evident When these signs appear—restlessness and pain—morphine should be given promptly, so that it will have its effect before full consciousness is attained The dose needed varies with the patient and the degree of pain, but usually 1/6 grain for adults is sufficient and this dose may be repeated four-hourly When this is necessary for any length of time the possibility of starting an addiction must be guarded against, and the morphine withheld unless there is very real need for it and some other drug substituted Heroin is sometimes given instead of morphine, but its analgesic action does not appear to be superior, while the amount of respiratory depression is occasionally considerable Its use is therefore better avoided except in difficult cases where morphine produces little relief In such cases heroin may be more effective In many operations the pain can frequently be relieved by less potent drugs The pain after orthopaedic operations, for instance, often yields to aspirin 10 to 20 grains, phenacetin 2½ to 5 grains This can, of course, only be used in cases where it is likely to be retained

Local treatment should not be overlooked For example, the application of heat or cold and the immobilization of a limb in a comfortable position may produce more relief than the administration of an analgesic drug

Vomiting

When vomiting occurs it varies in amount from a little retching to copious and persistent vomiting lasting several days and possibly ending fatally It may follow any

the gland undergoes a fleshy enlargement If the infection is heavy or the resistance of the host poor the gland will undergo caseation in its central part and the surrounding parenchymatous tissues will be found infiltrated with oedema This periadenitis is probably due to the more dilute toxins of the bacillus that have spread out from the main centre of infection, the caseous area Neighbouring glands in the chain are invaded, and soon many of these swollen glands will be found matted together by periadenitis The caseous pus may rupture the gland capsule and burrow to the surface penetrating the deep fascia of the neck and becoming subcutaneous A collar stud abscess is then formed The skin over the swelling is thus fixed either by the periadenitis or by the abscess, which if left alone will burst This devitalized skin can at any time act as a path for secondary infecting organisms, and should such an infection occur either through the skin or by way of a sinus the cold abscess becomes an acute infective abscess

In favourable cases of tuberculous lymphadenitis the gland does not proceed beyond the stage of fleshy enlargement, and with or without treatment shrinks to normal It should be mentioned, however, that there is a rarer type of case in which many glands are enlarged in a way that superficially resembles Hodgkin's disease These glands are multiple, discrete, mobile, and do not caseate They do not respond well to constitutional treatment and they recur after operative removal An example of this type has been quoted below

At any stage of the disease resolution may start as the natural resistance of the patient becomes effective Periadenitis the signal of an active and progressive infection by the tubercle bacillus, first disappears and the glands become more discrete, mobile and firm to the touch The caseous pus if it has not been discharged, dries up and in time is calcified The remaining small, hard calcified gland may feed a sinus through which the whole gland can be extruded as a foreign body thus completing the natural cure

The above conception of the pathology of tuberculous lymphadenitis is the basis of the following classification and is the guide to treatment The diseased glands are divided into three groups

Group 1 Enlarged Glands with Periadenitis—The glands may or may not contain pus or caseous material and the periadenitis exists with or without an abscess or sinus The periadenitis is due to tuberculous infection in an active stage, and there may be superadded a septic infection

Group 2 Enlarged Glands without Periadenitis—These are cases in which either the infection has not been virulent or the periadenitis has subsided naturally or as a result of treatment These glands may or may not have broken down

Group 3 Cases of Residual Infection Following Natural or Artificial Attempts at Cure—The glands in this group are usually small and hard, and may lie at the bottom of the sinus Residual glands of this nature are found when complete resolution has not followed conservative treatment and in cases after operative removal without constitutional treatment

The following table shows the cases in this series in the groups in which they were placed on admission

Group	No of Cases	Per cent
1	80	67
2	25	21
3	14	11

Principles of Treatment

The basis of the classification into three groups is increasing quiescence, the aim of treatment is to carry the case from Group 1 through Group 2 into the soundly healed state

The Group 1 cases are treated by constitutional measures and minor operative procedures, and by this means the periadenitis will be abolished and tissue breakdown will cease The glands may then be considered to have reached the stage of those included in Group 2 If reasonably rapid progress is being maintained under constitutional treatment by Group 2 cases this form of treatment should be continued If there is lack of progress or if the patient's circumstances demand his return to work in the least possible time, radical operative removal of glands in this stage is to be performed It will thus be seen that it is the more persistent and difficult cases which require radical operation If the case is in Group 3 with a residual gland, operative removal is usually indicated A persistent sinus which is not caused by a residual gland usually heals by constitutional measures Finally operation may be employed for cosmetic reasons when the disease itself is quiescent

Details of Treatment

Tuberculous lymphadenitis may be regarded as a local tuberculous lesion in a patient whose resistance to the disease is insufficient Constitutional treatment, therefore, is of paramount importance to prevent progress or recrudescence of the disease The chief factors in constitutional treatment are rest, open air, a liberal balanced diet with adequate vitamin supply and heliotherapy

With regard to rest, the patient should be restrained from all activity, but in our experience rest in bed for the whole day is not necessary unless the disease is very active Fixation of the head and neck in sandbags or plaster has only rarely been used in this series Natural sunlight and artificial light treatment have been found to be of value, both generally to improve the patient's resistance to tuberculosis and locally to ulcers of the neck following the breaking down of tuberculous glands One of us (M C W) has seen cases of tuberculous lymphadenitis treated by Dr T Gordon Pugh at Carshalton with radium applications used as an adjuvant to constitutional measures with good results Of the use of x rays in treatment we have no experience

Reference has been made to the importance of tonsillar and pharyngeal sepsis in the pathology of tuberculous glands of the neck The practice in cases showing signs of tonsillar disease has therefore been to perform tonsillectomy as soon as the patient is acclimatized and the general condition is sufficiently good to render the operation a matter of incident only Following this treatment there is improvement in the general condition of the patient and in the rate of subsidence of the glands It should be noted that the presence of retropharyngeal glands may complicate tonsillectomy, and in such cases we prefer to wait until a considerable amount of resolution has occurred in the gland so placed before advising the operation

The treatment of a tuberculous abscess arising from a gland depends on whether superadded secondary infection has occurred or not If there is secondary infection the pus should be evacuated by incision and free drainage should be established If there is no secondary infection an attempt should be made to treat the abscess by aspiration It should be remembered, however, that as a

days It should not, however, be put off too long, as the bladder will then become overdistended The extent of the bladder dullness should be watched, and if it extends more than a short distance above the symphysis a catheter should be passed Ten grains of hexamine or half an ounce of glycerin left in the bladder will encourage subsequent micturition

TYPHOID FEVER IN THE BASQUE REFUGEE CAMP

BY

RICHARD TAYLOR, M B, B S,

Senior Medical Officer of the Camp

A unique event occurred in May of this year when large numbers of children arrived in England from the scene of the Spanish civil war Their embarkation from the port of Bilbao and subsequent arrival by the s.s *Habana* at Southampton have been described already in medical journals

By May 24 over 4,000 children between the ages of 5 and 14 had arrived at North Stoneham Camp They had lived for some months in Bilbao and surrounding villages, many of them in bomb-proof shelters and cellars, with contaminated water to drink and very little food True to its reputation the Bay of Biscay had been rough, and most of the children had been sea sick They were accompanied by 280 Spanish women teachers and fifteen Catholic priests, only four of whom could speak English The main camp had been hurriedly organized for the reception of 2,000, and the English volunteers had only forty-eight hours notice that 4,000 were on the way Including the English staff it was estimated that 5,000 human beings were crowded into one large field The care of such a large number of alimentary tracts under these conditions constituted an emergency public health problem of the highest importance

On May 26, two days after arrival, two cases of unexplained pyrexia admitted to hospital in Southampton direct from the *Habana* were diagnosed as enteric fever It was therefore necessary to take all precautions to prevent the spread of the disease

Camp Organization

The medical personnel consisted of five resident doctors, a matron, six trained nurses, and about twenty V A.D s The following units were organized, with telephonic communication, a medical officer being in charge of each

1 *Headquarters marquee*

2 *Casualty marquee* to which was attached an Army hospital tent with twelve beds This unit served as a camp out-patients' department

3 *Isolation camp* constructed a hundred yards away from the main camp, provided with a three foot fence and patrolled It was divided into two parts, one half consisted of a second Army hospital marquee for observation cases and the other half of bell tents for typhoid contacts It was an independent unit with its own cookhouse latrines, and shower baths

4 *Moorhill* an old country house situated four miles away, converted for use as a temporary hospital with fifty beds Separate rooms were used to isolate suspected cases of infectious disease

The main camp was divided into three sections Reveille sounded at 6 30 a m with cheerful music from a broadcasting van It was amusing to watch the little people folding blankets and preparing their tents with great pride and artistry for the morning medical inspection at 7 o clock Each child was seen by a doctor accompanied by an interpreter and the sick were sent to the casualty tent, which acted as a medical sieve Some were detained under observation others sent to Moorhill, and any case suspected of typhoid went direct to the isolation camp, where blood was collected for Widal reactions and specimen stools were obtained Pathological material was immediately forwarded to the public health laboratories of Winchester and Southampton Those with positive blood reactions and non-lactose-fermenting stools were admitted to the Southampton Isolation Hospital In the early days there were hundreds of cases of febrile gastro-enteritis, due to overfeeding, and our pathological friends were kept exceedingly busy

Sanitation

This proved to be a difficult problem War conditions had affected the hygienic habits of the children, who deposited faeces and urine everywhere The latrines were provided with narrow trenches, which were disinfected several times daily with chloride of lime Hedges and ditches were treated in similar fashion and burnt out Garbage was collected and burnt in incinerators Some stagnant pools were drained and a stream which ran through the camp to Eastleigh was made to percolate through a chloride of lime contact-bed The drainage system of the old manor house at Moorhill was investigated and improved As a result of these precautions flies were exceedingly scarce

On May 30 a boy of 12 from the main camp was diagnosed as a case of enteric, and on June 1 another case that of a girl of 8, occurred at Moorhill These probably were contacts from the *Habana* Fortunately, the fear of enteric scared away thousands of curious visitors and many superfluous helpers A police patrol closed the road to the camp and a strict pass control was organized Lessons in camp hygiene were given to the Spanish teachers and priests The children were fed in large marquees and forbidden to take food away Pails of dettol solution were provided outside all food tents and kitchens The children and camp personnel were trained to wash their hands before and after meals

Another case of enteric occurred at Moorhill on June 4 Up to this date evacuations to various centres in England had proceeded normally but 3,280 children were left Naturally many medical officers of health and refugee committees hesitated to receive children from a typhoid infected camp Finally, Catholic organizations and convents, which had arranged to take 1,400, refused to accept them unless they were guaranteed free from the disease As the children had by this time recovered from their under-nourishment and fatigue, more specific measures for the prevention of enteric were considered

Inoculations

A leading article in the *British Medical Journal* of April 10, 1937 (p 758), summarizes international opinion on the subject of the prophylactic value of typhoid inoculations but no opinion could be obtained as to the value of vaccine treatment given in the presence of an epidemic It is known that agglutinins appear in the blood within a week of a single subcutaneous injection of typhoid vaccine, but it is not known when an effective immunity develops After careful thought it was decided to inoculate the whole camp with two injections of T A B vaccine, at a week's interval If any child was actually incubating the disease the attack would be precipitated Widal reactions would not be reliable, but it was decided to diagnose from bacteriological examination of the stools

The Lister Institute sent 2,500 c cm of vaccine and prepared further quantities for the second dose, 1 c cm of which contained 500 million *B typhosus* 250 million paratyphoid A and 250 million paratyphoid B Doses were graduated according to age, small children of 5 receiving a first dose of 0 2 c cm, while those of 14 and adults received 0 5 c cm On June 6 7, and 8 all the children, including typhoid contacts, and the camp staff were inoculated at the rate of over 1,000 a day The children had intense faith in the procedure and neglected cinema

standard for comparison between constitutional and operative methods Some cases would probably never have been completely cured by constitutional measures alone

4 The results on discharge—that is, the immediate results—were judged on clinical grounds, taking into consideration the general health and the state of the gland areas and the overlying skin Good result means that no glands were palpable, that the sinus or scar was soundly healed, and that the general health was normal

5 Of the 119 cases admitted to the sanatorium and considered above, only 109 are available for inclusion in the table of results as for various reasons ten patients did not complete their treatment

TABLE I—*Results of Treatment (109 cases)*

	Conservative			Operative		
	Group 1	Group 2	Group 3	Group 1	Group 2	Group 3
Average total length of stay in sanatorium in months	6 7	3.25	3 0	4 3	3 0	4 0
Average length of pre operative sanatorium treatment in months				2 0	2.0	3 0
Average length of post operative sanatorium treatment in months				1 4	1 0	1 0
Good clinical results on discharge	24	6	7	45	16	6
Fair clinical results on discharge	2					
Poor clinical results on discharge	3					
No of Cases	29	6	7	45	16	6

From the above table the following points may be noted concerning the cases in each group

GROUP 1 CASES ON ADMISSION

The cases treated by conservative means required on an average 6 7 months to complete a clinical cure, and twenty four out of twenty nine gave a good result on discharge The operative cases were under general treatment for an average period of 2 9 months before they passed from this group to Group 2 or 3 and were then ready for operation After operation one month of treatment was given to allow satisfactory healing of the wound All the cases treated by operation gave good results

GROUP 2 CASES ON ADMISSION

The six cases under constitutional treatment gave satisfactory results and were retained in the sanatorium for an average period of 3 25 months The sixteen cases treated by operation all gave good results and were kept under constitutional treatment for an average period of two months before operation During this time minor operative measures, such as aspiration incision, and curettage or tonsillectomy may have been performed, and the gland may have resolved to a Group 3 stage A month was allowed after operation for the healing of the wound

GROUP 3 CASES ON ADMISSION

The statistics in this group give no useful information, as the group contains such a variety of cases of residual infection that no generalization can be made about them Thus there were cases with residual glands of long standing needing only a few weeks treatment before operation and cases with a residual sinus following an operation in a general hospital which had so far done well but which required a period of convalescent treatment to heal the sinus and to raise the resistance with a view to prevention of possible recurrence

With regard to immediate results following treatment in all groups, it will be seen that they were good except in five cases of Group 1 There is no doubt, in view of our present experience, that the treatment of these five cases should have been completed by operation It is noteworthy also that in this series of cases healing after excision occurred by first intention in every case but one

Analysis of Late Results

The late results in this series of cases have been investigated with a view to ascertaining whether the principles of treatment outlined above have been successful in practice The authors were fortunate in being able to procure the co-operation of the tuberculosis officers of the Essex County Council to whom a questionary regarding the present condition of the patients was addressed Information concerning eighty one cases in the series was received There is good reason for supposing that many of the cases about which information was not obtained did well, as some were taken off the register and others were given very good prognosis when they were discharged from the sanatorium The following table embodies the information received in answer to the questionary

TABLE II—*Summary of the Late Results of Treatment in the Series*

	Constitutional Treatment with Formal Excision (54 Cases)		Constitutional Treatment only (27 Cases)	
	No	Per cent.	No	Per cent
Present condition of neck				
Satisfactory	52	96	24	89
Unsatisfactory	2	4	3	11
Recurrence of glands	4	7	4	15
Further treatment	2	4	4	15
Cosmetic result				
Satisfactory	49	90	23	85
Unsatisfactory	5	10	4	15
Further tuberculous lesions	0	—	0	—

It will be seen from the table that the results taken as a whole are satisfactory especially in view of the fact that many of the patients in the original series have had their names removed from the registers as no longer suffering from tuberculosis The combination of constitutional treatment with formal excision gives slightly better results all round in spite of the fact that these cases were more severe In considering the question of recurrence of glands certain of the excision cases required another operation within a short time of the first one In reality these recurrent glands were missed at the first operation and were not recent developments, as they were mostly caseous and broken down The removal of a large superficial mass allows such glands to present more superficially in the neck The reoperation cases were operated upon before the patients left the sanatorium and such recurrences have not been included in the table In a few cases the recurrence of glands mentioned in the table has not been sufficient to warrant further treatment

If any note was made in the questionary that keloid scarring was present the cosmetic result was regarded as

service, and the senior student is not taught, as he should be, his relationship to the profession as a whole, to the public, and to the State It will be a long time before we can remedy that state of affairs, but until we can get the general practitioners to go out to their work with the knowledge that their duty is something more than to treat disease and to earn a living and that they cannot escape the great obligations to the State and to the public, we shall not make the advance that we wish

Ignoring the General Practitioner

The co operation of the general practitioner in the health services of this country in my view is neither desired nor allowed The local health authorities have ample power to call to their aid members of the medical profession to help them in their health work In very, very few cases have they ever exercised that option There are districts where it has been done with the greatest possible success in bringing together the profession of an area and a local health authority The local authorities have exactly the same powers with regard to education, and they invariably exercise them Why does a local authority call in expert advice to help it in educational matters, and refuse to do so in health? The inference that the general practitioner draws is that he is not wanted Then I say that his co operation is not allowed He considers that it is not allowed because he sees services carried out in his district which he himself believes he can carry out as well as, if not better than, the medical officers who are doing it, and his co-operation in that respect is largely ignored

How to Reduce the Gap

What is the result of that position? Is it not fair to say that there is a great gap between the health machinery and the public health services and the medical profession, who are dealing with the individuals that you have to attract? That gap is deplorable, and we should use every effort in our power to reduce it But it cannot be done until there is a closer association between that local health authority and the local medical profession To reduce this gap I would advocate the following machinery First of all the education of the doctor needs radically altering from the aspect of preventive medicine A second point was the subject of discussion at the meeting of the British Association—namely, adult education in elementary physiology and anatomy This would be one of the biggest factors in health education in this country that could be most easily brought about Then, thirdly, I should like to see a really considered review of the position of the medical officer of health in our great health service system And, again, I would like to see organized local medical opinion in touch with the local health authority—and from our side it would be perfectly simple to arrange Last, but not least, I would like to see a link between the local medical opinion and the centre at the Ministry of Health

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Three further publications relating to poison gas in warfare have lately appeared One is Air Raid Precautions Handbook No 3, *Medical Treatment of Gas Casualties* issued by the Home Office Air Raid Precautions Department and published by H M Stationery Office, price 6d The second is a leaflet issued by the same Department and published also by the Stationery Office at 4d—*Anti-Gas Training* The third is a book published by the Cresset Press, 11 Fitzroy Square London, at 12s 6d and entitled *Air Defence and the Civil Population* While acknowledging information and help from the Home Office Department the authors Dr H Montgomery Hyde and Mr G R Falkiner Nuttall say that the responsibility for the statements and opinions in this book is entirely their own

SOUTH AFRICAN MEDICAL CONGRESS

[FROM OUR CORRESPONDENT IN PRETORIA]

The medical profession of South Africa met for its annual gathering during the week beginning September 20 in the Orange Free State capital Bloemfontein is a particularly accessible point, being the geographic centre of the Union, with good motor roads converging on it as well as convenient rail and air services The time of year, early spring was suitable Bloemfontein is situated on the central plateau of South Africa so that the mornings were still cold, but the crisp sunshine throughout the day was most stimulating and productive, no doubt, of equally clear thinking in the Council chambers

Though the official opening by the Free State Administrator only took place on Monday afternoon, the sections got busy in the morning and made considerable headway The Provincial Administrator in formally opening the Congress, referred to the plea made by General Smuts in 1935 for a South African point of view or rather starting point in the study of scientific problems General Smuts was referring to such subjects as geology, botany, and zoology, but one wondered whether in medical science in the Union there could not be more specialization in local problems There was not the slightest reason why we in South Africa should not do pioneer work in certain diseases in our own fields of research He was thinking more particularly of such scourges of the northern parts of the country as malaria and bilharziasis Such problems were at our doors, and we had the men and the means to undertake profound researches

The opening ceremony was attended by some two hundred doctors drawn from all parts of the country On the platform with Mr T Lindsay Sandes President of the Federal Council was the President of the Free State Branch of the Association, Dr S M de Kock, who was later inducted as President of Congress, and various local dignitaries and members of the Federal Council

Health Problems of the Union

Dr de Kock chose for his subject "The Public and Ourselves but he could only touch on what appeared to him the most interesting items and those of which he had first-hand information He considered that the main health problem of South Africa was that of making modern medical services available to the entire population, European and native at a reasonable cost to the individual and the community He emphasized that expert guidance and supervision were needed to ensure the success of any scheme of national health insurance Such guidance and supervision, he said should come from the medical profession, it should not be delegated to lay administration and lay boards as constituted at present The public as well as doctors were already suffering far too much through the delegation of hospital administration to lay boards, however enthusiastic and conscientious these might be they lacked the knowledge and the expert training which were indispensable for the success of such administration It would be nothing short of a calamity if invalidity insurance were exposed to similar risks

Speaking of the Proprietary Medicines and Appliances Bill, Dr de Kock said that as it had already passed through the Select Committee it would probably become law during the next session of Parliament It had been stated that if this Bill were passed the farmer would be prevented from acquiring medicines and home remedies This was not so, but fraudulent and misleading advertisements would be prevented Referring to the alarming increase in the incidence of tuberculosis among Europeans and natives, he said that a national policy for dealing with this problem had at last been adopted, and included rehousing of the slum population It was hoped that within five years the slums would have disappeared from the larger towns Further, the Government was devising

THE RELATION OF THE BLOOD GROUP OF THE INDIVIDUAL TO BLOOD DISEASES AND NEOPLASMS

BY

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It is unfortunate that unless some obvious difficulties can be surmounted little or no conclusions can be drawn from any work of this nature In the first place it is necessary to have accurate diagnosis, secondly, to examine and test a very large series of cases and, thirdly, the tests must be free from error, either in the technique employed or in the interpretation of the results The results themselves must be carefully tabulated and recorded

It is readily understood that such work as this can only be undertaken at large treatment centres, and that the observers must have sufficient time amounting to years and infinite patience Alternatively small groups of observers from the medical field of the entire world could collect their results and by pooling their material get sufficient data from which to draw conclusions It is in the latter respect that this small contribution is offered Perhaps some indication of the probable direction of the results is here presented

The Auto-agglutination Factor

The blood grouping itself and especially in so far as Group AB (Moss I) is concerned must be done accurately Factors such as the presence of auto agglutination may mask the true group of the individual case To eliminate such possible error all cases showing doubtful grouping were retested often several times The blood cells of the patient before testing against the stock sera were washed thoroughly in normal saline In such cases also, the cells of known groups were tested against the patient s sera This precaution was taken particularly in the case of patients whose blood fell into Group AB (Moss I) In some few cases even with all these precautions the blood group was indeterminate

In the cases which showed auto-agglutination—notably those suffering from gross anaemia either of a primary nature or secondary on a neoplastic state—under the aforesaid conditions it was proved, usually without difficulty that the patient was either a true Group AB (Moss I) or alternatively some other group

Case 1—W C a male suffering from a leukaemic condition of his blood was an auto agglutinator with apparent agglutination in the stock sera. The cells after being thoroughly washed showed no agglutination in the stock sera the patient of course falling into Group O (Moss IV)

Case 2—Mrs C. suffering from pernicious anaemia was also an auto agglutinator and apparently a Group AB (Moss I) but turned out to be a Group A (Moss II) on washing her cells This was confirmed by testing known cells against her serum and was reconfirmed easily when the patient recovered later from her severe anaemic condition as the auto-agglutination formerly present had disappeared

It was noted in those patients who recovered from their severe anaemic condition that the auto agglutination which had been present invariably disappeared Their blood groups were then readily determined It was also observed in those cases in which this phenomenon of auto agglutination had disappeared on recovery or improvement, and in which the original sera, stocked when the auto agglutinating properties were evident, had been kept, that the washed cells taken from the patients after their recovery showed neither agglutination in the fresh sera taken simultaneously nor in the original sera This was noted in Case 2 above and also in Case 3

Case 3—Mrs S suffering from a haemolytic anaemia was a marked auto agglutinator and a Group AB proven after taking the customary precautions Following splenectomy the patient s condition improved and she lost the power of auto agglutination She was regrouped, and was found to be a true AB Fresh blood cells taken after the improvement did not agglutinate either in her fresh serum taken simultaneously or in her original serum, taken when she showed the auto-agglutination

This auto agglutination, due to pseudo agglutination—that is to a deformation and exaggeration of the rouleau-forming power of the blood—and essentially related to the sedimentation time of the red blood corpuscles as has been already definitely established is obviously from the observations in Cases 2 and 3 mainly a corpuscular phenomenon, and only secondarily related to the patient s sera The fresh cells taken from the blood of the patients whose condition had improved sufficiently for the auto-agglutination to have entirely disappeared in the fresh sera taken simultaneously, were apparently not agglutinated in the original sera stocked when the phenomenon was evident—a fact that would indicate the cellular origin of the phenomenon On the other hand it was noted in the same cases which showed this auto agglutination and in which the cells were thoroughly washed several times in saline that they reacted accordingly to the true group of the individual in the stock sera A B O when previously unwashed, they were apparently agglutinated in all three stock sera thus giving the impression that the group was an AB also that the same washed cells were again auto-agglutinated in the sera of the corresponding patients From this it may be observed that

(*a*) The unwashed cells were apparently agglutinated in all three stock sera

(*b*) Washed they were not agglutinated in any of the stock sera if an O—and only in the appropriate sera if an A or B and in all of course if the patient happened to be a true Group AB

(*c*) The same washed cells on retesting against the corresponding auto agglutinating patient s serum showed again this auto-agglutination

This latter occurrence would lead one to believe that the serum had at least some part in the phenomenon in those cases On the other hand it has been shown that on diluting this serum through increasing dilutions the auto-agglutination became negligible in comparison with the continued agglutination in a genuine agglutinating serum, progressively diluted on a similar scale

Analysis of the Blood Disease Categories

For the purpose of this work the blood diseases were observed in three categories and the individual blood group tabulated in the appropriate category Other blood conditions such as haemophilia, purpura, polycythaemia agranulocytosis etc were grouped also, but as so few cases of these were obtainable they were not included In the latter diseases the groups of those tested were, with the exception of one B entirely A s or O s

The first category had the largest number of cases, and mainly consisted of pernicious anaemia Of the 228 cases tested seventeen were of the achrestic and eighteen of the aplastic type of anaemia

In the latter two types of anaemia two of Group AB were noted, one to each type, and in the aplastic type one

Entertainments

The Bloemfontein Committee, including the ladies had worked hard, and excellent entertainments were provided on free afternoons and at night After Dr Theron s lecture on Monday night there was a cabaret at Ramblers' Club On all afternoons there were tennis and golf at the clubs, of which delegates had been made honorary members The Orange Free State University College entertained the Congress on Tuesday night and the civic authorities to a ball on Wednesday night Thursday night was reserved for the Congress Banquet, and Friday night for old boys' dinners and the Red Cross ball Delegates returned to their homes happy but contented to resume the relative quiet of normal professional lives

SUBGLOTTIC CANCER OF THE LARYNX

SIR STCLAIR THOMSON'S ADDRESS

The annual address at the opening of the lecture session at the Central London Throat, Nose and Ear Hospital, Gray s Inn Road, was given on October 8 by Sir StClair Thomson who took as his subject " Subglottic Cancer of the Larynx The address was illustrated by lantern slides and specimens and at the close the speaker described in detail the historical case of subglottic cancer which was the cause of the fatal illness of the Kaiser Frederick of Germany in 1887–8, and the controversy to which it gave rise

Sir StClair Thomson began by remarking on the great clinical difference between those cases where a carcinoma originated in the interior of the larynx and those in which it started around the entrance to the larynx or on its outer surface Krishaber (1879) was the first to insist on the important distinction between extrinsic and intrinsic cancer of the larynx, but Isambert (1876) had already proposed that a separate class should be formed of subglottic growths—namely, those originating in the inner surface of the cord or in the subglottic area immediately below it Subglottic cancer was met with much less frequently than either the intrinsic (chordal) or the extrinsic form, and therefore experience of it was apt to be limited early diagnosis was more difficult, and the choice of surgical treatment was not so definite and did not give such good results as in intrinsic cancer proper He had not completed to date a record of all the cases of subglottic cancer encountered, but sixteen years ago, when considering the most usual site of intrinsic cancer he found that in fifty consecutive cases there were thirteen in which the subglottic region was involved

Site of Growth

A subglottic neoplasm might take its origin on the inner or lower surface of the cord, but below its free edge, which then remained intact until the growth extended up to it from below When the growth revealed itself by appearing on the edge of the cord and a laryngofissure was undertaken, the original site and the main mass of the neoplasm might be found to have been concealed from view in the retreating subglottic region The typical subglottic cancer, however, arose in the area below and distinct from the cord, sometimes as low as the cricoid ring It was generally in the middle or anterior area of the larynx It might also, without invading the anterior commissure, spread across below it to the subglottic area of the opposite side The clinical character and full extent of a subglottic growth could only be estimated approximately by holding the laryngeal mirror very obliquely, so as to reveal the cauliflower surface or the dimpling or cupping which was not unusual Impaired movement of the cord quite out of proportion to the visible growth might also prepare the surgeon for the subglottic condition As the neoplasm grew it tended to extend upwards until, when advanced, it appeared on the edge of the cord but a subglottic growth might even run its course without a cord being reached

Symptoms and Diagnosis

Alteration of voice was not the first nor an early noticeable symptom The patient might first complain of occasional "colds in the throat," and at times might feel the voice veiled and find difficulty in shifting catarrh The gradual onset of slight dyspnoea and stridor on exertion might first bring the case to a laryngologist, who might fail to detect anything serious in the early stages or notice only occasional or even variable paresis of one cord When a cord was clear, or only congested, or when the margin was simply serrated at one point, and particularly when the movement was at all impaired, careful inspection might reveal a subglottic growth

A subglottic cancer might occur in early life , even when grown to a considerable size the correct diagnosis might be overlooked by a whole group of experts Sir StClair described some illustrative cases in this connexion When an unsuspected subglottic growth extended upwards until it reached the free edge of the cord it might produce a " mouse-nibbled " ulceration, and its first appearance might simulate a tuberculous lesion A biopsy would be of help in these cases if a satisfactory specimen could be obtained Unfortunately, it was just in these cases that the site and attachment in the receding subglottic area made this difficult or impossible until the case was so far advanced that such a proceeding was unnecessary and perhaps harmful

The prognosis in all cases of subglottic cancer was much less hopeful than in intrinsic cases limited to the free edge or surface of the cord In a sequence of fifty cases of laryngofissure there were thirteen in which there was subglottic disease, and of this number seven patients, or more than 50 per cent , had died of recurrence a striking proportion when it was recollected that less than 25 per cent had recurrence in his statistics of all cases (chordal and subglottic) operated on by the laryngofissure route—these included many cases operated during the pioneer period which would not nowadays be accepted Again, impaired mobility of a cord was met with more frequently in subglottic cases, and was of evil augury

Treatment

It was a difficult question to decide whether these subglottic cases might be adequately dealt with through a laryngofissure or by a more extensive operation, generally a complete laryngectomy If the subglottic growth had not spread as low as the cricoid cartilage and had not invaded the anterior commissure or crossed to the other side, removal by the laryngofissure route might be quite successful in securing a lasting cure even if impaired mobility of the cord was noted Fixation of the cord although it diminished did not destroy the possibility of lasting cure by a laryngofissure Even a bilateral subglottic cancer, if it had not invaded the actual anterior commissure, could be successfully treated in the same way When a subglottic cancer had extended round to the opposite side, and nearly always when the anterior commissure had been invaded, a complete laryngectomy was indicated

The choice seemed to lie between these two alternatives partial laryngectomy carried out through the laryngofissure route, and a complete laryngectomy The full extent of a subglottic growth could not be correctly judged until the larynx had been split and its interior inspected *en face* The extension was generally greater than was anticipated This step might be followed by an endolaryngeal excision, if a satisfactory margin in all directions could be secured , or laryngectomy might be necessary For patients whose age health or prejudice forbade a complete laryngectomy, and for those in whom this measure did not promise success treatment by radiation should be considered In such cases it should be borne in mind that the full extent of the growths was often misjudged, and that it was

The third category included the intracranial group and some others The tumours were either non malignant types—that is, meningioma, acoustic tumours, pituitary adenoma, non malignant glioma, etc—or occasional malignant types

A few spinal tumours, etc., of various types, and others were also included There were 354 cases of known intra cranial neoplasms grouped, sixty-one of which were pituitary tumours and were dealt with separately

The latter pituitary group gave 47 6 per cent of Group O, 4 9 per cent of Group B 42 6 per cent of Group A, and 4.9 per cent of Group AB

The percentages of the larger remainder were 48 46 of Group O, 8 87 of Group B, 40.27 of Group A, and 2 38 of Group AB

The combined percentages of the whole 354 cases were 48 3 of Group O, 8 2 of Group B, 40 7 of Group A, and 2 8 of Group AB

Conclusion

In conclusion it was noted that of all the cases grouped in the hospital over the same period, in the instance of the blood diseases

(*a*) 15 12% of all Group O were blood diseases
(*b*) 15.27% " A "
(*c*) 23 65% " B "
(*d*) 39.58% " AB "

Similarly in the case of the neoplasms it was noted that

(*a*) 24.38% of all Group O were neoplasms
(*b*) 22 72% " A " "
(*c*) 25 67% " B "
(*d*) 29 16% " AB "

It will be seen by these figures that only 31.26 per cent of Group AB and 50 68 per cent of Group B were diseases other than blood diseases or neoplasms, in comparison with 60 5 per cent of Group O and 62 per cent of Group A It will be also observed how the neoplasms remained a steady 22 to 29 per cent of each group whereas in the blood diseases the As and Os were about 15 per cent and the Bs and ABs were again strikingly high in comparison—23 per cent and 39 per cent respectively

Summary

1 Before any conclusions can be formed as to the relation of the blood group of the individual to a particular disease the facts and figures from a very large selection of cases must be examined

2 This is only feasible if the observer or observers have the necessary time to spend on the laborious testing of these cases which must be very accurately diagnosed to be of any statistical value

3 It is more feasible however for a multitude of observers to note their findings regarding this relation of the blood group to the cases of any diseases at their disposal or to those of a particular disease in which they are interested and, having collected their notes to submit them to a common group of statisticians who could file the material When sufficient data had been collected conclusions of probable interest and possible value might be derived from them

4 For contrast as well as control purposes cases from the two classes of diseases chosen for this article were blood grouped Some interesting figures were noted

5 Whereas for general purposes the total percentages of blood groups of the cases of neoplasms grouped were roughly within normal limits it was noted on the other hand, that there was a strikingly high incidence of blood diseases in the blood groups B and AB It was also noted that many of the severest cases of the blood diseases fell into those latter blood groups

6 Several cases in which auto agglutination was present were grouped, and it was interesting to note one or two points about this phenomenon

7 One would have liked to have more time to spend and a larger number of cases at one's disposal in order that some definite ruling as to the ultimate direction of those figures could be established

My acknowledgements are due to Dr J F Wilkinson of the research laboratory and to the late Dr G E Loveday of the clinical laboratory Manchester Royal Infirmary—to the former for allowing me to group a series of cases of the blood diseases and to the latter for allowing me the facilities of the laboratory

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Clinical Memoranda

Pre-eclamptic Symptoms following Successful Hormone Treatment of Sterility

The following case appears to be sufficiently interesting to warrant being placed on record

The patient was a married woman of 26 suffering from menstrual irregularity the cycle being lengthened to forty two days The flow when it appeared was excessively scanty and lasted only one or two hours The condition was accompanied by signs of hormone deficiency such as vasomotor instability and psychic depression and by sterility

On examination keloid scars were observed on the knee and abdomen The uterus was found to be normal in size but the right ovary was very tender and had prolapsed The distribution of bodily hair was normal but during the last six months the patient had inclined to the male type the breasts had become smaller and the female fullness about the hips had been lost She had marked sexual frigidity Her weight was decreasing.

It was decided to treat the patient with the follicular hormone progynon B oleosum (Schering) according to the following scheme an injection of 10 000 I B U to be given on the first day after menstruation had ceased followed by one on the seventh and the thirteenth and finally on the nineteenth day the injections to be supplemented by oral administration of one dragée four times daily during the intermenstruum It was decided to allow an interval in injection treatment until the next menstruation was over and then to repeat the course

The previous period had been on March 6 1936 and lasted for about three hours Following treatment a period was obtained on April 12 lasting one and a half days followed by another on May 25 which lasted three days On June 23 1936 the patient had a perfectly normal period, and she stated that it was the first she had had for some years Treatment was also successful in producing normal development of the breasts the patient becoming more feminine in appearance The frigidity disappeared The sterility was also overcome and the patient became pregnant in July Treatment was then suspended On March 13 1937 the patient complained of a swollen face and headaches There was no albumin in the urine and the blood pressure was normal

On March 15 her condition became much worse There was marked swelling of the face and ankles, and traces of albumin in her urine and for the first time she complained of spots before the eyes with difficulty in vision clinically a typical late pre eclamptic picture Her headaches were worse

OPENING OF THE NEW SESSION

CHARING CROSS HOSPITAL

LORD ADDISON ON THE FUTURE OF MEDICAL SERVICES

The annual dinner of the Charing Cross Hospital Medical School was held on Saturday, October 2, at the Café Royal when a large number of past and present students were present

Lord Addison M D, F R C S, presided, and proposed "The Hospital and Medical School" He said his association with both institutions had been at all times a cherished recollection It seemed but yesterday that he was teaching anatomy to the students Of course, if it had been under the present dispensation he would not have been there, because they had eschewed his subject nowadays, but he was always proud that the first two medical men to enter the British Cabinet happened to be professors of anatomy So perhaps there was something in it after all He recalled that in those days the hospital was always struggling against financial difficulties Mr Inman had not then been discovered Though it had been his job in State Departments to choose men wisely, he had never been able to understand such men as Mr Inman they were able to extract blood from a stone He knew of no training which, if used properly, could be of greater use than medical training He recalled the foundation of the Medical Research Council Then came the war, and there was no end to the problems which came before one in which one's medical knowledge and training were not of great use As Under-Secretary to the Board of Education he had managed to obtain grants for medical schools It was hard to believe that he had had the greatest difficulty in persuading the deans of two important medical schools to accept money from the State That was now only a memory The Government did not desire to run such institutions but wanted them to run their own affairs better, and, above all, to pay their staffs better salaries than he had received! When later the Ministry of Health was established it had been no light matter over eighteen months of struggle to persuade a number of laymen that it was a sensible thing to set up a State Department which should be concerned first and foremost with the promotion of the health of the people Lord Addison went on to say that, although things had moved so quickly during the past twenty years, there would be in the next twenty, if the country were saved from the lunacy of war, organized application of knowledge and ability in the service of the State on a much more complete and far-reaching basis It would not be long before the hospitals Charing Cross included, were all part of a great scheme of public service, but they would not be less independent than now, they would, in fact, be more independent They would be stronger and possibly more renowned, because the voluntary hospitals of Great Britain led the world as a collection of institutions engaged in the application of medical and surgical knowledge and practice He had found, if he might be allowed to say so, that many difficulties connected with the medical profession arose from the fact that it had been too self-centred While members of a profession they were nevertheless citizens, and their training was the most helpful to those called upon to exercise authority in the State It brought out that most precious and rare quality in men—common sense Speaking as one entirely outside he anticipated that at some time or other Charing Cross Hospital would be very much bigger and perhaps not where it was to-day Many present would he thought live to see a great hospital system out in the fields and fresh air with the highest skill centred in the receiving centres in the cities, the whole working together In this there must be a very important part for Charing Cross Hospital to take

Mr Philip Inman chairman of the hospital, replying to the toast, said although that was not the time to make a full statement, there was under consideration a scheme which would commend itself to everyone connected with Charing Cross Hospital The hospital's financial position was never stronger than at the present time In spite of increased taxation the income for the past year was a record, being £11,500 more than that for the preceding year That that was no flash in the pan was evidenced by the fact that this year the income was £4,500 above that for the same period of last year That financial strength would be of very great assistance when they came to implement the scheme of rebuilding In recording that the financial strength of the school equalled that of the hospital, the chairman paid a tribute to the magnificent service rendered by the dean Mr Eric Crook, and the secretary Mr Edwards Dr Edwin Warner proposed 'The Visitors,' and Mr H L Eason F R C S., Principal of the University of London, responded Mr E D D Davis proposed the chairman's health

ST. THOMAS'S HOSPITAL

OLD STUDENTS' DINNER

The annual old students' dinner of St Thomas's Hospital took place on October 8 at the Dorchester Hotel, with Dr John S Fairbairn in the chair There was a large attendance

In proposing the toast 'St Thomas's Hospital and Medical School' the Chairman said that the British Medical Association round-the-world tour in 1935 had revealed the devotion of old students to their schools, and at such a gathering as this the loyalty of those present to their alma mater could be taken for granted Dr Fairbairn spoke of his confidence in the ability of the great voluntary hospitals to weather the changing conditions of to day Most of the teaching hospitals—with their threefold functions of research, instruction, and care of the sick—would certainly survive, but they must move with the times and not merely hold to traditions of the past The keynote for the future was co operation all round, and here the organization of the British Postgraduate School pointed the way, with the Government, the University of London, and the London County Council each taking part A most important development of the activities of St Thomas's was its social service department Sir Arthur Stanley in reply, said that as treasurer he was responsible for the lay part of the hospital and had had to look at material things for the past twenty years During his period of office £526,000 had been spent on equipment and keeping the buildings up to date In his belief, the splendid support given by the public would be continued as long as the voluntary hospitals deserved it Professor L S Dudgeon as dean of the medical school, also responded, and gave a brief report of outstanding events, including the baronetcy conferred on Sir Cuthbert Wallace, President of the Royal College of Surgeons of England, the K C B for Sir Edward Mellanby, Secretary of the Medical Research Council, and Professor H R Dean's appointment as Vice Chancellor of the University of Cambridge In the past two years co ordination between the medical schools of London had advanced, more than justifying the pioneer work in this respect of Bart's, Guy's, and St Thomas's, there was now a better spirit all round Professor Dudgeon then proposed the health of the guests, giving a friendly welcome to them all, with special mention of Professor T B Johnston, dean of Guy's Hospital Medical School, who had been appointed medical superintendent of Guy's in succession to Mr Eason

In replying for the visitors Sir Ewen MacLean President of the British College of Obstetricians and Gynaecologists, said that St Thomas's was enviable for its great

chronic laryngitis and pachydermia in the American of the near future There is one part only of the book that is not Jacksonian, but inserted for the sake of completeness The Jacksons do not themselves practise the operation of laryngectomy the one thing they do not do to the larynx, but why such an extraordinary method of excising the larynx should be advocated is beyond understanding

THE BACKWARD CHILD

The Backward Child By Cyril Burt M.A D.Sc (Pp 694 illustrated. 20s. net) London University of London Press 1937

Dr Cyril Burt in his study of the subnormal child has followed up his book on 'The Young Delinquent' with a further volume on The Backward Child It follows much the same plan as the former volume, and is characterized by all that thoroughness and skill which the author has shown in his previous publications It is a large book and is a comprehensive—one might almost say complete—account of what is at present known of the class of child with which it deals as distinguished from the normal child on the one hand and the technically mentally deficient child on the other As one would suppose the work is intended primarily for the school teacher especially the elementary school teacher, but it will be found of special value also to school medical officers, to social workers and indeed to all who are interested in the welfare and education of children It contains many useful illustrative tables and a number of interesting photographs

It is a thoroughly practical book The author is more concerned to help the teacher in his work than to propound psychological or genetic theories He emphasizes first of all that the generic terms dull and "backward" cover a great variety of conditions, that 'every case' is unique and that no case can be properly dealt with in the absence of a somewhat elaborate scientific investigation, an investigation which must be carried out primarily and for the most part by the teacher himself whatever help he may receive from others on particular points The causes of backwardness as well as the forms in which it manifests itself are equally various, and Dr Cyril Burt's book is mainly given up to showing how a backward child should be submitted to investigation, and by taking the several possible causal factors seriatim and expounding them and their modes of action Successive chapters review social and scholastic conditions, including irregular attendance or inefficient teaching at school and poverty and environment in the home physical conditions including defects of development and of general health special sensory and motor defects including those of vision and of hearing, intellectual factors, whether of general intelligence or of special capacities and defects of temperament and character All these are clearly and carefully assessed and explained and there are two particularly full and very valuable chapters on left handedness and on defects of speech

Dr Burt is very careful in drawing inferences He points out that simply to enumerate the conditions in a backward group alone would of itself prove little or nothing and that the study of a control group of normal children is indispensable He insists that in all but a very small number of cases several of the untoward circumstances combine to produce the result For instance stupidity is not the inevitable result of poverty though poverty seems its commonest concomitant and even when defective inheritance seems a predominant factor there are almost always others which are contributory to a greater or less degree As adverse conditions are multiple and complex so single or simple remedies are usually unavailing The most powerful influences are the efficiency of the mother and the understanding and skill of the teacher though in many cases the care of the doctor also is essential The facile hopes and ill founded opinions of the fond parent, the inexperienced teacher, and the family doctor imperfectly acquainted with the fundamental condition and contributing causes, are strongly to be deprecated No more valuable piece of work than this comprehensive and wise and authoritative book has yet been done to enable all these and others interested to appreciate what dullness or backwardness in a child means how the various causes can affect the child in numerous ways and how much can be achieved by medical social, and educational agencies to avoid the untoward consequences of an imperfect or wrong diagnosis and to ameliorate the condition when it has been discovered at an early stage in a vast number of cases

NEURO PSYCHIATRY AND ENDOCRINOLOGY

The 1936 Year Book of Neurology Psychiatry and Endocrinology Edited by Hans H Reese M D Harry A Paskind M D Ph D and Elmer L Severinghaus M D (Pp 800 3 dollars or 12s 6d postage 6d) Chicago Year Book Publishers London H K Lewis and Co Ltd 1937

This yearbook for 1936 continues the excellent record of its predecessors Its usefulness is enhanced by the introductions by the editors of each section in which they stress what they regard as the most significant advances of the year Thus under the title 'Constitution Heredity Allergy' there is an interesting review of Petersen's study of the contrasts between pyknic and leptosomatic types in which he tries to correlate the temperamental with the biochemical characteristics One is not altogether convinced but such an approach should stimulate further research In the treatment of myasthenia gravis we are told that the effects of prostigmin can be prolonged by oral administration of 3 grains of potassium chloride four times daily at two-hourly intervals, and that when doses exceeding 1 mg of prostigmin are required abdominal discomfort can be avoided by giving 1/100 grain of atropine sulphate at the same time Gray Walter's studies on the localization of cerebral tumours by electroencephalography receive the full attention that they merit

The treatment of schizophrenia by the induction of hypoglycaemic shock with insulin is perhaps the most novel and controversial development of psychiatry during the period under review Some observers think that all that this method can achieve is to hasten and prolong the remissions that normally occur while others conclude that the figures for remissions under this treatment are in such marked contrast to any hitherto published that there can be no doubt as to its value The most plausible theory as to its mode of action is that it stimulates carbohydrate metabolism in the central nervous system Allied to this is the use of insulin, combined with dextrose if necessary, to combat withdrawal symptoms in morphine or heroin addiction Piker reports ten cases successfully treated thus He suggests that there is some relation between addiction to morphine and carbohydrate metabolism Certainly here as elsewhere insulin greatly aids in re establishing adequate nutrition but this is not enough to explain its immediate effect in relieving the patient's distress

Herrick's views on psychiatry (page 311) are not complimentary he regards it as the last stronghold of those mystics who rest content with the disembodied functions

view of the road ahead, an improvement that should make for greater safety in driving Another practice widely adopted is that of fitting twin windscreen wipers, so that the passenger as well as the driver may have the advantage of a clear windscreen in rainy weather Direction indicators are, of course, now a standard fitting with all cars, being usually sunk in the pillars between the front and rear doors In many cases they are of the self-cancelling type, which relieves the driver of the need to remember to drop the arm when the turn has been completed Instrument boards continue to show modifications for the better, the instruments being centrally grouped, so leaving space for large cubby-holes A useful fitting on some cars—and one that might be more generally adopted—is a light bar below the left side of the instrument board by means of which the front seat passenger may assist himself, or herself, in dismounting from the car

In most covered vehicles more attention has also been paid to the matter of preventing fumes from the engine entering the interior, and better provision for ventilation has been made In some cases, for winter use, heating apparatus of one kind or another is being provided Doubtless as the result of feminine influence, manufacturers are offering buyers a much wider choice of colours, both in exterior paintwork and interior upholstery this applying to what are known as mass produced vehicles as well as to the more expensive cars

Mechanical Improvements and Modifications

The majority of motorists to day take but little interest in the mechanical details of cars, it being sufficient for them that the vehicles shall be reliable comfortable, and not too costly to run and maintain It may be noted however, that there is a tendency to adopt engines with overhead instead of side valves, a notable new adherent to the overhead type being the Morris Co, which is using it on all its models above 8 h p All the vehicles exhibited, except two makes, have engines with either four six, or eight vertical cylinders, the exceptions being the Jowett, which remains faithful to a two- or four-cylinder horizontal power unit and the German D.K W which is the only car exhibited with an engine working on the two- instead of the more usual four-stroke principle Petrol is, of course, the fuel used for all these types, but this year there is a novelty on the Citroen stand in the way of a 15 h p car fitted with a Diesel or heavy-oil engine

Easy Gear Changing

On British cars gearboxes with four forward speeds are now usual, on American cars, however, only three speeds are usually found, but the gear ratios are so chosen that satisfactory results are given in practical use, and in this connexion it is interesting to note that an all synchromesh three-speed gearbox has been adopted in place of four speeds on the 25 h p Vauxhall

During the past summer many references have been made in the motoring press to the probable introduction of "two-pedal" car control, making clutch action automatic and so rendering the familiar clutch pedal unnecessary Apparently such rumours were not well founded, as there is no startling departure in this respect at the show It is true of course, that the Daimler and Lanchester concerns still retain the fluid flywheel system of transmission, and the Armstrong-Siddeley the self-changing gearbox which they have used for many years past but the improvements effected in synchronized change-speed gears appear to have done away with the difficulties formerly experienced with gear changing There has also been much talk during recent months of "over-drives or something more than the usual direct top gear, for use on level open country roads, but while they are provided on a few makes of cars they are the exception rather than the rule while as regards free wheels in conjunction with gearboxes these show no increase In view of the higher speeds now being attained on roads on which speed is unrestricted considerable attention continues to be devoted to providing cars with powerful, reliable brakes, which continue to undergo improvement both as regards their means of adjustment and the readiness with which brake linings can be renewed when necessary Nowadays with so many service stations at which cars can be regularly and efficiently lubricated at a relatively small cost motorists are not so much interested in the lubrication details of their cars, it is satisfactory, however to find an extension of the use of grouped chassis lubrication points, which is an advantage to those who prefer to look after their own cars

Independent Front-wheel Suspension

One of the features of the 1938 cars is the almost universal use of road wheels of the steel spoked, 'easy-to-clean type, the wire-spoked variety so popular a few years ago being now rarely seen Independent front wheel suspension in place of the usual longitudinal, semi elliptic springs is increasing in popularity, it being found on more makes of cars than last year, notable additions being the Daimler Fifteen, the Hillman and Lanchester Fourteens, and the 14 h p and 20–90 h p British Salmsons The front-wheel drive, while still found on certain Citroen and other cars does not appear to have proved popular in this country, a back axle driven by a propeller shaft and spiral bevel or worm gearing continuing the order of the day One useful departure is an increasing use of adjustable steering columns, so that the length of the column may be adjusted to suit drivers of varying stature The number of cars fitted with permanent jacks continues to increase, these proving useful not merely for wheel changing when punctures—now very rare owing to the reliability of modern tyres—are encountered, but also for raising the wheels clear of the ground during bodywork and chassis cleaning operations A few of the more expensive cars include a wireless set among the special fittings, but despite the many automobile radio receivers now available they are still far from being widely used A practice that does not recommend itself to many owner-drivers is that of locating the radiator filler cap below the engine bonnet instead of externally in the top of the radiator as in earlier years Although radiators do not often need replenishing with water it is a nuisance, when this is necessary to have to raise the engine bonnet, and if one is not careful there is the added inconvenience and annoyance of spilling water over some of the engine components To sum up, it may be said that both as regards the mechanical portion and the bodywork of cars the 1938 models are based on last year's well tried designs, the alterations consisting rather of detail improvements and modifications than any radical departures from previous designs

Some New Cars

In view of the attractive prices at which they are available, one of the features of the exhibition is the increasing number of 12- and 14-h p cars, some of which are still fitted with six cylinder power units, but among which as already indicated, are several with four-cylinder engines Some of the 14 h p cars form excellent family vehicles having ample room for five persons, and, in view of the fact that they are only subject to an annual tax of £10 10s are likely to prove very popular during the coming season In addition to those already mentioned, among the new cars which will be found worthy of inspection are the 12–70-h p four-cylinder Alvis, the Big Seven and 18 h p six-cylinder Austins, the Daimler Fifteen with independent front-wheel suspension the Hillman Minx and Fourteen, the new Humber Sixteen with 'Evenkeel suspension, the 12-h p Morris, the 16-h p Riley with three speed synchromesh gearbox and dual automatic over drive giving five forward speeds in all, the attractive Triumph and S S Jaguar cars, and the range of Singers, Rovers, and Flying Standards Although most of the British car manufac-

brighten the greyness of his daily life The work consists of an anthology of pithy sayings by medical men from Hippocrates to Sauerbruch and by laymen from Sophocles to Schopenhauer, as well as comments by Dr Liek and Herr Klussmann Indexes of names and subjects would add to the usefulness of this delightful little book

Dr Charles Newman broke new ground six years ago when he wrote his small practical book *Medical Emergencies* For a second edition (J and A Churchill, 8s 6d) the author has revised his material and made several improvements The account of gas poisoning has been rearranged to include the war gases The description of the technique of blood transfusion has been rewritten in the light of Creed's discovery that the reactions after citrate transfusion can be avoided by using only freshly distilled water A note on the treatment of pain in general is substituted for the section on migraine There are new sections on coma in hot climates, asthma and the treatment of haemoptysis by artificial pneumothorax Agranulocytosis receives notice in the section on miscellaneous emergencies

Preparations and Appliances

SIMPLE TRACTION TABLE FOR HIP NAILING OPERATIONS

Mr R Watson Jones F R C S (Liverpool) writes

An inexpensive traction table has been designed on the simplest possible lines for plaster work and hip operations

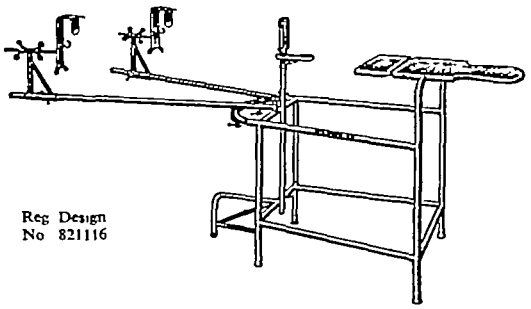


Fig 1

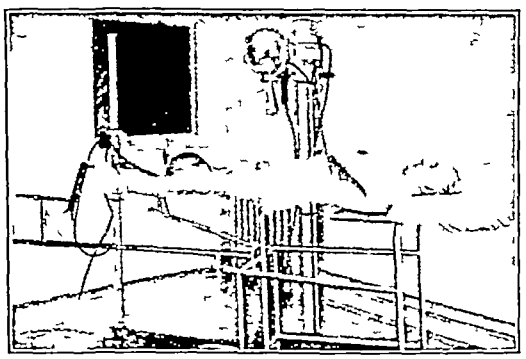


Fig 2

Extra articular nailing in fractures of the femoral neck and in arthrodesis of the hip joint demands radiographic control and easy access to the hip and thigh Every unnecessary joint bar and screw has therefore been discarded The framework has been removed as far as possible from the hip to facilitate towelling and aseptic technique and to avoid interference with lateral and antero-posterior radiography (Fig. 1) The perineal post is constructed of wood with sorbo rubber protection for the perineum and the pelvic rest is of aluminium so that there is no opaque shadow on the x ray film and both can be boiled

There is no table top to be lowered by complicated mechanism so that the freest possible access is allowed to the front side and back of the hip-joint The shoulder rest can be lengthened or shortened for patients of varying size The foot pieces are of a simple type to which the limbs may be fixed by strapping or plaster

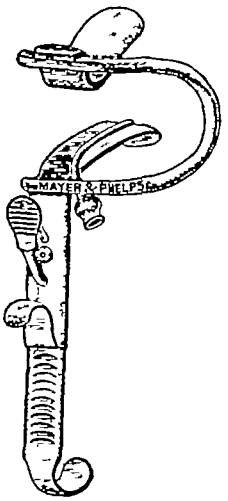
The foot extension bars may be removed to facilitate transport On the suggestion of Mr G Pulvertaft, the four main longitudinal bars are now divided centrally so that the table may be completely dismantled into two halves and quite easily carried by one person or put in the back of a car Figure 2 shows the table in actual use for nailing after arthrodesis of the hip Two Siemens heliospheres are used for radiography

The table is made by the Holborn Surgical Instrument Co Ltd and it costs £19 10s (with chromium plating £25)

MODIFIED BOYLE-DAVIS GAG

Dr Alex Russell (Southampton) writes

I have devised an attachment for the Boyle Davis gag which consists of a metal plate fitting on to the palate and alveolus



of edentulous patients It is easily inserted firm in position and is interchangeable with the usual hooks which fit on to the upper incisors and which readily slip when these teeth are absent

A HOSPITAL MATTRESS

Dr H Roland Segar (Wellhouse Hospital Barnet) writes

In connexion with the equipment of a new puerperal sepsis block where mattresses will be frequently sterilized I experimented some months ago with various types of mattresses In the type finally selected the interior spring is a continuous hand woven high tensile steel wire guaranteed for five years It will withstand without deterioration many hours in a high pressure steam sterilizer owing to a patented process the wire does not rust nor is the resilience of the spring affected There being a continuous weave individual springs have no joins and there is therefore no noise There are no projections to wear through the coverings and the weight of the patient is evenly distributed over a considerable length of wire The other advantages of this kind of mattress are that there is no displacement or sagging the covering is of greatly increased durability compared with those in general use there is uninterrupted ventilation through the entire spring to the outside air it can be used unaltered for nursing in the Fowler position it can be lifted easily by one person and the usual handles are provided on either side and finally it can be rolled The mattress is manufactured by the Raco Epeda Co Ltd Colnbrook Mills, Colnbrook Bucks

AETIOLOGICAL PROBLEMS OF CANCER AND TUBERCULOSIS

On October 4, 5, and 7, at the London School of Hygiene and Tropical Medicine, Dr GEORG WOLFF of Berlin delivered three university lectures on aetiological problems of tuberculosis and cancer In the first two lectures Dr Wolff traced the medical statistical history of mortality from tuberculosis, indicating the more important sources of data and their defects He enumerated the several aetiological factors, such as extent of infection, racial or individual constitution, environmental conditions, and illustrated various statistical methods of evaluation He concluded that environmental factors have been not the sole but the principal factor of declining mortality, above all a higher general standard of nutrition, and that in improving that part of the environment which, unlike climate, is amenable to human control, future declines of mortality may be effected

In the third lecture Dr Wolff dealt mainly with the supposed racial factor in the aetiology of cancer He first showed the results of a full analysis of the rates of mortality of Jews and non-Jews in Berlin These data, the first yet obtained in Germany in which the information was sufficiently complete to admit of the calculation of rates of mortality at ages and for sites, show that on the whole the rate of mortality from malignant disease among the Jews was rather below that of the general population, but the two rates were tending to approximate Thus standardized rates (the census population of Germany in 1910 was used as the standard population) in 1924–6 were, for Jews males 8 5, females 11 7 per 100,000 for the general population of Berlin 10 4 and 12 6 In 1932–4 the corresponding rates were 9 2 and 11 4 for Jews, 10 2 and 11.9 for the general population The localization of malignant disease differed between the two groups In Jews malignant disease of the lower part of the digestive canal was more frequent and of the upper part less frequent than in the general population Jewesses suffered less from cancer of the uterus and more from cancer of the breast than the general population of women

Dr Wolff called attention to the necessary ambiguity of many results since they might be interpreted either as racial or environmental He referred to work which has been done on such problems as the effect of circumcision in lessening the liability to malignant disease, and pointed out that one had here a wide field for useful research in which clinical, experimental, and statistical methods might be used in co-operation

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At the meeting of the Society of Public Analysts and Other Analytical Chemists, held on October 6 with the president, Dr G ROCHE LYNCH in the chair, a paper on 'Fluorine in Food Products" was read by Mr H C LOCKWOOD He said that the fluorine in various food products had been separated by distillation at 135° to 150° C in an apparatus containing glass wool and sulphuric acid and determined by means of a zirconium and alizarin reagent The amounts found in many substances such as biscuit, gelatin, flour, glucose, cocoa, and egg-yolk were *nil* or insignificant (0 5 to 2 parts per million) but the observation of Reid, that tea contained appreciable amounts of fluorine, had been confirmed Thus China tea contained 40 and Indian tea 60 parts per million Approximately 75 per cent of the total fluorine present would be found in an infusion made with tea

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A proposal is on foot to issue a public appeal in South Africa for £100 000 to establish a Cancer Research Institute at Johannesburg as a memorial to King George V The Union Government will be asked to contribute £50,000

Local News

INDIA

Progress in Public Health

In his report for 1935 Colonel A J H Russell, I M.S, Public Health Commissioner with the Government of India calls attention to various sociological and health problems which cannot be overlooked even in a year which was "if anything rather less unhealthy than usual" The population is still increasing steadily in British India, the birth rate having remained fairly stationary since the beginning of the century, while the death rate has been decreasing for all age groups except for that of 60 years and upwards It is estimated that in the absence of abnormal epidemics or famine conditions the population of India will approximate 400 millions when the next census is taken in 1941

CHIEF DISEASES

Plague has steadily declined, but this is not attributed to permanent improvement in sanitary standards, housing and other conditions favourable to the rat population being generally much the same as when this disease first made its appearance in Bombay forty years ago It is suggested that there has been an increased immunity among rats in places where there have been repeated epidemics that the incidence of disease among them has consequently fallen and that the human population has therefore been less infected The type of plague has been almost entirely bubonic the pneumonic form being rare and very restricted Climatic influences are thought to act through their effect on the total flea prevalence, the length of the life of the flea and the production of Bacot s "blocking phenomenon in relation to these two factors In 1935 the mortality rate from this disease was only 32,000, as compared with previous annual rates approximating half a million Small-pox epidemics were more marked than in the four previous years, the Deccan and the plain of the Ganges were the most seriously affected In the Bombay Presidency the incidence was the highest since 1930, and urban death rates were, as usual, generally much higher than the rural ones Colonel Russell points out that only very rarely are vaccinated persons attacked, but that the occurrence of relatively free years induces a measure of carelessness as regards vaccination among the general Indian public, which in due time results in epidemics among the unprotected Vaccination work is also handicapped by defective health organizations in some of the provinces, where supervision is either inadequate or perfunctory and reporting of out breaks of small-pox is delayed Registration of births is unsatisfactory still, and Colonel Russell emphasizes the desirability of employing female vaccinators for work among women and children and the more careful supervision of the vaccinators already at work in some districts It is suggested that the disease now prevalent in India is less virulent than it was formerly The rise in the cholera mortality curve noted during 1933 and 1934 continued during 1935, but the peak did not approach that commonly in evidence before 1921 Rural areas suffered more severely than urban, but there was always clear evidence of the close relation between outbreaks of disease and faulty water supplies and general sanitation Colonel Russell adds that inoculation with cholera vaccine still remains the most effective method of personal prophylaxis Choleraphage was effective in certain areas and in the Muzaffarpur and Purnea districts, where full statistical details were obtained it was shown to cut short the course of prevailing epidemics provided that immediate steps were taken to deal with the whole population Both as a curative and as a prophylactic measure choleraphage achieved

figures showing how high an intake of vitamin B_1, mainly in the form of bread, was provided even by the poor person's diet before the introduction of the modern white-flour bread Thus, in 1670 the soldier's ration contained 1 000 units of B_1 a day in 1782 the diet of the parish poor contained 660 to 850 units, and in 1838 the Poor Law diet, City of London, contained 1,230 units A very different picture is seen now the "daily vitamin B_1 intake ranges from about 290 units at the lowest income level to 450 to 550 units at the two highest income levels Thus the best-fed members of the population to-day, while getting twice as much vitamin B_1 as people on a low income level, yet consume less vitamin B_1 than the parish poor of the eighteenth and early nineteenth century" Cathcart and Murray found that in fifty-three families, consuming over 3 000 calories per man per day, 64 per cent of the calories are derived from foodstuffs poor, or completely lacking, in vitamin B_1—that is meat, bread, and sugar There is therefore good reason to regard vitamin B_1 deficiency as an outstanding fault in the diets of many millions of people in this country This being so it becomes necessary to learn what effects this chronic deficiency is having upon them Many years ago (1918–19) McCarrison, as a result of his experiments upon animals, concluded that the deficiency existed and that its effects were manifested chiefly as disease of the gastro-intestinal tract In this connexion Baker, Wright, and Drummond refer to the results of an experiment carried out by them

It was planned to demonstrate the types of disorders which arise from subsistence for long periods on diets deficient in vitamin B, and consisted in observing two large groups of rats (approximately 500 in each) one of which was fed on a diet planned to be satisfactory in every respect while the other was defective in vitamin B (The investigation was planned and begun (1931) before the differentiation of the components of the so-called B complex had been achieved In the light of later work it seems certain that the significant difference between the two diets was in respect of vitamin B_1—aneurin) The deficiency in the second diet was not so great as to produce an acute condition in the animals, indeed, the amount of vitamin was from time to time regulated so that although growth and development were not seriously retarded there was never sufficient for the full physiological needs The most striking difference noted between the animals of the two groups concerns the incidence of lesions of the gastro-intestinal tract—20 per cent in the group receiving the "adequate diet" and 63 per cent in the group receiving the "deficient diet No fewer than eighty of the deficiently fed animals had chronic ulcers of the stomach, seven of which perforated Also marked, but not so impressive, is the greater incidence of cardiac and renal disorders in the rats fed on the deficient diet While it may be doubted whether the "adequate" diet was indeed adequate, these results must be regarded as highly significant "they fully support the view expressed so often and so emphatically by Sir Robert McCarrison that vitamin B deficiency is responsible for a very large number of the common disorders of the alimentary tract" In a lecture delivered before the Royal College of Surgeons of England and published in this *Journal* in June, 1931, he said "Of all the faulty diets I have used that composed of white bread, margarine, tea sugar, jam, preserved meat, and scanty overcooked vegetables—a diet in common use by many people in this country—proved to be one of the worst, and most likely to be associated in rats with many of the morbid states I have mentioned, especially diseases of the lungs and gastro intestinal tract"—diseases, we may add, from which one in every three sick persons among the insured classes in England and Wales suffers

CONTROL OF DANGEROUS DRUGS

The Council of the League of Nations at its meeting last month received a report from its Advisory Committee on the Traffic in Opium and Other Dangerous Drugs Since 1928 the world manufacture of morphine has fallen from 58 tons to 31 that of diacetylmorphine from 3½ tons to less than half a ton, and that of cocaine from 6½ tons to 4 tons, and it is now considered that the world consumption of these drugs is nearly approximating to legitimate needs though there are disquieting reports about poppy cultivation and the manufacture of opium and heroin in Manchukuo In the years 1925–30 the illicit traffic in morphine increased to a far greater extent than was realized At least 90 tons of morphine manufactured during that period in excess of legitimate requirements passed into illicit traffic A subject now engaging attention is the medical use of codeine as a substitute for morphine and the possible danger of its abuse as a drug of addiction A special investigation on this subject in which expert advice is being sought from scientific institutions, is now proceeding The committee is anxious to keep in touch with experiments in replacing narcotic drugs by other analgesic substances, the representative of Poland reported on some experiments carried out at Vilna with a product known as cephaline for relieving pain in cancer cases and some work of the kind is going on in Japan The comparative

is an improvement on that of the previous year Most of the cases were sporadic, but there were two outbreaks in institutions There were seven deaths The whole report makes rather sad reading but it must be remembered that not only is Newcastle one of the most densely overcrowded areas in the kingdom, but also that the city and district suffered very severely from the economic depression The health authorities have therefore to face an uphill task

Harrogate New Baths

The ceremony of laying the foundation stone of the New Royal Baths at Harrogate was performed by Sir Kingsley Wood the Minister of Health, on October 6 In the presence of a large and representative audience the Mayor welcomed the Minister, and reminded his audience that the first step in the spa development scheme had been taken four years ago when the new sun colonnade in the Valley Gardens was opened by Lord Horder These new baths were a further instalment of the development After the stone had been laid by Sir Kingsley Wood and dedicated by the Bishop of Ripon, the president of the Harrogate Medical Society (Dr Sinclair Miller) conveyed to them the thanks of the town for the services they had rendered and coupled the name of Lord Horder with the resolution Sir Kingsley Wood, in responding expressed his admiration of Harrogate and the great benefit he had derived from its waters on many occasions He referred to the enormous industrial waste and invalidity caused by chronic rheumatic affections, and made reference to the valuable research work that was being done in the rheumatic research department of the Harrogate Royal Bath Hospital in conjunction with the Leeds University in elucidating the causes of rheumatism and in the advancement of treatment Lord Horder, likewise responding, said he was pleased to be present at the ceremony as it gave him an opportunity of showing his belief in Harrogate and its waters He had great faith in the potential benefits of Harrogate to mankind

Further Great Gifts to Oxford

Lord Nuffield has announced his intention to give £300,000 to the Radcliffe Infirmary, Oxford This is his second large donation to the hospital, to which he had already given £150,000 The latest gift will form an endowment fund, the income from which will go towards raising the standard of the services Mr W M Goodenough, president of the Oxford and District Joint Hospitals Board, said on October 8 that when Lord Nuffield made his great benefaction to the University Medical School and founded the Nuffield Trust he had in mind not only the development of medical research and teaching in the University of Oxford, but also of the local hospital provision, where they might aim at services which would, in time, perhaps serve as a model of their kind

As we go to press it is announced that Lord Nuffield has offered the University of Oxford £1,000,000 (including a building site valued at £100,000) for the building and endowment of a new graduate college to be devoted to the collaboration, particularly in social studies of scholars and of practical experts This new college will—to quote from Lord Nuffield's letter to the Vice Chancellor—foster co-operation not only between the scholar and the man of affairs working in the same field, but also between the workers in different fields' Two further gifts by Lord Nuffield to Oxford were announced at the same time They are £100 000 for the erection and endowment of a new laboratory of physical chemistry, and £200 000 for the erection of buildings at hospitals associated with the medical research scheme endowed by him last year

Work of a Medical Charity

At the last quarterly court of the directors of the Society for Relief of Widows and Orphans of Medical Men, with Dr C Kempster, vice-president, in the chair, the audited accounts for the half-year ended June 30 were presented During this period a sum of £2,195 was distributed among the sixty widows and nine orphans in receipt of relief Special grants amounting to £52 10s were made to enable two orphans to continue medical studies The death of a widow, who had been in receipt of grants for the past nine years, was reported She had received in grants £630, and in addition £262 10s to assist her to pay for the medical education of her son, who has now qualified Owing to the increase in the number in receipt of grants the directors regret that there will not be sufficient funds available to make the widows a Christmas present this year, but each orphan will receive £5 Of the sixty widows on the books, two are over 90, five over 80, and nine over 75 The question of celebrating the one hundred and fiftieth anniversary of the foundation of the society next year was mentioned, and it will most probably take the form of a dinner The question will be fully discussed at the January meeting of the court Membership of the society is open to any registered medical man who at the time of his election is residing within a twenty-mile radius of Charing Cross Full particulars may be obtained from the secretary at 11, Chandos Street, Cavendish Square, W 1

SCOTLAND

Health of Glasgow

The annual report of Dr A S M Macgregor medical officer of health for Glasgow, states that the general death rate for the city during 1936 was 14 5 per 1,000 of the population, as against 13 8 in 1935 , the lowest death rate on record was 13 4 for 1933 The increase was attributable to epidemics of measles and influenza and the prevalence of diarrhoeal disease in young children The two chief features of the vital statistics of recent years had been the falling death rate and the falling birth rate When the Glasgow death rate was analysed it was found that the greatest saving of life had been effected at the younger ages, chiefly between 2 and 5 years Comparing the deaths at these ages in the year 1900, four children had died in that year for each one who died in 1936, and going back to 1870 the proportion had been seven to one The infantile mortality for the year 1936 was 109 per 1,000 births, this figure being the highest with one exception since 1924 Compared with the other large Scottish cities it was relatively high, the figure for Edinburgh being 68, for Aberdeen 70, and for Dundee 81 Scarlet fever had been responsible for 54 deaths, an unusually low figure, measles for 311, and whooping-cough for 117 There had been an unusual outbreak of paratyphoid fever, with a total of 200 reported cases and six deaths It occurred in the early months of the year and no definite cause had been assigned to it , there had probably been many more mild and undetected cases There had also been a considerable prevalence of dysenteric and diarrhoeal affections, mostly in young children and mainly in the poorer quarters of the city, and this had been the chief cause of the rise in infantile mortality It had been broadly related to housing and to maternal efficiency, and investigation showed that it was definitely graded throughout the various housing schemes, from a low rate in rehoused areas to its highest rate in slum areas The report regrets that building difficulties have slowed up the rate of closing unfit houses

Honyman-Gillespie Lectures

A series of eight postgraduate lectures, which are open free to all medical practitioners, will be delivered in the Royal Infirmary of Edinburgh this autumn under a grant received from the Honyman Gillespie Trust The lectures are connected with an eight-weeks course on internal medicine, in which different sections of medicine are

THE FEELING OF HEALTH IN DISEASE

The physician, who is daily confronted with symptoms of disease seldom considers that there is a problem in the feeling of health Schilder in a recent article [1] contends that the experience of health is too often taken for granted and is regarded merely as the reflection in consciousness of a healthy physiological state of the body Actually an inner sense of health is often present with serious organic disease and as such is the expression of adaptive tendencies in the psychic sphere analogous to regeneration and functional adaptation to trauma as seen in lower animals There is psychogenic health as well as psychogenic disease Patients with organic disease frequently attempt to maintain the experience of health by neglecting their symptoms or by deceiving the self as to their seriousness Schilder believes that such repression is possible since the immediate experience of organic disease is at the periphery of the personality, while psychogenic illness is in the core of the personality An entirely different attitude results towards illness in the two groups This difference is particularly clear for example in organic as contrasted with functional impotence In the former case the patient may behave with calm resignation while neurotic impotence causes distress which permeates the whole life behaviour Schilder gives verbatim reports from patients with carcinoma nephritis and severe organic heart disease which express a greater feeling of optimism and well being than was rightly to be expected When symptoms cannot be kept from entering consciousness delusional ideas of health may protect the patient from knowledge of disease On the other hand with lesions in parts of the body which psychologically represent organs of deep value for the personality—for example eyes breasts sexual organs —there is apt to be acute psychic awareness even though the disease objectively viewed is not serious It must be admitted however that a mild organic lesion may form the nucleus for exaggerated manifestations of illness Certainly appreciation of disease varies with the general state of mind The experience of health therefore is dependent not only on the organic state but also on the problems of the person Diseases such as multiple sclerosis and sensory aphasia are noted for the carefree attitude of the patient in the face of serious disability Spes phthisica is another example of this A consideration of many organic brain diseases leads the author to conjectures upon the localization of lesions accompanied by unwarranted feelings of well being He concludes in brief that lesions of the periventricular grey matter are commonly associated with such conditions and that in certain lesions of the parietal lobe there is lack of appreciation of disease In general the theory is that the experience of health though an attitude of the personality is dependent upon functions of specific centres in the brain Finally Schilder emphasizes the need for keener observation of psychological reactions in organic disease and points out that it is an integral part of treatment to lead the patient back to a true appreciation of his illness It is doubtful if all the different reactions which Schilder describes can be included under the single concept, "experience of health" The positive feeling of well-being springing from healthy and harmonious physiological function must be distinguished from the more negative failure of appreciation of disease whether it be due to disorganized ego function or not Furthermore the quality of the mental state of "carefreeness" in organic disease undoubtedly differs from the normal healthy state An even greater cleft separates the diffuse "feeling tone" of well-being from false ideas of health resulting from mechanisms of either repression or projection All these considerations cast grave doubts upon the existence of "centres" subserving a unitary organized function maintaining the "experience of health" Nevertheless concurrence of severe organic disease with mental states of health well being and optimism is an indubitable fact which it is easy to disregard and which has ramifications both in diagnosis and treatment.

[1] *Arch Neurol Psychiat* Chicago 1937 37, 1322.

CANCER OF THE UTERINE CERVIX

It is the intention of the League of Nations Health Organization to issue a series of annual reports on the results of radiotherapy in cancer of the uterine cervix The first of these has just appeared [1] and deals with the results in patients treated in 1930 and also in previous years These findings were collated in 1936 The present work is the outcome of suggestions made at the Zurich Conference in 1934 that such results should be assessed at periods of five six seven or more years after treatment The first report is necessarily of a more or less tentative character while the information it contains is mainly limited to those clinics which were associated with the earlier work of the Radiological Subcommission In order to obtain adequate statistical data further collaboration is both needed and invited and the general lines upon which it can be most advantageously conducted are indicated in the preliminary sections of this report The results from six centres are statistically analysed and it may be noted that three of these centres are English—the Liverpool Radium Institute the Marie Curie Hospital and the London County Council Radium Centre for Cancer of the Uterus Once more the fact is emphasized that if treatment is to be successful it must be early Cases are divided into four groups according to the scheme drawn up in 1929 each group indicating the stage to which the disease had progressed at the time of beginning treatment. This classification is reprinted and as it is almost universally used it may be of use to non specialist readers to reproduce it

Stage I Growth strictly limited to cervix uteri Uterus mobile
Stage II Lesion spreading into one or more fornices with or without infiltration of the parametrium adjacent to the uterus which still retains some degree of mobility
Stage III (*a*) Nodular infiltration of the parametria on one or both sides extending to the pelvic wall with limited uterine mobility or massive infiltration of one parametrium with fixation of the uterus (*b*) More or less superficial infiltration of a large part of the vagina with a mobile uterus (*c*) Isolated metastases in the pelvic glands with a relatively small primary growth (*d*) Isolated metastases in the lower part of the vagina

[1] League of Nations Health Organization *Annual Report on the Results of Radiotherapy in Cancer of the Uterine Cervix* Series of League of Nations Publications III Health 1937 III 2.

October 3, 1931) Mr Trumble published an account of his operation again in the *British Journal of Surgery* 1935, **23**, where he states 'The majority of the inferior splanchnic nerves and the coeliac root of the inferior mesenteric ganglion are divided near the origin of the inferior mesenteric artery from the aorta"

Professor Learmonth attributes to Mitchell (1935) the discovery of the supply of parasympathetic fibres from the sacral outflow to the upper part of the distal colon, a fact which Mr Trumble had already established (*Med J Austral* August 4, 1934), and which Telford and Stopford had recognized in March, 1934, though their description was in some respects defective I trust that Professor Learmonth will not take amiss these small criticisms of his paper, but will recognize the value of Mr H C Trumble s work in any future papers he may write on the subject

Gask and Ross, in their book *Surgery of the Sympathetic Nervous System* (p 122) discussing the problem of sympathectomy of the distal colon, state that

"It might be preferable to divide their splanchnic branches on both sides and to excise the pre aortic plexus for an inch above the inferior mesenteric artery leaving the presacral nerve undisturbed This is practically the technique advocated by Trumble the only difference being that he is content to divide the lumbar splanchnic nerves just proximal to the inferior mesenteric ganglion since he believes that the pre aortic plexus takes no part in the sympathetic supply to the colon

—I am, etc,

Alfred Hospital Melbourne, Sept 24 WILLIAM JAS PENFOLD

Idiosyncrasy to Prontosil

SIR—With reference to Dr G P Humphry's letter (October 2 p 680), in some cases prontosil certainly causes pyrexia with accompanying symptoms of severe malaise, which, however, rapidly subside when the drug is stopped I have recently observed its effect in three cases of lupus erythematosus

The first was an old nurse with lupus erythematosus of the scalp associated with a mild but painful multiple arthritis After taking two tablets of prontosil thrice daily for ten days she had a shivering attack—perhaps a true rigor—and her temperature rose reaching 102 F on one occasion, she felt extremely ill and had diarrhoea The symptoms quickly abated when the prontosil was discontinued I saw her about a fortnight later and there was a remarkable improvement in the lupus erythematosus and her rheumatic pains had ceased but such a result might have followed a febrile reaction of whatever causation I suggested she should take one tablet daily, but there was an immediate recurrence of the fever and malaise

Another case was that of a lady with chronic lupus erythematosus of the nose including the vestibules associated with rheumatism of the fibrositic type She had a long history of streptococcal infections of various kinds After taking one tablet of prontosil thrice daily for about ten days she developed a high temperature (over 102° F) with severe malaise but no diarrhoea Another attempt to take the drug provoked the same symptoms I saw her this week, as in the first case there was great improvement in the lupus erythematosus and her rheumatism had entirely gone In the third case the same symptoms occurred and were followed by considerable improvement in the eruption

Whether prontosil in these cases would have proved of permanent value had it been tolerated it is impossible to say As I have said, the improvement observed was quite possibly due to the severe febrile reaction, and not to the specific action of the drug—I am etc,

London, W 1, Oct 1 H. W BARBER

Continuous Negative Pressure in Surgery

SIR,—I am very grateful to Mr J T Morrison (October 9, p 726) for his kind criticism of my paper (*Journal* September 25, p 613) Although he prefers intercostal drainage with his ingenious trocar and cannula, he admits that there may be difficulty in making certain that the eye of the drainage tube is in the pleural cavity I should think that there would be more difficulty in maintaining the end of the tube just in the pleural cavity in spite of "secundum artem" methods of fixation The internal flange of the Tudor-Edwards tube is a great help against intermittent drainage or non-drainage by slight displacement of the tube Mr Morrison advises intercostal drainage as a "first step, so I presume that he resorts to rib resection when drainage is unsatisfactory this is why many surgeons give up closed drainage instead of giving up intercostal drainage If adequate drainage is present from the beginning I believe that chronic empyema would be less frequent He does not explain why I am wrong in advising rib resection early, but I suppose the proportion of his cases recovering without rib resection is sufficient to advocate intercostal drainage as the primary measure

Mr Morrison admits that stronger suction is indicated in the "more chronic cases" I do not see any contra indication to the application of a constant negative pressure of 30 mm of mercury (the normal intrapleural pressure at the end of full inspiration) from the onset as an attempt to prevent chronic empyema arising—I am, etc

Liverpool, Oct 9 M J BENNETT-JONES

Adult Serum in Measles

SIR—Arising out of Sir Kaye Le Fleming s account of the use of adult serum in measles I wish the profession at large would take up this question, as there is no doubt in my mind that it is the only practical method we have of dealing with these outbreaks at the present time As Sir Kaye points out, I have been able to institute through the good offices of Dr R A O Brien of the Wellcome Research Laboratories an exchange method whereby the serum obtained is replaced by whole blood from suitable volunteers One must face the fact that convalescent serum, except in hospitals, is out of the question, and also for some time to come placental globulin will not be available in any considerable amount In respect of adult serum, any young adult who has had measles can provide the amount that is necessary for his own family and in each case in which it has been used to my knowledge there have been sufficient volunteers to deal with the outbreak

May I point out that during the last two outbreaks I have kept both the local hospital and the isolation hospital open The non-immune contacts are immunized and the ward carries on It is only those who have been as I have, in charge of various children s hospitals during a measles outbreak who know what a curse a case of measles used to be in the wards Now, as I have said we immunize and carry on During this last outbreak I promised the head master of one of the biggest preparatory schools on the South Coast that I would assist if they got measles during this outbreak during the last they had had five mastoids On the occurrence of the first case the thirty-seven non-immune boys were inoculated at once, thanks to Dr O Brien, and no further case occurred Shortly afterwards at Lord Mayor Treloar s Home a case of measles occurred the day after I visited there, the diagnosis being in doubt at the time of my visit

when exposed at operation may be regarded as an aneurysm When sectioned however it resembles an agglomeration of thrombosed veins The authors of this paper ask the pertinent question Whence do these tumours arise? Are they of arterial or venous origin? The appearances at operation have not been very helpful in deciding this but they have shown that there are no large communicating channels between the tumour itself and the lumen of the artery Histological examination confirms the vascular character of the tumour It consists of blood spaces and cellular elements though the individual architecture of the angio-endotheliomas is variable Some contain giant cells Lenormant and his colleagues ask whether the tumours arise from the vasa vasorum, from small collaterals of the main artery or from a venous plexus These angiomas are highly malignant both as regards local recurrence and metastatic dissemination The five patients referred to are now dead Treatment is of little avail The tumours are radio resistant and owing to the tendency to local recurrence high amputation must be done

ANOTHER TEST FOR PREGNANCY

A practical method for the accurate diagnosis of pregnancy in its earliest stages remains, in spite of the mass of brilliant research produced in recent years an unfulfilled need Of the many tests advocated not one satisfies all the desiderata of ease of application immediate result and absolute certainty while most exhibit too many fallacies to be of real practical value The Vischer-Bowman test for example has disproved its early promise for both Gladys Dodds[1] and E Wiesner[2] have shown that the percentage error both in pregnant and non-pregnant women is too great to allow of general application of the method Similarly both Gruskin's[3] intradermal protein reaction and the subcutaneous hormone test of Gilfillen[4] are equally fallacious for though both these methods are rapid and easy they may give the most equivocal results in patients with hypersensitive skins which as Greenhill says might respond to anything The better-known Aschheim-Zondek and Friedman tests are of course much more certain than these with an accuracy of approximately 97 per cent in pregnant women and 99 per cent in non pregnant. But though this standard is very high it is not high enough to eliminate all doubt in the difficult case, and there are in addition the inconveniences of sending the specimen to a laboratory and of a fairly long time interval It is in an endeavour to avoid these difficulties that Samuels[5] has introduced his spectroscopic method This depends on the variations which normally occur in the reduction time of oxyhaemoglobin at various periods of the menstrual cycle The technique is to obstruct temporarily the blood flow in the vessels in one of the interdigital webs of the hand a direct observation being made through the author's special cycloscope of the time taken for the oxyhaemoglobin in the stagnant blood to be reduced to methaemoglobin The former shows as two sharply defined dark absorption bands in the yellow green portion of the spectrum the latter as two similar but much closer bands in the same area, with the transitional appearance of a broad grey band In normal men, and in women past the menopause the reduction time is approximately 145 seconds It is, however under hormonal influence for in non pregnant women the widest variations occur during menstruation and ovulation In pregnancy this influence is apparently inactivated so that the level remains practically constant The diagnosis of pregnancy is thus made by the daily observation of the oxyhaemoglobin reduction time a more or less constant finding indicating a positive result. For this method the author claims that it is 100 per cent certain that it can be carried out by any general practitioner and that it is positive within a few days of conception If this were true the test would be ideal and would automatically replace the more complicated biological methods now in general use But there are unfortunately several obvious fallacies In the first place the examination is by no means so easy as Samuels suggests and requires a good deal of practice for a sure result to be obtained Secondly several consecutive tests must be made the average being taken as the correct figure for that particular day and the whole performance must be repeated daily for a considerable period In the third place there is no guarantee that vicarious hormonal and general disease influences will not disturb the result, and the author's recommendation that the Aschheim Zondek reaction should be used as a confirmatory routine is difficult to reconcile with his claim of absolute certainty for his own method In these circumstances it would appear necessary to defer judgement on the test until more complete and extensive trial has either eliminated or confirmed these objections

We regret to announce the death of a very old contributor to these columns Sir John William Moore the eminent Dublin physician who was twice President of the Royal College of Physicians of Ireland and for forty seven years edited the *Dublin Journal of Medical Science*

The second annual general meeting of the British Branch of the International League against Epilepsy will meet on Friday October 22 at the rooms of the Medical Society of London Chandos Street Cavendish Square Dr Wilfred Harris the president, will occupy the chair The morning session will begin at 10 a.m., and after an interval for luncheon at Pagani's Restaurant will be resumed at 2.30 p m A number of short papers will be read and among other subjects the following will be discussed the utility of medicinal treatment, the use and abuse of bromides the employment of snake venom, the value of prominal the social care of the epileptic the electro encephalogram in epileptics Speakers include Dr F R Ferguson Dr Denis Brinton Dr R H Crowley, Dr Burgess Barnett Mr Grey Walter, Dr L G Millar Page Dr T A Munro and it is hoped that a full discussion will follow the various papers as in the previous year Medical practitioners not members of the League who are interested or would like to attend the meeting, are invited to communicate with the honorary secretary, Dr Macdonald Critchley, 137, Harley Street, W 1

British Medical Journal 1936 2 224
[1] *Zbl Gynak* 1936 60 1588
[2] *Amer J Surg* 1936 31 59
Amer J Obstet Gynec 1936 32 493
[3] *Munch med Wschr* 1937 84 1323

absence of clinical indications,' as Dr Walshe suggests, one of the patients I mention was actually admitted to hospital and reached the operation trolley before it was finally decided that the pregnancy should continue Moreover, I do *not* "frankly admit that on purely clinical grounds they were justified in refusing to induce abortion I said that no doubt they were, *departmentally*, within their rights, but that the whole history of the patient was not being sufficiently taken into account

The law may 'never hand over to us the power of life and death over our future fellow citizens —although such questions as voluntary euthanasia and sterilization are in the air—but it has handed over such power, in a modified degree, over our present fellow-citizens, and it is against the misuse of such power that my letter of protest was written Some of us have to live with our patients, year in and year out and not simply see them once in the somewhat hurried atmosphere of an out-patient department, and I think that even Dr Walshe would concede that the responsibilities of medical practice are more likely to be brought home concretely to the individual practitioner than to the specialist —I am, etc,

London W 1 Oct 4 E A Butterworth

Expulsion of Placenta in Advance of Foetus

Sir —I have read with great interest the report of the case submitted by my friend, J W Nankivell, the communication of additional examples by L Fothergill and O Donel Browne, and the response which the subject has drawn from the erudite pen of Miles Phillips I first read Dr Nankivell's memorandum upon returning home from the Liverpool Maternity Hospital, where I had just witnessed a similar occurrence—the birth of a placenta praevia in advance of the infant

The patient aged 34 years, para-2, was admitted on September 10 at term and in early labour, with a history of having lost about a pint of blood Foetal heart sounds could not be heard The placenta was just covering the internal os, and the cervix admitted two fingers with difficulty Scalp forceps was applied but it was found impossible even with hand traction completely to control the loss which occurred with each pain Two hours later after giving an intravenous gum saline, the forceps was removed, internal version performed and a leg brought down through a cervix which would just admit a hand A blood transfusion was given About an hour later just as the upper part of the thigh was appearing, the placenta was extruded through the vulva There was no bleeding Delivery was completed with assistance ten minutes later The membranes were passed on the second day of the puerperium The responsibility and treatment were equally shared with Mr C J K Hamilton, the resident obstetric surgeon, and to him the patient and myself are greatly indebted

In this instance only a few minutes elapsed between the birth of the placenta and the delivery of the infant, and the accident must be attributed, at least in part, to the preceding interventions In the case reported by Laudadio (1932) the vertex presentation was complicated by a placenta praevia, prolapse of both hands, one leg, and the cord Delivery was effected with the forceps, the complete placenta appearing in front of the head

The question of prolapse of the placenta ' (for so it is referred to in the Continental literature) has received little notice in the ordinary English textbooks German works such as those of von Jaschke and of Stoeckel, describe the condition and allude to some of its implications I confine myself here to two points First the diagnosis Though prolapse of a placenta praevia is apparently the commoner occurrence, it may also arise when the placenta is normally implanted Hogler (1931) met this complication in five out of 158 cases of accidental haemorrhage Early in 1935 I found in such a case at least half the placenta in the vagina and assumed the condition to be one of placenta praevia My first thought was to sweep the placenta away and deliver by version, but more careful investigation revealed a marked contraction ring *in advance* of the presenting part, another abnormality which I have not seen before or since A study of the specimen obtained by Caesarean hysterectomy showed that the case was one of accidental haemorrhage with the placental site wholly on the upper segment Burczak (1932) has considered the whole question very fully Among the many aetiological factors which play a part in prolapse of the normally inserted placenta shoulder presentations occupy a prominent place Possibly Dr Fothergill's case belongs to this group The membranes and their point of rupture in relation to the placenta should be studied and recorded in these unusual cases as well as the relevant clinical data

Secondly, is there still a place in the hands of the professional obstetrician for the therapeutic removal of the placenta praevia in advance of the child? Holtermann (1936) believes that in exceptional circumstances there is, and has described a case which amply supports his contention In abdominal delivery the question likewise arises When the lower segment incision directly involves placental tissue Hogler (1936) removes the placenta before the child On one occasion I have followed his practice and was able to prove that not only may it occasionally be an advantage but that it is not fraught with those alarming consequences which one is too readily inclined to imagine

The articles by Holtermann, Högler and Burczak with their useful bibliographies cover almost every aspect of this subject from the modern point of view —I am, etc,

Liverpool, Oct 7 C McIntosh Marshall.

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Pubertas Praecox

Sir —In discussing his case of pubertas praecox, published in the *Journal* of September 25 (p 620) Dr Kerr very justifiably excludes an adrenal tumour because of the absence of virilism But he then proceeds to conclude that 'the most likely diagnosis in this case would be pineal syndrome due to neoplasm or hyperplasia of the pineal gland - Might I suggest that a more probable diagnosis is either an ovarian cyst, or a tumour of a granulosa-cell or a sarcomatous type? Elterich (1931) analysed twenty-five cases of female children with precocious menstruation, tumours or cysts of the ovaries were found in twenty-one Moreover, pineal tumours in children are almost invariably found in males and not females Thus McCord (1917) in an analysis of twenty five cases of pineal tumour in children found that twenty three of them were boys In fact Timme (1933) states that sexual precocity in the female has never been known to be associated with pineal tumour This statement is, however, probably too dogmatic

The only feature which suggests a diagnosis of pineal tumour is the headache This cannot be considered of very great significance, however, in view of the absence

anaesthetic in susceptible patients—for example, those who have made up their minds that they are going to be sick and those especially liable to sea sickness and other such forms Some patients never vomit whatever anaesthetic is given Apart from these extremes the incidence and amount of vomiting vary with different anaesthetics being infrequent and slight with nitrous oxide more frequent and greater in amount with chloroform, and most with ether In some instances the preliminary injection of morphine may be responsible and inquiry should be previously made as to any such susceptibility

In its milder degrees the vomiting results from the nausea associated with the elimination of the anaesthetic In the severer and the more persistent cases the toxic effects of the anaesthetic on the liver are responsible, though it is probable that these changes occur in a less degree in the milder cases as well It must be remembered that causes other than the anaesthetic may be responsible —for example manipulation of the abdominal viscera the swallowing of blood after throat and similar operations and occasionally the use of radium The possibility of intestinal obstruction and uraemia must always be kept in mind In most cases no treatment is required as the condition clears up spontaneously in a short time Treatment should be directed locally to the stomach to hastening the elimination of the anaesthetic and in severe cases to correcting the metabolic changes both those producing the vomiting and those produced by it A large drink of warm water with sodium bicarbonate should be the first thing tried, and is often all that is necessary It acts by loosening and dissolving the ether impregnated mucus and producing one copious vomit which clears out the stomach When sodium bicarbonate is not retained long enough to act properly a stomach tube should be passed and the stomach washed out with the solution Tincture of iodine in 1-minim doses hourly should be tried while half-normal saline is sometimes retained where all else fails Less vomiting will follow a deep ether anaesthetic if as little ether as possible is left in the patient at the end of the operation This can be achieved by the administration of carbon dioxide towards the end of the operation as soon as the peritoneum is closed

The metabolic changes associated with vomiting are in the direction of acidosis and result from the toxic action of anaesthetics on a damaged liver, or sometimes on an apparently normal liver if the poisoning is sufficiently intense Where the liver is known to be damaged therefore care should be taken to avoid the use of chloroform to a less extent of ether and of more than small doses of barbiturates using spinal or local anaesthesia if it is thought that general anaesthesia without these drugs would be unsatisfactory Even when the liver is apparently healthy it must be remembered that lipoid soluble anaesthetics chloroform especially can produce structural and functional changes when administered over long periods This type of vomiting known by its old name of delayed chloroform poisoning may start after an interval of a day or two during which there has been little or no vomiting These disturbances are less likely to arise in a liver well stocked with glycogen and attention should be directed to this before the operation Diabetic patients are much more sensitive to these influences and quite apart from the question of vomiting, their metabolic equilibrium may be upset by a relatively innocuous anaesthetic They must be well controlled before operation and a close watch be kept on them afterwards by blood sugar estimations if necessary insulin and glucose being given as indicated In addition while acidosis induces vomiting the vomiting if severe will increase the acidosis

The indications are to make good the fluids and chlorides lost and to supply glucose and if necessary insulin, for the control of the acidosis although insulin has probably little influence on acidosis not pancreatic in origin, at any rate in part The glucose is given as a 5 per cent solution in normal saline per rectum

Shock

This usually becomes evident while the patient is still in the theatre, and the main lines for its treatment are laid down there Warmth must be supplied, preferably by an electric cradle, but overheating (indicated by sweating) avoided and the foot of the bed should be raised on blocks to assist the cerebral circulation Saline should be given freely, intravenously if urgently needed, followed by a continuous rectal drip If the urgency is not so great a pint of saline should be run into the rectum and after an interval the continuous drip started Absorption is slower by this method, but the results are more lasting and there is less tendency to waterlogging of the tissues and oedema of the lungs Careful watch must be kept for these If a suitable donor is available in time a transfusion of 400 to 800 c cm of blood, followed by the rectal drip, is best

Other Abdominal Complications

Abdominal distension is often troublesome, and is usually the result of the handling and exposure of the viscera The anaesthetic may be partly responsible for chloroform and ether diminish intestinal movement, while in spinal anaesthesia a reactionary period of quiescence may follow the wearing off of the anaesthetic It is relieved in most cases by the passage of a flatus tube or a large rubber catheter through the internal sphincter or if this is unsuccessful by a soap enema with half an ounce of turpentine to the pint The aperient will make the patient feel much more comfortable He should assist by changing his position frequently and contracting and massaging his abdominal muscles if this is not too painful The distension may be a sign of peritonitis or intestinal obstruction, and diagnosis in these circumstances is difficult

Acute dilatation of the stomach is a rare but very serious complication Here the stomach is completely atonic with frequent and copious vomiting and the patient in a very shocked state Keeping the stomach empty by aspiration through a stomach tube and treatment on the lines of toxic vomiting, should be tried but the condition is usually fatal

Hiccup may be troublesome but it usually yields to the administration of carbon dioxide sufficient to produce deep respiration for several minutes It may return but it can be treated any number of times in this way It is extremely wearing and where all else fails needs treating by morphine or by crushing of the phrenic nerve

Retention of urine may follow any operation but it happens most commonly after abdominal and pelvic operations and is more likely after spinal than after general anaesthesia The patient must be assured that there is no cause for alarm as this aggravates the condition The unaccustomed position in bed may be all that is wrong and if the patient is allowed to sit on the edge of the bed micturition may result A hot bath when possible or a hot enema is usually successful If there is no result 10 grains of hexamine in a cachet should be prescribed and repeated in half an hour if necessary Only if these remedies fail should catheterization be done as if once started it may have to be repeated for several

In the two cases which I reported in the *Journal* in 1931, associated respectively with tuberculous meningitis and a mammary tuberculoma, the same sequence was observed It seems to me remarkable that the effect should disappear before the cause In the same report I included the case of a married woman whom I had attended during two attacks of erythema nodosum, each associated with follicular tonsillitis In this instance the patient recovered from the tonsillitis before the erythema disappeared Early this year I had under my care a young lady who developed erythema nodosum somewhat late in the course of an unusual pulmonary infection Dr Lionel Whitby, who examined the sputum, found streptococci with pneumococci, and *M catarrhalis* but no tubercle bacilli At no time did the illness suggest a tuberculous condition, and when later Dr Bellamy made an x-ray examination the films showed only a lower lobe bronchopneumonia Moreover, the patient has remained perfectly well since her recovery

Dr Philip Graves has now reported a minor epidemic of five more cases of erythema nodosum following tonsillitis In his cases, as in mine, the presumed cause and effect subsided in the right order If it is agreed that the streptococcus can enter the blood stream without obvious lesion in the throat or intestine, then it seems most probable that every case of erythema nodosum is really streptococcal in origin, but that the condition occurs sufficiently often for it to coincide sometimes with other infections—I am, etc,

Sydenham Oct 5 W M Penny

Cataract Extraction

Sir,—The publication in the *Journal* of August 14 (p 319) of an article by Mr Basil Graves describing a new method of narcosis in cataract operations and the subsequent correspondence have led me to give a short description of a method which we have employed for a considerable time in cataract extractions in a mental hospital where Miss Ida Mann is the visiting consultant Mental patients are notoriously difficult to deal with, both at operation and subsequently, and it became necessary to adopt some reliable sedative measure while at the same time retaining as much co operation as possible

Paraldehyde given by the mouth, usually in doses of 2 drachms, was found ideal for this purpose, and in spite of statements to the contrary is not too unpleasant The patient is prepared in the usual way, and about half an hour before being taken to the theatre is given 2 drachms of paraldehyde in 1 oz of water This is sufficient to induce a state of mild drowsiness which deepens during the hours following the operation This usually takes place in the early afternoon, and a second dose of the same strength is often necessary later the same evening, and this usually maintains quietude during the night Further administration varies with the individual, but similar doses once or twice daily may be given as freely as necessary The method is both simple and safe, and renders the use of morphine or its derivatives superfluous

The operative results have been excellent Excitement and trepidation are allayed, and a fair degree of co-operation is retained There is complete lack of post-operative restlessness and vomiting and we have never had a case of prolapsed iris An interesting final point is that the acute maniacal symptoms which often follow cataract operations in the sane have been entirely absent in these psychotic patients—I am, etc,

John J Laws M R C S, D.P M

Horton Hospital Epsom, Oct 5

Post-mortem Examinations in Inquest Cases

Sir,—I have read with interest Dr L F Beccle's letter (*Journal*, October 2, p 684) suggesting that doctors should refuse to give opinions on inquest cases when in doubt as to the cause of death An experience of mine showing the consequences of following this advice may be of interest in this connexion

While acting as locumtenent in a small provincial hospital three years ago I admitted a girl, aged 4, who had been run over by a municipal refuse cart The child was *in extremis* and died fifteen minutes after admission, the only external sign of injury being a small bruise on the chest wall I communicated with the coroner's officer and asked for permission to make a post-mortem examination Later in the day the coroner's officer called to see me, and, saying that the coroner was very averse to necropsies, tried to persuade me to say that the child had died from a fractured skull This I refused to do, and replied that I could not give an opinion as to the cause of death without a post-mortem examination After some argument the coroner's officer left the hospital, and an hour or so later telephoned to say that the coroner had given permission for a necropsy At the necropsy I found that the child had died from a ruptured liver, the abdomen being full of blood There were no other injuries

At the inquest I was publicly rebuked by the coroner who implied that I was indulging a morbid taste by insisting on a post-mortem examination, and reproved me for "wasting the ratepayers money" As I was only in the town for a fortnight the coroner's remarks did not affect me, but it is easy to understand that such remarks published in the Press would be prejudicial to the practice of a doctor permanently residing in that locality, and in the face of such criticism considerable courage is required to pursue the right course I am in entire agreement with Mr Brooke's suggestion (September 25, p 639) that post-mortem examinations should be compulsory in all inquest cases—I am, etc,

Hull, Oct 4 Iris M Cullum

International Postgraduate Congress

Sir—Professor Henry Cohen has struck a timely note Until Germany mends her ways in the treatment of our professional brethren we must be wary One's friends are inclined to say we doctors must not meddle in 'politics," but when some of the best men in Germany are thrown out of their positions for no reason other than religious or racial principles, when the question of merit does not apply, then a resolution fostered in Berlin to further international *fellowship* and *friendship* ' must be viewed with suspicion—I am etc,

Dublin, Oct 5 Bethel Solomons

Nutrition in the Falklands

Sir—The indifferent milk yield, poor soil, and ill health of man and beast said to prevail in the Falklands tempt one to look for some common factor Sir John Orr is reported to have described the soil as acid, with a high nitrogen content which is not utilizable Reading this, the temptation to the amateur gardener to think of absence or scarcity of lime in a proper form is irresistible I would suggest that the absence or scarcity of calcium in a suitable form may be the initial factor causing a whole sequence of troubles If my surmise is correct the remedy is lime on the pastures, and lime and good husbandry in the gardens—I am, etc,

Shrewsbury Oct 9 Albert E Nicholls

and games to face the needle Reactions were moderate, with a rise of temperature and malaise for twenty-four hours A few severe reactors were admitted to the hospital tent but there were no septic arms A week later a second double strength dose was given checked by a card index system, and by this time the camp was exceedingly typhoid conscious Preparations were made in local fever hospitals for large numbers of patients, but no more cases occurred Two cases were admitted with non lactose fermenting stools, but these proved not to be enteric

It is interesting clinically to note that all the typhoid cases suffered from roundworms The onset of enteric was sudden, with pyrexia and loose stools and the Widal reaction was positive to a dilution of 1 in 250 on the same day All five patients were extremely ill, but recovered under the kindly care of Dr Thompson of the Southampton Fever Hospital

Summary

For the following reasons conditions were ideal for the spread of typhoid fever

1 All the children were under nourished and many were suffering from vitamin-deficiency diseases They had lived for three months on a diet of rice and beans

2 The camp was overcrowded Efforts were made to space out the numbers in the bell tents but families and friends often crowded together when night had fallen It was quite a common thing to find some tents with two or three inmates and others with sixteen and eighteen

3 For the first two weeks sanitary conditions were appalling During the Spanish War the children had lost all hygienic control Faeces urine and garbage were deposited in and around the tents hedges and ditches

4 Typhoid contacts sent to the isolation camp resented their imprisonment Their small friends dodged the guards to visit them

The incidence of typhoid fever is not high in the Basque Province and there is no reason to suppose that they had developed an immunity Sufficient time has elapsed for it to be stated that no cases have occurred except the five diagnosed It is therefore claimed that mass inoculation prevented a typhoid epidemic The Basque children are now widely scattered over England, Scotland and Wales and the main North Stoneham Camp is closed The foregoing description of the typhoid outbreak is only a fraction of the routine medical work carried on there It might be necessary in the future to care for our own children in emergency conditions of war when the experience gained from these unfortunate refugees would be most valuable

Altogether about 7000 children have been evacuated to France Belgium Russia and Mexico It will be of great interest to compare notes of the incidence and treatment of infectious diseases from our medical colleagues of those countries when they become available

I would like to express my thanks for the excellent team work of the medical staff trained nurses and the V.A.D.s to Dr Cronk of Winchester and Dr Maurice Williams of Southampton for arranging the pathological investigations to Dr Garrett and his sanitary staff of Eastleigh and to the St John Ambulance Brigade of Eastleigh

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In the reports of the administration of the Stockholm hospitals just published reference is made to the constantly increasing use of blood transfusions A blood donors register was established in 1934 and the persons listed there, who are periodically examined have been called on in ever increasing degree since then Last year the number of transfusions from these persons was 672

THE GENERAL PRACTITIONER AND PREVENTIVE MEDICINE

ADDRESS BY SIR KAYE LE FLEMING

The subject for discussion at the tenth annual Health Education Conference held at the London School of Hygiene and Tropical Medicine on October 1 was 'Health Education and the General Practitioner' The following is an abstract of the opening address by Sir Kaye Le Fleming M D Chairman of Council British Medical Association

Machinery of the Health Services

I am going to put before you quite shortly, the views that I think are held by a very large number of general practitioners on the subject which I have to open, which I think might as well be phrased as the position of the general practitioner in preventive medicine' because public education in health matters is one of the most important aspects of preventive medicine

Before discussing the position I would ask you to consider the machinery by which the great health services of this country are run The Minister of Health devises legislation which is put before Parliament, and we do not think perhaps from the point of view of the doctor, that Parliament is particularly well educated in medical matters But in our democratic machinery health legislation is evolved at the centre

The next step is to pass on the machinery to the local health authorities Local health authorities sound a very important bit of machinery but I am not sure that by taking a collection of individuals and calling them a local health authority you can make them authorities in health matters One of the inevitable sacrifices that we must make in the cause of democracy is to have popularly elected bodies dealing with highly technical subjects Local health authorities are as a rule very good administrators who putting it quite baldly know very little about health matters The Ministry recognizes this and in order to help them they are supplied with a medical officer of health He is the direct link between the central health administration and the local health authority, and a very important link indeed In my view he lacks that measure of independence that he deserves He must advise his local health authority and if he is to do his duty well he must at times give them advice that they do not like and if the local authority can entirely disregard his advice such an arrangement cannot be in the best interests of the public health

Contact with the Homes of the People

The machinery is a central machinery and lacks contact with the homes of the people How is the health education to reach the homes of the people? One thinks first of all of the Press I am not concerned to discuss to-day that factor in health education but it is a great misfortune and one which I hope will be remedied that the Press should not have ready access to the best considered opinion of the medical profession The other great factors of course in reaching the homes of the people are doctors and nurses Let me deal with the doctor I would be the first to admit and deplore the fact that the education of the doctor in preventive medicine is wholly insufficient

The respect paid to preventive medicine in health education to-day is lip service only The unfortunate student has to pass examinations He is taught and he is examined by specialists who are extremely adept at their job and he is taught to diagnose and treat disease His sole object is to get through examinations Speaking generally neither his teachers nor his examiners have any close acquaintance with the machinery of public health

institute for the production of a cattle plague serum, and Sir Horace Pinching director-general of the Cairo sanitary service, testified to the splendid work which he then did in the face of countless difficulties For this and other work he received the orders of the Osmanieh and the Medjidieh

At the Queen s College in Belfast Professor Symmers had duties to perform that anyone less versatile would have found difficult Not only did he give instruction to medical students in pathology and bacteriology but also in medical jurisprudence, while he was pathologist to two large general hospitals, the Royal Victoria and the Mater Infirmorum, and to several special hospitals As a witness for the Crown in criminal cases Professor Symmers was unsurpassed his answers to counsel were always direct and explicit, and he never was flurried no matter how severe the cross-examination With the establishment of Queen s University, Belfast, in 1908, Professor Symmers brought to the medical faculty a knowledge of academic procedure and of affairs blended with a sane and mellow wisdom, which proved most useful to the new University For many years as dean of the faculty he presided at its meetings, and under his chairmanship business was conducted with dignity and dispatch In addition to his academic work, Professor Symmers was for many years bacteriologist and pathologist to the city of Belfast

It was perhaps as an after-dinner speaker and raconteur that Symmers will be remembered by the public of Belfast He had a tendency at medical dinners to indulge in gentle raillery at the expense of some of his colleagues, but his humour was without malice In the midst of his numerous tasks Symmers found time for research, and was a most inspiring chief for his young assistants He contributed many papers to scientific journals, more especially to the *Journal of Pathology* the *Journal of Hygiene* and the *British Medical Journal* His best-known work was on bilharziasis, and on the pathology and bacteriology of cerebrospinal fever

Not only in Belfast but in Southern Ireland was Symmers warmly welcomed and entertained At Trinity College, Dublin, and at the constituent colleges of the National University in Dublin, Cork and Galway, where he acted as extern examiner, his colleagues enjoyed his visits and the candidates found him fair with mercy tempering justice As a lecturer at Queen s University he was not only respected but beloved by his students, who soon discovered that in him they had not only a teacher but a friend In the medical profession Professor Symmers took a great interest, and was elected President, and later an honorary Fellow, of the Ulster Medical Society He became a member of the British Medical Association in 1905, being secretary of the Section of Pathology in 1907 at Exeter, and President of the same section in 1909 at Belfast

W J W

We regret to record the death on September 18 of Dr James Macpherson Lawrie the founder of the Weymouth and District Nursing Hospital, Dorset, at the age of 81 After graduating M B of Glasgow University in 1881 he held the appointments of house-physician and house surgeon at the Western Infirmary Glasgow, and he had also been house-physician at the Royal Infirmary He proceeded M.D in 1884 Dr Lawrie went to Weymouth in 1883 and was at first associated with the late Dr William Smith at the old Weymouth Sanatorium of which he took charge two years later From the start of his medical career he had devoted special interest to gynaecology while conducting a large general medical practice and he realized quickly the inadequacy in all respects of the old sanatorium which had been built in 1848 and was serving the whole county He set himself, therefore, to the task of collecting money for the establishment of a larger and much more up to-date building, and the financial success of the undertaking was eventually secured without interfering with the original endowment fund, £17,000 being collected in a few years In 1901 the foundation stone of the new building was laid, in 1903 the patients were admitted, and in 1904 all the cost had been met An annexe for paying patients was added In 1921 Dr Lawrie saw the Princess Christian Hospital absorb the old Weymouth Royal Hospital, which had been founded in 1816 as the Weymouth Dispensary, the amalgamated institutions being subsequently known as the Weymouth and District Hospital Soon afterwards Dr Lawrie gave up practice in the town and removed to London, but he returned in 1924 to receive the freedom of the borough for his outstanding services to it in many ways He was appointed a county magistrate in 1889, a member of the first Dorset County Council in 1892, and a Deputy Lieutenant in 1906 He was chairman of the Portland county bench for twenty years, and president of the Melcombe Regis Conservative Association for a quarter of a century He was for many years a member of the British Medical Association, and in 1906 was president of the Dorset and West Hants Branch His wife gave him devoted help in his work, and organized and equipped four Red Cross hospitals in the war, she died a few years ago Dr Lawrie had also commanded the field ambulance which was equipped at Weymouth, and superintended the organization of the Volunteer Transport Corps A fluent and convincing speaker, his public influence was very great, and he will long be remembered by large numbers of grateful patients as well as by his colleagues He was a highly skilled and experienced surgeon

Universities and Colleges

UNIVERSITY OF OXFORD

The following have been elected to professorial fellowships at Balliol College Professor J A Gunn M D director of the Nuffield Institute of Medical Research Professor J H Burn M D who succeeds Professor Gunn in the chair of pharmacology and Professor Simon Flexner M D George Eastman visiting professor

UNIVERSITY OF CAMBRIDGE

During the months of August and September titles of medical degrees were conferred by diploma on the following members of Girton College

M B B Chir —C E Peaker
M B —Mrs R A Kellgren

UNIVERSITY OF LONDON

Lectures

A course of five Heath Clark Lectures on 'The Natural History of Population' will be given by Professor Raymond Pearl professor of biology in the Johns Hopkins University School of Hygiene and Public Health Baltimore at the London School of Hygiene and Tropical Medicine Gower Street W C on October 27 and 28, and November 1, 3, and 4, at 5 30 p m

The Semon Lecture on The Surgical Treatment of Chronic Cicatricial Stenosis of the Larynx will be given by Dr E Schiegelow emeritus professor of oto laryngology in the University of Copenhagen at the Royal Society of Medicine 1, Wimpole Street W on Thursday November 4 at 5 p m

A course of three lectures on Innervation Problems in the Sympathetic System will be given by Dr J Boeke professor of histology and embryology in the University of Utrecht at St Thomas s Hospital Medical School on November 1 3 and 4 at 5 30 p m

A course of three lectures on Human Pseudo tuberculosis will be given by Dr I Snapper professor of general pathology in the University of Amsterdam, at Middlesex Hospital Medical School on November 9 11 and 12 at 5 30 p m

A course of three lectures on Experience and Perception Thinking Feeling will be given by Professor Edgar Rubin,

a scheme to furnish the Health Department with reliable vital statistics, provision was being made for new tuberculosis hospitals at Durban Port Elizabeth Lovedale and Umtata, as well as large extensions of existing institutions Though these schemes would cost millions the medical profession should urge most strongly that funds for this purpose should on no account be stinted, and he trusted that the public would strongly support the doctors in this matter

Dr de Kock reminded his audience that a recent Government Commission had estimated that there was a shortage of some 5,000 beds for mental treatment This deplorable state of affairs was to be attributed to the fact that in the highly technical problem of the care of the insane the last word lay with men who possessed no qualifications whatever to enable them to get a correct perspective of the problem Mental health was as much a part of public health as was plague, leprosy or typhoid fever, it was an integral part of the problem of conservation of human power, efficiency, and life

What is Wrong with the G P ?

The public lecture, which has become a feature of the Congress was delivered in Afrikaans by Dr C P Theron, who pleaded for a reorientation of the general practitioner and vigorously criticized the self-styled specialist He commented on the public s loss of faith in the general practitioner and emphasized that the general practitioner must regain that place of confidence in the lives of his patients where they would trust him as their help and adviser in hours of need Until the general practitioner occupied his rightful place in society harm would continue to be done and both the public and the medical profession would suffer

Well-equipped hospitals were now the order of the day, and everywhere were specialists waiting to treat a patient s ailments or relieve him of redundant organs The doctor was no longer allowed to dispense his own medicines there were pharmacists to do the work The result was that the general practitioner found himself an interested spectator between the specialist on the one hand and the pharmacist on the other Wherever the general practitioner looked to day he was up against the specialist Woe to the doctor who ascribed palpitations and a feeling of suffocation to indigestible food and did not send the patient at once to a heart specialist! Or woe to the doctor who did not summarily dispatch every case of colic caused by green apples and buttermilk to the stomach specialist as one of probable gastric ulcer gall stones appendicitis twisted bowel or internal piles! And so on right through the whole gamut of ailments of the human body

The worst feature of all was the way in which the general practitioner had had to give way step by step to the specialist until he arrived where he was to-day in the opinion of the public in the opinion of specialists and also in his own opinion—a solitary road sign pointing to the wisdom in others Whereas formerly the public estimate and expectations of the general practitioner inspired him with high ideals and a determination to attain to those ideals that same public estimate now had an opposite effect and there arose in the newly qualified and even in the older doctors an inferiority complex which had a paralysing and slackening influence on professional life The frequency with which the general practitioner sent patients to specialists was clear proof of a growing inferiority complex and a loss of faith in his own ability

Plenary Sessions

The plenary session next morning dealt with specialism and team work and Dr Theron came in for some criticism for having vented in public a matter which some members considered should have been thrashed out in the privacy of a purely professional gathering The particular point to which exception was taken was the reference in Dr Theron s lecture to the self styled specialist The subject for this the first plenary session was introduced by four papers The first paper which discussed specialism and team work from the public s point of view, had been written by Dr Andrew Watt to whose lamented death the President had already referred The remaining three papers were read by their authors Dr C J Albertyn dealt with the subject from the general practitioner s point of view Dr Nesbitt from the specialist s point of view and Dr Lewis Robertson from the hospital s point of view The first half of two mornings were allotted to this discussion

The other subject dealt with in plenary session was Modern Therapeutics The Wheat and the Chaff This too occupied two half mornings 9 to 11 a m the period between breakfast and that morning tea to which South Africans as a nation are addicted Again the subject was introduced by four papers Professor Falconer (who was being congratulated on his recently announced appointment as Principal of the University of Capetown) discussed the medical specialist s point of view Professor J M Watt the pharmacologist s Dr C H H Coetzee the general practitioner s, and Dr E B Woolff the physiotherapist s

Sectional Meetings

Each day after morning tea there were meetings of the five constituent sections—medicine, surgery gynaecology and obstetrics, public health and special subjects—in which a great variety of subjects were covered The section of medicine presided over by Dr E G Dru Drury of Grahamstown had for its opening paper one by Professor Crumb of Johannesburg on glycosuria Interesting papers in this section were those by colleagues from Mozambique Dr Aurelio de Castro Galhardo of Lourenco Marques Hospital dealt with hypochloraemia Mr Besselaar of Pretoria presided over the surgery section Here the opening paper, on acute abdominal pain in children was by Mr Lindsay Sandes, the discussion on the subject being opened by Dr Sanders of Pretoria In this section too there was a paper by a Portuguese colleague The high standard of the contributions by these guests from Lourenco Marques gives promise of a very successful function next year—in September, 1938 when the thirty second South African Congress is to be held in that city The opening paper in the section of gynaecology and obstetrics under the presidency of Dr J Black of Johannesburg was by Dr D J Malan (Durban) on some obstetrical matters relating to recent advances in asepsis The hygienists under Sir Edward Thornton dealt first with the unholy triad Malnutrition Tuberculosis and Venereal Disease introduced by Dr P W Laidler

Federal Council and Groups

Time was also found for the meetings of subsidiary groups such as the Railway Medical Officers group the Radiological Society of South Africa the Ophthalmic Society of South Africa the South African Society of Medical Officers of Health District Surgeons group and the Neuro Psychiatric Society of South Africa The Federal Council had a heavy programme to work through perhaps the most interesting item being the question of the establishment of a third medical faculty in the Union in which teaching was to be carried out in Afrikaans After a lengthy discussion the following resolutions were passed

1 That the Federal Council is in agreement with the principle that Afrikaans tudents are entitled to receive their medical instruction in the Afrikaans medium

2 Subject to the proviso that the Government satisfies itself that there is a sufficient number of students who would avail themselves of this facility the Federal Council is in favour of the establishment of a third medical faculty with the medium of Afrikaans in Pretoria

The sixth annual report of the National Birth Control Association, with which is incorporated the Birth Control Investigation Committee, covers the year 1935–6 It records that out of 423 maternity and child welfare authorities in England and Wales 196 have now taken some steps under the Ministry of Health memoranda on birth control During the year under review eighteen new clinics were established, and twenty-three more authorities decided to refer cases to clinics or doctors in private practice three made grants, and three lent or hired premises to voluntary clinics The branches of the Association increased from twenty-nine to forty-three, two of the new clinics being in the Special Areas Conferences were held in Glasgow, Birmingham, and Newcastle-on-Tyne, and the medical subcommittee met at Oxford

The October issue of *The Human Factor*, price 2s 6d, published by the National Institute of Industrial Psychology (Aldwych House, W C 2), contains an editorial on vocational education and guidance in India, which brings out some of the main aspects of the reforms that have recently been suggested, and an article by Dr F W W Griffin, who discusses the underlying psychological principles upon which training for the Scout movement is based

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to The Editor British Medical Journal B M A House Tavistock Square W C 1

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QUERIES AND ANSWERS

Broken Sleep

"Argyleshire writes A busy professional man of 56 has got into the bad habit of early waking Sleep is good from about 11 p m till 3 or 4 a m Thereafter it is broken or absent All the usual things have been tried without effect, alkalis food a hot drink getting up and walking about reading Is it wise to prescribe a sedative regularly, and what should be given? The man gets heavy and weary in the day, and can sleep a little in the afternoon if he gets the chance Is it found that the giving of a sedative over a period induces a better sleep habit or is the condition as bad as ever or worse when the sedative is dropped?

Shadows Under the Eyes

'Aesthetic writes I would be grateful for any suggestions for getting rid of black shadows under the eyes The patient is a young woman recovering from a bad general breakdown The shadows vary in intensity getting paler after a good night's rest The patient has often been accused of putting on the black but it will not wash off though it comes out with the tears I have observed her very closely for years and have never seen any proof of external stain The eyelashes and the margin of the lid are not involved in the shadow, nor does it appear on the upper lid

Spinal Anaesthesia

Dr S W Sutton (Camberley) writes I notice that in his very instructive article in the *Journal* of October 2 Dr H K Ashworth makes no mention of novocain except for raising a preliminary skin wheal I would like to ask How does novocain as a spinal anaesthetic compare with stovaine or percaine?

*** We have submitted the above inquiry to Dr Ashworth who replies I have no personal experience of the use of novocain crystals dissolved in cerebrospinal fluid but I have many times administered proprietary preparations of novocain and have not found any as effective or controllable as either stovaine or percaine The chief comparative differences between novocain and stovaine and percaine are as follows Novocain is the weakest drug and is therefore effective only in a greater minimal concentration which necessitates the use of a comparatively concentrated solution This results in some loss of control lability of the level of anaesthesia obtained Stovaine (Barker's 10 per cent solution) is also fairly concentrated, but the more powerful drug appears clinically to have a greater selective affinity for nerve roots with the result that it is rapidly 'fixed and easily controllable Briefly stovaine and percaine solutions when administered by a correct technique are more easily controllable and freer from any tendency towards upward extension of the anaesthesia above the desired level The development of anaesthesia following the use of novocain solutions is slower than with stovaine but quicker than with percaine The resulting anaesthesia lasts longer than with stovaine but is of shorter duration than with percaine

LETTERS, NOTES, ETC.

Medical Peace Campaign

Dr Stella Churchill honorary secretary Medical Peace Campaign (8 Cumberland Terrace N W 1) writes The first national congress of the International Peace Campaign will be held in London from October 22 to 24 A medical commission has been arranged under the auspices of the Medical Peace Campaign and the following subjects have been put down for discussion (1) To consider the prevention of war in all countries by medical international action (2) to discuss the attitude of the medical profession towards all State regulations affecting war It is hoped that readers of the *Journal* may feel sufficiently interested to come and express their opinions at the meeting which will be held from 2 p m to 6 p m on Saturday October 23, at University College

Medical Golf

The autumn meeting of the Shropshire Medical Golf Association was held at Church Stretton on October 3 in glorious weather The competitions were a medal round in the morning for the captain's prize presented by Dr A V Mackenzie (Shrewsbury) This resulted in a tie Dr A V Mackenzie 76 – 7 = 69 Dr H G Beckett, 82 – 13 = 69 Dr E C Abraham 82 – 9 = 73, Lieut.-Colonel H Burney 85 – 12 = 73 As Dr Mackenzie was the donor Dr Beckett received the prize consisting of some cut glass tumblers By a strange coincidence when Dr Beckett was captain Dr Mackenzie tied with him for first prize and received from Dr Beckett some cut glass decanters In the afternoon the competition was foursomes v bogey Dr Barry and Dr Clarke = 2 down Dr Beckett and Lieut.-Colonel Burney = 3 down Dr Abraham and Mr Haydon = 3 down Mr L J Godson was elected captain for the ensuing year and Dr T R Elliott was re-elected honorary secretary The spring meeting was fixed for the second Sunday in May at Oswestry Golf Club

Sodden Leaves on Roads

The Automobile Association again issues its annual warning to motorists to beware of skidding on roads affected by rain sodden leaves and emphasizes the necessity for care particularly after dark in wooded areas As a precaution the A A recommends the maintenance of uniform tyre pressures whilst correct brake adjustment is also a valuable safeguard

Disclaimer

Mr H Harvey Evers F R C S of Newcastle upon Tyne wishes to disclaim responsibility for the unauthorized reports which have appeared in the Press about his "new private hospital

difficult to ensure the exposure to radiation of a growth which might descend as far as the inside of the cricoid cartilage or even lower An unsuspected extension to the opposite side might escape treatment by radiation and this helped to explain some of the failures met with after this form of treatment A study of such cases helped also to explain the failures which sometimes occurred with intrinsic cases not carefully selected for removal by the laryngofissure route If this route were limited to intrinsic cancer of a mobile cord, with both extremities free of the disease a lasting cure should be obtained in all cases and without an operative death In cases where the subglottic growth had passed to the other side, or invaded the commissure, or reached the arytenoid or completely invaded and fixed the whole cord, a total laryngectomy was the surest procedure

The last part of Sir StClair Thomson's address was a description of the illness of the Kaiser Frederick He mentioned that Mr Lionel Colledge,[1] after a careful consideration of the various reports of the case, came to the conclusion that the disease was a subglottic cancer, below the left cord with a small extension upwards in the region of the vocal process

COLOUR IN CAR HEADLIGHTS

It is alleged by some that if the headlights of motor cars emitted coloured light instead of white driving at night would be easier and safer Further it is said that objects illuminated by coloured light are seen better, and that the light is less dazzling Such claims as these, if they were substantiated would make coloured lights a boon In France the legislature was persuaded that these claims were sufficiently justified to warrant the compulsory use of yellow lights

The B M A's Comment on Yellow Lights

When this action was reported the British Government asked the British Medical Association for its comments upon the problem The special committee that was appointed by the Association reported thus

It appears to the B M A Committee that the Paris Committee has made extravagant claims for the superiority of yellow headlights over the ordinary white variety With the possible exception of an improvement in visual acuity for very small objects previous research work shows that yellow illumination is not superior to white illumination of equal candle power Under the conditions of illumination on roads at night the acuteness of vision for small objects probably plays a relatively small part in the whole visual picture Yellow illumination must be definitely inferior to white in the recognition of objects by their colour The fact remains that many drivers do prefer a yellow light apart from the lower intensity of illumination These preferences are probably psychological"

Inquiry by a Special Committee

The Department of Scientific and Industrial Research has now gone further in the question[2] Through a committee it has examined the material at the disposal of the British Medical Association and some later research It propounded four questions and gives the answers thereto with the experimental data upon which these replies were formulated

The questions are

(*a*) Can a driver of a car at night see better if he uses headlight emitting coloured light?

(*b*) Is the disturbance of a driver's vision by the headlights of other cars reduced if they use coloured light?

(*c*) Can a driver see objects at a greater distance in mist or fog if he uses headlights emitting coloured light?

(*d*) Can the occurrence of coloured objects and backgrounds be turned to advantage by using headlights emitting coloured light?

After considering these questions in detail and setting out all the known facts at length the committee arrived at a general answer to the whole inquiry That summary is the one which will be of most interest and assistance to car drivers

None of the claims made in favour of using a coloured and in particular a yellow headlight beam rather than a white beam of no greater power has been substantiated The claim for a greater range of visibility in fog may be regarded as definitely disproved On the other claims for less dazzle and greater facility of vision the evidence is inconclusive but it is apparent from the information at present available that further work is unlikely to show that any considerable advantage can be secured by using coloured light

The Flat Beam Lamp

To doctors the fog lamp is necessarily a matter of great interest They must be out in all weathers and in the winter may easily be caught in a fog As has been pointed out in the columns of the *Journal* at earlier dates the best way of meeting the difficulty is to secure a lamp which will project a flat beam parallel with the ground and as low down as possible The fog is nearly always thinnest near the ground A flat beam reduces the dispersion of the rays so confusing with the usual headlights The fact that this type of lamp is becoming a standard attachment to many cars of recent issue is sufficient evidence of its appreciation by drivers The comfort of a properly fitted light of this type is little short of amazing

The dazzle problem in ordinary night driving has been dealt with by the British authorities With a properly adjusted mechanism which will extinguish the off side headlamp and dip the near side lamp there is no dazzle And withal the driver can drive safely in the broad beam of light projected along his near side

AN AWARD FOR GALLANTRY

The King has awarded the Edward Medal to Robert Benjamin Saunders M B Ch B in recognition of his gallantry in the following circumstances recorded in the *London Gazette*

On January 4 1937 an accident occurred in the Tebekwe Mine Salisbury Southern Rhodesia in which a miner named Sheasby was trapped underground by a fall of rock and completely buried Dr Saunders arrived at 3.15 p.m. by which time the rescue party had removed most of the spillage from the imprisoned man's body His left hand however was firmly held between two timbers He remained in this dangerous position until 12.30 p.m. the next day During the whole of this time (with the exception of a short interval when he went to the surface for some food) Dr Saunders remained underground rendering every medical assistance under extremely difficult and dangerous conditions In order to attend to his patient at all the doctor had to lie on top of him with his back in close proximity to a dangerously shaky roof any disturbance of which would have resulted in a fall sufficient to crush them both After sixteen hours when all efforts to extricate the miner had failed it was decided to amputate his arm The conditions only allowed of left handed work and the operation was therefore performed by a left handed amputator under the supervision of Dr Saunders Sheasby was then transported to the surface and he has now completely recovered from the effects of his long ordeal

Dr Saunders displayed great devotion to duty in circumstances of grave danger and his example undoubtedly inspired the injured man with fortitude and the rescuers with courage and determination

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[1] *Brit. Med. J.* 1935, 2, 906.
[2] *Brit. Med. J.* Supplement, April 24, 1937, p. 225.
The Use of Coloured Lights in Motor Car Headlights. Illumination Research Technical Paper No. 20. London: H.M. Stationery Office. 1937. Pp. 52. (9d.)

atonic dilated colon There were two deaths in the series Excellent results were obtained in those cases in which the descending colon and sigmoid were involved, whereas in those in which the disease included the left half of the transverse colon the results were not quite so good Results in six cases of atonic megacolon treated by a limited operation were unsatisfactory, but in two cases in which an extensive sympathectomy was carried out cure was achieved

300 Metacarpal Fracture from Ski-ing

According to D Logròscino (*Chir Organi Mov* March, 1937, p 479) spiral fracture of a metacarpal bone or bones is much more common in ski-ing accidents than in boxing hockey, or sleighing , in ski-ing it is the next most common injury to the upper limb after shoulder fractures and is more common than elbow injuries Twelve recent cases are illustrated The site of the fracture is usually between the proximal and middle thirds, but in cases in which one bone only is broken it is usually the fourth metacarpal, and when several are fractured the fourth is commonly included The spiral line of fracture is always directed from ulna to radius When the thumb metacarpal is broken the lesion is characteristic and affects the base near the metacarpal-joint in the form of Bennett s fracture The accident is preceded by a fall and the hand held with the dorsum forward to protect the face strikes the ground before there has been time to open the fist and cease to grip the 'bastoncino which is strapped to the wrist The deformity is slight, reduction is easy, and plaster or other fixation is only required for three weeks or so

Therapeutics

301 Painful Scars

A Pozzan (*Arch ital Chir* 1937, **46**, 1, p 1), who records eight illustrative cases in patients aged from 26 to 46, has successfully adopted Leriche s method for the treatment of painful scars and amputation stumps It consists in infiltration of the scar and neighbouring parts with a 1 per cent solution of novocain Five or six infiltrations with one or two days' interval between each should be carried out even if the pain has diminished or entirely ceased after the first few injections No ill effects were observed in any case

302 Male Hormones

W Stemmer (*Münch med Wschr* July 30, 1937, p 1205) believes that the male semen absorbed in the female genital organs exercises an important influence on the general female constitution He was able to observe that hypoplastic genitalia in women developed rapidly following regular sexual intercourse He also found that certain nervous disorders and hormonal disturbances in women were greatly improved after certain contraceptive measures, such as the use of rubber sheaths, immediate douching etc , were discontinued In a number of cases the administration of male hormones had a favourable influence on general debility and on depression in cases of elderly spinsters and in women who were practising birth control

303 Diathermy in Hepatic Cirrhosis

F Formigal Luzes (*J Radiol Électrol* , July, 1937, p 298) recommends diathermy treatment in cirrhosis of the liver particularly in the hypertrophic form with ascites He describes his technique in which he applies one indifferent electrode 30 by 40 cm to the back and an active electrode 20 by 30 cm to the region of the liver giving 500 to 3 000 milliamperes in daily applications of from twenty to thirty minutes' duration at fifteen to twenty-four sittings In the cases observed by the author and in those reported by other workers the ascites and oedema rapidly subsided, while the general condition of the patients improved at the same time

Anaesthesia

304 Sodium Evipan Anaesthesia

H Eltorm (*Ugeskr Laeg* July 15, 1937, p 757) reports from a Danish hospital his experiences since the spring of 1935 with sodium evipan narcosis induced in 450 patients for every variety of operation from dental extractions to the most extensive laparotomies In about twenty cases the narcosis was more or less imperfect, and in most of them ether was resorted to for the completion of the operation In eighteen cases ethyl chloride was used at the end of the evipan narcosis, which was thus prolonged for some five to ten minutes with no ill effects Post narcotic excitation occurred in about 1 per cent., and necessitated the administration of large doses of morphine Post-narcotic vomiting and nausea were also observed in about 1 per cent There were no deaths As persons up to the age of 25 to 30 are liable to be restless even under a large initial dose, and to suffer from post operative excitation, the author prefers to give them ether Old people, on the other hand, tolerate evipan remarkably well, and usually need very little of it—for instance, in the case of a woman aged 80, with a fracture of the femur requiring an operative fixation which took twenty minutes to perform, only 1 5 c cm of evipan was needed The largest dose, which was 30 c cm , was given to a man aged 52, in whom resection of the stomach for gastric ulcer took 105 minutes The longest operation lasted 120 minutes, during which time 14 c cm of evipan was given to a man aged 69 whose stomach was resected for cancer The author considers that evipan is only contraindicated in cases of advanced hepatic insufficiency, and to a certain extent in young people He has had no experience of evipan narcosis in childhood

305 A Long and J A Maxwell (*J roy nav med Serv* July, 1937, p 194) have used evipan anaesthesia as a simple administration in 266 operations, and as a prolonged anaesthesia with saline and glucose in 176 No case gave cause for anxiety, and they regard the method as safe in competent hands They state that its chief advantages are (1) it produces pleasanter, smoother, and more rapid induction than any inhalation anaesthetic , (2) the recovery is pleasant for the patient, and there is a complete absence of post-anaesthetic complications , (3) it is easily administered, and repeated administration does not appear to have any ill effects , (4) it gives a relatively bloodless operation field , and (5) its cost compares favourably with that of other anaesthetics Its main disadvantage is that relaxation is insufficient for major laparotomies by midline incisions In some cases the skin is slightly sensitive even when anaesthesia of the deeper layers is adequate

306 I Hofer and K Eberle (*Wien klin Wschr* July 30, 1937, p 1126) are satisfied with their trial of sodium evipan narcosis in 130 tonsil and adenoid operations in children They used no preliminary medication, and attach much importance to very slow intravenous injection , they injected 1 c cm of fresh 10 per cent solution during one minute until the child ceased to count, slept, and snored If snoring did not occur or restlessness was noted a further 0 5 c cm was given to children under 6 years, or 1 c cm if older Children aged from 1½ to 2 received from 1 to 2 c cm and from 2½ to 3, 2 to 2½ c cm , while children aged 4, 5 to 8, 9 to 11 and 12 to 14 received respectively 2 to 3, 2½ to 3, 3, and 3 to 4 c cm With a slow injection the dosage could be graduated to

and long tradition and its modern spirit During the B M.A world tour Dr Fairbairn proved himself a good shipmate and a good sailor with a friend or friends in every port of call nearly all of them St Thomas s men The last toast was that of ' The Chairman, proposed by Dr A E Russell who spoke of the great public spirit of John Fairbairn and his breadth of view St Thomas s men always wanted to see him again whenever he could spare time to come to London from his home in far Lossiemouth After the chairman's acknowledgement of the kind words that had been spoken of him the rest of the evening was spent informally

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On the afternoon of October 8 Sir Edward Poulton, F R S, president of the British Association, distributed the medals certificates and prizes won by students of Guy s Hospital Medical and Dental Schools during the 1936–7 session Lord Nuffield treasurer of the hospital, presided over the ceremony, which was held in the Medical School In his inaugural address for the new session Sir Edward Poulton spoke on Evolution, and illustrated his remarks with lantern slides

CONDITION OF REFUGEES IN CATALONIA

We have received from Dr Richard W B Ellis a copy of the report drawn up by himself and Dr Audrey E Russell on the condition of refugees in Catalonia which they have presented to the National Joint Committee for Spanish Relief This report is based on an examination of existing conditions—(1) on the arrival of refugees from the Northern Spanish provinces at Puigcerda , (2) in the refugios and hospitals provided for their reception in Barcelona , and (3) in representative refugee colonies throughout Catalonia During their tour Drs Ellis and Russell were able to visit seventeen colonies in the provinces of Barcelona, Tarragona, Lerida, and Gerona , the Stadium refugee hospital, the trachoma home, and two reception refugios in Barcelona the refugee hospital in Gerona the general and military hospitals in Figueras , and the record office in Barcelona Their observations and conclusions are summarized as follows

Summary of Medical Report

1 There are conditions approaching famine amongst refugees in the north of Catalonia and in remote villages in the south This is principally due to lack of food throughout the whole province, but also partly due to breakdown in transport owing to the extreme shortage of petrol

2 The most urgent necessity at the moment is for milk Although it has been possible to maintain the production of crops the extensive slaughter of cattle for food will prevent an adequate home production of milk for a long period

3 There is a universal shortage of winter clothes, blankets and shoes, which is becoming increasingly severe with the onset of winter and the continued influx of refugees

4 In view of the verminous condition of many of the refugees the lack of soap is a serious danger , although there have as yet been no cases of typhus recognized conditions are such as to favour its epidemic spread if the disease should once occur

5 The principal medical dangers are at present those arising from the spread of trachoma tuberculosis and typhoid fever

6 Medical supplies of all kinds including particularly anaesthetics sedatives, rubber gloves dressings anti-diphtheritic sera etc , are urgently needed in Figueras and Gerona

MOTOR CARS FOR 1938

THE EARL'S COURT EXHIBITION

[From Our Motoring Correspondent]

This year s Motor Exhibition, the thirty-first organized by the Society of Motor Manufacturers and Traders, which opened on Thursday, October 14, and will continue until Saturday, October 23, took place for the first time in the large new exhibition building at Earl s Court The new building is larger than Olympia, and has the advantage that the different sections of the show—cars, special coach-work, caravans, and motor boats—are all on the ground floor of one hall, with the accessories and components in the galleries Altogether the products of fifty-eight different car manufacturers are displayed, the international character of the exhibition being well maintained

Some Modern Trends

It is not an easy matter this year to summarize the general trend of things in the motor industry, for while the popularity of cars with four cylinder engines has led several manufacturers hitherto only building vehicles with engines having six or more cylinders to introduce again a four,' at least one firm has decided to drop its four cylinder cars and confine itself to sixes " The renewed popularity of engines with four cylinders in the case of cars up to about 14 h p is due both to improved design of the engine components and to the greater use of rubber in fixing the power unit in the chassis with the object of overcoming any inconvenient vibration As a result of the increased cost of steel and other raw materials, the majority of car manufacturers have found it necessary to raise their prices to the extent of about 5 per cent but a few firms have been able to offer their productions at somewhat lower prices than last year Whether slightly dearer or even cheaper, the 1938 cars by reason of the various detail improvements the very complete equipment of accessories and conveniences now included in the price, and the generally more attractive appearance and comfort, are excellent value for money

Body Designs

The show is very largely one of covered cars either saloons or coupés very few open vehicles being seen, and these mainly for the sporting class of motorist In this connexion it is interesting to mention that the Austin Co , except on the Austin Seven has now ceased to produce open bodied cars So far as the outward appearance of motor vehicles is concerned it may be said that freak designs in streamlined bodywork are conspicuous by their absence, designers having settled down to a slightly sloping front and rear with luggage and spare wheel and tyre receptacles in the latter Certain minor changes from last year are in evidence, as for example a greater use of metal strips instead of wire mesh for the guards to engine radiators and the painting of the frame or shell of the radiator to correspond with that of the car body, in place of chromium plating The practice of placing the front and rear seats between the axles to afford more comfortable riding is extending while on some cars the front seat is being made sufficiently wide for two passengers in addition to the driver Improvements have also been introduced in the seats themselves those at the front now usually having tubular frames which can be adjusted as to height tilt and also the amount of leg room available Even on small cars an increase in passenger space is noticeable, while in a number of vehicles the rear seat flooring is now flat instead of having separated foot wells

Bette Vision for Drivers

One important improvement in motor bodywork is a thinning down of the body pillars at the two ends of the windscreen, which results in the driver having a clearer

Obstetrics and Gynaecology

312 Urinary Incontinence

V Schrattenbach (*Zbl Gynak* July 31, 1937, p 1848) points out that the female urethra is not closed by a circular sphincter but by the striped and unstriped muscles which raise the posterior wall of the urethra and the base of the bladder, and also by compression by the filling bladder of the part of the urethra which is directed tangentially to its base The surgical plastic procedures which in incontinence endeavour to restore or supplement the physiological support which has disappeared are (1) direct muscular plastic operation by sutures uniting the musculature of the trigone with para-urethral tissue on each side, combined with colporrhaphy, (2) vesicovaginal interposition of the uterus, (3) Franz s plastic operation in which the pedicles of levator ani (pars pubica) from the two sides are sewn over the bladder neck and urethra, (4) Martius s plastic operation in which strips of the bulbocavernosus are used similarly, (5) Martius s plastic operation consisting in 'bolstering the urethra by strips of fat and muscle from the ischio cavernosi, and (6) a plastic procedure in which portions of pyramidal fascia are used The Franz and Martius methods are preceded by a direct muscular plastic operation In fifty-six patients who were traced from six to twenty four months after such operations Schrattenbach found only six who had not remained cured, none of the seventeen operated on by the bulbocavernosus plastic operation had had any recurrence He concludes that direct plastic operation combined with colporrhaphy is sufficient in the cases with slighter anatomical lesions, that whether the bundles transposed from pelvic floor muscles act as a muscular sphincter or merely as a support they are usually effective, and that the pyramidalis-plastic operation (Goebell-Frangenheim-Stoeckel) is rarely required

313 Short-wave Treatment of Salpingitis and Metritis

F Lobre (*Dtsch med Wschr* July 9, 1937, p 1096), who is in charge of the gynaecological department of the Salpêtrière Hospital in Paris, gives an account of his experiences with short-wave treatment of 350 cases of salpingitis and seventy cases of metritis It was found desirable in the treatment of inflammatory conditions of the uterine appendages to obtain a definitely thermic action by the short waves, the lengths of which were from 12 to 16 m The exposures were very short, not lasting more than five minutes Although the 350 cases included several for which diathermy had been previously prescribed failures were recorded in only 10 per cent The technique of the short-wave treatment of metritis was different, exposures of three to six hours at a time being given with a wave-length of 15 m This treatment of metritis was supplemented by protein shock induced by the intravenous injection of a proprietary preparation of protein In some cases a complete cure was effected at a single sitting, the discharge from the uterus ceasing and the ulcers of the cervix healing, but two sittings were usually required and occasionally three The patients who returned to hospital for re-examination some months later were still free from their discharge The author does not profess to understand the biological processes leading to such recoveries, and is inclined to discount the therapeutic value of the induced fever, for it was not very high, and experience has shown that in gonorrhoeal metritis a temperature of at least 105° F must be maintained for a considerable time if it is to be beneficial By short-wave treatment a successful response was obtained in gonorrhoeal metritis without the rectal temperature ever exceeding 102 F Good results were also obtained with staphylococcal, coliform and streptococcal infections of the uterus Protein shock treatment alone was not even approximately as effective as when it was combined with short-wave treatment The author adds a warning to the effect that care is needed in the wholesale employment in all cases of metritis of this particular treatment, which requires skilled and close supervision

Pathology

314 Traffic Accidents and Alcohol

H S Nissen-Lie (*Tidsskr norske Laegeforen* August 1, 1937, p 799) has investigated the conditions under which traffic accidents occurred in Oslo in the two months from November 20, 1936 to January 20, 1937, with special reference to the alcohol found in the blood of 160 persons brought to a first-aid station Apart from the six persons coming to the station more than twenty-four hours after injury, there were fifty male and twenty-five female pedestrians, twenty-four children under the age of 14, twenty five passengers, twenty cycling messenger boys, and ten motor car drivers None of the cycling messenger boys seemed under the influence of alcohol, and only two of the twenty-five female pedestrians showed definite signs of alcohol poisoning Analyses of the alcohol content of the blood of thirty-three of the fifty male pedestrians showed that all but five were under the influence of alcohol the concentration of which in the blood of these five cases was under 60 mg per 100 ml The lowest figure among the analyses rated as positive was 123 mg per 100 ml, and the highest was 350 mg per 100 ml In as many as fifteen cases the figures were between 200 and 300 mg per 100 ml, and only in eight cases did the analysis show more than 300 mg per 100 ml This study suggests that considerably more than half of the adult male pedestrians who are victims of traffic accidents in the streets of Oslo are under the influence of alcohol at the time The author concludes that most traffic casualties belong to one or other of three groups—namely, children, drunken adult males, and cycling messenger boys

315 Suprarenal Glands in Diphtheria

A Maclean (*J Hyg* Camb, July 12, 1937, p 345), who records twelve illustrative cases in patients aged from 9 to 19, maintains that the suprarenal glands, like other organs, suffer from the presence of diphtheria toxin in the body In cases in which the intoxication is at a minimum, in laryngeal diphtheria for instance, there is little or no change in the suprarenals, but if the intoxication is greater the lymphatic glands along the suprarenal vein are inflamed and haemorrhages are found in the cortex and medulla, and in the worst cases are seen on the surface of the organ Maclean shows that the administration of sodium chloride, which is one of the accepted methods of treating deficiency of the suprarenal cortex, is of distinct value in the treatment of diphtheria

316 Agglutinins in Typhoid Fever

G L Salvati (*Minerva med* July 29, 1937, p 97), after investigating the cerebrospinal fluid of twenty cases of typhoid fever, invariably with negative results whatever the stage of the disease, comes to the conclusion that under ordinary conditions typhoid agglutinins which appear in the blood within a few days of the onset never pass into the cerebrospinal fluid Although he did not actually see any instances of meningo-typhoid fever, he examined several cases with signs of meningeal irritation, such as delirium, nuchal rigidity and headache, and in these also he failed to find agglutinins in the cerebrospinal fluid No agglutinins were found in cases treated by vaccine therapy

turers announced their 1938 models some weeks ago it has become usual for a few of them to keep as a show surprise details of one or more entirely new models Thus, the Vauxhall Co in addition to the 25 h p 12 h p, and 14 h p cars has introduced a 'Ten four seated saloon embodying independent front-wheel suspension and other special features at an attractive price

Among the Accessories

As at Olympia, the galleries at Earl s Court are devoted to an almost inexhaustible array of special fittings and accessories for cars Probably in view of the new motor lighting regulations which have just come into force chief interest lies in the latest production of lamp manufacturers, designed to conform with the legal requirements which now apply to old as well as to new cars Briefly stated, it is now necessary for headlamps to be permanently deflected downwards or fitted with some form of device which, by deflection of the light downwards or both downwards and to the left, renders the beam incapable of dazzling any person on the road, and for sidelamps to be fitted with bulbs of a capacity not exceeding seven watts and to have fronts of frosted glass or other material having a diffusing effect Purchasers of new cars will have no difficulty with these regulations but in the case of old cars it is for the owners to make themselves acquainted with the most satisfactory and convenient methods of converting their lamps in order that they may not infringe the regulations There are also many examples of lamps specially adapted for driving in fog many of which are fitted with yellow glasses, despite the fact that the Department of Scientific and Industrial Research has recently reported that none of the advantages claimed for such coloured glasses have been substantiated (see p 765)

Finally, it may be mentioned that the exhibition is open daily, except Sunday from 10 a m until 10 p m, and that the price of admission is 2s 6d except on Tuesday October 19, and Thursday October 21, when it is 5s up to 5 p.m and 2s 6d afterwards It may be added that the Ford Company is as usual, holding its own exhibition at the Albert Hall, Kensington where the latest models of the Ford 8 h p, 10 h p and 22 h p V8 cars are being displayed It is proposed in next week s issue to follow the customary plan of referring to some of the new car models, more especially to those likely to appeal to medical men from the point of view of suitability, reliability, and both purchase and subsequent maintenance costs, as well as to some of the modern accessories which add to the convenience of motoring particularly in the wintry period of the year now before us

C J W

On October 7 Lord Derby Chancellor of Liverpool University, visited Runcorn to open new extensions to the Evans Biological Institute In introducing Lord Derby, Mr T Edward Lescher drew attention to the fact that the organization known as the Evans Biological Institute is the result of continuous development during the last twenty-five years and that it originated as a laboratory and farm station in connexion with the Liverpool Institute of Comparative Pathology under the aegis of Liverpool University It was in 1903 that Professor (afterwards Sir Rubert) Boyce and Professor (afterwards Sir Charles) Sherrington together with Dr H E Annett then lecturer on comparative pathology at the university conceived the idea of establishing a farm station at Higher Runcorn for the study of comparative pathology In 1911 the Institute was taken over by Evans Sons Lescher and Webb for research purposes and became a branch of their business The scientific tradition established in those early years has always been maintained and mainly concerns immunology and biological therapy As the result of the progress made the present laboratories were completed in 1928 and a year ago the new additions were begun on the site of the older works

Reports of Societies

SCIATICA

The opening meeting of the sixth session of the Mid-Staffordshire Medical Society was held on October 5, with Dr A E HODDER presiding Dr C W BUCKLEY of Buxton read a paper on sciatica

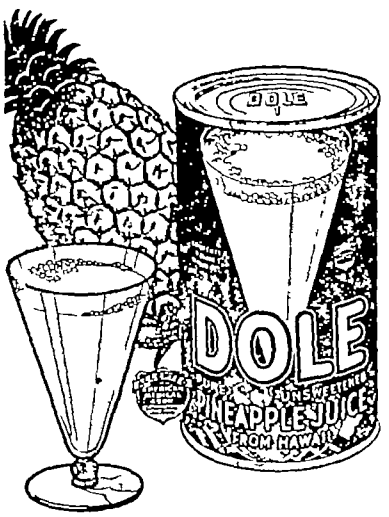
Sciatic pain, he said, might be due to inflammation of the nerve sheath at any part of its course, to irritation of or pressure upon the nerve trunk, or it might be a referred pain from visceral or other causes The nerve might be affected within the spinal canal, in the foramina through which the nerve roots emerged, in the pelvis, or in the thigh The simplest form of classification was into root sciatica trunk sciatica and sciatic neuralgia, a referred pain It was important to form a clear idea of the anatomical relations of the nerve, and to determine if possible the part affected A large proportion of cases were due to pressure upon or inflammation of the fifth nerve root in its passage through the foramen and the pain in the thigh and leg was often found to be limited to the distribution of this root The foramen between the fifth lumbar vertebra and the sacrum was the narrowest of those in the lumbar spine while the root was the largest and filled the foramen almost completely Lumbosacral and sacro-iliac strain were very likely to set up fibrositis in the region of the foramen, and thus to cause troublesome sciatic pain, probably the majority of cases of sciatica were due to such causes Fibrositis of the gluteal muscles, the pyriformis and adjacent structures was responsible for another large group of cases

All patients who did not quickly respond to treatment should have an x ray examination to discover whether there was any disease of the bones, such as osteitis malignant growths, etc A rectal examination might supply important information, and should be a routine Inspection of the back for abnormal curvatures muscle spasm or wasting tender spots, etc, must never be omitted Lasègue s sign called for care in interpretation while the nervous reflexes should be investigated, for the Achilles tendon jerk would be lost in cases of root sciatica of any severity There were many conditions which might give rise to difficulty in diagnosis but careful examination on a systematic plan excluded most of them

General Lines of Treatment

In treatment rest was of primary importance and a few days in bed at the outset would materially shorten the duration of the disease in most cases Analgesics were usually required, and if the pain was severe morphine might be necessary, but it should be regarded as a method not of treating the disease but of enabling the disease to be treated It was well to remember that a loaded colon might be the cause of sciatica and an effective purgative sometimes worked wonders Heat in various forms was always helpful and when the acute stage had passed massage might be begun though very gently at first Where sacro-iliac or lumbosacral strain was present strapping the pelvis was useful and a belt might be worn later to prevent recurrence as far as possible The injection of novocain in saline was a most valuable method of treatment and might be epidural, or into the sciatic foramen or along the trunk of the nerve, according to the area affected Manipulation was helpful in breaking down adhesions in cases of long standing or for the treatment of sacro iliac strain Among other methods, dry cupping ionization, and diathermy might be tried but drugs were of little service

Drs A V CAMPBELL A E HODDER and F J MORRIS and Mr ERIC YOUNG and Mr G A CARTER took part in the discussion which followed



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very good results Colonel Russell insists that more attention must be paid to malnutrition, wherever prevalent, if more rapid advances are to be made in stemming the ravages of malaria, tuberculosis, leprosy and infant and maternal mortality This involves closer co operation between nutritional research workers and food producers, more practical realization of the valuable discoveries of Sir Robert McCarrison, and more attention to the large proportion of the population of India which is still undernourished Tuberculosis has been increasing during the last three decades in towns and is now spreading to the rural villages, where the more primitive races are beginning to suffer severely It has been stated that the district of Darjeeling, which is mainly rural and by no means industrialized, has a tuberculosis death rate second only to Calcutta city in the whole Province of Bengal Colonel Russell points out that if this is verified the position demands immediate attention although effective prophylactic work will necessitate the surveying of large areas from many points of view The bovine bacillus seems to be still rare in India, very few cattle being infected and milk being almost invariably boiled before use

Research

One of the twelve sections of the report is devoted to research throughout India in the various institutes and hospitals, special attention being given to the work of the Indian Research Fund Association Many investigations in 1935 were financed by or carried out in other ways under the auspices of this body Field inquiries into cholera, malaria, and plague are yielding information which is being published in various periodicals as it is obtained Mention may also be made of a nutritional research at Coonoor, including a survey of Indian foodstuffs and the examination of children in famine camps schools, and hostels, and a dietary research by the Bombay Presidency Baby and Health Week Association In several centres postgraduate teaching is associated usefully with the research work The office of the Public Health Commissioner continues to act as the epidemiological bureau of the Government of India, and weekly and monthly statements are issued Close touch is maintained with other comparable organizations elsewhere in the world, and study tours are arranged as well as visits of delegates to international conferences

All-India Institute of Hygiene

Progress is reported in 1936 in the work of the All-India Institute of Hygiene and Public Health, Calcutta, in its dual functions as a centre for advanced studies in public health and as a research organization There is an increasing demand for teaching in public health, and the accommodation for pupils was taxed to its uttermost, some applications having to be refused on account of lack of space Private practitioners still form the bulk of these students at present, but it is hoped that with the new Indian Constitution there will be a greater demand for trained public health officials in connexion with the launching of new health programmes and the formulation of new schemes particularly in rural areas The importance of practical education is being increasingly stressed the example of the Balkan States being more closely followed in this respect since it is difficult in India for the young public health officer to obtain an appointment under an experienced senior before responsibilities fall heavily upon him Among the researches being continued is the investigation into the causation of cholera epidemics As regards the basal metabolism of Indian children it has been shown that the number of calories required by children in India is no less than in European children This is of practical significance in the task of making a nutritional survey of India and the fixing of dietary standards and calorie requirements The results of biochemical studies of human blackwater fever cases were in keeping with the results obtained in investigations into malarial haemoglobinuria in monkeys A detailed and systematic programme of research into the part played by the endocrine glands in blackwater fever is now in progress In tuberculosis allergic phenomena appear to be more prominent than in Europe, and a special effort is being made to discover why there is this biological difference between the European and Indian races The elucidation of this problem will probably lead to a more accurate assessment of the prognosis and the right lines of treatment A maternal mortality inquiry revealed the importance of anaemia as a contributing factor in deaths due to sepsis, it was the sole cause of death in 18 6 per cent of the 300 cases investigated The maternal and child welfare section of the Institute was maintained during the year under review by the Countess of Dufferin Fund The inquiry into the chief causes of death associated with childbirth is continuing

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ENGLAND AND WALES

Health Problems of Newcastle

The annual report of the medical officer of health for the city and county of Newcastle upon Tyne contains some interesting vital statistics The birth rate for the year 1936 of 15 6 per 1 000 while comparing favourably with the rates for England and Wales as a whole and for the 122 great towns, is the lowest yet recorded in Newcastle where the rate was 31.9 as recently as thirty years ago The report records with regret a maternal mortality rate of 5 92—a figure 50 per cent higher than the national figure and the highest in the annals of the city No attempt is made to attribute this entirely to the evils of overcrowding and poverty, and an inquiry is foreshadowed to discover a possible deficiency in hospital arrangements, medical and midwifery practice, or central direction The infantile mortality rate of 90 per 1 000 shows an increase over the figures of 83 and 86 for the two preceding years, and contrasts even more unfavourably with the national rate of 59 In this case however, there was an exceptional cause Several outbreaks of infective enteritis, both domiciliary and institutional, occurred during the year and there were 105 deaths among children under 2 years A special investigation of neo natal mortality has shown that deaths in the first month of life are more frequent in hospitals than at home The scope of the inquiry was confined to children born of normal labours The evidence appeared strongly to suggest that overcrowded maternity wards and inferior maternity hospital accommodation were contributory causes of neo natal mortality Plans have been prepared for a new maternity hospital of 140 beds and also for replacing the present accommodation at the Newcastle General Hospital by a modern unit with thirty beds The general death rate for the city—13 1 per 1 000—shows a slight increase Cancer continues to be second among individual causes of death and for the first time a detailed inquiry has been made into deaths from this disease in Newcastle It was found that in 11 per cent of cases there had been delay in seeking medical advice that in one case in ten diagnosis was delayed by the necessity for further investigation and that one third of the cases proved to be completely resistant to every form of treatment even when promptly and efficiently applied after early diagnosis In the majority of cases diagnosis was rapid and admission to hospital without delay Facilities for deep *x*-ray therapy were not wholly adequate As a result the Schools and Charities Committee of the corporation proposes to establish and maintain a special department for this purpose at the Newcastle General Hospital, to be completed in 1938 Among zymotic diseases diphtheria shows a record incidence of 693 cases although large numbers of children have been protected by immunization There were fifty three cases of bacillary dysentery, in which the diagnosis was bacteriologically confirmed This figure, though high

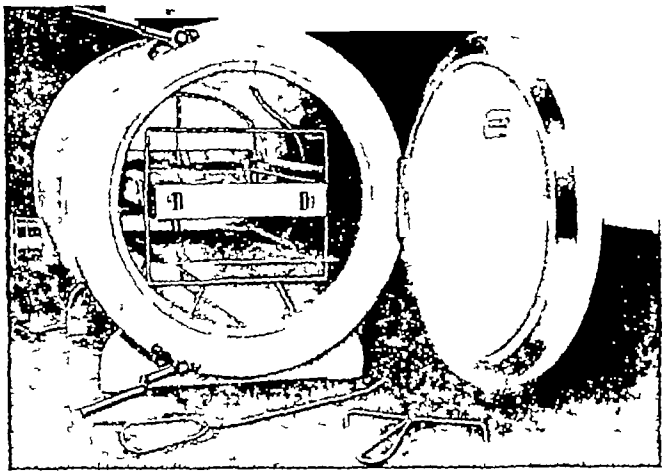
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Pathology and Clinical Medicine

Professor J S Young, M D, recently appointed to the chair of pathology at Aberdeen University, delivered his inaugural lecture on 'Pathology The Political Economy of the Human Body' on October 5, Principal J H Fyfe presiding Professor Young said he had had the advantage of teaching pathology in a new institute of pathology at Belfast, which was situated in the grounds of the hospital and in Aberdeen a new department of pathology was in process of erection within the gates of the Royal Infirmary It would share a floor with the department of medicine, while the sister subjects of bacteriology, clinical chemistry, materia medica surgery, and midwifery would be accommodated under the same roof This policy of centralization in immediate contact with the hospital was advantageous to students, teachers, and the public alike

Correspondence

Treatment of Cancer of the Breast

SIR,—Mr Geoffrey Keynes in his article in the *Journal* of October 2 admits the need for further pathological investigations in breast cancer, and appears to have accepted the revolutionary conclusions of Mr J H Gray as a guide to practice It is therefore important to point out that Mr Gray has only issued an interim report of his work It has not been published in such a form that it can be subjected to the usual processes of criticism He has made a series of statements which have received the *imprimatur* of the Cancer Research Committee of St Bartholomew s Hospital and the approval of Mr Keynes, but for which the evidence is still to seek

Mr Gray denies the presence of lymphatic vessels in the papillae of the skin and in the fasciae apparently entirely on the ground that thorotrast injection fails to demonstrate these vessels On similar evidence it would be easy to disprove the existence of Mecca simply by making an unsuccessful attempt to reach that city and by a refusal to read the works of previous travellers who have succeeded Ranvier demonstrated the papillary lymphatics of the skin of the rat s ear many years ago Hyrtl injected the human papillary lymphatics and his specimen remains in University College Museum to this day As to the lymphatics of the fasciae it may be observed that Heidenhain in twelve out of eighteen cases of breast cancer found cancerous lymphatics running from the breast to the pectoral fascia From his observations he concluded that cancer generally advanced along these vessels and along those of the pectoral lymphatic plexus by a process of continuous growth, less often by embolism This was in 1889 After he has reached this stage of the subject I may refer Mr Gray to the work of Langhans and Stiles and to my own books

I am delighted that Mr Gray has devoted himself to a study of lymphatic anatomy and that he has found a new and ingenious method of approaching the subject But when on such flimsy evidence he denies the spread of breast cancer by permeation in the deep fascia—one of the best-established facts in pathology—it is necessary to state plainly that such views are a menace to the effective treatment of the disease whether by surgery or by radiation Their adoption would soon lead back to the days when local recurrence after operation was the rule

Further investigations on the dissemination of cancer of the breast are no doubt desirable, as Mr Keynes rightly says Meantime the results of those already made may be commended as a subject of study within the walls of St. Bartholomew s —I am, etc,

London W 1 Oct 7 W SAMPSON HANDLEY

The Scope of Orthopaedic Surgery

SIR,—Mr S E Duff asks for a ruling on the limits of orthopaedic surgery (*Journal* October 9, p 726) There is no better definition of the field of orthopaedic surgery than the one which was ultimately adopted by Sir Robert Jones— the treatment by manipulation, operation, re education, and rehabilitation of the injuries and diseases of the locomotor system All the conditions included in Mr Duff's list of cases form part of the routine practice of modern orthopaedic surgery Orthopaedic surgery, however, is not a specialty divorced from surgery as a whole, it remains an integral part of general surgery" It thus follows that the general surgeon has an undisputed right to treat *if he so desires* any of the cases in Mr Duff's list referred to him in hospital or private practice — I am etc.,

Manchester Oct 11 HARRY PLATT

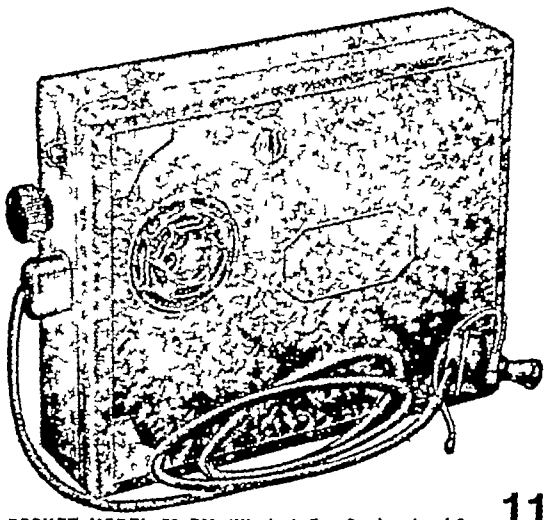
Elongation and Dilatation of the Colon

SIR,—In the *Journal* of July 24 (p 154) Professor J R Learmonth in a paper dealing with the elongation and dilatation of the colon, states in his section on the treatment of megacolon

> Of the many technical procedures suggested by far the most eclectic is that devised by Telford and Stopford (1934) and I consider that it should be employed exclusively It consists in the resection of the mesially directed branches of the lumbar ganglia from the second to the fourth inclusive, and avoids the paralysis of the vasoconstrictor nerves to the legs which follows the (equally efficacious) removal of the lumbar cords and the sterility which follows resection of the presacral nerve in male patients

I would suggest to Professor Learmonth that this identical proceeding was suggested by Mr H C Trumble one of our Baker Institute workers and carried out successfully on four patients as early as 1931 In dealing with the question of sympathectomy of the distal colon in the treatment of Hirschsprung s disease Mr Trumble states The simplest way to do this is to divide the lumbar splanchnic nerves just proximal to the inferior mesenteric ganglion Five patients were operated on but in addition to the above operation on the first patient only the left sympathetic trunk was cut (*Med J Austral.*,

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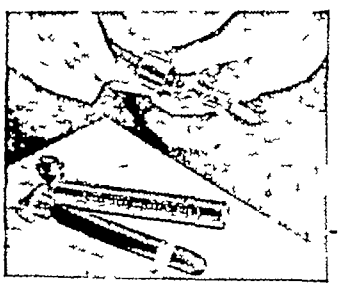
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Sir Henry Gauvain telephoned the next morning that there was no doubt whatever about the diagnosis, and I was able to supply him with the seventeen doses necessary to immunize the non immune contacts, and no further case occurred

I have been able in my own district not only, as I have said before to keep the hospitals going, but also to deal with private cases where small children or invalids were at risk My serum has on each occasion been supplied by volunteers from the Rover Scouts They have been provided with a certificate over the seal of my council commemorating their good deed I tried to arrange with Lord Baden Powell that there should be some decorative reward for such services as these, which are of inestimable value but which were not contemplated when the scout movement was inaugurated The committee of the Scout Association considered the matter, and despite an early enthusiastic reception of my approaches the final resolution was that until the profession itself made a call for the service there was not sufficient evidence for them to start a campaign

Surely in the circumstances it is time the profession utilized the information at its disposal and also utilized the services which would undoubtedly be forthcoming from the Rover Scouts provided the mind was made up and the application made for assistance Unfortunately it seems hardly to be recognized what a scourge measles really is Those of us in the public health service have year after year to chronicle the fact that the deaths from measles and whooping-cough exceed those of all the other infectious diseases put together It is time the profession made its voice heard in order to do something to wipe out the scourge of measles—I am, etc.,

Public Health Department, Hounslow Oct 1 ELWIN H T NASH

SIR,—The recent article by Sir Kaye Le Fleming (*Journal* September 25, p 612) and Dr Sinclair Miller's letter (October 9, p 725) are apt to give the impression that adult serum is useless in the prevention of measles

My own experience with fifteen cases of children under the age of 8 is very much to the contrary All were given from 7 to 10 c cm of parents serum from blood taken the day before, and all had been in intimate contact with infected brothers or sisters in country cottages One child developed the rash three days after inoculation which in this instance was obviously given too late Of the remaining fourteen two had very mild attacks with pyrexia for two days and the rest escaped The discrepancy may easily be explained by the difference in the ages and therefore weights, of the subjects I suggest that a dose of 3 c cm per stone weight would protect if given before the sixth day after exposure, and 2 c cm. per stone weight might have prevented the occurrence of otitis in three of the nineteen cases inoculated early in the incubation period—I am, etc

Finchampstead Berks Oct 4 E BILLING

Endotracheal Anaesthesia

SIR—With some diffidence I enter the controversy regarding the use of endotracheal anaesthesia in thyroid surgery As one of the anaesthetists who has given some thousands of anaesthetics for Mr Cecil Joll for thyroid cases the majority being by the endotracheal route I can state that we have found that many of the disadvantages put forward against this method do not appear in actual practice There is undoubtedly a division of opinion as to the desirability of using endotracheal tubes in thyroid work as a whole but most anaesthetists and surgeons would agree, I believe, on the advantages they offer in cases with obstruction to the airway by pressure on the trachea, and especially in cases of malignant goitre It is possible that the prejudice against an endotracheal tube dates from the time when the stiff, unyielding type of tube was used, before Dr Magill introduced the soft rubber catheter

While I would make no claim that an endotracheal tube is essential for all thyroid work, it seems going to the opposite extreme to deny to all thyroid patients—as was suggested by Dr Ivor Lewis in his article of September 25—the benefits which go with endotracheal anaesthesia—I am etc

London N W 3 Oct 9 CLAUDE W MORRIS

Spinal Anaesthesia for Caesarean Section

SIR—I was interested to read Dr Herbert Spencer's letter in the *Journal* of October 9 (p 723), on spinal anaesthesia for Caesarean section but I cannot let his opinion pass unchallenged I have used spinal anaesthesia for Caesarean section for many years and am satisfied with its advantages not only where ordinary obstetric indications are present but especially when heart disease or lung disease is present My anaesthetist, Dr J C A Norman, and I have found it free from danger under the technique we have evolved We have never yet found a fall in blood pressure The technique includes (1) premedication and (2) the use of spinocaine—lighter than cerebrospinal fluid—as the anaesthetic which is given with the most rigid antiseptic precautions and with meticulous attention to many details We are convinced of the safety and advantages of this method—I am etc,

Bournemouth Oct 9 S GORDON LUKER

Indications for Induction of Abortion

SIR—I should like to add my support to Dr J H Hannan's plea (October 9 p 726) for legal sanction of induction of abortion in cases of incest and rape The amount of wretchedness caused by these pregnancies has to be seen to be fully believed

Some time ago I was asked for a second opinion on a girl of 16 who three months previously had been assaulted on her way home one evening by an unknown man By her struggles she succeeded in preventing penetration and the sexual act was limited to an extrusion of semen at the orifice but pregnancy ensued On examination the hymen was intact The parents and the girl were distraught but physically she was perfectly fit and, with the law as it stands I had to decide against termination

Admittedly this was an unusual case but it was definitely against the public interest for that pregnancy to continue and yet the law makes no provision for such Like Dr S W Wright, I trust that the law will never be altered so radically as to include all unwanted pregnancies but in like manner as the law of divorce has recently been widened so the law of abortion should and indeed must inevitably be amended to include pregnancies arising from incest and rape—I am etc,

London W C 1 Oct 11 W G BURNS

SIR—If Dr F M R Walshe would restrict his letter (October 2 p 678) to facts his criticisms might be helpful But when he reads my thoughts, not only bluntly but inaccurately, and comments on the result, he is on much less sure ground In fact, the conclusions that he draws are entirely unwarranted Far from there being an

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of any other sign of brain tumour There is no vomiting the optic disks are normal and there are no localizing signs of pineal tumour such as pupillary changes due to pressure on the corpora quadrigemina The absence of mental precocity is also against such a diagnosis and is in favour of ovarian cyst or tumour Dr Kerr makes no mention of having performed a rectal examination This might be well worth doing in order to ascertain whether an ovarian cyst or tumour can be felt—I am, etc,

B G Shapiro
London Sept 28 M B., Ch B M.A Ph.D

References

Eltench, T O (1931) *Pennsylvania med J* 84 629
McCord C (1917) *Trans Amer Gynec Soc* 42, 41
Timme W (1933) in *Practice of Medicine* (R L Cecil) p 1144, third edition

"The Other Half" of Medicine

Sir,—I should like, if I could, to help bridge the gulf between medicine and its other half, which seems to have been somewhat widened by recent correspondence

It is indeed futile to try to cure with drugs a true case of conversion hysteria in a patient who has found in his or her symptom a solution of an emotional problem, a solution which is reflected in the serenity, the 'belle indifférence' of the patient with a hysterical paralysis, or aphonia or whatever it may be But there is another type of patient who also manifests physical symptoms for which no organic cause can be found, whose personality shows no signs of a solution of any problem, who clearly suffers mentally as well as physically In these patients emotional stress is disturbing the healthy functioning of the body and although there may be some symbolic significance in the function which breaks down (for example, the acute constipation of a girl who feels she cannot permit herself any outlet for her aggressive and/or creative impulses because of what she feels to be the stronger claims of parental devotion) the expression of the emotional conflict in the language of physical symptoms represents *stress* rather than *solution*

In cases such as these physical measures are surely demanded even though the aid of the other half of medicine will be required to reach the real cause of the symptom In such cases the psychotherapist (who when conducting a deep analysis often finds it wisest to avoid medicating the patient himself) needs close co operation with the physician (usually the family doctor) if he is to help his patient to full bodily and mental health Often it is only when the acute distress caused by such manifestations of mental stress as insomnia headache nervous vomiting etc is relieved by sedatives that it is possible for the patient to co operate satisfactorily in psychological treatment Moreover such medication is not necessarily interpreted by these patients as an assumption that the source of their trouble is organic (as it would be in the case of the true hysteric) for they are usually persons of good intelligence and capacity for insight, who are prepared to accept the fundamentally psychogenic nature of their illness when this is suggested to them

May I urge that there is still so much concerning the physical functioning of the body in its interrelations with the emotional life about which we are still most profoundly ignorant that psychotherapists no less than physicians practising ordinary medicine can only hope to advance in knowledge if they work in closest co-operation and on the same patients—I am etc

London W C 1 Oct 8 Laura Hutton

Pernicious Anaemia with Diabetes Mellitus

Sir—It might be of interest, in view of Dr H G McGregor's interesting paper (*Journal* September 25 p 617), briefly to give the case history of a patient of mine at present undergoing treatment for the same conditions

A widow aged 59 had a two years history of attacks of *B coli* infection of the urinary tract. During this period she had no obvious anaemia the haemoglobin percentage being 85 and the urine was sugar free In July 1937 she was noticed to be markedly anaemic in appearance and was admitted to hospital for investigation (July 31) The blood picture showed a typical pernicious anaemia haemoglobin 42 per cent red blood cells 2 020 000 colour index 1 05, the mean diameter of the red cells was 8 μ and anisocytosis poikilocytosis and nucleated red cells were present A test meal showed complete achlorhydria The urine contained pus cells and *B coli* but no sugar or acetone was noted

Treatment by intramuscular liver extract was started and on August 27 the readings were haemoglobin 55 per cent , red blood cells 2 625 000 white cells 5 000 colour index, 1.58 On September 3 the findings were haemoglobin, 62 per cent red blood cells, 3,200 000 colour index 0 96 On this latter date the patient became comatose The urine was found to be loaded with sugar and acetone and the blood sugar was 442 mg per 100 c cm She responded to insulin and glucose given intravenously Subsequently the urine was kept sugar free with doses of 10 and 8 units of insulin daily and at present with 6 units in the morning and 4 at night The blood sugar readings have been 356 246 and 191 mg. per 100 c cm

I am indebted to Dr W Rolland honorary physician and pathologist at Bolton Royal Infirmary for kindly supplying me with his clinical and laboratory findings in this case—I am, etc,

Bolton Oct 2 Harold W Bowyer M B, Ch.B

Aetiology of Erythema Nodosum

Sir—With all due deference to Dr P R Graves (*Journal* October 2, p 681), I feel that his letter giving an account of a small epidemic of erythema nodosum is not quite an adequate reply to mine (September 18, p 599) My description of one case was in no sense written as supporting one theory or another but was offered as a definite example of a case proved as far as possible in favour of one theory, and in an attempt to attract similarly proved cases whatever the conclusions drawn from them

Dr Graves's cases, I would venture to point out hardly approach this standard Tonsillitis *per se* does not necessarily spell streptococci, and the fact that all the cases were in one family might indeed tempt one to suggest that there was a tuberculous taint in the family activated as it often is by some acute infection I do not offer this as an adequate argument but simply to show how debatable is the evidence Dr Graves offers I myself have had other cases which seemed to support one or other aetiological theory but without what one considered to be adequate or conclusive proof—I am, etc

London N 7 Oct 2 W Lees Templeton, M D

Sir—The case of erythema nodosum described by Dr W L Templeton (*Journal* September 18 p 599) presented two features of interest First there were lesions on the face surely this is very uncommon? Secondly, the erythema ran its usual course lasting from a fortnight to three weeks with a gradual disappearance of the lesions although the tuberculous gland, which Dr Templeton regards as the source of the toxin went from bad to worse, until three weeks later it was removed

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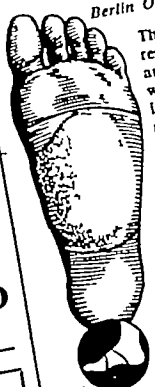
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Obituary

SIR JOHN THOMSON WALKER, F R C S

Consulting Urological Surgeon, King's College Hospital

We regret to announce the death on October 5 at Aviemore Inverness shire, at the age of 67 of Sir John William Thomson Walker, the distinguished genito urinary surgeon, who retired from hospital and private practice six years ago and went to live at Goring in Oxfordshire.

A son of the late John H Walker of Newport, Fife, he received his education at Dundee High School the Edinburgh Institution, and the University of Edinburgh where he won medals and prizes in chemistry physiology, gynaecology, and medicine He graduated M B , C M Ed in 1894, took the English Conjoint diplomas in 1896, and the F R C S Eng in 1899 Two years as house-surgeon at the Glasgow Royal Infirmary and the Dundee Royal Infirmary were followed by postgraduate study in Vienna and Jena He then settled in practice as a surgeon in London and was appointed to the visiting staff of St Peter's Hospital for Stone and Urinary Diseases and of the Hampstead General Hospital In 1907 he was Hunterian Professor at the Royal College of Surgeons of England taking as the subject of his lectures 'Renal Function in its Relation to Surgery



In 1919, while still actively associated with St Peter's Hospital and with the Radium Institute as urinary surgeon, Thomson-Walker was invited to the newly created post of senior urologist and lecturer on urology at King's College Hospital His reputation by that time was world wide, more especially in the surgical treatment of prostatic enlargement He at once set to work to form and develop a urological department at King's and throughout his term of office there took the keenest interest in every detail of this work His courteous manner his enthusiasm his great technical skill his patience his kindness generally, and his sympathy with his patients made him universally respected and admired Having effectively organized the department and the teaching of urogenital surgery at King's he resigned from the active staff in 1929 and was elected emeritus lecturer on urology in the medical school and consulting urological surgeon to the hospital During his ten years at Denmark Hill he took a keen interest in the pathological museum and presented to it a large collection of specimens illustrating the pathology of the urinary organs he also gave the medical school a cinema projector and a series of films of urological operations made at the hospital. With Dr Graham Hodgson he designed a new pyelography table which was installed in one of the operating theatres in February 1930 In private practice as in his hospital work, Thomson Walker's personality inspired complete confidence

Sir John Thomson Walker who received the honour of knighthood in 1922 was vice president of the second congress and president of the fifth congress, of the Société Internationale d Urologie In 1921 he presided over the Section of Urology at the Annual Meeting of the British Medical Association at Newcastle in the following year he was president of the corresponding Section of the Royal Society of Medicine in 1926 he was Silvanus Thompson lecturer before the Röntgen Society, and in 1930 delivered the Lettsomian lectures before the Medical Society of London of which he was elected president in 1933 His international repute was shown by the honorary membership conferred upon him by the urological societies of America, France Germany, Austria Spain Portugal and Hungary, and of the Academy of Medicine of Rome He published *Surgical Diseases and Injuries of the Genito urinary Organs* in 1914 and at various times contributed articles on prostatectomy and diseases of the bladder and kidneys to surgical text-books and journals

During the war he held a commission as captain in the R.A M C (T F) and was honorary consulting surgeon to Queen Alexandra's Military Hospital, Millbank, to King Edward VII Hospital for Officers and to the King George Military Hospital For his war services he received the O B.E in 1919 He was also a Deputy Lieutenant of the City of London

[The photograph reproduced is by Elliott and Fry Ltd]

W ST CLAIR SYMMERS M B C M

Emeritus Professor of Pathology and Bacteriology Queen's University Belfast

The death occurred at his home in Wellington Park, Belfast on October 4, of Professor W St Clair Symmers after a long illness His passing leaves a great blank in the medical profession in Belfast where his pleasing and striking personality had won for him universal respect and admiration Dr Symmers came to Belfast as successor to Professor Lorrain Smith in the Musgrave chair of pathology in 1904 holding this office till 1929 when he retired and was accorded the title of professor emeritus It is possible that his experience of life in different countries contributed to the development of his charm and wide outlook and his great knowledge of men and things, but this was supplemented by his study of classic works of literature and philosophy In his later years he delighted in the study of Virgil and of the works of this author he had a valuable collection

The son of George Symmers of Huntly Aberdeenshire William St Clair Symmers was born at Columbia South Carolina on January 4 1863 and his boyhood was spent in that State From America he proceeded to the University of Aberdeen where he graduated M B C M in 1887 After a short period of general practice he was assistant pathologist at the Royal Infirmary Aberdeen pathologist to the Birmingham General Hospital and the Lancashire County Asylum Manchester and resident medical officer of the West Brompton Hospital Bacteriology claimed his attention and for nine months he studied at the Pasteur Institute in Paris and was then appointed assistant bacteriologist to the British Institute of Preventive Medicine (now the Lister Institute)

In 1897 he was placed by the Crown in the chair of pathology and bacteriology in the Government Medical School at Cairo and appointed pathologist to the Government Hospital Kasr-el Ainy Cairo He instituted the pathological museum of the Cairo Medical School and supplied it with about 600 preparations collected and mounted by himself While at Cairo he rendered the country a notable service A serious outbreak of cattle plague having occurred in Egypt he was entrusted by the Government with the foundation and direction of an

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professor of experimental psychology in the University of Copenhagen at Bedford College for Women Regent's Park N.W. on November 23, 24 and 26 at 5.15 p.m.

Admission to the above lectures is free without ticket.

The Fawcett Lecture on "Elizabeth Garrett Anderson, M.D." will be given by her daughter Dr. Louisa Garrett Anderson at Bedford College for Women, Regent's Park, N.W. on November 25 at 5.15 p.m. Admission is free by ticket obtainable on application to the secretary.

The Schorstein Memorial Lecture will be delivered by Professor Arthur Ellis at the London Hospital Medical College *on Thursday, October 21, at 4.15 p.m.* A postgraduate course for old students will be held from October 20 to 23.

The following appointments to the Faculty of Medical Sciences are announced:

DEPARTMENT OF ANATOMY AND EMBRYOLOGY.—Mr. A. Pollitt, Mr. A. G. M. Weddell, Mr. J. J. Pritchard and Mr. R. E. Norrish as demonstrators.

DEPARTMENT OF PHYSIOLOGY, PHARMACOLOGY AND BIOCHEMISTRY.—Dr. L. Young and Mr. D. H. Smyth as lecturers. Dr. A. L. Chute as temporary lecturer, and Dr. J. H. T. Lawton and Dr. H. O. Schild (pharmacology) as demonstrators.

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council held on October 8, Mrs. Helen Mellanby, B.Sc., Ph.D., was appointed part-time demonstrator for medical and dental students in the Department of Zoology. The Council accepted with regret the resignation of Dr. E. S. Duthie of the post of demonstrator in pathology. Notification was made of a grant of £400 per annum by the Yorkshire Council of the British Empire Cancer Campaign for a research assistant in the Department of Pathology.

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*(Parts II. and III.)* R. Cuddeford, N. Exell, I. Kossack, C. J. Wells, S. Wolfson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Museum Demonstrations

The autumn course of museum demonstrations in the theatre of the College commences on Monday, October 18, when Mr. L. W. Proger will show pathological specimens in the museum. Mr. Proger will demonstrate specimens on October 25 and November 1; also Mr. A. J. E. Cave will discuss the anatomy of the pelvic floor on October 22, the surgical anatomy of the middle ear on October 29, and the anatomy and physiology of the thyroid gland. All the demonstrations commence at 5 p.m. and are open to advanced students and medical practitioners.

The Services

Surgeon Captain F. C. Wright, from the Royal Naval Hospital, Plymouth, has been appointed to command the hospital ship *Maine* in succession to Surgeon Captain W. Bradbury, C.B.E., D.S.O.

R.A.F. VOLUNTEER RESERVE (MEDICAL BRANCH)

The Air Ministry announces that a new branch of the Royal Air Force Volunteer Reserve is to be established for medical officers as a reserve for the reinforcement of the Royal Air Force in times of national emergency. The initial period of service will be five years. Candidates will normally be entered in the rank of flying officer and will be eligible for promotion to flight lieutenant after two years' approved service. Officers will be required in their first year of service to attend an Air Force unit for eighteen working days' training in the duties of a medical officer. In subsequent years they will be liable if called upon to attend for twelve working days annually. They will receive a retaining fee of £15 a year and the pay and allowances of their rank during periods of training. There will be an outfit allowance on entry of £25. Applications are invited immediately from suitable candidates who must be qualified to practise medicine and surgery, be registered under the Medical Acts in force in the United Kingdom and be below the age of 40. They should be sent to the Secretary, Air Ministry (S.7.c), Kingsway, London, W.C.2.

Medical News

At a meeting of the Royal Australasian College of Surgeons held in Melbourne on September 3, honorary Fellowship was conferred upon Professor G. Grey Turner.

At the annual dinner given by the president and council of the British College of Obstetricians and Gynaecologists on *Friday, October 22* at *Claridge's*, the official guest will be the Chancellor of the Exchequer, Sir John Simon.

The annual dinner of the Chelsea Clinical Society will be held at the Hotel Rembrandt, Thurloe Place, S.W., on Tuesday, October 19, at 8 p.m. president's reception at 7.30 p.m. The Earl of Athlone, Mr. H. L. Eason, Principal of London University, and Sir Ernest Graham-Little will attend as guests.

The annual dinner of the past and present men students of the Leeds School of Medicine will be held at the Great Northern Hotel, Leeds, on Thursday, November 25 at 7 for 7.30 p.m., when Dr. J. Le F. C. Burrow will preside. Applications for tickets (10s. 6d. each exclusive of wine) should be made to the Dinner Secretary, the Medical School, Leeds, 2.

The XXVI. Long Fox Memorial Lecture will be delivered in the large theatre of the Wills Physics Building (Royal Fort), Bristol University, by Mr. V. B. Green-Armytage on Tuesday, October 19, at 8.30 p.m. His subject is "The Debt of Western Medicine to the East." The lecture is open to the public and suitable for a non-medical audience. No tickets are required.

A meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, W.C., on Wednesday, October 20, at 5.30 p.m., when a paper will be read by Major G. Burrard on "The Microscope in the Identification of Firearms."

A reception will be held at the Royal Society of Medicine on Friday, October 29, at 8.30 p.m., when Fellows and their friends will be received in the library by the president, Sir John Parsons. At 9.15 p.m. Mr. Philip *Guedalla will deliver the Lloyd Roberts Lecture on* "The Method of Biography." Admission will be by ticket only. Applications should be addressed to the secretary and will be dealt with in strict rotation.

Sir Arthur MacNalty will deliver his presidential address on "The Epidemiology of Encephalitis Lethargica" before the Section of Epidemiology and State Medicine at the Royal Society of Medicine on Friday, October 22, at 8.15 p.m.

The third Congress of the Italian Society of Anaesthesia and Analgesia will be held at Turin on October 22, when the following subjects will be discussed: (1) Anaesthesia in injuries of war and peace; (2) Effects of anaesthetics on the central and peripheral nerve fibres and nerve cells. The secretary of the congress is Professor G. Giordanengo, Corso Re Umberto, Turin.

Dr. W. S. C. Copeman, honorary medical secretary of the Empire Rheumatism Council, has been appointed by the Prime Minister to represent H.M. Government at the forthcoming Budapest Congress of Balneology and the bicentenary of the Royal Hungarian Medical Society.

Dr. Hans Virchow, emeritus professor of anatomy at Berlin and eldest son of the celebrated pathologist, was 85 years old on September 10.

The Westminster Hospital announces that six grammes of radium are now in use day and night, at its Radium Annexe, Fitzjohn's Avenue, Hampstead. Four were installed a year ago in a new tungsten bomb; two recently lent by King Edward's Hospital Fund have been added to the equipment and made available for treatment by the reconstruction of the gold-collared leaden bomb formerly used.

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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

295 Adie's Syndrome

G BERGMARK (*Nord med Tidskr* July 24 1937, p 1169) draws attention to the frequency with which Adie's syndrome is demonstrable and to the necessity for distinguishing it from tabes with an Argyll Robertson pupil Since Adie's first publication, in 1932 of a paper entitled Tonic Pupils and Absent Tendon Reflexes A Benign Disorder *sui generis* etc.,' there have been more than 100 cases recorded in the literature, and Professor Bergmark alone has observed sixteen cases These he records in detail pointing out that even when there is a history of syphilis it does not follow that the diagnosis of Adie's syndrome should necessarily be put aside in favour of that of late syphilis of the central nervous system Among the components of this syndrome is a pathological pupil reaction, the most important element of which is a myotonic condition demonstrable on accommodation the pupil on the affected side contracts on near vision more slowly than does the pupil on the opposite side, and it also dilates more slowly The affected pupil does not usually react to direct or indirect light but it may do so in an abnormal fashion Certain tendon reflexes are absent or diminished, but there are no motor or sensory disturbances, nor definitely demonstrable changes indicative of disease of the nervous system The cerebrospinal fluid is normal, and the Wassermann reaction is negative In the author's opinion Adie's syndrome is comparable with orthostatic albuminuria in that both conditions are harmless and that their discovery may do more harm than good if they are confused with syphilis and tabes on the one hand and with organic renal disease on the other

296 Arthritis and Chorea in Diphtheria

H G HABER (*Mschr Kinderheilk* July 14, 1937, p 332) states that during the past year out of 435 cases of diphtheria admitted to hospital five showed symptoms of arthritis or chorea The first was a girl, aged 9 with no previous history of polyarthritis who on the twelfth day after injection of serum developed a painful swelling of the joints without any cardiac involvement The second case was a boy, aged 8 with a history of an attack of polyarthritis and endocarditis a year previously who on the seventh day of faucial diphtheria developed polyarthritis without any exacerbation of his pre-existent endocarditis The third child was a girl aged 9 who developed acute arthritis of the right hip with slight thickening of the thigh in the sixth week of diphtheria without any cardiac involvement The fourth case was that of a girl aged 10 who developed symptoms of chorea, which persisted for eleven weeks in the middle of the third week of diphtheria A pre existing heart disease was not aggravated by the chorea and no symptoms of polyarthritis developed The fifth case was that of a girl aged 13 who developed symptoms of acute rheumatism and cardiac involvement in the middle of the fourth week of a mild attack of diphtheria In the thirteenth week a fortnight after the subsidence of the arthritic and cardiac symptoms chorea appeared but cleared up after two weeks treatment by luminal

297 Diabetes Complicating Tuberculosis

M NICOLAI (*Z Tuberk* 1937 78 3 p 159) draws attention to the fact that the prognosis in cases of coexistent diabetes and tuberculosis is since the introduction of insulin by no means hopeless In certain cases in which the sugar metabolism has been brought under control there appears to be a definite tendency for the tuberculous lesion to heal Four cases are described in detail, in two of which unilateral artificial pneumothorax was performed, in one excision of the phrenic nerve was done in addition and in one a bilateral artificial pneumothorax was carried out In each case the daily intake of from 200 to 300 grammes of carbohydrate was easily controlled by insulin of which from 70 to 90 units were given Proteins and fats were cut down to 70 grammes daily Blood sugar curves were estimated each day to prevent hypoglycaemia and other complications Although at the beginning of treatment the prognosis in each case appeared to be hopeless the patients were finally discharged and allowed to resume their former occupations

Surgery

298 Prostatic and Uterine Ballotement

H SCHAFER (*Zbl Chir* July 31, 1937, p 1814) points out that 1,000 to 1,500 c cm of fluid must be present in the abdomen before its presence can be diagnosed by the ordinary methods of percussion and palpation In order to appreciate the presence of smaller quantities than this he recommends that a finger be introduced into the rectum until it just touches the cervix or the prostate The fingers of the other hand are then used to perform small pushing movements on the abdomen just above the symphysis pubis These movements displace the fluid in the pelvis, which in its turn produces a slight ballotement of the uterus or prostate which can be felt by the finger in the rectum The two main sources of error are a full bladder or fluid content in the intestine, and when these are ruled out the author states that his method has given excellent results in diagnosis

299 Hirschsprung's Disease

A W ADSON (*Surgery* June, 1937 p 259) defines Hirschsprung's disease as one of neurogenic origin in which the mechanism for filling the intestine or for retaining intestinal content overbalances the emptying mechanism and causes retention of faeces in the dilated and hypertrophied colon The patients are usually children or young people Acquired megacolon results from chronic obstruction as a result of elongation of the mesentery torsion of a colonic segment or the multiplication of the intestinal loops In the congenital type of megacolon the left half or sometimes the entire colon is enlarged without the presence of any obstructing lesion Thickening of the musculature appears to be a compensatory response intended to overcome the obstruction whether neurogenic or mechanical In mild cases of Hirschsprung's disease the symptoms may be only those of abdominal distension and infrequent defaecation but in more severe forms marked abdominal distension with flaring of the ribs respiratory and cardiac embarrassment and toxic symptoms with absence of spontaneous defaecation may occur The toxic symptoms result in general malaise loss of appetite emaciation and irritability In mild cases medical treatment may control the condition and diathermy gives temporary relief For severe cases lumbar sympathectomy has replaced major operations such as appendicostomy colostomy enterostomy and partial colectomy which were attended by a high mortality and often failed to give relief The type of sympathectomy must depend on the degree of the disease and a procedure should be planned to include sufficient sympathetic fibres to balance the neuromuscular mechanism of filling and emptying the colon The results of operation are given in a series of twenty two cases of Hirschsprung's disease and eight of

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Subject: Malignant Hypertension.

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Stammering, Cleft Palate Speech, Lisping 5/9 of MISS BEHNKE, 39 Earl's Court Sq., S.W.5

a considerable extent according to individual response, such a method is greatly preferable to rigid dosage according to body weight, and requires considerably less of the anaesthetic Six cases only required 5 c.cm., but five of these were early cases in which quicker injection was used Three cases required a supplement of ether, and one instance only of collapse was noted—in a mongol aged 1½ Sleep for ten to thirty minutes after operation was the rule The advantages noted include absence of abundant mucous and salivary secretion, and of post-operative vomiting and headache absolute starvation before operation was not found necessary

307 Anaesthesia Affecting the Newborn

S H CLIFFORD and F C IRVING (*Surg Gynec Obstet* July, 1937, p 23) point out that modern methods of obstetric analgesia, which usually depend on a combination of various agents, though very often successful are seldom without some unfavourable effect on the foetus During the past five years the barbiturates have been increasingly used in the Boston Lying in Hospital with terminal gas oxygen or gas-oxygen-ether, and the figures for stillbirths and neo natal deaths have both fallen as compared with the previous five years Since 1931 nembutal has practically replaced amytal In order to avoid the many other factors which may influence the condition of the foetus at birth the authors have studied comparable groups of normally delivered full term vertex presentations A control group of fifty three received no analgesics the remaining 410 had one or more of the basal analgesics, and gas-oxygen with often a little ether at delivery Only two infants died both in the group of seventy five cases which received omnopon and the authors stress the danger of opium derivatives, which they consider should not be used here Of mothers receiving barbiturates 78 per cent had complete amnesia compared with 34 per cent of those who had omnopon or morphine while in the former group 63 per cent. of the infants were physiologically normal and only 3 per cent required resuscitation, against 43 per cent and 23 per cent respectively for the latter group No relation could be shown between the time of administration of the barbiturates and any action on the foetus though with the opiates this effect rose steeply from two hours to a peak at from four to six hours before delivery, falling after eight to ten hours In contrast again to morphine no relation could be shown between the dosage of barbiturate used and the behaviour of the infant The addition of scopolamine to barbiturates gave more successful anaesthesia and analgesia than did that of rectal ether or paraldehyde and none of these combinations showed unfavourable effects on the foetus Nitrous oxide oxygen is considered harmless if given for five minute periods but dangerous foetal anoxaemia may result if 90 per cent or more of gas is given for longer periods The amount of ether used averaged less than one ounce and it was considered to have no effect on the foetus

308 Anaesthesia for Spinal Fractures

P MARIQUE (*Scalpel* Liége July 17 1937 p 1023) describes his method of treatment for fractures of the lower dorsal and lumbar vertebrae The question of anaesthesia for these procedures is fully discussed and reference is made to Watson Jones who in a series of eighty cases was able to reduce the fracture after an injection of morphine without any anaesthetic General anaesthesia is not recommended on account of the danger of pulmonary complications which may develop if a patient lies in a state of narcosis in a plaster jacket Spinal anaesthesia is only suitable for low fractures of the spine Various forms of local anaesthesia are discussed and infiltration of the vertebral muscles with 15 to 20 c.cm of a 1 per cent solution of novocain on each side is recommended this gives an excellent anaesthesia after eight to ten minutes The solution diffuses over the site of the fracture and reduces relaxation of the muscular spasm, so that reduction can be carried out painlessly

309 Headaches after Spinal Anaesthesia

M MARGOTTINI (*Policlinico* Sez. Prat, July 19 1937, p 1385) reviews the literature and records his observations on 3 542 administrations of spinal anaesthetics in the San Giovanni Hospital at Rome from August 1933, to August, 1936 No deaths were recorded The anaesthetic employed was a 10 per cent solution of novocain, which the author regards as the best anaesthetic for the majority of lower abdominal operations After making a trial of the various methods for the prevention and cure of post-anaesthetic headache, which is much commoner in women than in men he found that the intrathecal injection of a 1 per cent solution of glucose after injection of the anaesthetic lowered the incidence of headache to 2 8 per cent and reduced its duration and severity

310 H KOSTER L KASMAN and A SHAPIRO (*Arch Surg* Chicago July, 1937, p 148) classify the various causes of the headache which may follow spinal anaesthesia under three headings (1) seepage of cerebrospinal fluid after spinal puncture, (2) irritative meningitis and (3) contamination of the material injected, causing irritation of nerve tissue In order to obtain information regarding the latter experiments were made in which the solution of procaine hydrochloride in cerebrospinal fluid was contaminated by the addition of tincture of iodine and a solution of trinitrophenol A comparison was also made of the effect of using procaine hydrochloride dissolved in a physiological saline solution tap water, and distilled water with procaine hydrochloride dissolved in cerebrospinal fluid The experiment was conducted in five parts with twenty-five patients in each group and the results showed that neither the addition of tincture of iodine nor the addition of trinitrophenol to procaine hydrochloride dissolved in cerebrospinal fluid had any effect on the development of post operative headache Hypotonicity or hypertonicity as occasioned by using tap water a saline solution or distilled water did not appear to be a factor in the production of headache It was seen from the tables of the five groups that five patients had post-operative headache, and this figure coincides with that of 5 per cent which is the ordinary incidence of these headaches

311 Chloroform

D KULENKAMPFF (*Schmerz Narkose anaesth* August 1937 p 78) states that the dangers of chloroform as an anaesthetic have been exaggerated because unknown concentrations of it have been used too large doses have been given for the sake of deep narcosis and the psychological and constitutional side of the problem has been neglected He points out that experience has long taught that women in labour and accident cases bear the administration of chloroform well since in both instances there is no fear of an anaesthetic It is important to set the patient's mind at rest especially in those cases in which there is a constitutional tendency to spasm and allergy The dose of chloroform can be accurately determined by the drop method and local anaesthesia decreases the amount of chloroform required in a major operation Respiratory disturbances are more dangerous than in ether narcosis but chloroform may be used with advantage in operations about the mouth Its non inflammable properties enhance its value The author recommends anaesthesia which is begun with ether and small quantities of chloroform, together with local anaesthesia of the skin and deeper structures When in a major operation deep narcosis is avoided the patient awakes easily there is no post operative vomiting, and his recovery is pleasanter

HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE.

It is anticipated that not less than 10 vacancies for Medical Officers will occur before the end of 1937 The majority of these will occur in Tropical Africa and in Malaya

QUALIFICATIONS—Candidates must be British subjects of European parentage, under 35 years of age, and must possess a medical qualification registrable in the United Kingdom Preference will be given to candidates who have held Hospital or Public Health appointments or who have special knowledge of anaesthetics radiology, surgery, medicine ophthalmology, gynaecology and midwifery, diseases of the ear nose and throat venereal diseases, etc

SALARY—Initial salaries vary from £600 to £700, and rise by increments to a maximum of between £1,000 and £1 200

PRIVATE PRACTICE—Private practice is not allowed as of right, but in the case of some appointments it is permitted on certain conditions

QUARTERS.—In Tropical Africa, free quarters, or an allowance in lieu, are provided In Malaya, quarters are provided at an annual rental not exceeding 6% of an officer s salary

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TERMS OF APPOINTMENT.—The appointments are pensionable, subject to a probationary period which varies from two to three years

COURSES OF INSTRUCTION IN TROPICAL MEDICINE AND HYGIENE—Selected candidates will normally be required to attend a course of instruction leading to the Diploma in Tropical Medicine and Hygiene before proceeding overseas

DUTIES—Although Medical Officers are appointed in the first instance for general service, there are opportunities for work in special branches of medicine and surgery, in public health, and in medical research

Further particulars and forms of application may be obtained from the **Director of Recruitment (Colonial Service), 2, Richmond Terrace, Whitehall, London, S W.1**

LANCASHIRE MENTAL HOSPITALS BOARD

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENTS

Applications are invited for the following whole time appointments

DEPUTY MEDICAL SUPERINTENDENT County Mental Hospital Lancaster

DEPUTY MEDICAL SUPERINTENDENT County Mental Hospital Winwick

The salary in respect of each appointment is £750 per annum rising by annual increments of £25 to a maximum of £850 An additional £50 per annum will be paid for the possession of a Diploma in Psychological Medicine

The appointments will be subject to the provisions of the Asylums Officers Superannuation Act 1909

Applicants are required to submit their applications on a form to be obtained from the undersigned and such applications endorsed " Deputy Medical Superintendent Lancaster/Winwick as the case may be, should be sent to or delivered at my office not later than 12 noon on Thursday November 4th 1937

Canvassing, either directly or indirectly will be a disqualification

County Offices GEORGE ETHERTON
Preston Clerk of the Board
October 1937

LANCASHIRE MENTAL HOSPITALS BOARD

BROCKHALL CERTIFIED INSTITUTION FOR MENTAL DEFECTIVES
Langho near Blackburn

Applications are invited for the whole time appointment of MEDICAL SUPERINTENDENT at the above Certified Institution

The salary is £950 per annum rising by annual increments of £100 to a maximum of £1 350 per annum with emoluments for pension purposes valued at £150 per annum

The appointment will be subject to the provisions of the Asylums and Certified Institutions (Officers Pension) Act, 1918

Applicants are required to submit their applications on a form to be obtained from the undersigned and such applications endorsed Medical Superintendent " should be sent to or delivered at my office not later than 12 noon on Thursday November 4th 1937

Canvassing either directly or indirectly will be a disqualification

County Offices GEORGE ETHERTON
Preston Clerk of the Board
October 1937

BOROUGH OF COLNE

MEDICAL OFFICER OF HEALTH

The Town Council invite applications for the appointment of Medical Officer of Health School Medical Officer and Maternity and Child Welfare Medical Officer for the Borough The salary of the appointment will be at the rate of £800 per annum and a motor car is available for the use of the Health Department

Candidates must be duly qualified medical practitioners and possess a recognized diploma in Public Health and requisite qualifications required by the Sanitary Officers (Outside London) Regulations, 1935 and the Regulations of the Ministry of Health to whose approval the appointment will be subject

Applications endorsed Medical Officer of Health and accompanied by not more than three references or recent testimonials must be received by the undersigned not later than Saturday October 30th 1937

Canvassing will be a disqualification

Town Hall L A VENABLES
Colne Town Clerk.
October 7th 1937

DAVID LEWIS NORTHERN HOSPITAL, Liverpool
(University of Liverpool Clinical School)

The Committee invites applications for the post of MEDICAL REGISTRAR AND TUTOR

The appointment which is non-resident will be for the period ending September 30th 1938.

Honorarium £125 p a

Applications together with copies of testimonials should be addressed immediately to the undersigned from whom further particulars may be obtained

THORNBURROW GIBSON
October 5th 1937 Secretary Superintendent

SUSSEX MATERNITY & WOMEN S HOSPITAL, Buckingham Road Brighton.

Appointment of TWO HONORARY ANTE NATAL OFFICERS

The Committee of Management invite applications for the post of Honorary Medical Officers to the Ante-Natal Department

Applications for further particulars should be made in writing to the Secretary 80 Buckingham Road Brighton on or before October 30th
October 8th 1937

COUNTY BOROUGH OF NEWPORT

PUBLIC ASSISTANCE COMMITTEE.

ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited from unmarried Registered Medical Practitioners (male) for the above appointment at the Committee s Hospital which is a recognised training school for nurses and provides treatment for acute medical and surgical cases. tuberculosis obstetrics and children s diseases etc

Preference will be given to candidates with surgical experience and experience in the administration of anaesthetics

Salary £350 per annum rising by annual increments of £25 to £450 per annum with the usual emoluments

Applications stating age qualifications and experience accompanied by copies of three recent testimonials should be sent to the Public Assistance Officer Town Hall Newport. Mon., not later than October 27th 1937

Town Hall O TREHARNE MORGAN
Newport Mon Town Clerk.

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R LANCASTER
Secretary Superintendent

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HOUSE PHYSICIAN

Applications are invited from fully qualified men for the above post to take up duties on December 1st next Six months appointment Salary £125 per annum with board residence and laundry

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HERBERT MASLEN
October 7th 1937 Secretary

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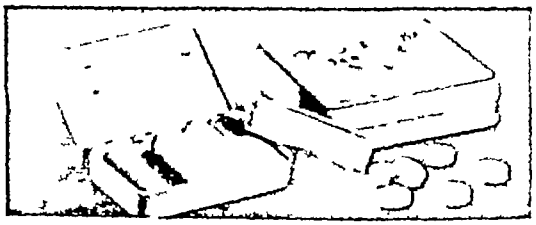
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BOROUGH OF SOUTHALL

APPOINTMENT OF MEDICAL OFFICER OF HEALTH

The Council invite applications for the above appointment from duly qualified and registered Medical Practitioners who in addition to the qualification prescribed by any Statute are also registered in the Medical Register as holding a Diploma in Sanitary Science, Public Health or State Medicine

The appointment will be subject to the provisions of the Local Government Act 1933 the Sanitary Officers (Outside London) Regulations 1935 and the approval of the Minister of Health

The person appointed will be required to perform all the duties imposed on a Medical Officer of Health under relevant Acts and Orders to act as Medical Officer to the Maternity and Child Welfare Centres, and Medical Superintendent of the Isolation Hospital so long as this continues to be maintained by the Council and will also be required to carry out such other duties of a like nature as the Council may with the consent of the Minister of Health (where necessary) from time to time direct

The person appointed will be required to reside within the Borough and to devote his whole time to the duties of the office. He will not be permitted to engage in private practice.

The inclusive salary attaching to the office will be £800 per annum rising (subject to satisfactory service) by annual increments of £50 to a maximum salary of £1,000 per annum together with a car maintenance allowance of not less than £50 per annum

All fees receivable in respect of any duties carried out by the Medical Officer of Health must be paid into the Council's accounts.

The Local Government and Other Officers Superannuation Act, 1922, has been adopted and the above-mentioned post designated for superannuation purposes and the successful candidate will be required to pass a medical examination by the Council's Medical Office of Health and to contribute to the Council's Superannuation Fund

The person appointed will be required to give three months notice to determine the appointment

Applications stating age, qualifications and experience accompanied by copies of three recent testimonials, must be delivered to the undersigned not later than October 27th 1937

The canvassing of any member of the Council by or on behalf of any candidate for the above mentioned appointment is prohibited and will result in the disqualification of that candidate and each candidate is required to state in his application whether or not he is related to any member or Chief Officer of the Council

W STALEY BROOKES
Town Hall Southall *Town Clerk*
October 4th 1937

COUNTY BOROUGH OF SOUTH SHIELDS

The South Shields General Hospital

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENT

Applications are invited by the South Shields Corporation for the appointment of Deputy Medical Superintendent of the above hospital (400 beds) at a commencing salary of £350 per annum rising by two annual increments of £50 to a maximum of £450 per annum together with board residence, and laundry valued at £101 per annum

The salary and emoluments are subject to a deduction of 5 per cent under the Local Government and Other Officers Superannuation Act 1922.

Form upon which application should be made accompanied by copies of three recent testimonials may be obtained from the Medical Officer of Health, Town Hall South Shields and should be received by the undersigned in an envelope marked *Deputy Medical Superintendent* not later than October 27th 1937

HAROLD AYREY
Town Hall South Shields Town Clerk.
September 20th 1937

LANCASHIRE COUNTY COUNCIL.

JUNIOR ASSISTANT MEDICAL OFFICER
Wrightington Hospital Appley Bridge.

Applications are invited for the post of Junior Assistant Medical Officer (male, unmarried) for the Wrightington Hospital which contains 206 beds for non-pulmonary tuberculosis (adults and children) and 20 beds for combined pulmonary and non-pulmonary cases. Salary £200 per annum together with board residence and laundry

The appointment will be for six months or for twelve months as may be agreed upon

The medical staff consists of medical superintendent two assistants two consultant orthopaedic surgeons, and other visiting surgeons There are excellent facilities for reading for M D

Forms of application and conditions of appointment obtainable from Central Tuberculosis Officer County Offices, Preston. Letters to be marked "Wrightington M O

Closing date October 21st 1937
County Offices, Preston. GEORGE ETHERTON
Clerk of the County Council

ESSEX COUNTY COUNCIL

LADY ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

The County Council of the Administrative County of Essex invite applications for the above appointment from duly qualified Registered Medical Practitioners holding a Diploma of Public Health and not over 45 years of age.

The Officer appointed must have had experience as a Medical Officer of an ante natal clinic

The salary will be £500 per annum and will rise subject to satisfactory service by annual increments of £25 to £700 per annum and travelling expenses will be allowed

The appointment will be held by the successful candidate during the pleasure of the Council and will be determinable by the Officer by three months notice in writing.

The person appointed will be required to pass a medical examination and to contribute to the fund established by the County Council under the Local Government and Other Officers Superannuation Act 1922

The appointment will be subject to the Council's Sick Pay Rules and Regulations, a copy of which will be forwarded on application

Applications on the prescribed form obtainable from the undersigned accompanied by copies of not more than three testimonials (which will not be returned) should be addressed to me and delivered at the County Hall Chelmsford not later than 10 a.m on Monday October 25th 1937

County Hall E. S HOLCROFT
Chelmsford Clerk of the County Council
October 5th 1937

ESSEX COUNTY COUNCIL

TEMPORARY ASSISTANT SCHOOL MEDICAL OFFICER

The County Council of the Administrative County of Essex invite applications for the above appointment from duly qualified registered Medical Practitioners. Preference will be given to a candidate who has had experience in school medical inspection

The appointment will be for a period of one year from January 1st 1938 and the person appointed will be required to carry out duties in the Dagenham area

Salary will be at the rate of £500 per annum and travelling expenses will be allowed

Applications stating age qualifications and experience accompanied by copies of not more than three recent testimonials should be addressed to me and delivered at the County Hall Chelmsford not later than 10 a.m on Monday October 25th 1937

County Hall E. S HOLCROFT
Chelmsford Clerk of the County Council
October 5th 1937

ROYAL EASTERN COUNTIES INSTITUTION FOR THE MENTALLY DEFECTIVE

MEDICAL SUPERINTENDENT required by about December 15th for a Branch of the Royal Institution situated at Bridge Home. Witham Essex 40 male beds

The Superintendent appointed will be in administrative and medical charge of the Home at Witham subject to the authority of the Medical Superintendent of the whole group of Institutions and Branches which form the Royal Institution

The appointment is a whole-time one Previous residential experience in a Mental Deficiency Institution or in a Mental Hospital is essential Age not over 40 Applications to be received not later than October 20th Salary £700 a year rising by annual increments of £25 to a present maximum of £900 with unfurnished house (free of rates) gas electricity laundry and garden produce.

Apply giving age, nationality experience and copies of references to Medical Superintendent, Royal Institution Colchester

BRITISH RED CROSS SOCIETY

CLINIC FOR RHEUMATISM
Peto Place Marylebone Road N W 1

The British Red Cross Society invite applications for the appointment to the Clinic for Rheumatism Peto Place, Marylebone Road N W 1 of an HONORARY GYNAECOLOGIST

Applications should be sent in not later than October 25th, addressed to—

The Secretary of the Medical Board,
Clinic for Rheumatism
British Red Cross Society
14 Grosvenor Crescent
London S W 1

SMEDLEY'S HYDROPATHIC ESTABLISHMENT MATLOCK

HOUSE PHYSICIAN male, unmarried and fully qualified required Salary at the rate of £200 per annum with residence board and laundry Appointment for 12 months renewable if suitable with view to permanency with good prospects Previous experience in resident Hospital appointment preferred Duties include attendance at local hydropathic Hospital Applications stating qualifications experience age and nationality together with copies of three recent testimonials to be sent to Dr Harbinson Smedley's Hydro., Matlock, before October 31st, 1937

COUNTY OF KENT

TWO ASSISTANT TUBERCULOSIS OFFICERS (male)

Applications are invited for the above-mentioned whole time appointments on the staff of the Public Health Department

The duties will include attendance at dispensaries and such other work as may be assigned from time to time

The salary is at the rate of £600 a year rising, subject to satisfactory service, by annual increments of £25 to a maximum of £750 a year with subsistence and travelling allowances according to the County Council's Scale

The officers appointed will be required to reside in such part of the county as may be directed

The posts are designated as established ones under the Local Government and Other Officers Superannuation Act 1922, and each is terminable by three months notice on either side. The successful candidates will be required to pass a medical examination

Applications, stating age qualifications and clinical experience with special reference to practical experience in the diagnosis and treatment of tuberculosis accompanied by copies of not more than three testimonials must be received by the County Medical Officer of Health Sessions House Maidstone not later than Tuesday October 19th 1937

No official form of application will be issued

Sessions House, W L PLATTS
Maidstone, *Clerk of the County Council*
October 2nd 1937

CITY OF BIRMINGHAM SELLY OAK HOSPITAL (520 Beds)

JUNIOR MEDICAL OFFICERS (MALE)

Applications are invited from fully qualified Medical Practitioners for the whole-time appointments of Junior Medical Officers (male) at the Selly Oak Hospital Birmingham The appointments will be for periods of six months in the first instance but may be extended at the end of that time for further periods of not exceeding six months

Salary at the rate of £200 per annum and full residential emoluments

Further particulars may be obtained from the Medical Superintendent at Selly Oak Hospital to whom applications, stating age experience and qualifications with copies of recent testimonials should be forwarded not later than Wednesday October 27th 1937

F H C WILTSHIRE,
The Council House *Town Clerk*
Birmingham
September 1937

COUNTY BOROUGH OF GATESHEAD

ASSISTANT MEDICAL OFFICER OF HEALTH (FEMALE)

Applications are invited from duly qualified medical women in possession of the Diploma of Public Health or similar qualification for the post of Assistant Medical Officer of Health in the Public Health Department The person appointed shall work under the general supervision and control of the Medical Officer of Health Experience in midwifery and diseases of children will be a recommendation for the post. The salary payable is at the rate of £500 rising to £700 by annual increments of £25 and the appointment is subject to the provisions of the Local Government and Other Officers Superannuation Act, 1922 The appointment will be terminable by one month's notice from either side

A list of the duties of the office may be obtained from the Medical Officer of Health Greenesfield House Mulgrave Terrace Gateshead to whom applications stating age and experience and accompanied by not more than three recent testimonials should be sent not later than October 22nd 1937 in envelopes endorsed Assistant Medical Officer

Town Hall J W PORTER
Gateshead 8 Town Clerk

CITY OF MANCHESTER

Monsall Hospital for Infectious Diseases (600 beds)

The Public Health Committee invites applications from registered medical men for the post of SECOND RESIDENT ASSISTANT MEDICAL OFFICER at the above-named hospital

Preference will be given to applicants who have held resident surgical and medical posts in a general hospital and have taken the Diploma in Public Health or have special experience in Bacteriology and who have had previous experience in fevers

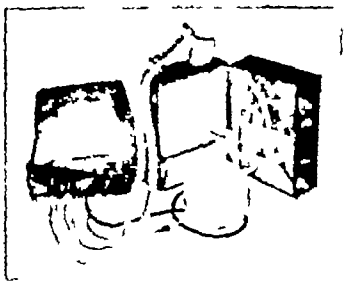
Salary £350 rising by £25 annually to £450 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service.

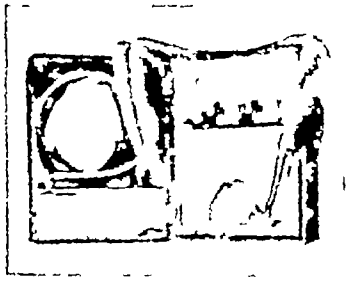
Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than October 23rd 1937

F E WARBRECK HOWELL
Town Hall *Town Clerk*
Manchester 2.
October 2nd 1937

PAINLESS LABOUR

THE TINDAL-BARR ANALGESIA APPARATUS





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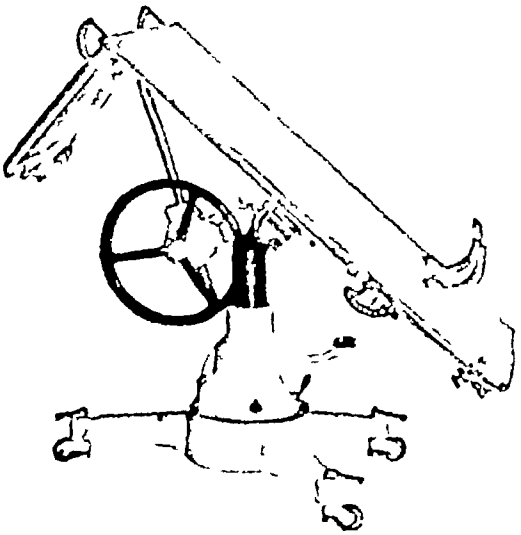
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- EASILY PORTABLE—Weight including three cylinders 30 lbs.
- LOW RUNNING COST—3d. 6d. per hour
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The apparatus will be on view at STANDS Nos. 122, 123 and 124 at the London Medical Exhibition, Westminster Hall, Oct. 18-23 where full particulars may be had from

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HULL ROYAL INFIRMARY

Applications are invited from registered medical practitioners for the following posts

1 HOUSE PHYSICIAN (male) to the Sutton Branch vacant November 5th Salary £160 The Branch Hospital is not a recovery annexe but a general hospital of 100 beds 45 of which are reserved for medical cases The above post is recognized by the University of London for the M D Branch I (Medicine) Examination

2 SECOND HOUSE SURGEON (male) at the Main Hospital vacant November 5th Salary £150 The hospital is recognized by the Royal Colleges for the F R C S Examinations and this post is also approved by the University of London for the M.S Branch I (Surgery) Examination

3 FIRST CASUALTY OFFICER (male) Vacant November 1st Salary £150 In addition to carrying out duties in the Casualty Department the officer appointed will act as House Surgeon to one of the Honorary Assistant Surgeons and will thus obtain Ward and Theatre experience He will be eligible for promotion to a more senior post when a vacancy occurs

In all the above posts salary is plus board residence and laundry

The above appointments will be for a period of six months but will be determinable at any time by one month s notice on either side

Applications giving particulars of age experience and nationality together with copies of testimonials should be addressed to the undersigned

R J CARLESS
October 11th 1937 House Governor

HULL ROYAL INFIRMARY

Applications are invited for the posts of HONORARY ANAESTHETISTS (2) The appointments will be for a period of five years and may be renewed

During the term of their appointments the successful candidates shall not apply for or accept a post at any other hospital or clinic without the previous consent of the Board

The present holders of the post are applying for reappointment.

Applications should be addressed to the Chairman Hull Royal Infirmary and should reach the hospital on or before Monday October 25th

R J CARLESS
October 7th 1937 House Governor

THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL, OSWESTRY
(Beds Adults 210 Children 110)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (male) which will become vacant in January 1938

The appointment is for a period of one year but may be renewed annually for a period not exceeding three years

Commencing salary £350 p a rising by annual increments of £50 to £450 p a with board residence laundry

Candidates must be registered medical practitioners and have had previous Orthopaedic experience it is essential that they should possess a higher surgical qualification

Applications together with copies of three recent testimonials, stating age qualifications and experience, should be received not later than November 6th 1937

JOHN MENZIES
Secretary-Superintendent.

THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL OSWESTRY
(Beds Adults 210 children 110)

HOUSE SURGEON (male) required at once Appointment for six month with possibility of extension Salary at the rate of £200 per annum with board residence and laundry Two weeks holiday for each six months service

Applications stating age qualifications and experience with copies of three recent testimonials to be addressed to the Secretary-Superintendent, and to reach him not later than October 23rd.

MANCHESTER ROYAL EYE HOSPITAL

JUNIOR HOUSE SURGEON required Salary £120 per annum with residence board etc

Applications (with copies of testimonials) endorsed House Surgeon to be addressed to the Chairman of the Board of Management not later than October 29th 1937

H R NORTH
Gen Supt. and Secretary

JAMES MURRAY'S ROYAL MENTAL HOSPITAL PERTH

SENIOR ASSISTANT PHYSICIAN wanted previous hospital appointment essential Starting salary £350 or £400 (with board etc) according to experience.

Apply stating age and experience with copies of testimonials to Physician Superintendent.

HOSPITAL OF ST CROSS RUGBY
(120 Beds)

Applications are invited for the post of ONE MALE RESIDENT MEDICAL OFFICER (three R M O s)

Salary to commence at the rate of £100 per annum for the first three months £125 per annum for second three months and at the rate of £150 per annum for subsequent months Full board washing etc provided

Six months appointment and eligible on completion of service for further extension of six months

Candidates must be prepared to commence duties on November 1st 1937

The practice of the Hospital offers excellent opportunities for wide experience

Certificates and other fees shared by R M O s

Applications stating age nationality and full details with copies of three recent testimonials to be sent to the undersigned

(Signed) W COCKBURN
Superintendent and Secretary

THE GUEST HOSPITAL DUDLEY
(General Hospital—107 Beds—Shortly to be increased to 160 Beds)
The Resident Staff consists of a Resident Surgical Officer and two House Surgeons

Applications are invited from registered Medical Practitioners for the post of RESIDENT SURGICAL OFFICER (male) Salary at the rate of £250-£300 per annum according to experience, with furnished apartments board, and laundry Candidates must have had experience in emergency surgery and preference will be given to those holding the qualification of F R C S or M S

Applications stating age, qualifications and experience accompanied by copies of testimonials to be sent to the undersigned

H RAYMOND HURST
House Governor and Secretary
October 1st 1937

THE ROYAL INFIRMARY SHEFFIELD
(500 Beds)

The Board of Management invite applications for the undermentioned posts

1 *HOUSE PHYSICIAN*
2 *HOUSE SURGEON*
3 OPHTHALMIC HOUSE SURGEON
4 *HOUSE SURGEON* to the Ear Nose and Throat Department

The salary attached to posts (1) (2) and (4) is £80 per annum increasing after six months service to £100 per annum and to (3) £120 per annum with board and residence in each case

These appointments will be tenable for the period of six months commencing on November 1st 1937 The Ophthalmic Department contains 69 beds and an Out Patient Department which is open daily

Applications with copies of testimonials to be sent to the General Superintendent and Secretary
October 11th 1937

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION
Gloucester

Applications are invited for the appointment of a whole-time ASSISTANT RADIOLOGIST Salary at the rate of £500 per annum

Applicants must be registered Medical Practitioners and hold a diploma in radiology

The appointment will be for two years which may be renewed for a further period

Applications stating age and qualifications, with copies of testimonials to be sent to the undersigned on or before December 1st 1937

F J SYMONS
October 7th 1937 Secretary

THE WEST NORFOLK AND KING S LYNN GENERAL HOSPITAL,
King s Lynn

THIRD RESIDENT MEDICAL OFFICER

The Governing Board invite applications for the above post Duties will include work in Casualty Department and in surgical wards under the Resident Surgical Officer Salary £120 per annum The appointment is for six months in the first instance Applications stating age nationality qualifications should be accompanied by testimonials and reach the undersigned not later than October 30th

JOSEPH E. SEARJEANT F C C S
House Governor and Secretary

MOUNT VERNON HOSPITAL
(For Cancer) Northwood

A HOUSE SURGEON (Resident) will shortly be required

Application with copies of three testimonials should be addressed to the undersigned on or before the 30th instant

Offices W J MORTON
32 Fitzroy Square W 1

HOSPITAL OF ST CROSS, RUGBY
(120 Beds)

Applications are invited for the post of SENIOR RESIDENT MEDICAL OFFICER Previous experience preferred

One year s appointment Salary at the rate of £150 per annum Full board washing etc, provided

The applicant will be expected to take charge of a 40-bed ward for Orthopaedic, Surgical Tuberculosis and Fracture cases and to assist in the Fracture Clinics in the Out Patient Department

The Orthopaedic and Surgical Tuberculosis Department is approved by the Ministry of Health and the Board of Education

Candidates must be prepared to commence duty immediately

Applications stating age nationality and full details with copies of three recent testimonials, to be sent to the undersigned

(Signed) W COCKBURN
Superintendent and Secretary

HOSPITAL OF ST CROSS RUGBY
(120 Beds)

Applications are invited for the post of ONE MALE RESIDENT MEDICAL OFFICER (three R.M O.s)

Salary to commence at the rate of £100 per annum for the first three months £125 per annum for second three months and at the rate of £150 per annum for subsequent months Full board washing etc provided

Six months appointment and eligible on completion of service for further extension of six months

Candidates must be prepared to commence duties on November 1st 1937

The practice of the Hospital offers excellent opportunities for wide experience

Certificates and other fees shared by R.M O.s

Applications stating age nationality and full details with copies of three recent testimonials to be sent to the undersigned

(Signed) W COCKBURN
Superintendent and Secretary

NORFOLK AND NORWICH HOSPITAL
Norwich

APPOINTMENT OF HONORARY PHYSICIAN

The Board of Management hereby gives notice that there is a vacancy for an Honorary Physician which will be filled on Tuesday November 16th 1937 at 3 p m

Candidates for the office of Physician shall produce evidence of being Doctors in Medicine of one of the Universities of the British Empire or Members of the Royal College of Physicians of London and having been registered according to the provisions of the Medical Act

Applications, with copies of testimonials must be sent not later than 14 days before the day of election to the undersigned

By Order of the Board of Management
FRANK INCH
October 8th 1937 House Governor & Secretary

WESTERN INFIRMARY OF GLASGOW (INCORPORATED)

RADIUM DEPARTMENT

The Managers invite applications for a FULL TIME ASSISTANT RADIUM THERAPIST for the National Radium Centre at the Western Infirmary

The work will include treatment by the usual Radium methods and also by Beam Therapy Salary £400 per annum

Fifteen applications with copies of at least two testimonials with each application to be lodged with the Subscriber on or before Wednesday October 20th 1937 Canvassing not permitted

J MATHESON JOHNSTON
87 Union Street Secretary and Treasurer
Glasgow
October 1st 1937

THE IPSWICH SANATORIUM SUFFOLK

Applications are invited for the post of ASSISTANT MEDICAL OFFICER Salary £350 per annum with yearly increments of £25 to £450 together with quarters (not attached to the wards) board laundry and attendance, subject to 5 per cent deduction for superannuation The successful candidate will be required to furnish a medical certificate or submit to medical examination Applicants must have held the post of H P or H.S at a General Hospital and have practical knowledge of treatment by Artificial Pneumothorax and of Laboratory work connected with Pulmonary Tuberculosis Preference will be given to applicants who have held the post of H P at a recognized Chest Hospital or who have had Sanatorium experience Applications stating age experience and nationality together with two recent testimonials should be sent to the undersigned not later than October 30th

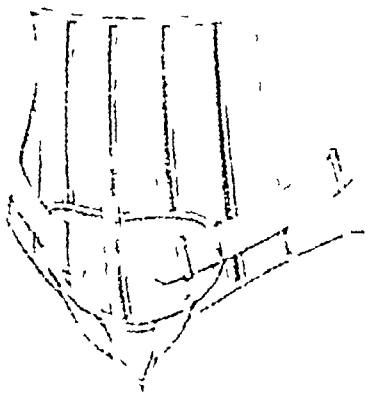
W F SUTCLIFFE.
Medical Superintendent.

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WANTED AN INDOOR ASSISTANT IN AN old-established industrial and country practice with view to succession in a year or two—Address No 825 B.M.A House, Tavistock Square, W C.1

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WANTED ASSISTANTSHIP BY WOMAN Doctor Several years experience in private and panel practice Accustomed to sole charge Car available if required—Address No 1135 B M.A House Tavistock Square W C 1

WANTED AT EARLY DATE, SINGLE MALE OUTDOOR ASSISTANT English or Scottish preferred for mixed Practice in Essex 29 miles from London Salary £400 plus £80 car allowance Car essential—Address No 1209 B M A House Tavistock Square W C 1

WANTED AT ONCE INDOOR ASSISTANT aged about 30 with view to Partnership Manchester District—Address No 1106 B M.A House Tavistock Square W C 1

WANTED AT ONCE—MALE BRITISH ASSISTANT for practice in pleasant Midland locality £375 p a and furnished room Work light Experience unnecessary Share available later—Address No 1114 B M.A. House, Tavistock Square W C 1

WANTED AT ONCE, OUTDOOR MALE ASSISTANT British preferably ex H.S and H P., for good-class mixed practice in Midlands salary £400 p a with £50 car allowance, work light and time for study house or rooms can be arranged—Address No 825 B.M.A. House Tavistock Square W C 1

WANTED BY MARRIED GRADUATE AGE 29 ASSISTANTSHIP Ex H S Over 3 years G P good refs own car free now—Address No 1205 B M.A. House Tavistock Square W C 1

WANTED BY PARTNERS IN NORTH EAST Town outdoor Male ASSISTANT Salary £350 with rooms and board and £50 car allowance Man with some experience of G P and Hospital appointments preferred but not essential Possibility of partnership later Please state nationality age experience etc—Address No 1125 B M.A House Tavistock Square W C 1

WANTED EARLY NOVEMBER SINGLE male ASSISTANT young British in large mixed Practice Rooms at Branch Surgery Salary £360 and £60 car allowance Send references—Address No 1110 B M A. House Tavistock Square W C 1

WANTED FOR THE WINTER MONTHS Indoor ASSISTANT for mixed practice (no collieries) near Swansea Work light Suit newly qualified Apply stating age, nationality and previous situation—Address No 1111 B M A. House Tavistock Square W C 1

WANTED IMMEDIATELY — ASSISTANT male for mornings or full-time Preferably with hospital experience. Kent London 30 mins. View to partnership £180 p a part-time indoor £300 p a full time Car provided or allowance for own—Address No 1116 B M.A. House Tavistock Square W C 1

WANTED INDOOR MALE ASSISTANT Native of British Isles £300 p a Car found Dispenser and second assistant Apply with photograph—Address No 822 B M.A. House Tavistock Square W C 1

WANTED IMMEDIATELY BY 2 PARTNERS in good East Lancashire Practice a young Scotch or English Protestant as ASSISTANT out door or indoor some experience desirable. Salary to commence £400 per annum plus £1 per week car allowance—Address No 940 B.M.A. House Tavistock Square W C.1

WANTED IMMEDIATELY—INDOOR AND Outdoor ASSISTANTS for Town and Country practices with and without view to partnership Good salaries offered State full particulars—BRITISH MEDICAL BUREAU 33 Cross Street, Manchester 2.

WANTED IN A RAPIDLY GROWING seaside Practice an INDOOR ASSISTANT with view £300 Excellent prospects Preference given to a London man who has held one or more hospital appointments particularly if from St Thomas's Please send photo if possible (this will be returned) and full particulars, including age and names of persons who would be willing to give testimonials—Address No 1213 B M.A House Tavistock Square W C 1

WANTED—LADY MEDICAL TO GIVE HELP in very small country practice, not colliery Wales £150 board and lodging.—Address No 1112 B M A House Tavistock Square W C 1

WANTED LADY SURGERY ASSISTANT book keeping minor dressings and dispensing Apply stating full particulars and experience.—Address No 1132, B M.A. House Tavistock Square W C 1

WANTED OUTDOOR ASSISTANT NEAR Birmingham Must have own car £300 p.a all found plus car allowance Partnership later to right man—Address No 1210 B M A House, Tavistock Square W C 1

WANTED OUTDOOR MALE ASSISTANT for good-class Private and Panel Practice in Manchester Salary £400 p.a plus £50 car allowance. State age height nationality religion and experience Enclose photo Applicants should preferably have held hospital appointments—Address No 1212 B M A House Tavistock Square W C 1

WANTED SINGLE, MALE ASSISTANT FOR Glamorgan Colliery Practice Salary £400 p.a outdoor with rooms and attendance or £350 p.a indoor Cottage Hospital Newly qualified suitable—Address No 939 B M.A House, Tavistock Square W C.1

WANTED—YOUNG UNMARRIED ASSISTANT Outdoor Seaside town and country practice West Wales £400 and car allowance—Address No 1011 B M.A House, Tavistock Square, W C.1

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PARTNERSHIP SURREY TEN MILES London ONE THIRD SHARE in large rapidly increasing mixed practice Panel 1 700 Applicant should be about 30 years, Church of England with good qualifications hospital and G.P experience prepared to do some surgery and to undertake all branches of General Practice Scotsman or Englishman preferred Only candidates with the above qualifications need apply —Address No 1118 B M A House Tavistock Square W C 1

S COAST —PARTNERSHIP WORTH £900 P.A approx in well-established non-dispensing Practice averaging over £6 000 p a Small panel Share increase after 2 years Suit young man with experience —Address No 1117 B M A House, Tavistock Square W C 1

S DEVON —PARTNERSHIP IN DELIGHTFUL country district near sea Average £1 750 p a increasing Panel 1 050 Half share at £1 750 House rent.—THE WESTERN MEDICAL AGENCY 22 Clare Street, Bristol 1 (Bristol 22689) and 15 Bedford Street Strand W C 2 (Temple Bar 2532)

SUSSEX —HAIF SHARE APPROX £1 400 IN mixed practice residential seaside town Panel 2 000 Fees 3s 6d to 10s 6d Must be able to do major surgery Well-equipped local Hospital Good house centrally situated £1,500 Premium two and a quarter years purchase —Address No 1217 B M A House Tavistock Square W C 1

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WANTED IN LANCASHIRE OR OTHER Northern town Panel and better Working class PRACTICE. Panel 1 000 upwards Income £1 100 upwards House sale or rent No branches —Address No 1105 B M A House, Tavistock Square W C 1

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CORNWALL —COUNTRY TOWN PRACTICE in pleasant part All sports Panel about 500 About £850 p.a 2 years purchase Good house rent.—THE WESTERN MEDICAL AGENCY 22 Clare Street Bristol 1 (Bristol 22689) and 15 Bedford Street Strand W C 2 (Temple Bar 2532)

COUNTRY PRACTICE OVER £600 PANEL and Appts £450 Good house, garden, £60 rates £15 Two good reception rooms surgery 5 to 6 bedrooms bath all services —Address No 833 B M A House, Tavistock Square W C 1

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FOR SALE SMALL NUCLEUS IN SURREY Expenses low ample scope any reasonable offer considered Replies treated in strictest con fidence — Address No 1133 B M A House Tavistock Square W C 1

KENT COAST —MIXED PRACTICE AVER aging £1,330 —panel and appointments over £400 House with garage and garden to rent Price 2 years purchase —Address No 1126 B M A House Tavistock Square W C 1

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Applications are invited for the post of RESIDENT ASSISTANT SURGEON (male)

The appointment is an open one Salary at the rate of £200 per annum (plus £25 for services in connexion with the Venereal Diseases Department) with board residence and laundry allowance Four weeks holiday a year The appointment is for one year from November 1st next terminable by three months notice on either side and subject to annual re-election may be extended to not more than three years

Candidates must be duly qualified registered medical practitioners unmarried and should hold one of the higher surgical qualifications As Senior Resident Officer the Resident Assistant Surgeon will be responsible for certain administrative duties

Applications with copies of testimonials should reach me not later than first post on Saturday October 16th 1937 Candidates must attend a Meeting of the Medical Council on Friday October 22nd 1937 at 4 30 p.m and prior to that date, call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but if so notified must attend a Meeting of the Board of Management at 5 p m on Tuesday October 26th 1937 when the appointment will be made

H A MADGE
Secretary

WEST LONDON HOSPITAL HAMMERSMITH ROAD (239 Beds)

CHIEF ASSISTANT TO THE DEPARTMENT FOR TREATMENT OF INJURIES required The post is a resident one, and the duties commence on NOVEMBER 1st Salary at the rate of £200 a year with board lodgings and laundry allowance Candidates must be duly qualified registered Medical Practitioners and it is desirable they should possess one of the higher Surgical Degrees or Diplomas They must have had special experience in the treatment of fractures

The appointment which is terminable by a month's notice on either side will be for a period of six months in the first instance but this period may be extended

Applications which must be made on printed forms obtained from me, must reach me not later than first post on Wednesday October 27th Candidates will be required to call upon such members of the Medical Staff as directed to be in attendance at a Medical Council meeting at 4 30 p m on Friday October 29th and the House Committee meeting at 5 p.m the same day when the appointment will be made.

H. A MADGE
Secretary

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W C 1

A part-time SURGICAL REGISTRAR (Male) is required Duties to commence on November 8th 1937 Salary at the rate of £200 per annum

Candidates must be legally qualified to practise and must have held a responsible resident appointment at a General Hospital

The appointment is tenable for six months

Applications must be received by noon on Monday November 1st, 1937 and candidates must be prepared to attend for interview by the Joint Committee at 4 45 p m on Wednesday November 3rd 1937

Further particulars and forms of application are obtainable from the undersigned

HERBERT F RUTHERFORD
October 1937 Secretary

WESTMINSTER HOSPITAL
Broad Sanctuary S W 1

Applications are invited for the office of ASSISTANT OPHTHALMIC SURGEON to this Hospital Gentlemen desirous of becoming candidates must be Fellows of the Royal College of Surgeons of England

Each candidate is required to transmit a certificate of his age and thirty copies of his application with thirty copies each of three testimonials to the undersigned not later than Monday November 8th 1937 and to attend the House Committee on Tuesday November 9th 1937 at 4 15 p m

By Order of the House Committee,
CHARLES M POWER
Secretary

THE ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN
Waterloo Road S E 1

There will be a vacancy on November 1st, 1937 for a HOUSE PHYSICIAN (male) at the above Hospital The appointment is in the first instance for a period of six months Salary at the rate of £100 per annum with board and residence. Applications with copies of testimonials should be forwarded not later than Wednesday morning October 20th to the Secretary at the above address from whom further particulars can be obtained

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL
Shooters Hill London S E 18
(General Hospital—112 Beds)

The Board of Management invites applications from suitably qualified candidates for the post of HOUSE SURGEON for six months, with effect from November 1st 1937 Remuneration will be at the rate of £100 per annum plus board residence and laundry

The closing date for the receipt of applications (which should be made on the prescribed form obtainable from the undersigned) is Monday October 18th and short listed candidates will be required to meet the Appointments Committee on Friday October 22nd 1937 at 4 45 p.m

R S G HUTCHINGS
Secretary

DREADNOUGHT HOSPITAL
Greenwich S E.10
(Seamen's Hospital Society)

Applications are invited for the non-resident post of RECEIVING ROOM OFFICER (male) for six months from October 18th Salary £200 per annum with lunch and tea Hours of attendance, week-days 9 a m to 5 p.m Saturdays 9 a m to 12 noon

Applications stating age nationality and experience of previous House appointments accompanied by copies of testimonials to be sent in immediately to the undersigned

F A. LYON
October 2nd 1937 Secretary

HOSPITAL FOR CONSUMPTION AND *DISEASES OF THE CHEST*
Brompton S W 3

The Committee of Management invite applications for the post of whole-time qualified ASSISTANT in the DEPARTMENT of PATHOLOGY Duly qualified women are eligible for appointment Further particulars may be obtained at the Hospital Salary £350 per annum Applications with copies of testimonials must reach the undersigned not later than October 19th Candidates will be required to attend the meeting of the Medical Committee on Wednesday October 20th at 4 30 p.m

Brompton S W.3 F G ROUVRAY
October 1937 Secretary

SAMARITAN FREE HOSPITAL FOR WOMEN
Marylebone Road N W 1

Applications are invited for the post of *HOUSE* SURGEON for a period of six months, commencing on November 8th next Salary at the rate of £100 per annum with board lodging and laundry Previous experience as House Surgeon essential Applications accompanied by copies only of three testimonials must reach the Secretary at the Hospital on or before Wednesday noon October 27th 1937

G H HAWKINS
Secretary

SAMARITAN FREE HOSPITAL FOR WOMEN
Marylebone Road N W 1

Applications are invited for the post of REGISTRAR for a period of twelve months salary at the rate of £130 per annum Applications stating age, accompanied by copies only of three testimonials must reach the Secretary at the Hospital on or before Wednesday October 27th 1937

G H HAWKINS
Secretary

SOUTH LONDON HOSPITAL FOR WOMEN
Clapham Common S W 4

Applications are invited from fully qualified Medical women for the undermentioned appointment

SURGICAL REGISTRAR Half time duty for a period of one year with eligibility for reappointment to a maximum of three years Honorarium of £75 per annum

Candidates are requested to call on members of the Hon Medical Staff if possible before Thursday October 21st by which date applications and copies of testimonials should reach the Secretary at the Hospital

THE NATIONAL TEMPERANCE HOSPITAL
Hampstead Road N W 1

Applications are invited for the following post HOUSE PHYSICIAN (male) Salary £100 per annum Board residence and laundry allowance being provided

The appointment is for a period of six months as from November 1st. Preference will be given to those who have held resident posts Candidates must submit applications stating qualifications age etc with copies of not more than three testimonials by Wednesday October 20th addressed to the Secretary

EAST HAM MEMORIAL HOSPITAL
Shrewsbury Road E.7
(107 Beds)

Applications are invited for the post of PHYSICIAN in charge of the Skin Department. Candidates must hold a University degree in Medicine and Surgery and be Fellows or Members of the Royal College of Physicians of London and engaged solely in dermatological practice

Applications stating full particulars together with copies of three testimonials should reach the undersigned on or before October 21st

Candidates will be expected to send copies of their application and testimonials to and call upon Members of the Honorary Medical Staff

REGINALD PERRY
Secretary

CHARING CROSS HOSPITAL
MEDICAL REGISTRAR

The Council invites applications for the post of Medical Registrar Candidates must be registered Practitioners (male) Honorarium £150 per annum A copy of the Regulations can be obtained from the undersigned to whom applications together with copies of three recent testimonials must be submitted not later than the first post on Monday October 18th 1937

GEORGE J JONES
Charing Cross Hospital Secretary
Strand W C.2
October 5th 1937

ST MARY'S HOSPITAL, W2.
CASUALTY HOUSE SURGEON

Applications are invited for the above post from duly qualified candidates

Candidates must have been House Surgeons for a full period of office to this Hospital or to some other General Hospital approved by the Board

The salary is £100 per annum with board and residence and the appointment is for six months

Applications with copies of testimonials not exceeding three in number should reach the undersigned (from whom particulars may be obtained) on or before Thursday October 21st

W PARKES
House Governor

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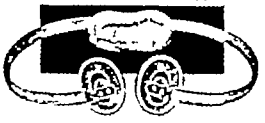
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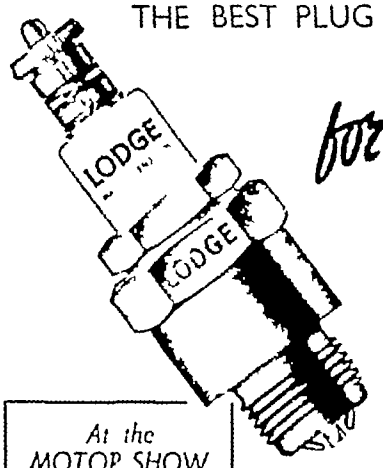
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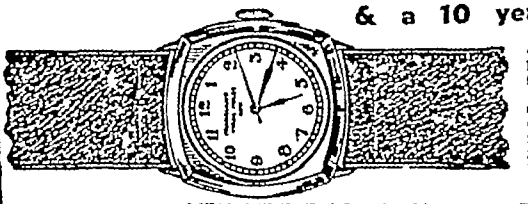
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1 E ANGLIA—PARTNERSHIP in country town Practice, about £8 000 p a Fees 3/6 to £1 1s Cottage hospital Incoming partner should have surgical experience One-sixth share at first at two years purchase Preliminary Assistantship

2 S MIDLANDS—PARTNERSHIP in steadily increasing Practice about £3 000 p.a, in good town Panel 1 846 Good house with garage and small garden to rent Partner should be aged about 35 experienced in gynaecology and hold F R C S or M C O G Hospital and appointment on staff One-third share at two years purchase and to one half later

3 LONDON W 2—Good-class non-dispensing PRACTICE about £1,000 No panel or midwifery Fees 10 6 to £1 1s *First rate ground floor flat (4 bedrooms etc)* Rent £400 p a inclusive Very good scope Premium £1 500

4 ESSEX.—PRACTICE doing about £2,000 a year in growing town Panel over 1 960 Visits 3/6 to 6/6 About 50 midwiferies annually Small house for sale at £850 Branch surgery £26 p.a Premium £4,500

5 MIDLANDS—PARTNERSHIP in Practice about £2 400 in manufacturing town Appointments worth about £250 p.a and panel 1 250 Suitable accommodation available One third share at first at two years purchase Good scope for medicine Vendor on hospital staff

6 N W ENGLAND—*Popular holiday resort in* attractive part ASSISTANTSHIP with view to PARTNERSHIP and early SUCCESSION Mixed Practice about £650 p.a, capable of much expansion Panel over 300 Cottage hospital Good opening for surgeon House available

7 CHISWICK—Old-established PRACTICE about £700 p a Panel about 500 Corner house with ample accommodation and very good garden Premium house and practice £2 100

8 KENT—Very old-established mixed class PRACTICE in growing district within 15 miles of London Cash receipts last year, £1,540, including appointments about £230 and panel 1 700 Good detached double fronted house (6 bedrooms) with garage and garden for sale Scope for increase Premium two years purchase Cottage hospital

9 SURREY—PARTNERSHIP in Practice averaging £5 000 p.a, in residential district about 10 miles from London Panel 3 000 Fees 3/6 to £1 1s Suitable house obtainable One fifth share (after preliminary Assistantship) at two years purchase

10 SUFFOLK—PARTNERSHIP in old-established country town Practice about £8 000 p.a, including appointments clubs and panel Visits 3/6 to £1 1s After preliminary Assistantship one sixth share would be sold to suitable man experienced in anaesthetics Premium two years purchase Cottage hospital

11 ESSEX.—Good middle-class non-panel PRACTICE, averaging over £2,150 p.a in outlying suburban district. Fees 3/6 to £1 1s Detached corner house on main road (6 bedrooms) garden and garage for sale Excellent scope for panel Premium two years purchase

12 S W OF ENGLAND—PARTNERSHIP in steadily increasing Practice averaging over £1 800 in beautiful country district near coast Panel 1 050 Nice house (7/8 bedrooms), garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

13 BUCKS—PARTNERSHIP in old-established country Practice about £3,200 Small panel Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms), with garage for two cars and about half acre garden to rent One fourth share at two years purchase

14 LONDON, W 2, and W 6—Non-dispensing and non panel PRACTICE run by two men in partnership Receipts about £1,300 and £700 respectively Premium two years and one and a half years purchase respectively Or either would be sold separately

15 ESSEX—Old-established and steadily increasing PRACTICE in outlying district Receipts, 1937 at rate of *£1,500 p.a Panel 750 Visits mainly 5/ Nice detached* corner house (6 bedrooms etc), garage and garden Rent £100 Premium £3,000 or near offer

16 KENSINGTON—Good class non-dispensing PRACTICE doing about £600 a year No panel, but scope if required Fees 10/6 to £1 1s Very attractive residence with excellent consulting room etc 6/7 bedrooms, and large garage, etc Premium Freehold house and practice £5,200

17 S COAST—PARTNERSHIP in Practice, about £1,500 p a in health resort Panel 1 150 Visits mostly 5/ Modern semi-detached house (3 bedrooms) with garage to rent District rapidly growing offering good scope Premium *two-fifths share £1,250 to include share of drugs etc*

18 WEST INDIES TOURIST RESORT—PARTNERSHIP in steadily increasing Practice doing £2,500 a year Partner must be experienced in surgery and possess M C O G Share of £1 000 at first at two years purchase

19 ISLE OF WIGHT—Well established PRACTICE about £1,200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating garage and small garden for sale or rent Good scope Premium £2 000

20 HOME COUNTIES, within 30 miles of London—*PRACTICE averaging about £3 000 p.a in country district* Good appointments and panel 2,500 Detached Georgian house (5 bedrooms etc) garage and good garden, to rent Premium two years purchase Preliminary Assistantship

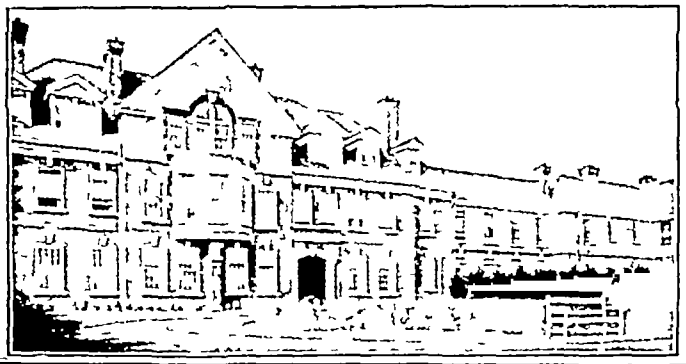
21 SURREY—Well-established and increasing PRACTICE within 20 miles of London Cash receipts last year, £1 284 Chiefly run from main surgery Plenty of scope Good introduction Premium £2 000 Purchaser could get on *Cottage Hospital*

22 LANCASHIRE COAST—NUCLEUS OF PRACTICE averaging £245 p a offering *excellent scope for* increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms), for sale Suit either medical man or woman Premium £500, to include instruments drugs and surgery furniture etc

23 SUFFOLK AND NORFOLK BORDER—Old-established country PRACTICE about £1 100 p.a Panel 832 returning for 1936 £582 Good house (3 bedrooms) garden and garage Rent £40 p.a Premium 1½ years purchase or offer

24 S COAST—Middle and upper-class non dispensing PRACTICE about £3 300 in residential town and watering place No panel Visits 3/6 to £1 1s House to rent or purchase Premium two years purchase

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Ladies and Gentlemen can be received as private patients on a voluntary basis or with certificates written application alone is required for the former
FEES including all necessaries except clothing from THREE to FIVE GUINEAS A WEEK
Brochure and information may be obtained from the MEDICAL SUPERINTENDENT
Telephone: 15 Basingstoke

NEW LODGE CLINIC, WINDSOR FOREST

This Clinic was founded in 1921 in order to provide for the scientific investigation and treatment of disease by a "team" of physicians and specialists
All forms of non infectious medical cases are admitted special attention being paid to disorders of digestion and metabolism arthritis anaemias asthma heart and kidney disease and functional and organic nervous disorders
Particulars can be obtained on application to the Secretary, New Lodge Clinic Windsor Forest Berks
Telephone 181 and 182 Winkfield Row

PECKHAM HOUSE, 112, Peckham Road, London, S E 15.

Telegrams "Alleviated London" Telephone Rodney 2611 2612

The above House which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch Kearsney Court near Dover to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances and indoor amusements held throughout the year Terms from £3 3s per week Illustrated prospectus and further particulars can be obtained from the Medical Superintendent

CHEADLE ROYAL HOSPITAL

CHEADLE, CHESHIRE

This REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N Wales is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES
The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary
In addition to the Main Building there are separate villas Extensive grounds Hard and grass tennis courts cricket and croquet ground and a court for handminton There are also wireless installations Golf may be had within easy distance Occupational therapy
VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received
The Hospital is nine miles from Manchester 40 minutes by rail from Liverpool and 3½ hours from London
For terms and further particulars apply to the Medical Superintendent who may be seen in MANCHESTER by APPOINTMENT
Telephone GATLEY 2 31 (3 lines)

CAMBERWELL HOUSE, 33, Peckham Road, London, S E 5

Telegrams "PSYCHOLIA LONDON
FOR THE TREATMENT OF MENTAL DISORDERS
Telephone RODNEY 4 4 (2 lines)

Also completely detached villas for mild cases with private suites if desired Voluntary patients received Twenty acres of grounds Hard and Grass Tennis Courts Putting Greens Bowls Croquet Squash Rackets Recreation Hall with Badminton Court, and all indoor amusements including Wireless and other Concerts Occupational Therapy Callisthenics and Dancing Classes X ray and Actino therapy Prolonged Immersion Baths Operating Theatre Pathological Laboratory Dental Surgery and Ophthalmic Dept. Chapel Senior Physician Dr HUBERT JAMES NORMAN assisted by three Medical Officers also resident and visiting Consultants
An illustrated prospectus giving fees which are strictly moderate may be obtained upon application to the Secretary
The Convalescent Branch is HOVE VILLA BRIGHTON and is 200 feet above sea level

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive grounds Detached Villas. Chapel Garden and dairy produce from own farm Terms very moderate.

CONVALESCENT HOME at BOURNEMOUTH
Detached Villas standing in 1½ acres of ornamental grounds with tennis courts etc which Voluntary Temporary or Certified Patients may visit by arrangement for long or short periods.

Illustrated Brochure on application to the Medical Superintendent The Old Manor, Salisbury Telephone 51

CALDECOTE HALL

NUNEATON
WARWICKSHIRE
(Phone Nuneaton 741)

Residential treatment of
FUNCTIONAL NERVOUS DISORDERS
Including Alcoholism and other Addictions
(Certifiable cases are not received)

This beautiful mansion situated in the heart of the country less than two hours from London by L M S R) and surrounded by charming pleasure grounds in which games and outdoor occupational therapy are available is devoted to the treatment of Functional Nervous Disorders by psychotherapeutic and ancillary methods

Illustrated brochure and particulars obtainable from A E CARTER M.D., D.P.M. Resident Medical Superintendent

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(The Scholastic, Clerical and Medical Association Ltd.)

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FOR DISPOSAL
Full particulars free on request

Practices and Partnerships *wanted* Large list of bona fide purchasers with ample capital available. Enquiries invited from prospective vendors All information treated in strict confidence.

MANCHESTER —Well-established Private and Panel PRACTICE in suburb Cash receipts last year £1,222 Panel 800 Scope for increase Good house 2 reception 5 bedrooms, 2 Professional rooms *Premium—best offer for quick* sale. Vendor secured appointment —No 1009

LIVERPOOL.—Old-established (non-dispensing) PRACTICE in pleasant residential suburb *Cash receipts last year £1 124 Panel 1 270* Great scope as extensive building in progress Good house 3 reception 5 bedrooms garage and garden Rent £65 p a *Premium—£2,000 or nearest offer (to include* surgery fittings and furniture etc) Vendor secured an appointment —No 1027

DERBYSHIRE BORDER.—*Very old-established mixed Panel and Private* PRACTICE in semi-rural district about 20 miles from Manchester Cash *receipts £1 360 p a* excluding appointments of £300 p.a half of which may be transferred. Panel 1 040 Scope for energetic man. Excellent detached house 2 reception 5 bedrooms, Professional rooms (separate entrance) garage and large garden. Vendor retiring. Premium—1¼ years purchase —No 1025

LANCS TOWN —Old-established mixed-class PRACTICE in large town about 6 miles from Manchester Cash receipts £1 800 Panel 1 500 Scope Good house 3 reception 6 bedrooms 3 Professional rooms, garage Rent £72 p a Premium—£3 000 (to include book debts) —No 996

DERBYSHIRE.—Old-established mixed-class PRACTICE, near beautiful country and within easy reach of large town Average cash receipts £1 100 p a. Panel 970 and transferable appointments £200 p a Scope Nice detached house 2 reception 6/7 bedrooms, garage and large garden *Freehold Premium*— 1¼ years purchase —No 991

NORTH EAST COAST —Easily worked middle-class PRACTICE in present hands 33 years Cash receipts £1 159 p.a. No Panel Great scope as district developing Rent of Surgery premises £26 p a Premium—£1 000 (to include Surgery fittings, etc and small X ray plant) —No 1028

NEAR MANCHESTER —*Very old-established* mixed Panel and Private PRACTICE Cash receipts over £1 300 p a Panel 1 730 Scope *Good house* 3 reception, 4 bedrooms, garden Rent £60 p.a Premium— best offer —No 1029

NORTHUMBERLAND —Very old-established PRACTICE in country district *near to sea Cash receipts last year £1 827* Panel 971 and transferable appointments £230 p a Excellent house 2 reception 5 bedrooms 3 Professional rooms (separate entrance) garage and ¼-acre garden. Premium—Practice— 2 years purchase —*No 1022.*

CUMBERLAND —Old-established and practically unopposed Seaside and Country PRACTICE in *delightful district.* Cash receipts last year £868 Panel 225 and transferable appointments £255 p a Excellent house 3 reception 8 bedrooms, *electric* light and gas garage and garden. For sale freehold Premium—Practice—1¼ years purchase —No 998

LANCS TOWN —Very old-established PRACTICE *Income £1 500 p.a* Panel 1 500 Scope Good house to rent at £50 p.a Premium—best offer — No 945

SOUTH YORKSHIRE.—*Old-established Private PRACTICE in present hands* 35 years Cash receipts last year £1,240 No Panel Clubs or appointments. Scope especially for Panel Detached modern house garage and garden Premium best offer —No 1017

LANCS TOWN —Old-established mixed-class PRACTICE in large town. Cash receipts approximately £1 300 p a Panel 800 Scope Good house 2 reception 5 bedrooms, 3 Professional rooms, garage and garden *Premium*— 1¼ years purchase —No 1010

MONMOUTHSHIRE.—Well-established Panel Contract and Panel PRACTICE. Cash receipts last year *£1,400 Panel 1,200 which with Contract* work yields £1 230 p.a Scope Good house 2 reception, 5 bedrooms, and garage *Rent £40 p a* Expenses low Premium—£2,000 —No. 970

NEAR MANCHESTER —Sound middle and working-class PRACTICE. Average cash receipts £2,692 p.a. Panel over 2,500 Scope Detached corner house 2 reception, 4 bedrooms, 3 Professional rooms, garage and garden. Premium—1¼ years purchase —No 952.

NORTH WALES COAST —Middle-class PRACTICE *Receipts £1 417 p.a* Panel 415 Excellent house with ample accommodation, garage and garden *Premium—£1 800* —No 929

LANCS TOWN.—Very old-established mixed Panel and Private PRACTICE in present hands 35 years. Cash receipts last year £916 Panel 1 223 Scope.— *Excellent detached house, 2 reception, 5 bedrooms, garage and small garden*

For sale or would rent on lease Premium—1¼ years purchase Vendor retiring.—No 1004

DERBYSHIRE.—Old-established PRACTICE in pleasant district near large town offering great scope for increase owing to building developments *Suitable for* two men in partnership Cash receipts last year £3 436 Panel 3,394 Two good *houses, with ample accommodation and modern conveniences,* each with garage, garden and tennis court Premium—2 years purchase —No 955

MANCHESTER.—Old-established mixed PRACTICE in Industrial district Cash receipts last year £880 Panel 904 Scope for great increase Corner house with ample accommodation to rent at £60 p.a Vendor retiring— Premium, best offer —No 855

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town Average cash receipts £2,450 *p.a.* Panel 1,200 *Appointments* £190 p.a Scope Nice house in good condition, 2 reception, 5 bedrooms, garden. *Rent £68 p.a Premium—half share—2* years purchase —No 1013

LANCS TOWN —*Old-established mixed-class* PRACTICE *Cash receipts* last year £1 136 Panel 975 Good house and surgery premises to rent. Premium—£1 500 Vendor retiring —No 1 007

DERBYSHIRE/CHESHIRE BORDER.—Old-established PRACTICE capable of great increase Cash receipts last year £700 (increasing) Panel 862. *Excellent* house 2 reception, 4 bedrooms, 3 Professional rooms (separate entrance) garage and good garden. *Premium*—Practice and house—best offer —No 989

LIVERPOOL.—Well-established PRACTICE in pleasant district Receipts £800 p.a. Panel 650 Good house 5 bedrooms garden and garage Premium—1 year s purchase —No 928

NORTH WEST COAST — Old-established *middle-class* PRACTICE *in* Seaside town Cash receipts £1 100 Panel 350 Nice house garage and garden. Premium—1¼ years *purchase* — *No 961*

NORTH WALES —Old-established PRACTICE near Sea and Country capable of great increase *Cash receipts last year* £1 026. Panel 800 Nice surgery premises Premium, best offer — No 905

— WANTED —

ASSISTANTS - INDOOR & OUTDOOR

For Immediate Engagements

Apply, with full particulars, to above address

LANCS TOWN —PARTNERSHIP in middle and working-class Practice in clean town, close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception, 4 bedrooms garage and garden *Premium*— one half share—2 years purchase or near offer —No 1015

SUFFOLK —Old-established Country PRACTICE practically unopposed Cash receipts last year £1 081 Panel 83[5] (yields £582 p.a.) Scope Good house 2 reception, 3 bedrooms garage and nice garden Rent £40 p a. *Premium*— best offer—No 993

MIDLANDS —*Old-established mixed Panel and Private (non-dispensing)* PRACTICE. Cash receipts approximately £1,900 p.a Panel 1 950 Scope *Excellent house with nice garden garage etc* Premium—Practice—2 years purchase —*No 983*

CHESHIRE TOWN —PARTNERSHIP in old-established middle and better working-class Practice in residential town near Manchester Cash receipts *last year* £2,900 approximately Appointments £345 p.a. and Panel 2,200 Scope for great increase as district rapidly developing. New modern house available 2 reception 4 bedrooms with separate surgery premises, garage and nice garden. Premium—*one-half share—2 years purchase —No 1021*

NOTTINGHAM —PARTNERSHIP *in old-established Practice* Cash receipts £2,500 p a Panel 3 000 Nice house *Premium—half share*—£2,400 — No 975

CHESHIRE TOWN —PARTNERSHIP (*after preliminary Assistantship*) in *mixed-class* Practice Cash receipts last year £3,293 Panel 3 000 Scope especially for a surgeon *Good house available* —Premium—one third share— 2 years purchase —No 992.

LANCS TOWN —Mixed-class PRACTICE. Cash receipts £1 010 Panel 1 050 Good house Premium—1¼ years purchase —No 951

NORTH WEST COAST —Well-established PRACTICE in Seaside town Cash receipts £500-£550 p a Panel 450 *Modern flat to rent at £80 p a inclusive* of rates Premium—1¼ years purchase —No 1 005

ASSISTANTS WANTED.—OUTDOOR.—MIDLANDS LANCS AND YORKS TOWNS —£400/500 p a., with House and Car allowance INDOOR. —LANCS YORKS MIDLANDS AND N E. COAST —£300/350 p.a., *all found* Many vacancies Details on request. LOCUMS ALSO REQUIRED

All communications to be addressed to the Branch Manager BRITISH MEDICAL BUREAU 33 CROSS STREET MANCHESTER 2

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TOR-NA-DEE SANATORIUM

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FOR THE DIAGNOSIS AND TREATMENT OF ALL FORMS OF TUBERCULOSIS

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Southern aspect Low rainfall Pure bracing air Sheltered grounds Beautiful surroundings All modern equipment for diagnosis and treatment including operating theatre **No extra charge for X Rays, Artificial Pneumothorax, Ultra-Violet Light, or other special treatment**

Day and Night Nursing Staff All bedrooms have central heating, electric light hot and cold running water and wireless (headphones) Comfortable and airy public rooms

Medical Superintendent J M JOHNSTON M B M R C S., D P H For terms and prospectus apply to the Secretary Telephone CULTS 107

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All Modern Methods of Treatment Available

Ideally situated for the treatment of Tuberculosis Sheltered from E. and N E winds Climate mild and bracing Low rainfall high average of sunshine The Sanatorium is situated in its own park There are miles of graduated walks through pine gorse and heather rising to 1 000 ft and commanding extensive sea and mountain views Central heating electric light X ray installation Wireless in all rooms Full day and night nursing staff Special milk supply from a tuberculin tested herd Easily accessible from LONDON (4½ hours) MANCHESTER, LIVERPOOL BIRMINGHAM and the North

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For particulars apply to the Secretary Pendyffryn Hall Penmaenmawr North Wales Phone 20

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Full day and night Nursing Staff Terms 5 gns to 7½ gns a week Inclusive

Med Supt., GEOFFREY A. HOFFMAN B A M B T C Dub *Assist Phys.*, MARGARET A HARRISON M B B S Lond *Pathologist* EDGAR N DAVEY M B B Ch *Consult Laryngologist* CASSIDY DE W GIBB F R C S Edin *Consulting Dental Surg* GEORGE V SAUNDERS L D S., R C S Lond Apply Secretary The Cotswold Sanatorium Cranham Gloucester *Tel* 81 and 87 WITCOMBE *Grams* HOFFMAN BIRDLIP

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20 Devonshire Place
London, W.1

Tel Welbeck 4444 (20 lines)

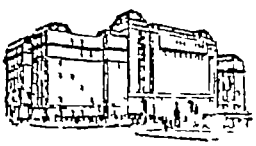
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Patients only received under the supervision of their own Medical Practitioner

Drugs and Dressings free (other than Proprietary Articles)

Illustrated Brochure on application to Secretary



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Newly fitted Balneological Electro-medical and Russian Bath sections for recognized forms of Spa etc treatment under mild winter climatic conditions
Large Cooling Lounge and Vita Glass Sun Lounge
Warm sea water Swimming Bath with modern filtration plant.
Assistants with C.S M M G and Biophysical qualifications

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Specially built and licensed for the care and treatment of a limited number of Ladies and Gentlemen suffering from Nervous and Mental breakdown Voluntary and certified patients received Ladies also admitted as Temporary Patients without Certification Terms moderate.

Apply RESIDENT PHYSICIAN who may be seen at 31 Rodney Street Liverpool by appointment. Tel No 8 Formby

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In Rockside are combined all the amenities of a modern spa including treatment rest and entertainment.

SHELTERED SITUATION SPACIOUS GROUNDS HIGHLY QUALIFIED STAFF

The Baths and Treatment Rooms occupy a special wing accessible by lift from all floors and are fully equipped for every form of physical treatment including the most modern hydrological and electrical methods massage and remedial exercises dietetic and occupational therapy Terms £4 4s. 0d to £6 6s. 0d Inclusive terms for consultation fees treatment, board residence and attendance from £6 6s

Write for Tariff to the Secretary

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SWISS ALPS FOR DELICATE CHILDREN

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MRCP COURSE

A COURSE in preparation for the January 1938 EXAMINATION for MEMBERSHIP of the ROYAL COLLEGE OF PHYSICIANS of London will be held commencing on MONDAY OCTOBER 25th 1937

The course will extend over ten weeks and will comprise daily instruction including special lectures and demonstrations.

FEE TWENTY GUINEAS

Further particulars may be obtained from the Dean Charing Cross Hospital Medical School London W C 2 to whom applications should be submitted

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By kind permission of the Vice-Chancellor

The XXVI

LONG FOX MEMORIAL LECTURE

will be delivered by

Professor A B GREEN ARMYTAGE, M D F R C P F G O C

on

TUESDAY OCTOBER 19th 1937 at 8 30 p m in the LARGE THEATRE of the WILLS PHYSICS BUILDING (Royal Fort) Bristol University

Subject

THE DEBT OF WESTERN MEDICINE TO THE EAST

The Lecture is a Public Lecture and will be suited to a non-medical audience. No tickets are required

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THE WELSH NATIONAL SCHOOL OF MEDICINE (UNIVERSITY OF WALES)

ASSISTANT LECTURER in the Department of Materia Medica and Pharmacology

Applications are invited for the full time post of Assistant Lecturer in the Department of Materia Medica and Pharmacology in the Welsh National School of Medicine Cardiff at a salary of £500 per annum

Further particulars of the appointment may be obtained from the undersigned by whom six copies of application with the names of three referees must be received not later than October 25th 1937

S C EDWARDS Secretary

The Welsh National School of Medicine
The Parade Cardiff
October 1937

ROYAL EYE HOSPITAL

Medical School
St George's Circus S E 1

RESEARCH SCHOLARSHIP

Applications are invited for the Royal Eye Hospital Research Scholarship tenable at the Hospital Preference will be given to candidates who propose to undertake research on a clinical subject The value of the Scholarship is £100 per annum Applications are to be received by November 13th 1937 Further particulars can be obtained from the Dean.

THE WELSH NATIONAL SCHOOL OF MEDICINE

University of Wales

Applications are invited for the full-time post of ASSISTANT LECTURER in the Department of Pathology and Bacteriology of the Welsh National School of Medicine Cardiff at a salary at the rate of £500 per annum

Further particulars of the appointment may be obtained from the undersigned

S C EDWARDS Secretary

The Welsh National School of Medicine
The Parade Cardiff
October 1937

THE UNIVERSITY OF SHEFFIELD

A RESEARCH ASSISTANT is required in the Department of Pathology The salary is £400 per annum Some experience of bacteriological or biochemical methods is desirable but not essential

Applications accompanied by the names of two referees must be forwarded on or before October 23rd 1937 Further information may be obtained from the undersigned

W M GIBBONS Registrar

COUNTY COUNCIL OF MIDDLESEX

PHYSICIAN

Applications are invited from registered Medical Practitioners for the appointment on the pensionable staff of a Physician Grade II at West Middlesex County Hospital Isleworth The appointment is a senior one in the Council's general hospital service and applicants are expected to be medical men or women of high qualifications and professional attainments who have devoted their time wholly or chiefly to the practice of clinical medicine and who possess special knowledge and experience in psychological medicine The successful candidate will work under the direction of the Medical Superintendent of the hospital and the whole of his time must be given to his official duties He must be prepared to undertake the teaching of postgraduate students if required and to carry out such other duties as the County Council may from time to time direct

Salary £650 per annum rising by annual increments of £50 to £900 and after eight years service by two further annual increments of £50 to a maximum of £1 000 per annum The salary is inclusive and any fees received by the officer appointed must be paid over to the County Council

The appointment is non-resident and the successful candidate will be required to reside within a short distance of the hospital In the case of an unmarried officer if accommodation is available board lodging laundry and service may be provided by the County Council and in this event a deduction of £150 per annum will be made from the officer's salary

The appointment which will be subject to *medical examination will be held during the* pleasure of the Council and is terminable by three months notice on either side

Applications stating age qualifications and experience together with *copies* of not more than three recent testimonials must be received by the undersigned not later than October 30th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Physician West Middlesex County Hospital Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE C.
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
October 7th 1937

GLAMORGAN COUNTY COUNCIL

APPOINTMENT OF ASSISTANT MEDICAL OFFICER (Female)

Glamorgan Education Committee invite applications for the appointment of an Assistant Medical Officer (Female)

Applicants must have had at least three years *professional experience after qualification and also* hold a Diploma in Public Health Special experience in Eye Diseases and Refraction work is essential and experience in Orthopaedic work will be considered an advantage

Candidates must be under thirty five years of age The salary will be £450 per annum rising annually by £25 to £750 Travelling and subsistence allowance will be paid according to scale

The appointment is superannuable and for this purpose a deduction of five per cent of the salary will be made

The person appointed will be required to give her whole time to the duties under the control and supervision of the County Medical Officer to reside where directed by the Committee from time to time and to pass an examination as to physical fitness The appointment will be terminable by two months notice on either side

Applications for appointment stating age and qualifications and accompanied by copies of not more than three recent testimonials should be received by the County Medical Officer Dr E Colston Williams Glamorgan County Hall Cardiff not later than the first post on November 9th 1937

Canvassing personal or otherwise will be a disqualification

Glamorgan County Hall Cardiff HENRY ROWLAND Clerk of the County Council

October 8th 1937

BRITISH POSTGRADUATE MEDICAL SCHOOL

APPOINTMENT OF SUB-DEAN

The Governors invite applications from registered medical practitioners for the post of Sub-Dean of the School

Salary £1 250 per annum rising by annual increments of £50 to £1 400 per annum

Applications must be received not later than the first post on October 30th 1937 by the Chairman of the Governing Body British Postgraduate Medical School Ducane Road Shepherd's Bush London W 12 from whom further particulars of the duties etc may be obtained

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BERKS AND BUCKS JOINT SANATORIUM

Peppard Common Oxon
(6 miles from Reading)
(183 Beds for men women and children)

MEDICAL SUPERINTENDENT

Applications are invited from registered medical practitioners for the appointment of a Medical Superintendent who will be required to take up his duties on April 1st 1938

Candidates who should be under 45 years should possess the qualifications prescribed by Article 3 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930 and must have had experience in general clinical work in tuberculosis and in institutional administration

The salary will be £800 rising every two years by increments of £50 to £1 000 From this will be deducted the value of the following emoluments house free of rates together with light water fuel laundry and produce from the Sanatorium garden the total to be agreed but estimated at a minimum of £130 per annum

The post is designated under the Local Government and Other Officers Superannuation Act 192_ and will be terminable by three months notice in writing on either side

The successful candidate will be required to devote his whole time to the duties of the office and must not engage in private practice nor accept fees other than those of the National Health Insurance panel for resident members of the staff

Applications on the prescribed form in candidates own writing together with *copies* of three recent testimonial must be received by *November 6th in an envelope endorsed* Medical Superintendent and addressed to the undersigned from whom the prescribed form can be obtained

A travelling allowance is made while on Sanatorium business The annual vacation is one month

Canvassing directly or indirectly will disqualify

The Sanatorium can be visited by appointment with the Superintendent from whom further particulars can be obtained

H A FOLEY
Clerk to the Joint Committee

County Hall Aylesbury Bucks
October 9th 1937

CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT
TUBERCULOSIS SECTION

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from single registered male medical practitioners for the post of Assistant Resident Medical Officer in the Tuberculosis Section of the Public Health Department The successful candidate will be employed both in a Sanatorium and in a Dispensary Candidates should have held a resident general hospital appointment and an appointment in some institution recognized for the treatment of tuberculosis

The commencing salary will be at the rate of £450 per annum rising by £_5 to £500 per annum with emoluments valued at £150 per annum and the appointment will be terminable by one month's notice on either side

The successful candidate will be required to pass an approved medical examination to contribute to the superannuation scheme established under the Local Government and Other Officers Superannuation Act 19__ as amended by Section 8_ of the Birmingham Corporation Act 1935 (Annuities for Widows) and if under thirty years of age to join the Birmingham Municipal Officers Widows and Orphans Pension Scheme

Forms of application and a summary of duties may be obtained from and should be returned with three recent testimonials to the Chief Clinical Tuberculosis Officer 151 Great Charles Street Birmingham 3 not later than October 9th 1937

Council House Birmingham 1 F H C WILTSHIRE Town Clerk.

CITY OF SHEFFIELD—CITY GENERAL HOSPITAL

JUNIOR ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified medical men for the appointment of JUNIOR ASSISTANT MEDICAL OFFICER at the above hospital

The Medical Officer appointed will be required to take duty in the Medical Surgical or Maternity Departments as directed by the Medical Superintendent

The appointment will be for one year only and the salary offered is £700 per annum with the usual residential allowances

Previous hospital experience desirable

Applications, stating age qualifications and experience and accompanied by not more than three testimonials of recent date should be sent to the Medical Superintendent City General Hospital Sheffield 5

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CVS—177

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A booklet surveying this subject, which includes diagrams and illustrations, has recently been published and has been sent to all members of the Medical Profession. You are invited to send for a copy should this have failed to reach you.

"THE LANCET" writes (28/4/34, p 929) —

"We have received a pamphlet on 'Bronchospasm and Asthma,' written to bring before the medical profession the value of Felsol in the treatment of asthmatic subjects The powders can be prescribed by the medical man in accordance with the definite regime which he decides to adopt in the treatment of a case, the claim for felsol being that its administration relieves promptly the attack of asthma by its influence over bronchial spasm, so that only the most severe cases would require the injection of morphia

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ROYAL AIR FORCE MEDICAL SERVICE

Applications are invited from medical men for appointment to commissions in the Medical Branch of the Royal Air Force for entry in January, 1938

Candidates must be of pure European descent They must be British Subjects, the sons of British Subjects and registered under the Medical Acts

Candidates must be under *31 years of age* on the 3rd January, 1938, and will be selected after interview by a selection board without competitive examination

Hospital appointments held since qualifying will, under certain conditions, qualify candidates for antedate of commission up to a maximum of one year, the age of entry may, if necessary, be increased by a period equal to the "antedate."

Selected candidates will be appointed to short service commissions (for 3 years extendible to 5 years) followed by 4 years' service in the Reserve, and will be eligible to be considered for Permanent Commissions during their second or third year of service Officers not selected for permanent commissions receive gratuity as follows, on transferring to the Reserve—

On completion of 3 years—£400
On completion of 5 years—£1,000

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, also form of application, may be obtained on application from—

The Secretary,
Air Ministry (D.M S),
Adastral House,
Kingsway, W C 2

Completed applications from intending candidates for the vacancies in January, 1938, must be received in the Air Ministry not later than the 15th of November, 1937

ROYAL NAVAL MEDICAL SERVICE.

Vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in January, 1938

Candidates below the age of 28 years are preferred, and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career Officers transferred to the permanent list will receive a gratuity of £1,000 (less Income Tax)

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post Graduate study

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than November 22nd, 1937

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B·M·A·House, Tavistock Sq. W.C.1

COUNTY COUNCIL OF ESSEX AND URBAN DISTRICT COUNCIL OF THURROCK

APPOINTMENTS OF ASSISTANT COUNTY MEDICAL OFFICER AND DEPUTY MEDICAL OFFICER OF HEALTH

Applications are invited for the above appointments The commencing salary as Assistant County Medical Officer will be at the rate of £500 per annum and the commencing salary as Deputy Medical Officer of Health will be at the rate of £200 per annum The total salary of the person appointed will rise subject to satisfactory service by annual increments of £25 to a maximum of £800 per annum such increments being borne by the respective authorities in proportion to the commencing salary

The person appointed will be required to pass a medical examination and to contribute to the funds established by each of the Authorities under the Local Government and Other Officers Superannuation Act 1922

Travelling expenses as Assistant County Medical Officer will be allowed by the County Council upon such basis as the County Council may decide and a sum of £20 per annum will be paid by the Urban District Council of Thurrock in respect of travelling expenses as Deputy Medical Officer of Health

Applicants must be duly qualified medical men with experience in Public Health duties and hold a Diploma of Public Health and preference will be given to a candidate qualified as a Tuberculosis Officer under the Local Government (Qualification of Medical Officers and Health Visitors) Regulations, 1930 Applicants should not be over 45 years of age

Applications must be made on the prescribed form obtainable from the undersigned E. S Holcroft, accompanied by copies of not more than three recent testimonials which will not be returned and should be delivered at the County Hall Chelmsford not later than 10 a m on Monday November 1st 1937

E. S HOLCROFT
Clerk of the County Council
A. E. POOLE.
Clerk to the Urban District Council of Thurrock.

County Hall Chelmsford
October 12th 1937

KENT COUNTY COUNCIL

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Resident Assistant Medical Officer at the County Hospital Chatham (676 beds)

The salary for the appointment is £250 a year with residential emoluments which are valued at £170 a year The appointment is a whole time one, and will be for a period of one year only and not renewable.

Forms of application can be obtained from the Public Assistance Officer Tonbridge Road Maidstone to whom applications must be sent by 10 a.m on Monday October 25th 1937

W. L. PLATTS
Clerk of the County Council

Sessions House Maidstone
October 12th 1937

HUDDERSFIELD ROYAL INFIRMARY (321 Beds)

Male HOUSE SURGEON required to commence duty on November 1st 1937

Salary £150 per annum with board residence and laundry Appointment for six months subject to renewal at the discretion of the Board of Management The Hospital is officially recognized for the surgical practice required of non-members before admission to the Final Fellowship Examination of the Royal College of Surgeons of England

Applications, with copies of three recent testimonials to be addressed to the undersigned immediately

H. J JOHNSON
Gen Supt and Secretary

THE ROYAL GWENT HOSPITAL NEWPORT MON (210 Beds)

Applications are invited for the following appointments which become vacant on November 1st next ONE HOUSE PHYSICIAN THREE HOUSE SURGEONS ONE HOUSE SURGEON to Fracture and Orthopaedic Department Each appointment is for six months commencing November 1st. The duties of the House Physician include attendance at V D Clinics held at the Hospital Salaries House Physician at the rate of £150 per annum House Surgeons at the rate of £135 per annum in all cases including full board quarters and laundry

Applications with full particulars should be addressed to the undersigned immediately

S CECIL HILL,
Secretary Superintendent.

HOUSE SURGEONS (1 OUTDOOR 1 INDOOR) required by the GLASGOW EAR NOSE AND THROAT HOSPITAL. Honorarium £50 for six months —Apply with testimonials to DAVID N MACKAY Secretary 38 Bath Street Glasgow

COUNTY BOROUGH OF BLACKBURN

PUBLIC ASSISTANCE DEPARTMENT

RESIDENT JUNIOR ASSISTANT MEDICAL OFFICER

Applications are invited from Medical Practitioners (Male) for the appointment of a RESIDENT JUNIOR ASSISTANT MEDICAL OFFICER at Queen's Park Hospital and Institution

The Staff consists of a Resident Medical Officer a Resident Assistant Medical Officer a Consulting Surgeon a Laboratory Assistant and an X ray Attendant

There is a separate Infirmary a separate Mental Block and a separate Hospital for children and there is opportunity for experience in all departments including Medical Surgical and Midwifery cases An X-ray apparatus is installed

The person appointed will be required to devote his whole time to the duties and also to act as may be directed by the Resident Medical Officer

The appointment will be limited to a term not exceeding one year

Salary for the first six months at the rate of £150 per annum and thereafter at the rate of £200 per annum together with board apartments and attendance.

Applications stating age qualifications and experience accompanied by copies of not more than three recent testimonials must be sent to the Public Assistance Officer Public Assistance Offices Cardwell Place, Blackburn

CHAS S ROBINSON
Town Clerk.

Town Hall Blackburn
October 14th 1937

COUNTY OF LINCOLN
Parts of Lindsey

ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE.

Applications are invited from fully qualified medical women for the post of Assistant Medical Officer for Maternity and Child Welfare Candidates should have had at least three years in the practice of their profession and have had subsequent to qualification special experience in practical midwifery and ante-natal work

Salary will be £500 per annum rising by annual increments of £25 to £700 subject to a deduction of 5 per cent under the Local Government and Other Officers Superannuation Act 19— The successful candidate will be required to pass a medical examination

Travelling allowance will be paid in accordance with the Council's scale

Further particulars of the appointment and forms of application may be obtained from the undersigned to whom applications together with copies of three recent testimonials should be forwarded not later than November 6th 1937

W S H CAMPBELL
County Medical Officer of Health

COUNTY BOROUGH OF STOCKPORT PUBLIC ASSISTANCE COMMITTEE.
Stepping Hill Hospital

CONSULTANT PHYSICIAN

Applications are invited for the appointment of Consultant Physician at the above Hospital The person appointed will be required to attend two Sessions each week

The salary will be at the rate of £700 per annum

Applications stating age qualifications other appointments held and experience accompanied by three testimonials of recent date should be sent to the undersigned by not later than 10 a m on Monday October 25th next, endorsed Consultant Physician

H BARLOW
Clerk to the Committee.

Public Assistance Offices Shaw Heath Stockport.
October 7th 1937

GLASGOW CORPORATION MENTAL HOSPITAL SERVICE.

JUNIOR ASSISTANT PHYSICIAN wanted for Lennox Castle Certified Institution. Salary commencing £300 with board apartments and laundry The Institution is 1½ miles from Glasgow

While it is not essential it is desirable that candidates will have had hospital experience either as H S or H P

Apply to Medical Superintendent Lennox Castle Institution Lennoxtown Stirlingshire.

PONTYPOOL AND DISTRICT HOSPITAL.
Pontypool, Mon (78 Beds.)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (Male) Salary £150 per annum with board and laundry The appointment is for six months from December 1st 1937

Conditions of appointment and particulars of duties can be obtained from the undersigned Applications must state age and qualifications

N A. BALL,
Secretary

URBAN DISTRICT OF CHADDERTON

[illegible]AL OFFICER OF [illegible]AL OFFICER AND OFFICER

The Urban District Council of Chadderton invite applications from gentlemen for the appointment of Medical Officer of Health School Medical Officer and Child Welfare Officer Every candidate must be a duly qualified medical practitioner not exceeding 45 years of age and must be registered in the Medical Register as the holder of a diploma in sanitary science public health or state medicine

The area of the Urban District is 3 015 acres with a population of approximately 30 000

The appointment will be made subject to the approval of the appropriate Government Departments the provisions of Section 110 of the Local Government Act 1933 and the Sanitary Officers (Outside London) Regulations 1935

The person appointed will be required to devote the whole of his time to the performance of the duties of the offices and he will not be permitted to engage in private practice as a Medical Practitioner He will be required to enter into an Agreement and also to reside within the Urban District.

The Council have fixed April 1st 1938 as the appointed day " for the operation of the Local Government and Other Officers Superannuation Act 1972 and as the appointment will be subject to the provisions of that Act the successful candidate will be required to pass a medical examination

The salary will be after the rate of £800 per annum rising subject to satisfactory service, by annual increments of £50 to a maximum of £1 000 per annum together with an allowance of £20 per annum in respect of travelling expenses

Applications endorsed Medical Officer of Health etc stating age particulars of qualifications and local government experience (if any) supported by copies of not more than three testimonials which will not be returned must be delivered to the undersigned not later than Saturday the 30th day of October 1937

Canvassing either directly or indirectly will be deemed a disqualification

J SCHOFIELD
Clerk of the Council

Town Hall Chadderton Lancs
October 1 1937

LONDON COUNTY COUNCIL.

PART TIME MEDICAL OFFICER (man or woman) required at the Maudsley Hospital Denmark Hill S E.5 Candidates must be under 40 years of age and be registered to practise both in medicine and surgery in England Salary £300 a year of 48 weeks for five sessions (morning and evening) of three hours each week Psycho-therapy in out patients department No emoluments For application form returnable by October 27th send stamped addressed foolscap envelope to Chief Officer (B) Mental Hospitals Department Shell-Mex House Strand. W C 2. Canvassing disqualifies. Married women eligible.

LONDON COUNTY COUNCIL.

Required at OAK LODGE RESIDENTIAL SCHOOL for ELDER DEAF GIRLS 103 Nightingale Lane S W 12 (accommodation 38 resident 38 day) PART TIME MEDICAL OFFICER (man or woman) Must be registered medical practitioner and reside within easy reach of the school Salary £40 a year Forms from Education Officer (S S S) County Hall S E 1 (stamped addressed foolscap envelope necessary) to be returned by October 28th Canvassing disqualifies

BOSTON GENERAL HOSPITAL.
(70 Beds.)

RESIDENT MEDICAL OFFICER (male) required Salary £150 per annum with board residence and laundry The appointment is for six months and is renewable

Applications stating age qualifications and previous experience with copies of three recent testimonials should be sent to the undersigned immediately

GORDON EASTO Secretary

GLENGALL HOSPITAL FOR MENTAL DISEASES AYR.

Wanted JUNIOR ASSISTANT MEDICAL OFFICER (male) General Practice or Hospital experience desirable Salary £300 per annum (less contributions to superannuation fund) with board lodging and laundry

Applications with copies of testimonials, to DR McRAE.

BATLEY AND DISTRICT HOSPITAL.
(General Hospital—84 Beds)

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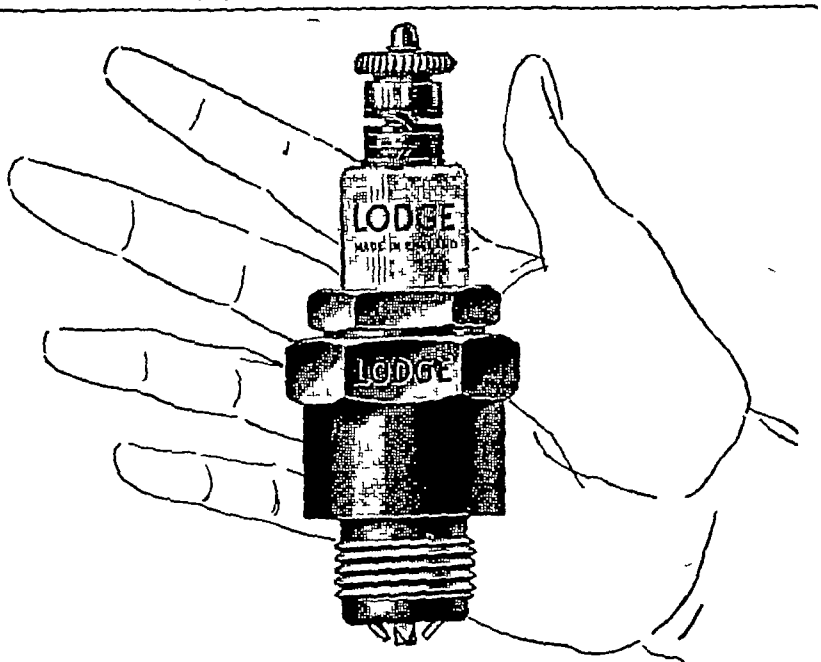


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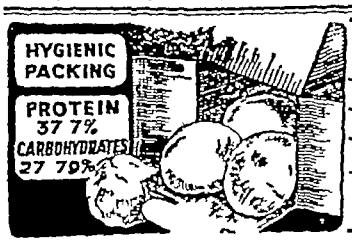
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Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District.	Town or District.
CONTRACT PRACTICE	CONTRACT PRACTICE.—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer.)*	LLWYNYPIA CLYDACH VALE, PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme.)*	OAKDALE, MON *(Medical Officer for Medical Aid Association.)*
BLACKPOOL AND FYLDE FRIENDLY SOCIETIES COUNCIL *(Medical Officer.)*	MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer.)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society.)* *(Workmen's Medical Scheme.)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme.)*	NEATH AND DISTRICT *(Medical Aid Association.)*	

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1

Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments.)*	The Medical Secretary New South Wales Branch, 135 Macquarie St., Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries.)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St. East Melbourne Victoria.	**WESTERN AUSTRALIA** *(Contract and Lodge Practices.)*	Hon. Sec. Western Australian Branch British Medical Association, 205 St. George's Terrace, Perth Western Australia.
QUEENSLAND *(Brisbane Associate Friendly Societies Institute.)*	The Hon. Sec. Queensland Branch British Medical Association, B M A. House, 225 Wickham Terrace Brisbane, B 17				

October 13, 1937 By Order of the Council G C ANDERSON, *Secretary*

NORTH WALES COUNTIES MENTAL HOSPITAL DENBIGH

The Visiting Committee invite applications from duly qualified male candidates unmarried for the post of JUNIOR MEDICAL OFFICER. Commencing salary which will be subject to statutory deductions under the Provisions of the Asylum Officers Superannuation Act 1909 will be £350 rising by annual increments of £25 to £450 per annum together with full board residence, laundry and attendance valued at £125 per annum for superannuation purposes. The appointment to be terminable upon one month's written notice on either side.

A knowledge of Welsh is desirable.

The person appointed will also be paid in addition to his salary the sum of £50 per annum if he holds the Diploma of Psychological Medicine.

Applications stating age qualifications, and accompanied by three recent testimonials are to be sent to the Chairman of the Visiting Committee endorsed "Junior Medical Officer" not later than Saturday October 23rd.

Dated this 29th day of September 1937.

WM. BARKER
Clerk to the Visiting Committee.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.
(114 Beds.)

Applications are invited from duly qualified Medical Practitioners for the post of RESIDENT SURGICAL OFFICER at the above Hospital. Salary £200 per annum and £10 laundry allowance.

The Resident Staff consists of a Resident Surgical Officer and three House Surgeons and in the event of one of the latter being promoted to the position of Resident Surgical Officer applicants should state whether they will be willing to accept appointment as House Surgeon at a salary of £130 (rising at the end of six months satisfactory service to £150) per annum.

Applications with testimonials and evidence of registration should be forwarded immediately.

Church Street, Birmingham 3. J. W. PEARCE, General Superintendent.

BETHLEM HOSPITAL
Monk's Orchard, Eden Park, Beckenham, Kent.

Wanted ONE RESIDENT HOUSE PHYSICIAN (gentleman unmarried) recently qualified in medicine and surgery.

The term of residence is for six months from November 1st; apartments, complete board and laundry being provided and an honorarium at the rate of £150 per annum will be paid for the first three months, rising if commendable service be given to the rate of £200 per annum for the second period of three months.

Written applications with testimonials are to be forwarded to the Physician-superintendent at the Hospital from whom copies of the duties can be obtained.

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL
(220 Surgical and Medical Beds.)

HOUSE SURGEON TO OPHTHALMIC AND EAR, NOSE AND THROAT DEPARTMENTS

Applications are invited from fully qualified men for the above post.

The appointment is for six months.

Salary at the rate of £150 per annum.

Applications stating age together with copies of three recent testimonials should be sent to the undersigned. M. H. BOONE.

October 4th, 1937. Superintendent and Secretary.

HARTLEPOOLS HOSPITAL
Hartlepool. (96 Beds.)

Applications are invited for the post of HOUSE SURGEON (male) salary £150 p.a. with board residence and laundry.

The appointment is for six months (subject to renewal). Duties to commence in October.

Applications stating nationality, age, qualifications and experience, should be addressed to the undersigned.

NORMAN O. DEANS
Secretary.

ROYAL HALIFAX INFIRMARY
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Wanted a SECOND HOUSE SURGEON also a THIRD HOUSE SURGEON (male unmarried). Candidates must be duly qualified and registered. The appointments will be for six months ending April 30th 1938 followed by promotion if suitable. Salary including all services required in connection with Paying Patients' Ward £175 per annum and £150 per annum respectively with residence board and laundry. The Resident Staff consists of Resident Surgical Officer and three House Surgeons. The Hospital contains Maternity and Paying Patients' blocks. Also a Pathological Department a large Eye, Ear, Nose and Throat Department Radiological Department, and Radium Clinic.

Particulars of the duties may be obtained from the undersigned to whom applications stating age and nationality together with testimonials should be sent on or before the 20th instant.

A. MIDGLEY
October 4th, 1937. Secretary.

BIRMINGHAM AND MIDLAND SKIN HOSPITAL (FOR SKIN DISEASES AND CANCER)
John Bright Street, Birmingham 1.

Applications are invited from registered medical practitioners to act as AFTERNOON CLINICAL ASSISTANTS Saturday and Sundays excepted in the Out Patient Department.

Honorarium of half-a-guinea per attendance will be offered successful applicants being appointed for one afternoon each week, for six months from January 1st 1938 being afterwards eligible for re-appointment until December 31st, 1938.

Applications stating age qualifications experience and suggested afternoon to the undersigned not later than November 1st 1937.

T. E. MURTAGH
Secretary.

(*Advertisements continued on p. 59*)

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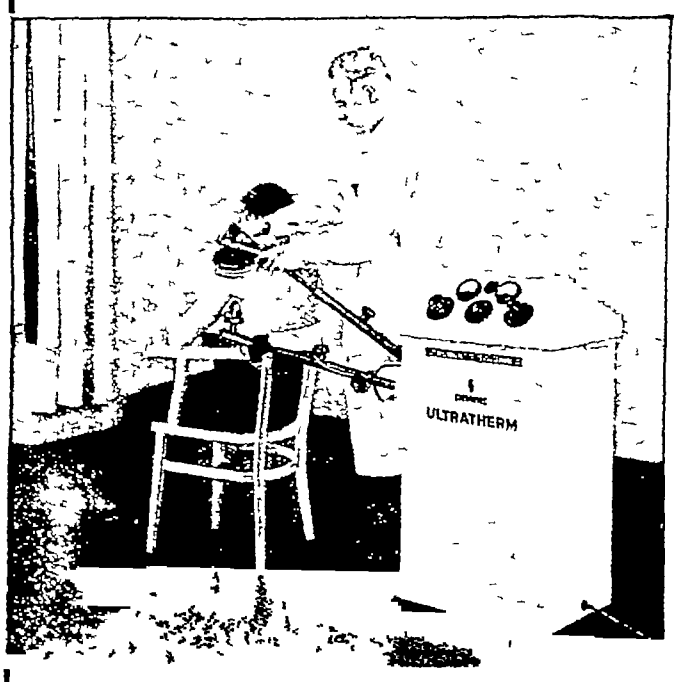
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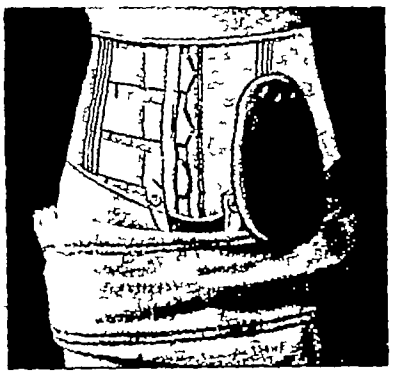
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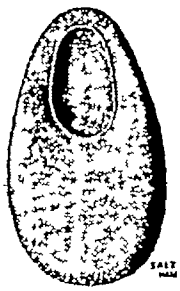
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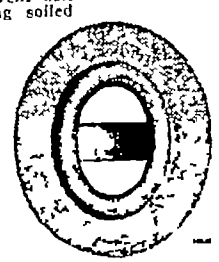
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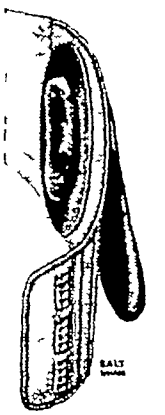
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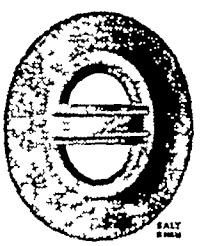
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LONDON W.—RESIDENTIAL £700 p.a Panel 500 Ill-health cause of sale Goodwill £950 Corner family house for sale at £1,150.—1

SUSSEX.—COUNTRY PRACTICE. About £700 p.a Panel over 500 Increasing Appts £20 p.a. Visits 5/ up Small house nice garden garage, etc to rent.—2

WITHIN 30 MILES OF LONDON, WEST SIDE. ¼ SHARE of about £3,200 p.a. Panel about 2,500 Very good prospects Excellent house can be purchased or rented.—3

ESSEX SUBURB — NON-PANEL FAMILY PRACTICE. About £2,200 p.a Fees 3/6 to 21/ Detached corner house, 6 bed etc Lease hold £1,000 Premium 2 years purchase or offer.—4

DEVON.—TOWN ABOUT £4,000 P.A., large Panel ¼ SHARE for disposal. Premium £2,125 Good residence at £100 p.a.—5

SURREY.—TOWN NEAR LONDON Nearly £1,300 p.a Panel 800 Good house on rental Premium £2,000.—6

LONDON N.W.1.—LOCK UP AVERAGE £450 p.a Panel 700 Visits 3/6 Surgery 2/6 Net Rent £95 p.a Premium £850 including drugs and fittings.—7

WEST COUNTRY — CONSULTING PRACTICE. Excellent opening £500 p.a at present with ample scope. M.R.C.P. essential.—8

LONDON S.W.—£400 P.A. SMALL PANEL. Vendor lives away Good scope if resident. Price of practice and house £1,800 Part of house let at 30/.—9

WEST COUNTRY.—OLD EST., UNOPPOSED country PRACTICE, £850 p.a. Panel 500 and appts Nice house garden and garage, rent £80 p.a Premium 2 years purchase.—10

HANTS.—COUNTRY PRACTICE, over £800 p.a Panel 470 Appts £150 p.a Charming compact house ¼ acre garden, and garage. Rent £55 p.a. Premium £1,250.—11

GOLDERS GREEN — PROMISING NUCLEUS Scope. Good house in excellent position Premium house and practice £1,500.—12.

LANCS TOWN.—OLD EST £1,100 p.a., Panel 3,5 not encouraged good scope. Nice house, large garden and garage for sale or let. Premium 1½ years purchase.—13

ISLE OF WIGHT — TWO FIFTHS SHARE in well-est PRACTICE of about £2,600 p.a Panel 1,100 and appts Nice house garden and garage. Social and sporting facilities Premium 2 years purchase.—14

LONDON N.—ABOUT £1,000 P.A Panel 1,050 Fees 3/ to 5/ Lock-up Premises House available if required.—15

MANCHESTER — PLEASANT DISTRICT About £1,100 p.a Panel 750 Ample scope. Well-built detached house, 5 bed garden and tennis lawn, etc.—16

SUFFOLK.—COUNTRY AVERAGE £1,096 p.a Old-estd Panel £582. Appts and clubs over £100 p.a Premium £2,000 House with 2 recep 3 bed surgery etc Electric light Indoor sanitation Garden and garage Rent £40.—17

LANCS — TOWN OLD ESTAB Average £1,300 p.a. Select panel of 850 Scope for Surgery and X Ray Premium 1½ years purchase Nice house on rental £70 p.a.—18

LONDON S.E.—RESIDL AVERAGE £700 p.a Panel 600 Old-estd Fees 3/6 to 10/6 Premium 1½ years purchase Corner house, 5 bed etc £1,000 or offer.—19

KENT.—WITHIN EASY REACH OF town. Nucleus nearly £700 with ample scope. Estd only 20 months Panel now 220 Premium only £700 incl equipment Suitable house to rent.—20

PROSPEROUS N.E. COAST TOWN.—£1,000 p.a. Old-established. Panel 2,200 Appt £1,0 ¼ share for disposal 2 years purchase.—21

SOUTH COAST WITHIN 100 MILES.—Average £1,200 Medium panel Good fees Good family house (5 bed) and good garden for sale.—22.

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H Jackson Jr and F Parker,
New England Jour of Med 212 137-148 1935

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Practices and Partnerships for Disposal (continued)

25 LONDON, W C —Mixed PRACTICE, £2,360 p a Panel over 3 000 No midwifery Well situated house to rent on lease Great scope Premium to include lease goodwill some furniture and fittings £5 000 or near offer

26 MIDDLESEX —PRACTICE in residential district Receipts last year over £2 000 Panel about 1 600 Visits 3/6 to 10/6 Nice residence (4 bedrooms dressing room etc) good garage and garden for sale or rent Premium £4 250

27 S OF ENGLAND —PRACTICE averaging £834 p.a, in rapidly growing residential district near important coast town (appointments and panel worth about £400 p.a) Semi-detached corner house (3 bedrooms and attic) with garage for sale or rent. Scope Premium £1 450

28 S E COAST —Easily worked middle-class PRACTICE averaging £650 p.a in summer resort House (6 bedrooms etc) in best part with large garden and garage for sale Branch surgery rented at 10s weekly Panel 200 Scope Premium £1,200

29 LONDON, W C DISTRICT —Increasing PRACTICE doing £1 460 (including a branch surgery in N 7 area) Panel over 1,560 Private residence to rent at £210 p.a on lease, also branch surgery rented on lease Good scope Premium two years purchase

30 W OF ENGLAND —Old-established non panel PRACTICE at well known inland spa Cash receipts £830 p a Suitable houses or flats obtainable Extensive building taking place in neighbourhood with excellent opportunity for panel, if desired Premium one and a half years purchase

31 S W OF ENGLAND COUNTY TOWN — Middle-class non-dispensing PRACTICE, averaging £1 147 p.a Panel 500 Good house (4 bedrooms and dressing room), garden and large garage Price £2,200 Freehold Very good scope for energetic well-qualified man Premium one and a half years purchase

32 S MIDLANDS —PARTNERSHIP in first rate county town Practice about £5 600 within 40 miles of London Panel 3,500 Suitable house obtainable Premium ONE FOURTH share two years purchase Applicant must be Scottish or English and have held hospital appointments

33 YORKSHIRE (N R) —Steadily increasing country PRACTICE between £1 400/£1,500 including appointments and panel worth £400 p.a Extremely attractive house (5 or more bedrooms) garage and small garden for sale Good schools and sport Premium one and a half years purchase

34 S MIDLANDS —PARTNERSHIP (with succession in three years) in old-established Practice in good town Receipts, 1936 £1 433 Panel about 900 Visits 5/- upwards medicine extra Premium one half share (including one half share of fittings drugs etc etc) £1 400

35 CHANNEL ISLANDS —Well-established mixed-class PRACTICE averaging nearly £1,250 p.a No midwifery Good house (6 bedrooms etc) in best residential part for sale or rent Good introduction Premium £2 000 Hospital

36 S WALES —Old-established PRACTICE £765 p.a in country district near coast Appointments worth nearly £100 p.a and panel about 360 Specially built house (5 bedrooms etc) with garage and garden for sale Very good prospects of increase Prem one and a half years purchase

37 S MIDLANDS —Old-established PRACTICE averaging over £1,060 p.a in rapidly growing and prosperous market town Panel 1 318 House to purchase or accommodation to rent Ample scope Premium two years purchase

38 NORTHERN IRELAND —Middle and working-class PRACTICE over £900 p.a., in suburb of important seaport. Panel nearly 1,200 Visits 2/6 to 10/ without medicine Well situated house (5 bedrooms) garage etc to rent. Scope for increase Premium £1 400

39 N E COAST —Old-established and easily worked middle-class PRACTICE over £1 150 p a in seaport town No panel Residence facing sea, for sale Premium (to include furnishings and fittings of consulting rooms small X ray plant etc) £1 000

40 LONDON, N W —Increasing PRACTICE in growing district 30 minutes from Piccadilly Receipts last year, £764 (new appointment value £40 p.a not included) Panel 560 No midwifery Semi-detached double fronted freehold corner residence (4 bedrooms) garage and garden for sale Scope Premium £1,200

41 KENT AND SUSSEX BORDER —Old established and steadily increasing PRACTICE in beautiful country district Cash receipts 1936 £628 Panel over 500 House (4 bedrooms etc) garage and good garden main drainage, etc to rent Scope Premium two years purchase

42 ISLE OF WIGHT —PARTNERSHIP in well-established middle-class Practice of nearly £2 650 p.a Panel 1,200 Visits 3/6 to £1 1s medicine extra House with 4 bedrooms etc garage and garden Good society and sport of all kinds Premium one half share two years purchase

43 N E COAST —PARTNERSHIP (after preliminary Assistantship) in mixed Practice, about £3,300 p.a in seaport town Panel 2 600 A suitable house could be obtained One third share at first to suitable man at two years purchase (or near offer) with option to increase to two-fifths in three years and to four ninths later

44 S.E COAST —PARTNERSHIP in old established Practice averaging £4 100 p a in growing resort Panel 3 000 Modern corner house (3 bedrooms etc) for sale or to rent Premium for one fourth share two years purchase

45 S OF ENGLAND — PHYSIO-THERAPY PRACTICE of £1,000 p.a in an important town Fees 10/6 to £1 1s Premium £1 250 (including certain equipment)

46 E ANGLIA —PARTNERSHIP in an old-established Practice of £2 800/£2,900 p.a in prosperous country district Panel 1 530 Double fronted house (6 bedrooms) garage and garden Freehold for sale or to rent Premium for one third share one and three-quarter years purchase

47 LONDON E —Middle class PRACTICE of over £2 400 p.a in outlying district Panel 2,870 House in good repair Garage and garden Freehold for sale Premium two and one-quarter years

48 W OF ENGLAND —Country PRACTICE doing about £1 400 p.a in picturesquely situated village Panel over 600 Good stone built slate roof house (4 bedrooms dressing room etc), garage and charming garden about ¾ acre for sale Hunting fishing shooting Premium £2 800

49 LONDON W 2 —Old-established PRACTICE in residential district Receipts last year £1 440 Panel 1 000 about Good house to rent at £130 p a Premium two years purchase

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A LEICESTERSHIRE —PARTNERSHIP in old established Practice Receipts £2,500 Panel 1,500 Suitable house to rent £75 p.a Premium for a one half share two years purchase Short preliminary Assistantship

B NORTHUMBERLAND — County Town — Middle working-class non-dispensing PRACTICE averaging £700 per annum Panel 640 Suitable house garden and garage Price £1 150 Premium for Practice one and a half years purchase

For further details apply The Manager 21 Alva Street Edinburgh
Terms on which the business of the Branch is transacted will be submitted on application to the Branch Manager to whom all communications should be addressed

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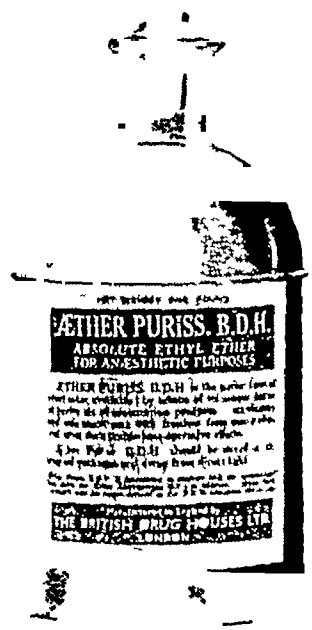
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The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds) which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application.

Accountancy and legal services furnished by the Agency, where desired at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 ESSEX —Well-established PRACTICE producing for past 12 months about £1 500 including a Panel of over 1 800 patients. Expenses are small Fees 2/6 and visits 3/6 The Practice is stated to be increasing steadily Good house containing surgery waiting room and dispensary 2 reception and 4 bedrooms, for disposal Garage and garden Price £2,000 Premium £3 000

2. SURGICAL PARTNERSHIP in delightful district within easy reach of London. A fifth partner is required in an old-established Practice. There is little visiting done under 10/6 although the patients come from all classes. Ingoing partner who must hold the English Fellowship would do all the surgery for the firm but must be prepared to do general practice as well Choice of houses.

3 CROYDON AREA —Rapidly increasing PRACTICE producing about £1 800 p.a. Panel of about 1 100 Fees 1/6 to 3/ with visits from 2/6 to 5/ Practically all cash. Vendor specialising in midwifery Suitable house available on rental. Premium £3,200

4 LONDON S.E.—Old-established mixed-class PRACTICE producing about £800 p.a. Receipts have declined owing to illness. Panel of 750 patients. Large house with very good garden can be rented

5 SUSSEX COUNTRY —Good NUCLEUS with scope for further increase Receipts 1935 £467 1936, £628 1937 for 7 months, £452. Panel produces about £267 included in above Good house on rental.

6 MIDLANDS —COUNTY TOWN —HALF SHARE PARTNERSHIP available in a well-established Practice producing about £2,500 p.a., including a panel of 3 046 patients. Suitable house for disposal Premium £2,400

7 HOME COUNTIES —RESIDENTIAL TOWN —PARTNERSHIP —A one fourth share with increase later is for disposal (after a preliminary assistantship of 6 months if wished), in a particularly sound mixed-class Practice offering good surgical scope Gross cash receipts for last 12 months stated to be approximately £4 800 Panel of about 2,000 and good appointments worth about £360 p.a Visits 3/6 to 21/ Choice of houses. Ingoing partner must have the Fellowship, have had hospital surgical experience and be accustomed to better-class work, preferably married and not over 34 years of age

8 NORTH CORNWALL—Very genuine unopposed country PRACTICE in picturesque district near coast and within easy reach of two good towns, producing nearly £1 000 p.a., including panel of £320 Very moderate expenses. Small house recently redecorated with 2 reception, 4 bedrooms, etc., electric light and power garage and small garden Price for freehold £400 all of which can be obtained on mortgage Premium £1 976

9 HOME COUNTIES —Mixed-class PRACTICE in residential district established many years. Average gross cash receipts for last 3 years £1,356 p.a. Panel of 750 and appointments worth over £100 p.a. Nice house with good garden containing 2 reception, 5 bedrooms, dressing room, etc., Professional rooms with separate entrance can be rented at £95 p.a Sport of all kinds and good educational facilities. Premium 2 years purchase

10 NORTH LONDON —Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant. Gross cash receipts for last 12 months £1 681 Panel of 320 appointments worth about £700 p.a Visits 5/ to 7/6 Good house with reception, 5 bedrooms etc., Professional rooms, small garden, garage Freehold for sale or might be rented Premium 2 years purchase or near offer

11 OUTLYING EASTERN SUBURB —Non-panel PRACTICE established upwards of 45 years and held by vendor for past 15 years. Gross cash receipts for last 12 months £2,236 p.a. Very moderate expenses Very nice detached corner house with garden back and front side entrance containing 2 reception 6 bedrooms, etc. Price £1 000 Premium 2 years purchase

12 PARTNERSHIP —LONDON EAST —A HALF-SHARE of middle and working-class Practice producing for immediate past 12 months £4,567 p.a. Panel of over 5 000 Suitable house can be obtained

13 NORTHERN SUBURB WITHIN 10 MILES OF HYDE PARK.—Middle class PRACTICE offering very good scope for increase producing for immediate past 12 months £829 Panel of about 460 and appointments worth £40 p.a plus private fees. Good house containing 1 reception, 4 bedrooms, Professional rooms, good garden and garage Price freehold £1 300 or can be rented at £90 p.a. Premium £1,200

14 RESIDENTIAL TOWN WITHIN 35 MILES OF LONDON —Old-established non panel PRACTICE, producing over £2,800 p.a. Good house with 3 reception 4 bedrooms, etc., good Professional rooms garden, garage Can be rented on lease at £63 p.a. Moderate expenses Good educational and sporting facilities. Premium 1½ years purchase

15 SURREY —PLEASANT RESIDENTIAL TOWN —PRACTICE produced for last 12 months approximately £1,250 Panel of 800 Fees 3 6 upwards. Midwifery 5 to 10 gns Suitable house available and surgery premises on rental Vendor relinquishing on account of ill health Premium £2,000

16 NORTH EAST COAST —Old-established PRACTICE, producing about £900 p.a., but stated to be capable of considerable increase Choice of suitable houses. Partnership introduction will be given Vendor retiring

17 LONDON SOUTH WEST —Well established better working class PRACTICE, average about £3,400 p.a including Panel of over 2 300 patients. Very good house on rental in excellent residential district 5 bedrooms etc., and very good professional accommodation

18 SOUTH WEST LONDON —PRACTICE has been established over 40 years and has been held by vendor for 30 years returns about £1 500 per annum Gross cash receipts for last 12 months over £900 Panel of about 450 which could be increased Suitable house with 3 bedrooms on rental, Moderate premium for quick sale

19 KENT COAST —FAVOURITE SEASIDE RESORT —PRACTICE established 40 years and now for disposal as vendor is going abroad Gross cash receipts average £1 921 p.a., including about £550 from Panel and £235 from Clubs. Good hospital Vendor on staff Scope for increase and for some surgery Good freehold house available with ample accommodation. Freehold £1 200 Premium 2 years purchase

20 WEST MIDLANDS —PLEASANT RESIDENTIAL TOWN —PRACTICE producing about £1 600 p.a including a selected Panel of about 560 patients. Mostly better-class and non-dispensing Consultations 3/6 to 10/6 Visits 5/ to 1 guinea Freehold house for disposal contains 3 reception 3 large and 3 smaller bedrooms with separate servant's quarters. Excellent consulting rooms, garage for 2 cars

21 HAMPSHIRE NUCLEUS—stated to be producing now at the rate of £5 per week and to offer considerable scope for an energetic worker

22. COAST TOWN —Old-established, held by Vendor past 31 years and now for disposal as he wishes to specialise Gross earnings for year ending 31/3/37, approximately £2,183 Panel of about 770 patients producing about £425 p.a., and appointments producing about £100 p.a. Fees 3/6 and 5/ Visits from 5/ Good house available freehold £1 100 Accommodation consists of consulting room 7 bedrooms, 2 reception rooms etc. Premium 2 years purchase or near offer

23 LANCS —High-class Seaside and Residential Town —Easily worked old established PRACTICE for sale Gross cash receipts about £1,100 p.a., including a panel of about 325 patients. Fees 3/6 to 10/6 Visits 5/ to 21/ Midwifery about 12 cases p.a. Minimum 5 guineas rising to 15 guineas. Mostly non-dispensing. Low expenses. Suitable house available with consulting and waiting rooms, 2 reception, 3 bedrooms and a maid's room and box room Large garden and garage Leasehold for sale or would be rented Premium 1½ years purchase There is stated to be good scope for increase for an energetic man.

24 OPHTHALMIC PRACTICE for sale in a capital Australian City —Gross cash receipts approximately £2,000 (Australian) Good consulting rooms can be rented at £180 p.a Further details on application

25 SOUTH COAST —PARTNERSHIP —A TWO-FIFTHS SHARE in good middle and upper-class practice producing about £2,550 p.a Panel of 1,300. Fees 3/6 to 21/ Suitable house can be rented at £65 p.a Easily worked and scope for increase Premium 2 years purchase

26 ASSISTANTSHIP—with a view to a PARTNERSHIP SHARE to produce about £1 100 p.a., in a well-established Practice Ingoing man must be young, have had considerable hospital experience He should be married or engaged, and a Protestant Will applicants please give full details of experience etc.?

27 DEVON SOUTH COAST—A well-established good-class entirely private PRACTICE producing for the past 12 months about £1 000 Panel could be had if desired Fees 2/6, 3/6, 5/ and 7/6, with a few visits up to 21/ Non dispensing. Suitable house containing consulting room 2 reception rooms, 6 bedrooms, for sale. Freehold £1 400. Partnership introduction Would be suitable for ex I.M.S or similar

28 DEVELOPING NORTHERN SUBURB —A 3/8TH SHARE is offered in a well-established and growing Practice Receipts for 12 months to 1/4/37 amounted to about £5,200 including about £80 from appointments and a Panel of some 5,300 patients. There is a choice of houses available

29 LANCS —SUBURB OF LARGE TOWN —PRACTICE established for 10 years—gross cash receipts for year ended 31/3/37 amounted to about £800 with an increasing Panel of some 470 patients. Fees 2 6 and 3/6, with visits 3/6 and 5/ Suitable house with good accommodation and separate surgery available on lease at £60 p.a Premium £1 100 plus good debts, drugs and surgery equipment a valuation Vendor giving up owing to ill health.

30 LONDON E.2 —Lock up PRACTICE established 80 years for disposal Income about £800-£900 p.a with Panel of about 1 150 patients Fees 2/6 and 3/6. Visits from 3 6 Suitable accommodation available consisting of consulting room, dispensary waiting room the remainder being sub-let for £280 p.a Rent and rates £230 p.a Premium 2 years nor have to include about £150 fittings, fixtures drugs, etc.

31 CITY PRACTICE —Lock-up hours 10-1 and 4.30-6.30 producing about £1 000 p.a including £200 from Panel and appointments Suitable accommodation available

32 LONDON S.W —Old-established PRACTICE producing £1,500 p.a., with panel of 1,266 patients for disposal Appointment and small club bring in about £85 p.a. House available contains Professional accommodation, reception room and 3 bedrooms and maids room bathroom. For sale or might be rented Premium £3 000

33 HAMPSHIRE.—COUNTRY PRACTICE.—Old-established PRACTICE held by vendor for past 7 years Gross cash receipts stated to average £740 p.a Panel of 472 Appointments worth about £130 p.a. Fees 3/6 upwards. Pleasant house containing 2 reception, 5 bedrooms etc., Professional accommodation Good garden and garage Rent £55 p.a. Prem £1,250

34 EASTERN COUNTIES —Mixed-class PRACTICE in prosperous agricultural district producing, for twelve months over £1 300 p.a Fees 3 6 to 21 Nice house in good position with 2 reception, 4 bedrooms, dressing room etc. Separate professional accommodation Modern conveniences. Garden garage Price for freehold £1,300 Sport of all kinds and schools within reach

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SATURDAY OCTOBER 23 1937

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OCTOBER 23 1937

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One teaspoonful to be taken morning and night in a tumblerful of water

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Normally there exists in the body a certain quantity of uric acid which assists general metabolism and after it has played its part is eliminated together with the normal thyminic acid of the organism When however, uric acid is present in excess the body needs additional thyminic acid to supplement the resultant deficit of this normal solvent of uric acid

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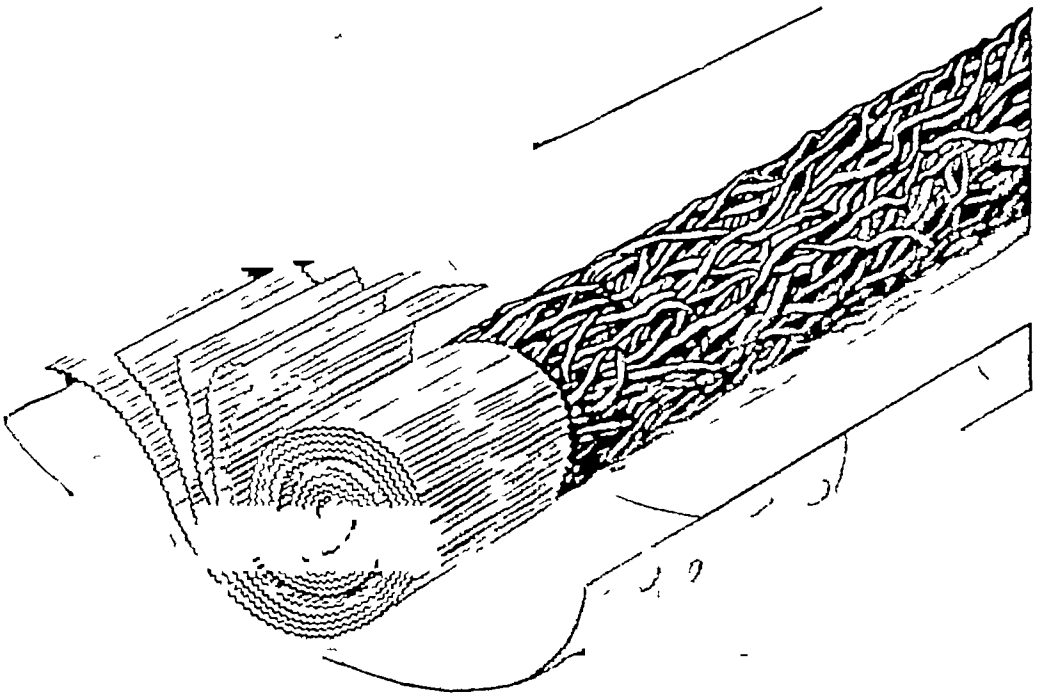
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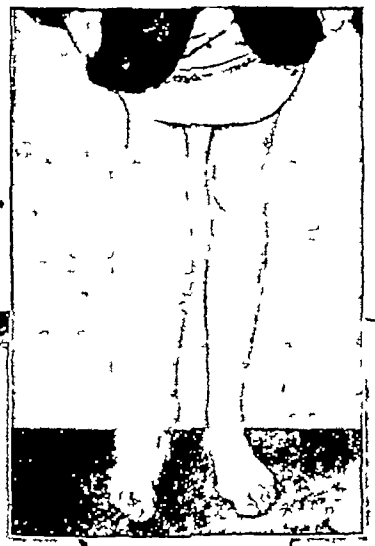


Fig. 1

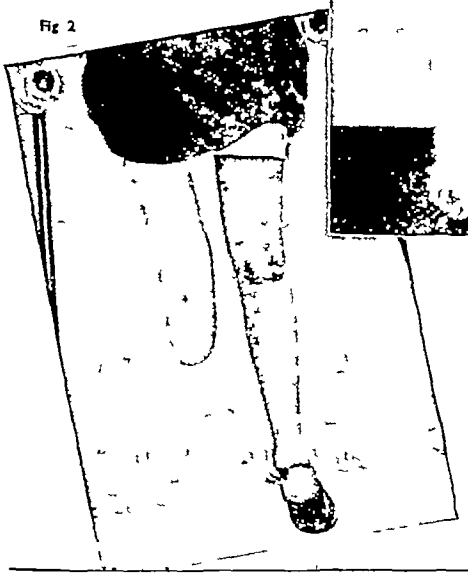


Fig 2

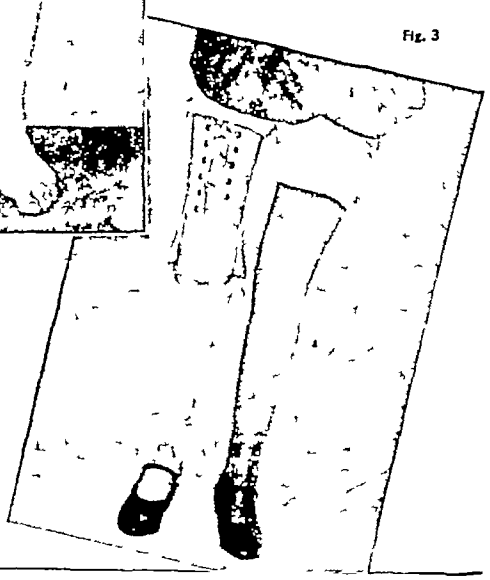


Fig. 3

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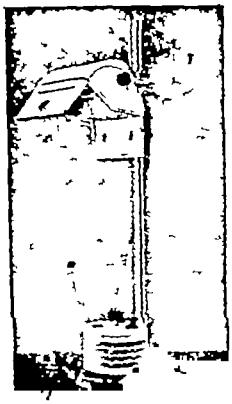


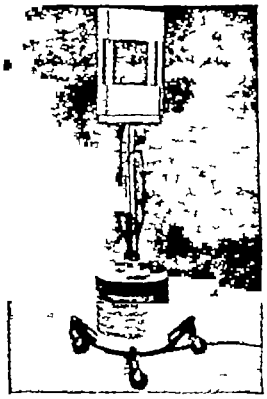
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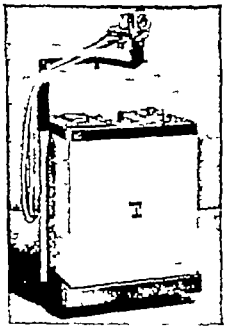
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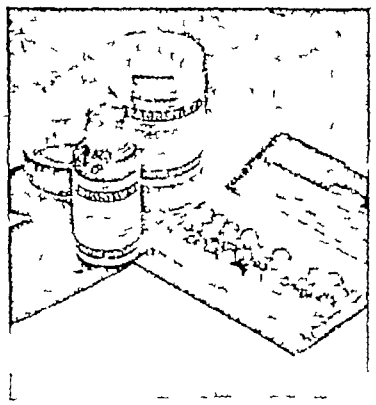
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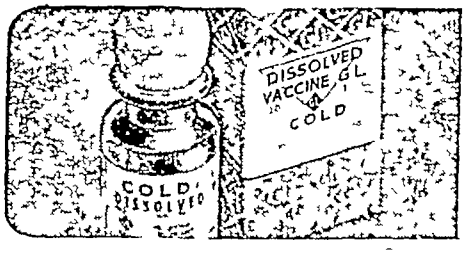


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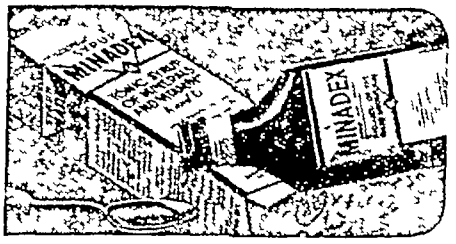


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pursued her through devious but most assured ways till they reached her in the citadel of truth And truly in such pursuits it is sweet not merely to toil, but even to grow weary, when the pains of discovery are amply compensated by the pleasures of discovery It were disgraceful, therefore, with this most spacious and admirable realm of Nature before us, and when the reward often exceeds the promise, did we take the reports of others upon trust Nature is herself to be addressed, the paths she shows us are to be boldly trodden, for thus and whilst we consult our proper senses, shall we penetrate at length into the heart of her mystery"

Harvey on the Stomach

In 1642, whilst Harvey was in attendance on the King, a mob of citizen-soldiers entered his lodgings in Whitehall, stole all his furniture, and scattered his papers, among which were the "Medical Observations" he had been collecting for many years and which he had intended to publish Consequently much of what Harvey wrote is lost, and little is known about his interests in medicine beyond his two great works, *De Motu Cordis* and *De Generatione* But there is a hint in the latter that he was a forerunner of Beaumont, Pavlov, Starling, and Cannon, the pioneers of gastro intestinal physiology, as his observations on the digestion of birds contain without doubt the earliest recorded description of the motor functions of the stomach

Almost all birds are provided [he wrote] with a double stomach, one of which is the crop, the other the stomach, properly so called In the former the food is stored and undergoes preparation, in the latter it is dissolved and converted into chyme In the crop the active grain that is swallowed is moistened, macerated, and softened and then it is sent on to the stomach that it may there be crushed and comminuted For this end almost all the feathered tribes swallow sand pebbles, and other hard substances, which they preserve in their stomachs, nothing of the sort being found in the crop Now the stomach in birds consists of two extremely thick and powerful muscles so placed that, like a pair of millstones connected by means of hinges, they may grind and bruise the food, the place of teeth, which birds want, being supplied by the stones they swallow In this way is the food reduced and turned into chyme, and then by compression the softer and more liquid part is forced out and is transferred to the commencement of the intestinal canal. The stones and other hard and rough substances which the birds have swallowed, if long retained, become so smooth and polished that they are unfit to comminute the food, when they are discharged

'If you apply the body of a hawk or an eagle, or other bird of prey, whilst fasting, to your ear, you will hear a distinct noise, occasioned by the rubbing, one against another, of the stones contained in the stomach."

One can hardly feel surprised that this, one of the earliest recorded observations by direct auscultation, remains unconfirmed to this day in spite of Harvey's remark that "it was disgraceful did we take the reports of others upon trust' The College possesses a reproduction of an imaginative painting of Harvey seated under a hedge reading a book whilst in charge of the Prince, afterwards Charles II, and the Duke of York during the battle of Edgehill I would commend Harvey with his ear applied to the body of a fasting eagle as a pleasing subject for a companion picture Thirty years ago I obtained permission to repeat on a giraffe in the Zoo some observations I was making on the sounds heard on auscultation of the back and epigastrium during swallowing, as I thought that the length of its oesophagus would make their analysis less difficult. However, I had not Harvey's courage, and the experiment is still waiting to be made

No further observations on the movements of the stomach were made in the two hundred years which followed the publication of *De Generatione* Then in the course of his investigations on Alexis St Martin's stomach Beaumont studied its movements, and in the latter half of the nineteenth century several physiologists investigated the movements and their nervous control in the exposed stomach of animals But in 1897 when I became a medical student at Oxford, the stomach was still portrayed in the textbooks of anatomy as an enormous inert sac hanging across the middle of the abdomen That same year a first-year Harvard medical student, W B Cannon, had the inspiration to render the stomach of cats opaque to the rays recently discovered by Röntgen by adding bismuth salts to the food, a method which was soon to be applied to man as well as to cats, and was to open a new era in the investigation of the physiology and pathology of the stomach by visualizing the gastric movements and so making it possible for every physician to be a Beaumont and every patient an Alexis St Martin

It is clear from the quotation I have given that Harvey regarded the stomach as the organ in which the food is diluted, softened, and broken up in preparation for its absorption from the intestines His work on the circulation of the blood had convinced him that the mesenteric veins convey nourishment from the intestines to the liver and thence by the vena cava to the heart, which distributes it to all parts of the body It is curious, however, that in his old age he refused to accept Pecquet's convincing demonstration that the lacteals, which he had himself observed in the course of his dissections before Aselli had published the first description of them in 1622, were concerned with the absorption of nourishment from the intestines

Harvey's interest in physiology was thus not confined to the circulatory and generative organs, and his observations and experiments on the physiology of digestion were of fundamental importance Instead of tracing the evolution of knowledge concerning the circulation since Harvey's time, as several of my predecessors have done, I propose to describe how the Harveian methods of combined observation and experiment have led to our present knowledge of the functions of the stomach

William Harvey and William Beaumont

In his 52nd Exercise of *De Generatione* Harvey describes the case of a young nobleman, the apex of whose heart, covered by a suppurating membrane, was exposed as a result of an injury he had received as a child In spite of this he was in excellent health and "felt adequate to any exercise or expedition" Harvey describes how he demonstrated to King Charles the movements of the young man's heart, and how in systole the apex emerged and protruded "And his most excellent majesty, as well as myself, acknowledged that the heart was without the sense of touch, for the youth never knew when we touched his heart"

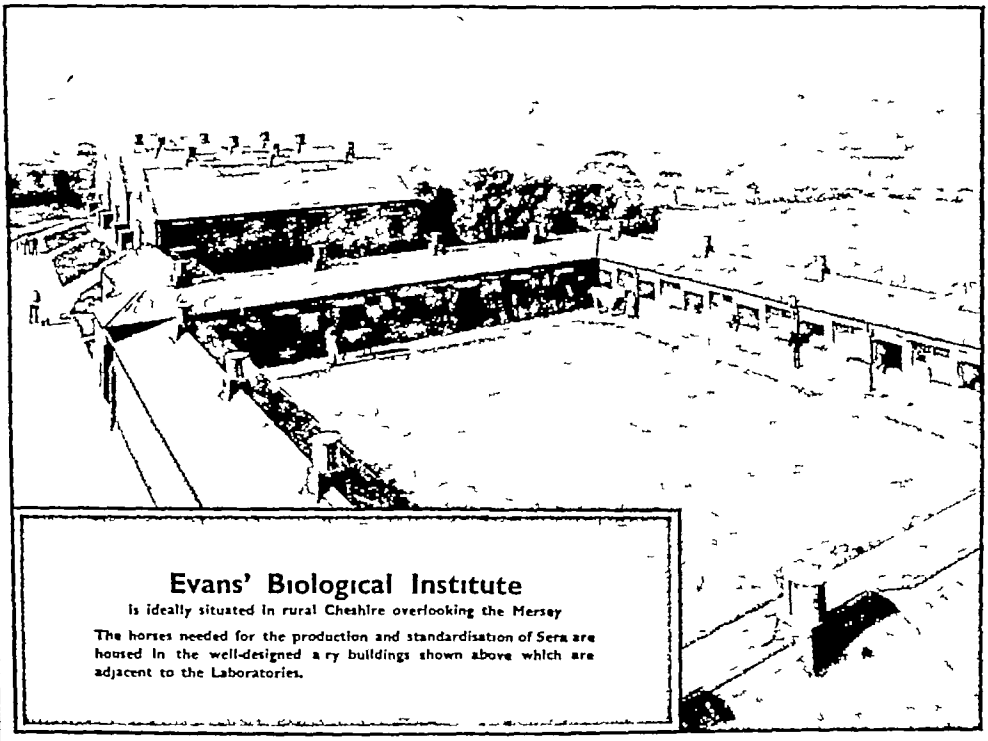
Two hundred years later Alexis St Martin, a young Canadian trapper, received a gunshot wound in the abdomen. He came under the care of William Beaumont, a surgeon in the United States Army, who took him into his own house and for two years nursed him back to health The wound eventually healed, leaving a gastric fistula surrounded by a ring of prolapsed mucous membrane Beaumont, who was endowed with the same spirit of inquiry as Harvey, engaged St. Martin as his servant and for two periods between 1825 and 1833, amounting in all to twenty-four months, made almost

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working with Minot on the treatment of Addison's anaemia with liver, solved the problem in a manner which would have delighted the heart of Harvey He first demonstrated that the administration of the gastric juice of a normal man had no more effect on the blood of a patient with Addison s anaemia than an artificial gastric juice consisting of hydrochloric acid and pepsin He then made the remarkable observation that a mixture of meat with gastric juice was as effective as liver in the treatment of the anaemia, but that this was not a result of peptic digestion, as the gastric juice could not be replaced by hydrochloric acid and pepsin, and the mixture was most effective when the hydrochloric acid was completely neutralized so as to prevent the occurrence of peptic activity It is now known that the gastric juice contains an intrinsic factor, haemopoietin, which reacts with an extrinsic factor present in meat and in other foods to produce an active principle that is stored in the liver and passes as required to the bone marrow, the normal activity of which depends upon its presence In the absence of this principle the embryonic blood-forming tissue fails to reach maturity and the characteristic blood picture of Addison's anaemia results The history of human physiology since the time of Harvey contains few more fascinating examples of the solution of an apparently insoluble problem by inductive reasoning and experiment

Neuropoietin

In 1922 an Australian Fellow of the College, J R Bell, and I found that achlorhydria is constantly present in subacute combined degeneration of the spinal cord, and that in untreated cases an Addisonian type of anaemia almost invariably develops before death It was at first thought that Minot s discovery of the liver treatment of Addison's anaemia was not applicable to the associated nervous disorder, but Ungley and Suzman, the former a Leverhulme Scholar of the College, have shown that when the dosage is adequate the disease can not only be arrested but great improvement and sometimes complete recovery may be expected to occur As Addison's anaemia and subacute combined degeneration of the cord rarely develop with equal rapidity in the same patient, and in many cases either may be present alone for long periods with no symptom or sign of the other, it seems clear that they must be caused by deficiency in different though closely associated substances Further evidence of this is afforded by the fact that the gastric juice of patients with achlorhydria and subacute combined degeneration of the spinal cord but normal blood can be shown to contain haemopoietin by its curative influence on Addison's anaemia I have suggested that the gastric juice contains an additional ferment, to which the name neuropoietin may be given This is the intrinsic factor which is stored in the liver and is required for the normal nutrition of the central nervous system Its deficiency results in subacute combined degeneration of the spinal cord The gastric juice thus has the surprising function of supplying a substance essential for the nutrition of the central nervous system

It is now known that the proximal half of the stomach secretes hydrochloric acid and pepsin and that the distal half secretes an alkaline juice containing haemopoietin and neuropoietin (Meulengracht) Severe and progressive gastritis leads first to the disappearance of hydrochloric acid then of pepsin, and finally, when the pyloric half of the stomach is sufficiently damaged, haemopoietin or neuropoietin or both are no longer secreted

The stomach is thus an organ of extraordinary versatility It protects the intestines from chemical and mechanical insults by diluting, softening, and breaking up the food, it digests protein and curdles milk, it offers an antiseptic barrier to bacteria from above and below, and it produces substances which are essential factors in the production of the active principles required for the blood forming activity of the bone marrow and for the nutrition of the central nervous system

Human Vivisection

In recent years surgery has offered abundant opportunities for studying the physiology of the stomach in man by means of operations which have often made experiments on animals superfluous Investigations after gastric operations, most of which have been carried out by Fellows and members of this College in co-operation with Fellows of the College of Surgeons, have shown that in spite of its many functions the stomach is not an absolutely essential organ Gastrojejunostomy and, more frequently, gastrectomy may totally abolish gastric digestion by giving rise to achlorhydria, but in spite of this the stools contain no excess of undigested food, and the loss of the protection against mechanical and chemical irritation and of the acid antiseptic barrier of the gastric juice manifests itself by a tendency to diarrhoea in only a small proportion of cases Simple achlorhydric anaemia is, however, a common sequel of partial gastrectomy, but Addison s anaemia is surprisingly rare and does not even develop in every case of total gastrectomy This is now known to be due to the fact that the mucous membrane of the first part of the duodenum, the glands of which are similar in structure to those of the pyloric end of the stomach, secretes a juice containing haemopoietin, the quantity of which is sufficient in most people to compensate for the absence of gastric juice

The interest shown by Harvey and his friend and patron King Charles I in the absence of sensibility of the heart would have been extended to the observations which it is now possible to make on individuals whose stomachs have been completely removed by operation In my Goulstonian Lectures I showed that the mucous membrane of the alimentary tract from the pharyngo oesophageal sphincter to the junction of the rectum with the anal canal is insensitive not only to tactile but also to thermal stimuli, and that the only adequate stimulus to sensation in the stomach and intestines is distension, with the exception of the warm epigastric sensation produced by the introduction of strong alcoholic drinks into the stomach After complete removal of the stomach a patient does not spontaneously appreciate his loss by the absence of any familiar sensation Appetite and the general sensations associated with hunger are unaffected, and, on swallowing, nothing unusual is noticed unless the patient takes his food too rapidly, when he feels some fullness in the epigastrium He cannot distinguish this from what he would have felt under similar conditions before his operation, although presumably it is caused by distension of the part of the jejunum anastomosed with the oesophagus Close observation, however, shows that the feeling of emptiness after long abstention from food is not felt, and the patient does not experience the pleasant glow in the epigastrium which should follow the drinking of neat spirits or a liqueur

In describing the development of our knowledge of the functions of the stomach I have mentioned only a few of the names of those to whom we are indebted for that knowledge It will be observed that the majority of them, especially during the last thirty years, were hospital physicians We see, therefore, that to-day there are still physicians engaged in the practice of medicine who

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predisposed by simple hygienic methods cancer too should be prevented, and even if gastritis and gastric ulcer are not abolished their early recognition and adequate treatment should result in their cure before malignant degeneration has had time to occur

Gastroscopy

The fractional test meal has made it possible to investigate the secretory functions of the stomach with considerable accuracy, and the x rays afford a means of studying its motor functions and the deformities produced by disease But so long as the mucous membrane of the stomach remained inaccessible to visual inspection there could be little advance in our knowledge of gastritis, which is now known to be much the most common of all gastric disorders The invention of a flexible gastroscope by Schindler in 1932 may therefore be regarded as a landmark in the study of the stomach in health and disease which ranks in importance with that of the cystoscope in the study of the bladder I am glad that in this country the gastroscope has not suffered the fate of the cystoscope and come to be regarded as a surgical instrument Several of our younger Fellows and members are already expert in its use, and their investigations are adding greatly to our knowledge of the pathology of the stomach If one thinks for a moment how little could be known of glossitis or pharyngitis without inspection of the tongue or pharynx, it is easy to realize how much our knowledge of gastritis is gaining from gastroscopy The interpretation of radiographs of the stomach is being revolutionized, and for some purposes, such as the investigation of post-operative gastric disorders and of the *healing of gastric ulcers under treatment, gastroscopy* must in the future take the place of radiology

Medical Friendship

Harvey desired that the Fellows of the College should live in brotherly love and affection This is best promoted by frequent opportunities of meeting, such as are offered by the four annual dinners of the Fellows' Club I am happy that the feast which Harvey desired should be 'kept within the College on the day of the oration "for all the Fellows that shall please to come,' and towards the cost of which he made on the occasion of the first dinner an endowment of fifteen pounds, is to be revived to night, as it gives an additional stimulus to good-fellowship among Fellows of different generations

Until thirty years ago provincial Fellows too often had to work in most undesirable isolation This is now a thing of the past, largely owing to the good work of the Association of British Physicians; the foundation of which in 1907 we owe to seven former Harveian Orators—Osler, Herringham, Garrod, Rose Bradford, Rolleston, Hale-White, and Robert Hutchison The association also gives London physicians an opportunity of seeing the hospitals and laboratories of other university cities in Great Britain and Ireland, but it is still a blot on London medicine that there is so little intercommunication between the staff and students of the twelve teaching hospitals, in striking contrast with the conditions in the University of Paris where students are free to attend clinics and lectures in any hospital they please Visitors from the Dominions and America generally know more about the methods of teaching and the day-to-day work of the London hospitals than the hospital physicians themselves, who are satisfied to continue their activities in a far from splendid isolation Occasional visits of a physician with his firm to a friend at another hospital is good for both physician and student, as I can testify from my own experience in the last few years and I hope that this practice will become increasingly common

The international relations of the College have in the past been very limited On rare occasions distinguished physicians from abroad have lectured in this room, and during the tercentenary celebrations of the publication of *De Motu Cordis* two of the representatives of the learned societies of the world, Pavlov and Wenckebach were elected Honorary Fellows

In company with a group of Fellows of the College I have in each of the past nine years made a pilgrimage to some foreign medical centre We have been greatly impressed by the kindness with which we have always been received, and by the eagerness that our hosts have shown in demonstrating the work in which they were interested and in hearing about medical research and medical education in Great Britain A direct result of the international co-operation which can follow such meetings is seen in a paper in the April number of the *Quarterly Journal of Medicine* which would never have seen the light had it not been for the 1936 meeting of the Medical Pilgrims In this paper Donald Hunter, Snapper of Amsterdam, and Witts describe a new syndrome of hypogonadism, alopecia, depression of metabolism, microcytic or macrocytic anaemia, subacute combined degeneration of the cord, and achlorhydria They suggest that the syndrome is the result of a lesion of the anterior lobe of the pituitary gland, which must, it is assumed, produce under normal conditions a stimulant to the secretion of haemopoietin How greatly Harvey would have appreciated an investigation of this kind is clear from a letter he wrote to John Vlackveld of Haarlem six weeks before his death

> Nature is nowhere accustomed more openly to display her secret mysteries than in cases where she shows traces of her workings apart from the beaten path nor is there any better way to advance the proper practice of medicine than to give our minds to the discovery of the usual law of nature by the careful investigation of cases of rarer forms of disease."

I should like to suggest that we might follow the example of our sister College and the Académie de Chirurgie of Paris by exchanging visits with the Académie de Médecine Might we not also renew our old associations with the medical schools of Padua and Leyden, where so many of our seventeenth and eighteenth century Fellows received the greater part of their medical education, and with the American College of Physicians, whose Fellowship is open to Canadians as well as to citizens of the United States? We might in these and similar ways do something to extend Harvey's admonition to live in brotherly love and affection beyond the confines of the College to physicians in other parts of the world, and in this way add our small though by no means negligible contribution towards the maintenance of peace by the promotion of international friendship

On St Luke's Day, October 18 1602, the youthful Harvey must have listened to the Oration in Praise of Medicine which every year opened the medical session in the University of Padua I like to think that since his death fifty-five years later his spirit makes an annual pilgrimage to this College on St Luke's Day to listen to the Oration which he founded He would regret the decay of classical education which has led to its delivery in English instead of Latin but he would, I think find no other sign of backsliding Though modest in life his vanity would be flattered by the efforts of a whole series of learned Orators to bring to light everything which can

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into the pleural cavity If there are no adhesions artificial pneumothorax is not an unsafe method of treatment

In a series of eight cases of simple abscess which I treated by artificial pneumothorax four patients made a good recovery and are still well In two the abscess ruptured into the pleural cavity, but both recovered after drainage and are now well, in one the symptoms persisted and thoracoplasty was later performed, and in one the patient died after an operation for dividing the adhesions I think, however, that if postural treatment fails it is on the whole safer to employ surgical drainage

Aspiration through a bronchoscope has been performed and several successful cases described This really may be regarded as an additional method of draining the abscess cavity medically, and if used should be combined with postural drainage In certain cases it may be wise to give this method a trial, although if the abscess persists operation should not be too long delayed

Surgical treatment consists in opening the abscess and draining The operation should be performed in two stages, the first is intended to produce adhesions between the chest wall and the pleura over the cavity, and the second to drain the abscess There are definite dangers, and the operation should be regarded as a serious one Haemorrhage may occur later, cerebral abscess is perhaps slightly more common after operation than in cases treated medically, or infection may spread throughout the lung It would appear that as methods of postural drainage improve this will be the treatment of choice in cases of abscess

Intravenous injections of alcohol have been suggested, and 10 c cm of a 20 per cent solution is that most commonly used Sodium benzoate has been recommended for treatment of gangrene and abscess of lung the dose advocated here is 20 c cm of a 20 per cent. solution, increased up to 50 c cm, given daily I have no experience of either of these methods

In cases of gangrene good results have been recorded from an intensive course of treatment with arsphenamine, the object being to kill the spirochaetes which cause the gangrene It is certain that some of the cases in which the sputum is most offensive do quite well on simple medical treatment, and I have not convinced myself that improvement has been due to the arsenic As the spirochaetes are sometimes found in the gums of normal people pre-operative dental treatment has been advocated, and it is claimed that this reduces the pulmonary complications

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A new German quarterly journal, *Fortschritte der Erb pathologie Rassenhygiene und ihrer Grenzgebiete* has appeared, it is published by Georg Thieme of Leipzig The joint editors are Dr J Schottky of Hildburghausen and Professor F von Verschuer of Frankfurt-a-M The first issue is dated July, 1937, and in addition to an introductory editorial explanatory note contains an article on the transmission of intelligence and character which is contributed by Dr K Gottschaldt of Berlin, another by Dr Wülker of Berlin on the investigation of natural selection and a third by Dr H Schade of Frankfurt on the biological aspects of heredity As indicated by these opening articles the new periodical should appeal particularly to those who are concerned with the influence of heredity, particularly on the pathological side, racial hygiene, and related topics The annual subscription is 16 RM

A RAPID METHOD FOR ISOLATION OF ORGANIC POISONS

PRELIMINARY NOTE

BY

C. P. STEWART,* S K CHATTERJI

AND

SYDNEY SMITH

from the

Department of Forensic Medicine University of Edinburgh

The standard method for the isolation of organic poisons from viscera, stomach contents, etc, is that described in the majority of medico legal and toxicological textbooks as the Stas Otto process It is a slow, laborious, and often difficult method based on the repeated precipitation of proteins, fats, and similar interfering substances by alcohol, the organic poisons (alkaloids in the form of their salts) being retained in solution Complete removal of the interfering substances involves repeated precipitation, each of which probably causes some loss of the substance sought To minimize these losses thorough extraction of the precipitated material is required, and even with distillation *in vacuo* the evaporation of the relatively large volumes of alcohol (or aqueous alcohol in the early stages) is very time-consuming On the other hand, if the Stas Otto process is carefully carried out there is little likelihood of any of the commoner organic poisons, administered in lethal dose, being missed It is not uncommon, for example, for morphine, given in medicinal doses, to be detected in the viscera post mortem

It is obvious, however, that a shortening and simplification of the extraction process is very desirable, provided it can be achieved without any loss of power to detect very small amounts of poisonous substances An alternative is supplied by Lloyd's process (Sydney Smith, 1936), which consists in preparing an acid water alcohol extract of the material as in the Stas Otto process, and adsorbing any alkaloids present in this extract on fuller's earth Adsorbents at this stage, however, are likely to take up many substances other than alkaloids, and, moreover, we have found fuller's earth to be notably inefficient in the adsorption of alkaloids

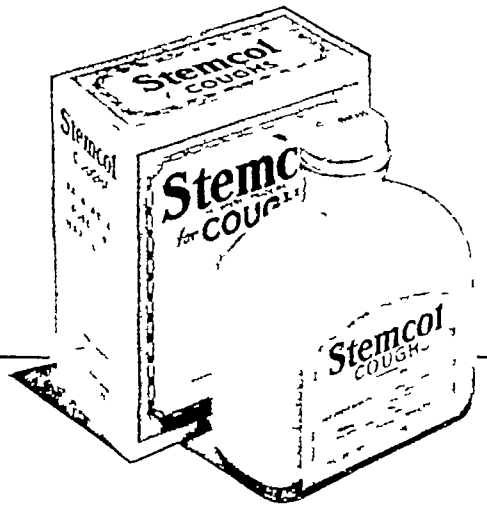
Not only alkaloids, but most other poisons usually classed as organic, are of such a chemical nature that one would expect them to be adsorbed by various earths, though not all under the same conditions Hence a hopeful line of attack seemed to be available for the isolation of the poisons once the proteins and fats have been removed, and the problem resolved itself into two parts—(*a*) to find a rapid and safe method of removing such interfering substances as protein, fat, etc with minimal loss of the poisons to be sought, (*b*) to find a suitable adsorbing agent and the conditions required for the adsorption and elution of the different types of poisons

Since our first consideration was the detection of alkaloidal poisons we were concerned primarily with the possibility of adsorption from acid solution and with preliminary treatment which could be carried out completely at reactions below *p*H 7

Precipitation by Trichloracetic Acid

Of the various protein precipitants used in blood analysis some (like zinc hydroxide) function in an alkaline medium, others (like tungstic acid) involve little change in the reaction of the original material, and others again (like metaphosphoric acid or trichloracetic acid) are strongly

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amounts were added to meat and the mixture was submitted to the process as described for strychnine, both alkaloids were readily detected in the final chloroform extract

Experiments with atropine have, so far, been less successful The substance is readily enough adsorbed by kaolin, but, probably because it is so easily hydrolysed, we have never succeeded in obtaining a recovery of more than 50 per cent of the amount added to meat Usually the recovery has been less than this With 10 mg of atropine originally added, however, we have never failed to detect the alkaloid in the final chloroform extract This is disappointing, although the recovery of atropine is notoriously difficult with the standard Stas Otto process Further experiments will, we hope, enable us to obtain better results, and, in particular, experiments are to be made on the extraction of the kaolin without added alkali It is a reasonable supposition that the process, if it can be suitably modified to give good results with the less stable alkaloids such as atropine, will be as satisfactory as the present method in dealing with the more stable ones

Need for Further Tests

It is evident that, although it promises well, the method of adsorption on kaolin requires much further testing and possibly modification in detail before it can be applied confidently to the detection of organic poisons in medico-legal work To be of the greatest possible use it must be applicable to many substances besides alkaloids Into this field we have not yet ventured very far Antipyrine, however (as one would expect from its structure), behaves like the alkaloids Veronal, tested as an acidic substance in contradistinction to the basic alkaloids, is not adsorbed by kaolin, fuller's earth, franconit, or alumina from acid solution, it is however, readily adsorbed by animal charcoal (Merck's carbo medicinalis), especially easily from a warm solution After adsorption on charcoal it is readily eluted by ether, though not by chloroform For the elution the charcoal was moistened with acetic acid and extracted with ether The ethereal extract was filtered to remove suspended particles of charcoal and evaporated The purity of the recovered veronal was shown by determination of its melting-point The recovery varied in different experiments from 75 to 90 per cent of the amount used (20 mg)

When both strychnine and veronal were added to minced meat it was found possible, after treatment with trichloracetic acid, to adsorb the strychnine on kaolin, from which it was later recovered by the chloroform extraction method previously described The trichloracetic acid extract from the kaolin still contained the veronal, which was then removed by adsorption on charcoal and elution with ether Both strychnine and veronal were recovered in good yield and in pure state

Summary

It is shown that in the extraction of alkaloidal poisons from viscera the laborious and time-consuming Stas Otto process may be replaced by treatment of the minced material with trichloracetic acid This at once yields a water-clear filtrate free from protein and fat, and containing the whole of the alkaloid originally present

From this filtrate the alkaloid can conveniently be removed by adsorption on kaolin, from which after neutralization it is eluted by hot chloroform After removal of the alkaloids veronal can be adsorbed on charcoal and eluted with ether

The method is being tested further and extended to other organic poisons

We wish to take this opportunity of thanking Mr J Whittaker senior technician in the biochemical laboratory of the Edinburgh Royal Infirmary who has carried out a number of analyses using the method we have described, and has independently obtained results similar to those reported in this note We have also to acknowledge a grant from the Moray Research Fund of the University, which covered the expenses of the work

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AFFECTIONS OF THE EYE WITH RELATION TO SKIN DISEASES *

BY

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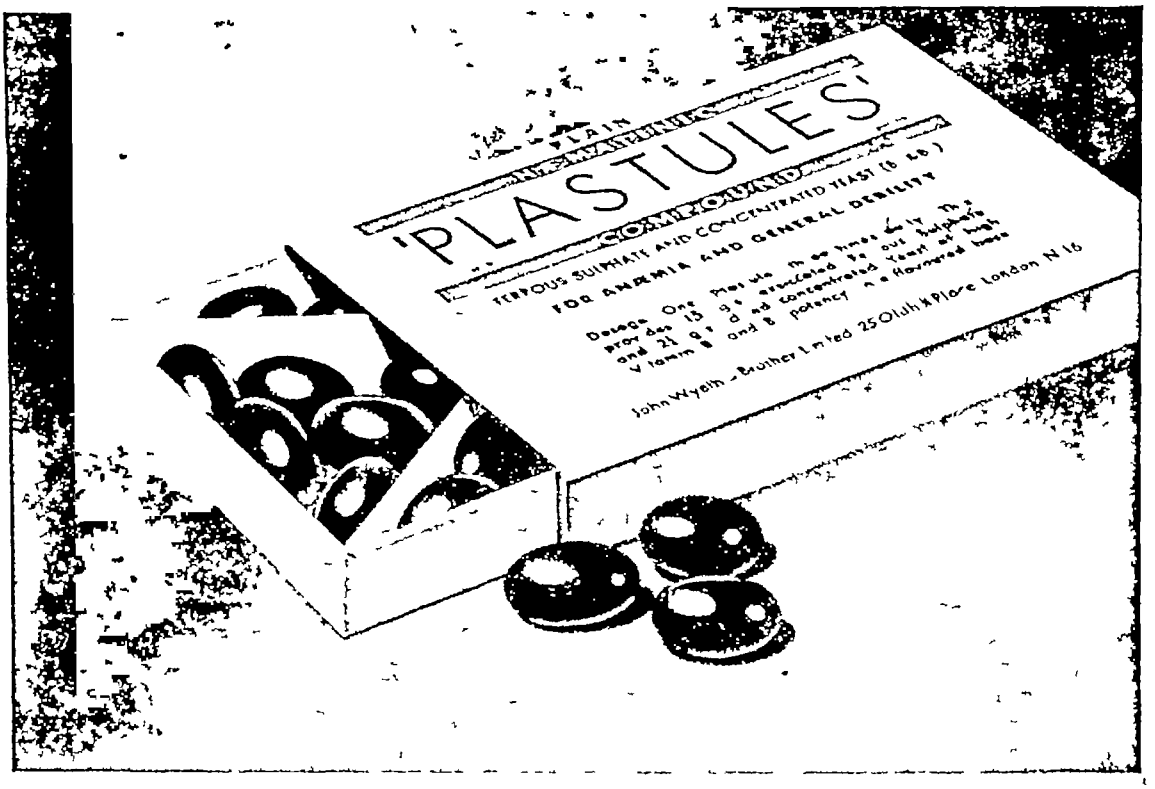
There is no lack of evidence to prove that the care of skin diseases is in many ways closely linked with ophthalmic practice Some overlapping of these specialized branches of medicine is necessitated by the mere fact that the eyelids are covered by skin, and this skin, like that of the rest of the body, may be afflicted by a large number of different lesions—for example, eczema, gangrene, gumma, and lupus But the amount of actual overlapping is far greater than can be explained by any such simple fact Dermatologists and ophthalmologists have many other reasons for pooling their clinical experience and acknowledging common interests In the first place, the eyelids are one of the favourite starting-points for rodent ulcers and various other diseases, secondly, the skin in this situation is loosely attached and exceptionally sensitive, thirdly, there are certain skin diseases with important eye complications, fourthly, ocular treatment may require to be modified owing to the state of the adjacent skin, and incidentally the eye must be safeguarded in applying certain remedies to the upper part of the facial skin

Oedema of Eyelids

Since they form part of the face and are continually exposed to view, the eyelids are rendered conspicuous by slight changes such as would hardly be noticeable if they occurred elsewhere Their skin, being thinner and more delicate in texture than that of any other part, is remarkable for its rapid distensibility by oedematous fluid Thus in some cases of disordered renal function the eyelids are puffed out in the absence of any evident swelling elsewhere The eyelids also respond with rapid swelling not only to the inflammatory processes involving their immediate anatomical relations, such as styes, conjunctivitis, or acute infection of the tear sac, but also to abscesses that are, relatively speaking, remote *One case recently sent for ophthalmic treatment* was a boy whose right eyelids showed considerable oedema Noticing that the whole of his right cheek was unduly prominent, I asked him to open his mouth, whereupon he was immediately seen to be suffering from an upper bicuspid abscess

The sudden enormous swelling of the eyelids that is so well known in ordinary 'black eye" from a blow with a fist finds an inflammatory counterpart in the dramatic

* Read in opening a discussion in the Section of Ophthalmology at the Annual Meeting of the British Medical Association, Belfast, 1937



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Damage to the Cornea

By reason of its ectodermal origin the cornea shares the susceptibility of the skin to certain infections and dystrophies Thus in myxoedema degenerative changes sometimes occur in the cornea comparable to the skin disorder which is characteristic of that disease Severe corneal ulceration is by no means uncommon as a complication of small-pox Measles is another notorious cause of corneal ulcers One of the most dangerous of all skin diseases for the eye is pemphigus, which may lead to desiccation and progressive contraction of the conjunctiva, symblepharon, and widespread corneal opacity Dermatitis herpetiformis may act in the same way

A few years ago I saw a boy aged 14, suffering from shrinkage of the right conjunctiva at the lower fornix The cornea of this eye was unaffected The left eye showed marginal blepharitis together with xerosis and shrinkage of the conjunctiva, and multiple corneal opacities In this case there was a history of an attack of water blisters all over the body nine years previously, since which time there had been several other attacks, usually lasting about three months For the two years immediately preceding my examination he had had no bad attack of blistering During some of the later attacks both eyes, especially the left one, had discharged There had also been some small ulcers on the palate and inside of the cheeks, but these had left no scars Dr Freshwater, who kindly examined this patient for me was of the opinion that the skin attacks in the past were more likely to have been dermatitis herpetiformis than pemphigus

Rosacea

Rosacea is one of the most important examples of a skin disease capable of involving the cornea The great majority of sufferers are exempt from corneal complications Most of them get no worse eye trouble than a mild scaly blepharitis, together with perhaps an occasional meibomian cyst Conjunctivitis arising in the course of rosacea is often of sinister import The characteristic rosacea conjunctivitis is associated with much photophobia and lachrymation, and does not usually remain as a mere conjunctivitis After a while the enlarged vessels of the ocular conjunctiva show a tendency to invade the periphery of the cornea as forerunners of keratitis

Rosacea keratitis is always accompanied by excessive vascularization of the cornea, repeated exacerbations at irregular intervals, multiple ulcers, and the gradual formation of corneal opacities which are often disposed in a wedge shaped or tongue-shaped fashion principally in the lower half of the cornea In the early stages it is not uncommon to find grey or white nodules at the ocular conjunctiva near the limbus This phenomenon constitutes one of the many ways in which the clinical behaviour of kerato-conjunctivitis due to rosacea resembles phlyctenular disease In many cases of rosacea keratitis, especially if they can be examined at leisure during a quiescent stage, it can be observed that some of the scars are faceted as a result of the thinning which often occurs This destruction of the corneal substance may be so rapid and severe as to produce spontaneous perforation of the cornea in a certain proportion of cases

I believe that ophthalmic surgeons are increasingly on their guard not to overlook these cases of rosacea Patients with a severe facial efflorescence can hardly be missed by anyone who has ever had the opportunity of being shown a case of this disease Not uncommonly, however, the eyes may be badly affected at a time when there are few obvious signs on the face In my opinion any obvious or even suspected case of rosacea which may happen, in the first place, to come under the notice of an ophthalmic surgeon should be referred to a dermatologist in order that the actual disease may be systematically attacked In a large proportion of cases each relapse of keratitis will be found to coincide with a fresh outbreak of the facial trouble Bearing in mind the fact that spontaneous improvement and long remission from symptoms, even in the absence of treatment, are frequently noted in the course of this disease, it would appear that the actual results of local eye treatment are disappointing Some cases are said to benefit greatly from the local application of x rays, under expert control, to the cornea Local ultra violet light is of doubtful value Carbolization of ulcers is to be avoided if possible, because of the danger of exaggerating the tendency to form large adventitious corneal vessels Atropine, normal saline solution, and the use of dark glasses should be advised until ulceration has subsided

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DERMATOLOGICAL ASPECT OF AFFECTIONS OF THE EYE*

BY

G B DOWLING, M D, F R C P

Physician Skin Department, St Thomas's Hospital

Rosacea is the condition with which the ophthalmologist and the dermatologist are most often concerned together Darier describes rosacea as a persistent passive erythema of the face, which leads to the production of telangiectases and is sometimes complicated by pustules In one group of cases, he says, rosacea is preceded by a first stage of recurrent attacks of acute congestion of the face In the second group it is derived from an affection of the epidermis which he has named "kérose" This we usually call the seborrhoeic state Thus rosacea is primarily a vascular disturbance affecting the cheeks, nose, forehead, chin, and sometimes the neck and the temples This disturbance has been most commonly attributed to digestive troubles, but I have welcomed the story of flatulence, fullness after meals, flushing after meals, alcohol, tea, etc, and any other symptoms of gastric disturbance, with some relief when such a history has been forthcoming On the contrary, in at least one half of my cases no amount of cross questioning has been successful in extracting the admission of gastric or intestinal symptoms of any kind I have, however, been

* Read in opening a discussion in the Section of Ophthalmology at the Annual Meeting of the British Medical Association Belfast, 1937

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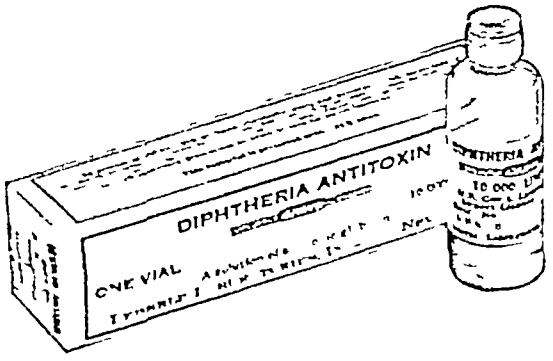
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up, but it is infinitely less disagreeable than the second variety, which is in fact sycosis of the eyelashes

Mr Doggart has drawn your attention to the fact that this type of blepharitis often begins in childhood after an attack of measles Almost as often it follows what Sabouraud called confluent impetigo, a condition which is seen most often in children, we often call it impetiginous or infective dermatitis It may result from a neglected pus infection, particularly one caused by pediculosis capitis, or it may extend into the scalp from fissured impetigo of the post-auricular folds It is a very intractable condition, but while the scalp infection often clears up eventually, that of the eyelids generally persists for years, sometimes into adult life, when it may be followed in males by sycosis barbae In adults sycosis of the eyelashes also complicates chronic staphylococcal infection of the nasal vestibule and is generally accompanied by sycosis of the upper lip I see very little chronic impetiginous dermatitis of the scalp in children now as compared with ten years ago, and attribute the improvement to the care bestowed on children by school medical services In fact, to the best of my recollection I have not seen a new case for several years For the same reason pediculosis capitis is rarely met with among the children attending my hospital out-patient clinic

Dermatitis of the Eyelids

I would divide these cases into (1) Infective, in which the dermatitis is associated with blepharitis or conjunctivitis, or other infective condition (2) Dermatitis due to irritation by chemical substances (3) Seborrhoeic dermatitis involving the eyelids (4) Cases which it seems impossible to attribute to any of the above causes Unfortunately the last group appears to be more common than the others

The condition begins generally as an acute oedematous swelling of the eyelids accompanied by burning and irritation, and is followed eventually by desquamation Thereafter there are recurrent attacks and often a chronic persistent dermatitis I admit that it may be very difficult to exclude chemical irritation, but volatile irritants such as the emanations of plants generally attack the face and other exposed parts as well as the eyelids Cosmetic preparations, perfumes, hair dyes, etc, are easily excluded I have looked for evidence of infection in the canthi but generally without success, and I have wondered whether a low-grade infection may be present there without some objective evidence of it, such as fissuring Some of these patients may perhaps be sensitive to unavoidable stimuli, such as cold winds and sunlight I have certainly met with dermatitis of the eyelids in fair-skinned subjects who have to some degree experienced intolerance to climatic stimuli throughout life Some of my patients have been debilitated and neuropathic, and there is no doubt that the condition often persists more or less indefinitely as the result of rubbing to allay irritation The local treatment is difficult The inflamed eyelids seem to be intolerant to lotions containing powders, to fatty preparations, and to mildly astringent lotions In fact, I have found cold water compresses more useful in the acute stage than any other application To avoid gumming of the eyelids in the morning I prefer liquid paraffin to ointments

Miscellaneous Dermatoses

Lupus vulgaris lupus erythematosus and basal-celled epithelioma attack the eyelids with some frequency The treatment of these purely dermatological conditions hardly comes within the scope of the present discussion. So far as dermatologists are concerned I think I am probably right in saying that one of the principal objects in treatment is to avoid doing anything locally that may lead to ectropion

Pemphigus vulgaris may attack the conjunctiva together with the mucous membranes and skin, though fortunately this happens rather rarely In cases of the chronic type, which may last for years, pemphigus leads to the severe destructive changes mentioned by Mr Doggart In the more acute cases death has generally followed too soon for these changes to take place I have never seen the conjunctiva affected in dermatitis herpetiformis, though this condition is not rare and is extremely chronic

Some years ago Mr Gibb showed me at the West London Hospital a boy with the eye changes of pemphigus who had a history of blisters on the skin I have seen the same condition in a baby a year old There appears to be some doubt about the classification of these juvenile cases, and it may be impossible to settle whether they belong to pemphigus or to dermatitis herpetiformis until we know more about these two diseases I think it is quite possible that there is a juvenile pemphigus and a juvenile dermatitis herpetiformis, those in which the conjunctiva is affected being probably pemphigus Regarding zoster involving the ophthalmic division of the fifth nerve—another disease that interests us jointly—I would like to hear how often we are to expect permanent damage to the eye I would also remind you that the term zoster has been adopted by English dermatologists rather than herpes The latter is applied only to febrile, catarrhal, or recurrent herpes, a condition which is unrelated, clinically and aetiologically, to zoster I cannot speak of blepharochalasia, because to the best of my knowledge I have never seen it The remaining conditions which interest us jointly are of small importance, and they concern dermatology rather than ophthalmology

Warts and senile warts, which quite often affect the margins of the eyelids, can be treated satisfactorily with the point cautery under local anaesthesia Milium bodies can be extracted with a Hagedorn or similar needle Kromayer advises touching the capsule with the point cautery to prevent recurrences

Xanthelasma is best treated by a small operation Kromayer describes one in which the tumour is shelled out (under local anaesthesia) with very little disturbance of the healthy connective tissue, the incised skin being allowed to fall back into place with suturing I have seen a very good cosmetic result follow this operation by an ophthalmological colleague Some dermatologists treat xanthelasma by the application of trichloracetic acid I have been told that the results are satisfactory, though I have no experience of this method of destroying them

Hidradenoma of the eyelids is a condition that is probably best left alone

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The first number has been published of a new monthly periodical *Medicine Today and Tomorrow* under the editorship of Dr D Stark Murray The publishers are C A Watts and Co, Ltd, 5, Johnson's Court, Fleet Street, E C 4, and the price is 4d The general aims of the journal, which is the official organ of the Socialist Medical Association, are to record the progress of "planned medicine" throughout the world and to advocate the establishment of a State Medical Service in this country

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20 c cm. of anti meningococcal serum was given On May 11 he was more drowsy and the neck rigidity more marked, Kernig s sign + The cerebrospinal fluid was similar to that of the day before Intrathecal anti meningococcal serum (20 c cm) was repeated On the 12th he was less drowsy, the cerebrospinal fluid was under normal pressure and was clearer A white cell count showed a total of 13,000, with 85 per cent. of polymorphs *H influenzae* was grown from the first specimen of cerebrospinal fluid On the 13th the cerebrospinal fluid was almost clear On May 18 a serum rash developed, but the patient was now sitting up and talking The neck rigidity had disappeared A blood culture, after six days incubation, was sterile The serum rash soon cleared and he made an uneventful recovery On discharge there were no physical signs and the cerebrospinal fluid was clear (This child was given sulphonamide P, half a tablet twice daily, from the second day)

Actiology

Meningitis due to the *H influenzae* is not such a rare condition as might be supposed Thus Neal (1934) and Huntington and Wilkes-Weiss (1936) found that it ranked fourth as a cause of purulent meningitis At St Thomas s (from 1922 to 1937), in children up to 8 years of age, a similar incidence was found meningococcal meningitis, thirty-seven, pneumococcal meningitis, fourteen, streptococcal meningitis, seven, *H influenzae* meningitis, six The age incidence is important, the majority of the patients being under 2 years, and the year with the highest incidence is 0–1 In the above series only one patient was over 2 years old

Most cases are thought to be "primary"—that is, not to be a complication of ordinary influenza A point in favour of this is the fact that in years when influenza has assumed epidemic proportions there has not been an increase in the number of cases of *H influenzae* meningitis Actually in 1918 only one case of this type was reported In many cases, however, there appears to be a definite association with otitis or pneumonia In Case 4 the chest condition was the prominent feature, and in ten out of forty-two infantile cases quoted by Huntington and Wilkes-Weiss (1936) the association seemed more than coincidence

Clinical Course

The onset may be sudden or gradual, more often the former In the cases reported above four may be said to have started suddenly The condition may be acute or subacute, but no case of chronic meningitis due to *H influenzae* has been recorded The course varies from a minimum of twenty-four hours, in the case of an infant cited by Huntington and Wilkes-Weiss (1936), to two or three months In a case recorded by Wood (1932), in which recovery took place, two months elapsed before the cerebrospinal fluid became sterile The usual duration is about two to four weeks

Clinically the condition does not differ from meningococcal meningitis, but most cases occur in infancy, and the signs are frequently suggestive of extrameningeal infection Pyrexia, which is often remittent and combined with a rapid and irregular pulse (Case 5), diarrhoea and vomiting, drowsiness or irritability, may be the presenting signs Usually the anterior fontanelle is found to be tense The most constant signs appear to be irritability and neck rigidity Local signs are uncommon, oculomotor paresis being most often present

Gibbens (1931) describes two clinical types (1) meningitis, (2) meningitis complicated by arthritis, which appears to be much rarer Moreover, he states that the arthritis may occur alone when no bone change takes place, whereas when the two are combined erosion of bone may be a feature

Pathological Investigations

Blood—In practically all cases a polymorph leucocytosis takes place Huntington and Wilkes-Weiss (1936) cite six cases out of the forty-five in which a leucopenia was noted, but only one count was recorded, and that was at the start of the illness, so probably a higher count would have followed

Blood Culture—A positive result is not infrequently obtained In a combined series of forty-three attempts, nineteen were positive In Case 1 the organism was grown, and failure resulted from the one attempt in Case 6 If the procedure was repeated in every case there would probably be a high incidence of positive results

Cerebrospinal Fluid—The fluid is usually under a raised pressure, and varies from faint haziness to frank pus Although the cells are almost invariably polymorphs, on rare occasions there may be large numbers of lymphocytes (Case 5, in which the fluid was quite abnormal) The total protein is raised and the chlorides lowered, though not to the extent seen in tuberculous meningitis Microscopically, the causative organism may be seen in a direct smear, but not infrequently, as in Cases 5 and 6, no bacteria are to be found until the cerebrospinal fluid has been cultured For culture a medium containing blood is necessary, and several days may elapse before a growth appears It is possible that some of the cases of "meningitis cause unknown" may be due to the apparent absence of *H influenzae* in the direct smear The *H influenzae* is said to produce indole, but as *B coli* admittedly a rare cause of meningitis, does this, indole production cannot be considered to be pathognomonic

Post-mortem Findings

There is engorgement of the superficial vessels of the brain, and vascular thrombi are common A thick purulent exudate collects round the base of the brain and to a lesser extent over the sides and vertex, and may even extend down the spinal cord Degeneration of the superficial layers of the cerebrum is usual, and in many cases areas of necrosis and even small abscesses, as in Case 5, may be present. The ventricles are distended, and should the basal exudate organize a considerable degree of internal hydrocephalus may result The other organs usually show nothing of note, except that fatty degeneration of liver and kidneys is almost invariable The association with otitis and pneumonia has been mentioned

Complications

Besides remissions and relapses, both of which may occur, the following have been described broncho pneumonia, sinusitis, otitis media, suprarenal haemorrhage, arthritis (Gibbens, 1931), superficial cutaneous abscesses, cellulitis, pleural effusion, pericarditis and endocarditis, and peritonitis (Williams, 1934) All these complications appear to be rare

Prognosis

This is bad, but is better in the comparatively infrequent cases occurring in older children and adults Bloom (1931) collected 302 cases from the literature up to 1930, and found a total mortality of 92 05 per cent. In Rivers s (1922) series of 220 cases 92 per cent proved fatal Of

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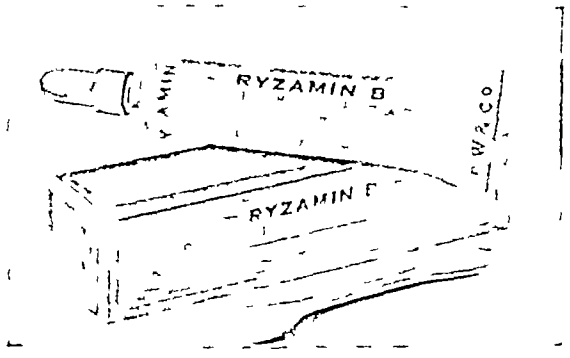
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Reviews

PREVENTIVE MEDICINE

The Practitioner's Library of Medicine and Surgery Vol XII *Preventive Medicine and Hygiene* (Pp 993 illus. Sold only in sets £2 10s per volume) New York and London D Appleton Century Company 1937

Up to and including the earlier years of this century preventive action against disease had been for the most part environmental, of the nature of a massed attack, usually by or at the instance of a public authority of some kind A very substantial measure of success attended these endeavours, and though the work was not complete the ground was sufficiently cleared to permit of preventive effort being brought more closely to bear upon the individual by means of measures adjusted to his personal need at the hands of private persons The art of medicine broadened out, it invaded the preventive field in force, and the outlook of the practising doctor, ceasing to be exclusively remedial, came to include the aspiration to prevent the diseases which he had once been content to cure after they had begun That the best opinion has moved in this direction in the United States as well as in our country is exhibited by the circumstance that the twelfth and concluding volume of a well known American practitioner's library of medicine and surgery is entitled *Preventive Medicine and Hygiene* Twenty-six authors have contributed to the text of the volume, which consists of four principal divisions—the first on individual hygiene, the second on group hygiene, the third on communal health, and the last on specific diseases

Among the topics dealt with in the first division are the periodical health examination, the hygiene of nutrition, including energy requirements, the hygiene of exercise, with sound views on endurance contests in adolescence, the hygiene of air, sunlight, and cleanliness, sex hygiene, which is greatly overdone, and mental hygiene The second division is concerned with group hygiene It is good on the lighting and ventilation of the home, touches on the prevention of foot mycosis in bathrooms, and gives special attention to what is a difficult problem in America, the water supply and sanitary equipment of solitary rural houses It discusses health in schools and universities and also in industry It deals in a most interesting way with the health hazards of farming, including the risks from farm machinery In this connexion the pronouncement is made, "Workers must avoid being caught in the belt"—a conclusion at which they might possibly have arrived unaided—whereas in the note on lightning no guidance is given on the very pressing question where it is best for the farmer to go if caught out of doors by a thunder storm There is a useful article, too, on safeguarding health when travelling or camping

The third division contains a lucid and well balanced chapter upon the effects of environment on health and disease, in which the problem of air changes in rooms as the result of human occupancy is duly presented Reference is made to the 'effective temperature" as worked out at Pittsburg, by which a single index can be used to express the combined effect upon the body of temperature, humidity, and air movement. The author of the chapter accounts it a defect of the Pittsburg index that it ignores the comforting influence of radiation, a criticism in which hygienists in this country, where radiation counts for so much in the heating of rooms will readily concur Other good chapters in this division deal with water supply, milk, and tuberculosis control While the chapter on maternity and child hygiene sets forth the preventive action required, it quite fails to exhibit how very closely the measures to be adopted are related to the principal causes of pre-natal, neo natal, and maternal death The final division on the specific diseases extends over a wide field, including the infections, the intoxications, physical agents, the deficiency diseases, allergy, and the endocrine diseases, together with cardiac, locomotor, nervous, and other diseases of the special systems We have found nothing in this large section which does not win our approval

We feel sure that every practitioner who already possesses volumes I to XI of the series will regard this concluding volume as maintaining the high standard of utility set by its valued predecessors

PRICE'S TEXTBOOK OF MEDICINE

A Textbook of the Practice of Medicine By various authors, edited by Frederick W Price, M D, C M, F R C P Fifth edition (Pp 2 078 illustrated. India paper 45s net ordinary paper 36s net) London Humphrey Milford, Oxford University Press 1937

The fifth edition of *A Textbook of the Practice of Medicine* edited by Dr F W Price, will enhance the high reputation already won for this exposition of what is essentially the teaching of the London School of Medicine Certain contributors to the previous edition have died, and six new authorities have been taken into the team Of these Dr F M R Walshe had perhaps the most difficult task of revising the original and highly esteemed contributions by the late James Collier and W J Adie, *and he may be said to have succeeded admirably The list* of articles entirely or in part rewritten is a long one, and there are also many new articles and sections dealing with advances in diagnosis and treatment There are also nine new illustrations The ordinary edition, of over 2,000 pages, with over 150 pages of index (always an excellent feature of this production), is now unfortunately a somewhat heavy volume, and the publishers are to be congratulated upon their decision to issue an edition on *India* paper, which is well worth the extra price Dr Price is performing a very valuable service in his editorial duties in connexion with this standard work, and in its revised form it will undoubtedly continue to make a wide appeal to teachers, consultants, general practitioners, and students in the English speaking world

PULMONARY EMBOLISM

L Embolie Pulmonaire (Recherches Cliniques, Anatomiques Pathogéniques, et Thérapeutiques sur les Embolies et les Infarctus du Poumon) By Pierre Bardin (Pp 192 11 figures, 2 coloured plates 35 fr) Paris Masson et Cie 1937

Pulmonary embolism, because of its tragic association with childbirth and with surgical operations, occupies almost a unique position among medical problems, and it must be admitted that it is as yet an unsolved problem Dr Bardin, to whose experimental work attention has already been drawn in this *Journal* (1935, **1**, 1180, 1937, **1**, 622), describes in his book the clinical and pathological aspects of the condition, and exposes succinctly and logically the inadequacies of the views held regarding its aetiology He points out that the reported increase in incidence may be more apparent than real, particularly as the diagnosis is often not confirmed at necropsy Even in the type of embolism associated with heart disease the accepted mechanism—blood stasis followed by separation of clot—will not explain why pulmonary infarcts occur in

BRITISH MEDICAL JOURNAL

LONDON SATURDAY OCTOBER 23 1937

OBSERVATION AND EXPERIMENT AND THE PHYSIOLOGY OF THE STOMACH*

BY

SIR ARTHUR HURST, D M , F R C P.

Senior Physician to Guy s Hospital

The task of the two hundred and eighty first Harveian Orator is not an easy one It would indeed be almost impossible if he were still expected to follow to the letter the instructions laid down by Harvey when he conveyed his patrimonial estate of Burmarsh to the College for the endowment, among other objects of an annual oration It was natural that Harvey should desire that the oration should be delivered in Latin, for during the four years he spent as a medical student in Padua he acquired such a perfect colloquial knowledge of the language that he thought with equal facility in Latin and English, and the manuscript notes for his Lumleian lectures are written in a quaint mixture of the two languages But happily in course of time more and more freedom of action has been permitted to the Orator In the oration of 1863 Dr Alexander Sutherland asked whether it would not be more convenient for the audience and easier for the Orator to substitute English for Latin The following year Dr Robert Lee delivered the last oration in Latin , in 1865 Sir Henry Acland delivered the first in English Since that date Harvey s injunction that the oration should be in Latin has no longer been obeyed—a mercy to those Orators who, like myself, have forgotten most of the little Latin they ever knew, and perhaps a still greater mercy to the majority of their audiences In 1846 Dr John Elliotson rightly believing that he had something of real importance to say on the subject of mesmerism thought it necessary to take the unprecedented precaution of having a translation of his oration printed after the Latin original So great was the general opposition to mesmerism at the time that the editor of the *Lancet* suggested that the portrait of Harvey should be turned with its face to the wall during the delivery of the oration

I wonder how many Fellows of the College to day would be capable of composing a Latin oration which would have satisfied Sir Henry Halford who was President when the College moved from its third home in Warwick Lane near St Paul s Churchyard to its present quarters in 1825 and who was as famous for the ease and elegance with which he spoke Latin as for his skill as a physician He was accustomed to compose Latin verse to beguile the tedium of driving in his carriage from one noble patient to another and was so impressed with the importance of the classical culture and staid philosophic habit of mind engendered by education at the older universities that he strongly opposed the abolition of the rule that the Fellowship should be confined to graduates of Oxford and Cambridge It was not until 1835 that, in spite of his continued opposition, the reform was introduced

Benefactors

Harvey desired the Orator to commemorate all the Benefactors of the College by name and what in particular they have done for the benefit of the said College with an exhortation to others to imitate those Benefactors He would rejoice that to-day our benefactors have become so numerous that this is no longer possible, for such a recitation, if brought up to date, would occupy the greater part of my time I will therefore do no more than refer to certain recent benefactions of a novel character which have an important bearing on the present and future activities of the College Benefactors in the past have endowed lectureships to give Fellows an opportunity to describe the results of their original investigations and observations and others have founded prizes to mark the accomplishment of good work done in various branches of medicine But until recently the College had no means of encouraging young men of promise to follow Harvey s further instruction to seek every means of advancing the science of medicine by research They were too often compelled to occupy much of their time with routine duties which required no intellectual gifts and offered no sort of mental training in order to earn a living This deficiency has now been partly overcome by the munificence of the Leverhulme Trustees James Maxwell Grant Prophit Eliza Streatfeild and Sir George Mackenzie It is gratifying to be able to record that the holders of the research scholarships founded by these benefactors have already done much admirable work Four of them—Dr J F Brock, Dr S J Hartfall Dr R L Noble and Dr C C Ungley—have made important contributions to our knowledge of the subject which I propose to discuss to-day in connexion with the modern application of the Harveian method of research

Research

Harvey invited the Orator to exhort the Fellows and Members of the College to search and study out the secrets of Nature by way of experiment But he was equally alive to the importance of accurate observation In *De Generatione* he notes how

"many remarkable discoveries have been achieved by men who following the traces of Nature with their own eyes

* The Annual Harveian Oration delivered before the Royal College of Physicians of London on St Luke s Day 1937

anatomical basis The post-mortem appearances of kidneys, especially when studied in sections of small pieces under the microscope, are so diverse that no clear correlation with the clinical phenomena observed during life is possible Nor is it easy to make a classification according to aetiology The author favours a classification which may be described as biological or functional, which is concerned less with the localization of lesions in the kidney than with the intensity of the state of change of function Thus there may be simple nephropathies—albuminuric, haematuric, or hypertensive, with lesions of kidney but no essential change in function—and complicated nephropathies (nephritis) where there is alteration of renal function, especially in the metabolism of water and excretion of sodium chloride

In the present series of articles Professor Rathery does not pursue the purely renal side of the subject, which he had developed at length in the first series, but has brought together an interesting group of clinical cases illustrating the outskirts of the subject He discusses the relation of purpura to nephritis, renal lesions associated with vegetative endocarditis, nephritis in poisoning with lead or mercury, and the forms of involvement of liver and kidney so insisted upon by French authors which occur, for instance, in infective or toxic abortion. Five of the twenty lectures are devoted to the problems of the existence, characteristics, clinical course, and treatment of cases more or less conforming to the conception of nephrosis in the original sense of Epstein's description The gouty kidney, the lesions of the kidney occurring with lithiasis and renal dwarfism, are also dealt with As in the former series, the author s method makes the subject alive and interesting

Notes on Books

Travaux Pratiques de Bactériologie (Masson, 38 francs), by H Bonnet and A Névot is a small handbook of 178 pages intended for the guidance of the medical student in his practical studies of bacteriology The field is well covered, and the information in the main is both adequate and correct The first five chapters are concerned with the characters of bacteria in general and the methods available for their study, the rest of the book is devoted to a consideration of the different bacteria pathogenic for man Here and there one comes across omissions and erroneous statements For instance, one reads on page 8 that anaerobes differ from aerobes in that the former are killed by oxygen, and in the typing of pneumococci agglutination alone is relied on, no mention being made of the "quellung" reaction of Neufeld In the chapter on the diphtheria bacillus, too, there is no mention of types or the use of tellurite media However, points such as these are few and far between, and to dwell on them would be to give a false picture of the book One of its outstanding features is its illustrations Line drawings, photomicrographs, and colour photographs are freely called on to illustrate the text, the photomicrographs in particular are excellent, though it is a pity that in faking the dark-field picture of *L icterohaemorrhagiae* the spirals should have been continued right to the ends of the spirochaete The book is well printed and is of a size convenient for the pocket

In his preface to the thirty-fifth edition of the late Professor Halliburton's *Handbook of Physiology and Biochemistry* (John Murray, 18s) Professor R J S McDowall recalls that the keynote of this ever-green book is to supply the needs of a medical student preparing for his examination, and this aim limits both material and length The publishers have entered very wholeheartedly into the preparation of the volume and have here taken the long view that considerable changes are frequently necessary if the book is to retain popular favour" It will be observed that the title now includes "Biochemistry" This addition has long been overdue in a volume which during Halliburton s authorship was a pioneer in such instruction, though he always preferred the term "Chemical Physiology" Professor McDowall has been associated with the book for the past nine years, and his name is now added to Halliburton's as joint author

Die Organisation der Tuberkulosebekampfung im Lande Baden by Dr Walter Schmidt (Leipzig, Georg Thieme, RM 3 60), gives a fairly detailed description of the development and administration of the tuberculosis campaign in the district of Baden, with particular reference to the new public health laws in Germany The organization in this district is of special interest, for the favourable climatic conditions of the district have led to the establishing in the past of numerous institutions for the treatment of tuberculosis, which the State found available for taking over The result is that tuberculosis is there regarded "literally' as an infectious disease, and every patient found to be suffering from the disease or suspected to be suffering from it can be hospitalized immediately The cost of treatment is borne either by insurance societies or by the State Isolation of sputum positive patients forms an important part of the scheme Two-thirds of the brochure consists of extracts of the legal documents governing the operation of the various measures and their financial aspect

Preparations and Appliances

SULPHONAMIDE-P

Sulphonamide P (Wellcome brand) is a preparation of *p* aminobenzenesulphonamide in powdered form It is suitable for both parenteral or oral administration The clinical uses of this drug are at present the subject of intensive research, the general result of which has been to show an unexpectedly wide range of bactericidal effects The makers (Burroughs Wellcome and Co) in their descriptive leaflet point out that not only is the value of the drug well established in a wide range of conditions due to infections with haemolytic streptococci, but also that both laboratory experiments and clinical experience justify its trial in cases of meningococcal meningitis, gonorrhoeal arthritis, *B coli* and *B proteus ammoniae* infections of the genito urinary tract Finally, laboratory experiments indicate that the drug may prove of value in typhoid and paratyphoid fevers and in staphylococcal septicaemia or infections The leaflet also gives a short account of the precautions indicated for the avoidance of unpleasant side-effects such as methaemoglobinaemia and sulphaemoglobinaemia

MANDECAL

Mandecal (compound calcium mandelate, B D.H) is the outcome of an investigation undertaken by British Drug Houses Ltd to find a preparation of mandelic acid which would produce minimum gastric disturbance Calcium mandelate was found to be as effective as ammonium mandelate as a urinary disinfectant, but to cause less gastric disturbance than the latter Mandecal is a pleasantly flavoured powder containing 75 per cent. of calcium mandelate It is taken in the form of a suspension in water The dose recommended is 15 to 20 grammes a day

PREPARATIONS OF GUAIACOL

Anastil and anastil forte are preparations of free guaiacol in watery solution in ampoules The drug is given by intramuscular or intravenous injection It is recommended for the treatment of a variety of bronchial infections (bronchitis bronchiectasis, etc) The vendors (Vial and Uhlmann 30 Gutleutstr, Frankfurt) quote a variety of favourable references which have appeared in German clinical journals.

daily observations and experiments, which laid the foundation of our knowledge of gastric digestion Harvey's observations were concerned with the mechanical action of the stomach in altering the physical properties of the food so as to render it fit for absorption Beaumont's work was concerned with the changes which occur in the stomach as a result of the digestive activity of the gastric juice He described the physical properties of gastric juice and had samples analysed which confirmed Prout's recent discovery that it contained free hydrochloric acid He showed that the juice is secreted only in response to the entry of food into the stomach and demonstrated its action on different kinds of food both within the body and *in vitro* He recorded how as a result of fear and anger febrile disturbances, and excessive indulgence in alcohol the gastric mucous membrane became red and swollen and the juice was replaced by a secretion of mucus

For twenty years after 1833 Beaumont made repeated attempts to persuade St Martin to return to him so that he could continue his investigations but without success In 1840 the British Association made a grant of £200 with the object of bringing St Martin to England so that further experiments on the physiology of digestion might be carried out on him by a committee consisting of Prout Owen Graham and Thomson, but he refused to leave his Canadian home where he died aged 83 in 1880

The next important step in the progress of knowledge concerning gastric digestion was the employment of the stomach tube which had long been used as a means of treating cases of poisoning This was done by Leube in 1871 though the first 'test meal had been given over a century before by Réaumur to his pet kite which had the habit—like other kites—of rejecting from its stomach anything which it could not digest In a paper on the digestion of birds read before the Académie des Sciences in 1752 he described how he fed his kite by giving food enclosed in small metal tubes the ends of which were covered by a wire grating The tubes were subsequently rejected and their contents examined Meat was partly dissolved and showed no sign of putrefaction Bone was also dissolved but vegetable material remained unaltered He then filled his tubes with pieces of sponge and obtained for the first time pure gastric juice, which he found turned blue paper red

In 1885 Ewald and Boas invented the test breakfast and in 1915 Rehfuss using Einhorn's duodenal tube introduced the fractional test meal In 1920 the normal standard of secretory activity was laid down by Izod Bennett and Ryle as a result of their examination of a hundred medical students Since then many physicians including numerous Fellows and members of the College have carried out physiological and clinical observations with the fractional test meal which have done much to elucidate the complicated problems concerned with the secretory activity of the stomach in health and disease

The Antiseptic Barrier of the Stomach

As long ago as 1784 Spallanzani of Pavia demonstrated the antiseptic action of gastric juice by showing that it prevented and even arrested the putrefaction of meat Thus meat moistened with gastric juice did not decompose and the putrid odour of decomposing meat was lost on introducing it into the stomach of an animal In recent years the subject has been reinvestigated by Knott a member of the College who has shown that the normal sterility of the stomach and upper part of the small intestine depends upon the secretion of hydrochloric acid in the gastric juice In achlorhydria the abnormally alkaline secretion of the contents of the small intestine affords a favourable medium for the growth of the *Bacillus coli* which invades not only the small intestine but also the stomach The infection of the duodenum is of special importance, as it often leads to an ascending infection of the bile ducts and is responsible for many cases of cholecystitis The loss of the acid antiseptic barrier of the stomach also permits infection of the small intestine by swallowed organisms in streptococcal infections of the teeth and tonsils and Camps has demonstrated the importance of the acid barrier as a protection against infection by typhoid, paratyphoid, dysentery and cholera germs Utilization of this knowledge should in the future do much to reduce the incidence of these infections amongst Europeans A fractional test meal should be an essential part of the examination of soldiers and civilians about to serve in the East, and the presence of achlorhydria which would be discovered in about 4 per cent of their number, should be regarded as an absolute bar against such service

Faber of Copenhagen showed in 1909 and again in 1913 that achlorhydria in women is often associated with simple anaemia This simple achlorhydric anaemia has been very thoroughly investigated during the last few years, especially by Witts and subsequently by other Fellows of the College When normal gastric juice is secreted the iron present in organic combination in the food is readily assimilated by the small intestine In the absence of free hydrochloric acid deficient absorption of iron occurs This leads to a simple microcytic anaemia if the quantity of iron in the food is no greater than the minimal amount required by people with normal gastric digestion especially if excess of blood is lost as a result of menorrhagia

Addison's Anaemia a Disease of the Stomach

In 1880 Samuel Fenwick, a Fellow of the College whose admirable work on the pathology of the stomach is apt to be forgotten to-day, noticed that the glandular structure of the gastric mucous membrane of patients dying from Addison's anaemia was atrophied and contained so little pepsin that no post mortem digestion could take place He suggested that the lack of normal gastric juice which resulted from this atrophy must interfere with the formation of blood and that Addison's anaemia might consequently be regarded as a direct result of atrophy of the gastric glands In the years which followed the constant association of Addison's anaemia with achlorhydria gradually became recognized but Fenwick's theory was forgotten The pioneer work of William Hunter on oral and intestinal sepsis led to the assumption that achlorhydria favoured the production of a haemolytic toxin in the intestines and that this was the cause of Addisonian anaemia Against this theory however was the absence of any change in the blood in the large majority of people with achlorhydria and gastric digestion was as completely in abeyance and bacterial growth in the stomach and duodenum was just as vigorous in uncomplicated achlorhydria as in achlorhydria with severe anaemia Moreover the administration of hydrochloric acid failed to produce any striking improvement in most cases of Addison's anaemia It seemed clear therefore, that although achlorhydria was constantly present in Addison's anaemia it was not directly responsible for its development

This was the state of our knowledge on the subject when in 1931 Castle a young Harvard physician who had been

in the lining of the stomach may have repercussions on the nutrition of the body as a whole, and may be associated with anaemia and with subacute combined degeneration of the spinal cord Since 10 per cent of all cancers occur in the stomach, and gastritis is in the forefront of predisposing causes of gastric cancer, a deeper significance attaches to its treatment Not only should there be a stimulus and a concerted effort to relieve sufferers of their dyspeptic symptoms, but also by timely interference to prevent the beginning of malignant changes Sir Arthur Hurst adduces evidence of a varied incidence of cancer of the stomach in different parts of the world, and has instituted an inquiry on comparative lines into the possible aetiological factors of gastritis in two large hospitals in England and Holland The results suggest a significant increase in unhygienic habits and the use of gastric irritants in Holland, where cancer of the stomach is found to be more than twice as frequent Such inquiries on international lines and with international co-operation are important The recent drive towards enhancing the health of the community, initiated by the Government, can be made more widely embracing In these modern times, with rapid transport and free circulation, the ready dispersal of disease and infection, the old dictum becomes even truer, that no man liveth unto himself as no man dieth unto himself The health of the world cannot remain an academic, a parochial, or even a national matter International associations for the exchange of ideas and the dissemination of knowledge can promote an international comity of medical men throughout the world in the spirit of Harvey, searching out the secrets of Nature, that the advances of knowledge may be used for the good of mankind

MEDICINE IN PARLIAMENT

In the Parliamentary Session which is just closing the Premiership of the United Kingdom has passed for the first time to a former Minister of Health, Mr Neville Chamberlain, and the attention devoted to national health by the House of Commons has only been surpassed by its concern over foreign affairs Sir Kingsley Wood, who might have claimed a transfer to another office, has chosen to remain Minister of Health, and Mr Elliot has passed from the Department of Agriculture to the Scottish Office, which includes the Scottish Department of Health During the session Sir Kingsley Wood secured the passage of the National Health Insurance (Juvenile Contributors and Young Persons) Act, which lowers the age of entry into national health insurance, of the Widows' Orphans' and Old Age Pensions (Voluntary Contributors) Act, of the Local Government Superannuation Act, and of the Public Health Drainage of Trade Premises Act To Mr Elliot's credit are the Children and Young Persons (Scotland) Act, the Local Government Superannuation (Scotland) Act, and the Maternity Services (Scotland) Act Other Ministers have carried measures affecting health, outstanding among which are the Factories Act, introduced by Sir John Simon and Mr Geoffrey Lloyd, the longest and most closely examined Bill of the session, and the Physical Training and Recreation Act, brought in by Mr Stanley The Agriculture Act, affecting public veterinary services and their relation to medical officers of health, and the amendments to the Milk Marketing Scheme brought the Department of Agriculture into the sphere of public health issues Of the measures which resulted from the initiative of private members the Matrimonial Causes Act stands out It was introduced under the title of the Marriage Bill, and in both Houses there was vigorous debate on the question of insanity as a ground for divorce A Bill to check the sale of methylated spirits to addicts in Scotland was brought in by a private member and carried Among private Bills concerned with hospitals the Liverpool United Hospital Act is noteworthy

Three things which the British Medical Association may fairly claim to have "put on the map" —namely, physical fitness, physical training, and *nutrition—were the chief topics in the debate* on the Address with which the session opened in the Commons, and a debate on the feeding of children took place soon after the Christmas recess In the House of Lords at the beginning of the session a debate on the health and physique of the nation was the occasion for a speech by Lord Horder on food and fitness Later in the session the tendency to make nutrition a Party issue was less marked than it had been in 1936, though the Opposition inclined to present it as the alternative to the Government's proposals for the development of physical training A debate on the trend of population and the low birth rate, in which Sir Francis Fremantle spoke, held the attention of the House Later the Government appointed a Royal Commission to report on the distribution of the industrial population An unexpectedly full and balanced debate arose on a motion advocating the voluntary sterilization of the mentally deficient Sir Kingsley Wood dealt with this by citing the investigations promoted by the Medical Research Council, and declared that although unanimity could not now be secured, even from the British Medical Association, opinion was growing in favour of such sterilization This motion was withdrawn, whereas a Bill introduced in the House of Lords

endeavour to follow in the footsteps of Harvey and take an active part in advancing the science of physiology

The thirty years which have witnessed such a revolution in our knowledge of the functions of the stomach have witnessed an equally great revolution in our knowledge of gastric disorders When I was house-physician in 1905 the *x* rays had not yet begun to throw light on gastro intestinal problems We occasionally gave a Boas Ewald test meal but the information it yielded was of infinitely less value than that obtained from the modern fractional method The significance of occult blood was unknown Consequently diagnosis depended upon the history and physical examination alone As the latter is completely negative in the large majority of gastric cases diagnosis depended almost entirely on the history But the correlation of history with pathological findings was possible only in fatal cases, as the pathology of the living —the greatest gift of surgery to medicine—was still in its infancy Consequently the diagnosis of the minor and chronic disorders was a matter of guesswork, as there were no means of discovering the pathological cause of symptoms in non fatal cases But a former Harveian Orator, Sir William Hale White, and the President of the College, Lord Dawson were at that time showing that combined clinical and pathological research in the tradition of Bright, Addison and Wilks could still bring important facts to light, when they demonstrated that gastric ulcer was really a disease of middle life affecting males more frequently than females and not as had hitherto been universally believed a disease of anaemic young women This discovery was soon to be confirmed by Moynihan whose genius has been curiously underestimated by his surgical colleagues, who, whilst acclaiming what he did for the art of surgery, forget what he did for the science of medicine His discovery of the clinical picture of duodenal ulcer was as much a piece of original scientific research as the discovery of a new element or a new star and as equally deserving of recognition It is perhaps difficult for the present generation to realize that in 1907 when Moynihan was already accurately diagnosing duodenal ulcer from the clinical history almost daily in Leeds it had never been diagnosed in London apart from an occasional lucky guess in cases of perforation and his papers on the subject were regarded as the products of a too vivid imagination British physicians awoke to the truth in 1909—nearly ten years before their Continental colleagues as late as 1913 Ewald stated his belief that only one duodenal ulcer occurred for every forty five gastric ulcers

The Pathogenesis of Carcinoma of the Stomach

It is now generally believed that carcinoma never develops in a healthy stomach There is abundant evidence to show that in the 70 per cent of cases with achlorhydria the carcinoma results from malignant degeneration of chronically inflamed mucosa the achlorhydria being a result of the preceding gastritis and not of the carcinoma In the remaining 30 per cent of cases with a normal or high acidity the evidence is equally conclusive that the carcinoma is a result of malignant degeneration of a simple ulcer The chronic gastritis and the simple ulcer are caused by chronic irritation the former especially in individuals born with a hyposthenic gastric constitution and the latter in those with a hypersthenic gastric constitution

The irritants which give rise to gastritis and gastric ulcer are mechanical chemical and thermal food insufficiently broken up and softened owing to its coarse character to hurried meals or to insufficient teeth or dentures irritates the mucous membrane mechanically alcohol and tobacco highly seasoned food, drugs, and saliva swallowed by patients with oral sepsis are chemical irritants, very hot and very cold food and drinks are thermal irritants

The total incidence of cancer is approximately the same in both sexes in the rich and the poor, and in all nations If cancer of the uterus and breast are excluded the relative incidence in different organs is the same in men and women It is also the same in the rich and the poor and in different nations with one supremely important exception—the stomach being involved three times as often in the poor as in the well to do, and in only 22 per cent of all cases of cancer in men in Great Britain compared with 42 per cent in America, 55 per cent in Holland, Bavaria, and Spain, and 66 per cent in Czechoslovakia

We have recently tried to discover the cause of the difference between the incidence in England and Holland —22 compared with 55 per cent The total incidence of cancer is the same in the two countries, and we have found as might be expected that the incidence of the hyposthenic and hypersthenic stomach is also the same We must therefore look for a difference in extrinsic causes Herbert and Bruske have compared the teeth and dietetic habits of 500 out-patients at Guy's Hospital with those of 500 at the Wilhelmina Gasthuis in Amsterdam 58 per cent of the Dutch ate too quickly and chewed insufficiently, compared with 11 per cent of the English, gross oral sepsis was present in 44 per cent of the Dutch and 28 per cent of the English Spiced foods were eaten in excess by 48 per cent Dutch and 19 per cent English, and official statistics show that the consumption of spirits is much higher in Holland than in England 43 per cent of the Dutch were accustomed to swallow their food and drink at a temperature over 60 compared with only 22 per cent English Lastly 62 per cent of the Dutch but only 13 per cent of the English smoked more than four ounces of tobacco, whether cigarettes pipes or cigars a week and 18 per cent of the Dutch but none of the English chewed tobacco

It is surely significant that wherever there is a difference between the dental condition and the dietetic and smoking habits in England and Holland it is to the advantage of England It seems reasonable to assume that the more frequent and more severe irritation of the gastric mucosa in the Dutch leads to a greater incidence of achlorhydric gastritis in individuals with the hyposthenic gastric constitution and of gastric ulcer in those with the hypersthenic gastric constitution If our views as to the origin of carcinoma of the stomach are correct this would explain why its incidence is so much greater in Holland than in England Insufficient teeth and dentures and oral sepsis coarser food and stronger tobacco may account for the greater incidence in the poor compared with the rich

At present we have no knowledge of how the general liability to cancer can be controlled and the organ inferiority which predisposes to achlorhydric gastritis on the one hand and to gastric ulcer on the other cannot be modified But the extrinsic causes—gastric irritants of all kinds—however trivial they may appear to be can be avoided and it should at least be possible to lower the incidence in the very poor by two-thirds to bring it down to the level of the incidence in the well-to-do

The future is full of hope By preventing the development of achlorhydric gastritis and gastric ulcer in the

normality in respect of mean values nor is there any as regards the limits of fluctuations round the average The report concludes that the simple measurement of height and weight is better in large-scale inquiries than the use of more complicated measurements But the recording of these data is only of real interest when it is periodically repeated under equal conditions Supplementary clinical examinations are dealt with of which the condition of the teeth and the presence of an unbroken and not unduly sinuous median furrow of the back when the child's arms are above the head are worth referring to as evidences of nutritional state The report recognizes the fundamental defect of all clinical assessments—that a given child may appear relatively satisfactory if he is examined among a group of average children whereas he would have been regarded as only fair if examined among a group whose condition was very good In other words, there is no criterion of normality That the average is by no means necessarily the normal in respect of nutritional state has been abundantly proved by feeding experiments In Corry Mann's milk supplement experiments, for example, the mean height increment among boys was 2 63 inches in a year compared with 1 84 inches in the group which received no milk The physiological tests for minor deficiencies such as the estimation of vitamin contents of blood and urine, the level of blood phosphatase in relation to rickets, visual adaptation to dark in relation to vitamin A deficiency, and capillary resistance in relation to vitamin C deficiency, are all fully discussed in the report. The use of these tests is critically examined, and although the value of every advance in objective measurement is apparent it is recognized that many of these tests are not yet established as specific, nor are the variations in the normal range properly fixed In another section the report discusses the type and scope of the inquiries at present conducted in various countries The tale of what is being done is an impressive reminder of the extent to which health departments have been awakened to the profound neglect of human nutrition which was prevalent until the last decade Progress will be slow until objective methods of assessing the nutritional state have been studied and defined and the Health Organization of the League of Nations has done a great service to science by calling together groups of experts to examine the achievements to date and to point out the most profitable lines for further research

ROAD ACCIDENTS AN INTERNATIONAL ANALYSIS

One of the tasks which the Council of the League of Nations has delegated to a committee is the unification of statistics of traffic accidents Every country is being asked to use a model form for recording all accidents causing death or bodily injury and to prepare therefrom annual statistics according to a recommended schedule Inquiry has shown that nearly all countries maintain records and analyses of such accidents the most elaborate being taken in the United Kingdom Denmark, Holland, and Switzerland The only European countries in which no statistics are kept are Lithuania and Iceland but even in Iceland all doctors are required to prepare reports for the General Directorate of Public Health at Reykjavik of any road fatality which comes under their notice The schedule which the League recommends is a very elaborate affair in five sections for setting out respectively the vehicles involved—that useful word has got into international currency—the nature of the accident, the sex and age of the persons killed or injured, the circumstances of the accident and its presumed or apparent cause The possible causes of accident for which drivers are responsible number twenty one The physical condition of the driver at fault is set out under the heads of insobriety, asleep, fatigue, illness, physical or mental defect, dazzled by lights, or confused by traffic Responsibility of pedestrians for a traffic accident may be set down under any of seventeen heads including insobriety and physical or mental infirmity Road and traffic conditions as causes of accidents apart from the personal factor are also to form the subject of analysis and the exact time should be stated—month day of week hour of day—whether full daylight or dusk and if after dark, whether there was good or poor lighting or no lighting Weather conditions are set out under seven heads and mechanical defects under six If the League gets its analysis carried out widely the victim of a road accident (if alive and conscious) will have the satisfaction of knowing that the cause of what has happened to him has been analysed as closely as is humanly possible and that the casualty has found its proper place in international archives

THE QUININE PROBLEM IN INDIA

We have received a copy of the *Star of India* containing a report of an address by Sir Henry Gidney to the Central Advisory Board of Health for India In this address Sir Henry criticizes the policy adopted by the Indian Government with regard to the quinine supply It is estimated that 100 million persons suffer from malaria in India, and that directly or indirectly the disease causes about two million deaths a year Adequate anti-mosquito measures are prohibitive in cost more particularly because the districts most heavily infected with malaria are also the poorest Anti malarial drugs are therefore, the only available defence against the disease and of these quinine is still the most important. The annual consumption of quinine in India is however, only 200 000 lb whereas the lowest minimum requirement is 600,000 lb Chopra (1933)[1] showed that in the most heavily infected districts of India the annual quinine consumption was less than 2 grains a head, whereas in Italy and Greece the average annual consumption was 16 and 24 grains a head respectively Chopra also showed that poverty was the limiting factor for quinine consumption, and hence the most heavily infected districts which were also the poorest, had the lowest quinine consumption

[1] Chopra, R. N (1933) *Indigenous Drugs of India*

add to our meagre knowledge of his life and character and of the friends among whom he worked He would I feel sure, have been particularly gratified by Dr Robert Hutchison's clear demonstration that he was endowed with the priceless gift of a sense of humour

He would have noted with surprise that the Presidential chair is occupied this afternoon for the seventh year in succession by the same Fellow, an event with only a single precedent since Sir Henry Halford ruled over the College for the twenty-four years between 1820 and 1844 He would realize that this could only be the result of the immense satisfaction of the Fellows for the manner in which its affairs have been conducted by Lord Dawson, during whose tenure of office the influence of the College on medical education, medical research and the public health has become more profound and more far-reaching than ever before

Harvey would be pleased to see how well his admonitions have been remembered, and to find that after three hundred years Fellows and members of the College are still taking a leading part in the research and study of the secrets of Nature by way of experiment And at the end of each Oration he would retire to the Elysian Fields, happy in the knowledge that ' to the honour of the profession ' the Fellows of the College ' continue to live in mutual love and affection amongst themselves "

ABSCESS OF LUNG*

BY

L. S T BURRELL, M D., F R C.P

Physician to the Royal Free Hospital and to the Brompton Hospital for Consumption and Diseases of the Chest

An abscess may be defined as a collection of pus in any part of the body In the lung it may be single or multiple and result from a variety of causes Strictly speaking, tuberculous or bronchiectatic cavities are abscesses Pyaemia resulting from osteomyelitis or operation often leads to multiple abscesses Maxwell (1934) found that in a series of 116 cases of multiple abscess sixty two followed septic conditions elsewhere Of 199 cases of single pulmonary abscess forty three resulted from pneumonia, thirty-two were associated with bronchial carcinoma, twenty-three with septic foci in some distant part of the body and only two followed tonsillectomy A considerable proportion of single lung abscesses which I have seen followed tonsillectomy or some other operation on the throat, nose or teeth, Scott Pinchin and Morlock (1930) found tonsillectomy responsible for 16 per cent of their cases There is also a number of cases for which no cause can be discovered In this paper cases of multiple abscess or those associated with tuberculosis carcinoma or other gross disease are not considered and I shall confine my remarks to the single abscess such as occurs for no apparent reason or as a result of pneumonia, ruptured empyema, embolism, or aspiration

Diagnosis

The first symptoms are a feeling of malaise and sometimes a nasty taste in the mouth The breath is often offensive even before there is any sputum Onset may be with haemoptysis but this is more common in cases associated with carcinoma The temperature is usually raised and if there is not free drainage through a bronchus it may be hectic in character Clubbing of the fingers appears early If there is sputum it may contain elastic fibres and pyogenic organisms, and is not usually offensive unless there is gangrene, which is said to be due to the Miller-Vincent spirochaetes present in the gums of many normal adults

On examination there may be no physical signs if the abscess is deeply situated If superficial there may be dullness or signs of associated pleurisy Radiography shows a shadow which may contain a fluid level It may, however, show merely an area of opacity which closely resembles a neoplasm or simple inflammatory lesion If neohydriol is injected into the trachea it does not as a rule enter the abscess cavity

It is best to locate the abscess by *x* ray films taken in different positions—antero posterior, oblique, and lateral Stereoscopic radiographs are apt to be misleading It has been said that an exploring needle should not be used to locate an abscess, since it may lead to infection of the pleural cavity and of the lung along the track of the needle I agree that it is unnecessary to aspirate a lung abscess, but think the danger of the procedure causing infection is much exaggerated, and I have never known it happen.

Prognosis

Abscess of lung must always be regarded as a very serious condition, whatever line of treatment is adopted Death may occur from extension into the lung tissue, toxaemia, haemoptysis or embolic spread to some distant part usually the brain Cerebral abscess appears to be rather more common in cases treated surgically

Treatment

Most authorities agree that medical treatment should be given a good trial in cases of single pulmonary abscess Postural drainage is often sufficient to enable the patient to cough up the abscess and make a good recovery An abscess in the upper zone is best drained with the patient sitting well propped up, and he should lie on his back for an abscess in the front part of the lung and on his face for one situated posteriorly In the case of an abscess in the lower zone he should lie on a bed with the pelvis raised and the chest and head sloping downwards For this purpose a bed such as that devised by Mr Nelson is of great value This can be raised in the middle so that the patient can drain for a long time and although the position looks uncomfortable it is remarkable how quickly a patient gets used to it By this means a number of cases can be cured and it is wise to allow a full six weeks before surgical treatment is attempted If patients are acutely ill with a large amount of sputum postural drainage is not advisable and it is usually best to operate

Treatment by artificial pneumothorax is now rarely employed, chiefly owing to the fear of the abscess rupturing into the pleural cavity and producing a pyothorax There is a very definite danger of this accident but in a number of cases the patient has eventually recovered after draining the pleural cavity It may happen that apart from pneumothorax the abscess breaks into the pleural cavity and very foul pus is found These cases often do quite well with drainage In the case of a deep abscess draining into a bronchus pneumothorax is still sometimes employed In my opinion the chief danger of pneumothorax (as is usually the case) that the pleura is adherent in the neighbourhood of the abscess and on cough a tear occurs at the junction where the lung is adherent to the chest wall and opens the abscess

Read in opening a discussion at a joint meeting of the Sections of Medicine and Surgery at the Annual Meeting of the British Medical Association Belfast, 1937

a voluntary hospitals regional council to correlate hospital work and needs in the region, (3) the formation of a Voluntary Hospitals Central Council to co ordinate the work of the regional councils Mr Stansfield P Richardson chairman of the Sunderland Royal Infirmary, will act as chairman of the new body, and Mr Arthur Morley, K C, Recorder of Sheffield, as vice-chairman

GARGOYLISM

The association of congenital osseous dystrophies with mental deficiency, dwarfism, deformity of the limbs, corneal opacities, and enlargement of the liver and spleen was first described by Gertrud Hurler in 1919 The growing number of reported cases has established the condition as a clear-cut syndrome In this country attention has been drawn to the subject by the recent work of Ellis, Sheldon, and Capon,[1] who reported seven cases in addition to ten from the literature In the absence of any pathological examination little could be said on the aetiology of the condition, though Tuthill's pathological report published in 1934 under a rather misleading title, suggested that it might fall into the xanthomatosis group of diseases An excellent article by Ashby Stewart, and Watkin[2] confirms this suggestion Reporting the pathological findings in two cases they show that both histologically and chemically the changes found in the central nervous system are strikingly similar to those observed in the Batten-Mayou disease One of their cases could be studied fully, in the second the material, collected thirteen years ago, was not sufficiently well preserved to allow of fine observations, although the changes seen in the first case were present here also, though to a milder degree As the patient in the first case was 20 years of age at the time of death and the second was 9 the authors find the discrepancies explicable They accept the work of Pick and Bielschowsky in regarding the changes in Batten-Mayou disease as being indicative of a general disturbance of lipoid metabolism and not, as is held by many observers, due to a local breakdown of the fats normally present in nervous tissue A fundamental difference of opinion is involved here, for there are some who regard only Tay-Sachs disease as a general lipoid disturbance to which the Batten-Mayou disease is aetiologically unrelated, while others hold that the two affections are allied conditions with the same underlying pathology Ashby Stewart, and Watkin go further than this They not only link up Tay-Sachs disease and the Batten-Mayou disease into one pathological unity, but they extend the range of the recognized lipoid disturbances, such as Gaucher's disease, Niemann-Pick's disease, and the Schuller-Christian disease to include the Hurler syndrome as well as Tay Sachs disease and Batten-Mayou disease This is an illuminating generalization but it is questionable whether it is altogether valid It brings forward once again the unsolved difficulty of the relation between the Tay-Sachs disease and the Batten-Mayou disease Those who support the theory of their pathological unity group the two syndromes under the name of amaurotic idiocy Clinically, however, each condition is so clear-cut and distinctive that those who approach the problem from this aspect see more significance in the histological differences than in the similarities Supporters of the unifying generalization, particularly Kufs, have extended amaurotic idiocy to include adult types of affection without amaurosis The inclusion by the present authors, Ashby, Stewart, and Watkin, of yet a further clinically distinct group illustrates that the range of affections which bear some resemblance pathologically to Tay-Sachs disease is indeed wide None the less, it remains doubtful whether it is justifiable to regard these different affections as being aetiologically allied Rather would it appear that the neuro-pathologist is exploring a special type of pathological degeneration, which is not necessarily pathognomonic of one underlying cause To attempt to link up these markedly different clinical pictures under one heading seems to be unwarranted in our present state of knowledge For one thing the fundamental issue as to the unity between Batten Mayou and Tay-Sachs diseases is still unsolved A unity between Tay-Sachs disease and Niemann-Pick's disease is indeed based on better evidence, for the two affections may be present in one and the same patient—as has been reported repeatedly of late—and the age distribution, course and racial predilection are similar The Schuller-Christian disease also has many points of similarity But to extend this clear cut group of lipoid disturbances to include such affections as Gaucher's disease and the Hurler syndrome, with their different age distribution, course, and absence of racial affinity opens a large field in which it would be wise to let theory wait on observation

[1] *Quart J Med* 1936 5 119
[2] *Brain* 1937 60 149

A CHRISTMAS APPEAL

The veteran president of the Royal Medical Benevolent Fund writes again to ask readers of the *British Medical Journal* for contributions towards one part of the work of this charity—namely, the distribution of a Christmas gift of 30s to each of the beneficiaries on its books The number of these is usually between 600 and 700, they are infirm or invalid doctors or the widows or daughters of deceased medical men, whose incomes are not even £100 a year The gifts for which Sir Thomas Barlow appeals on page 825 will provide a little additional warmth or clothing for many who dread the winter months, or brighten a poverty-stricken home with some small pleasure Donations should be sent to the Treasurer, R M B F, 11, Chandos Street, Cavendish Square, London, W 1

The Lloyd Roberts Lecture is to be given by Professor Miles H Phillips of Sheffield on "The Prevention of Puerperal Fever" at St. Mary's Hospital Whitworth Street Manchester, on Tuesday, November 9, at 4 15 p m

acid themselves and yield an acid protein free filtrate. Only the last of these groups was of interest to us and we found in fact, that treatment of minced-meat, liver, etc., with an adequate amount of trichloracetic acid precipitated the whole of the protein, with which was carried down all or practically all the fat By grinding the protein- and fat-containing material with an equal volume of 10 per cent trichloracetic acid solution, allowing the mixture to stand for a few minutes, and then filtering through a Büchner funnel we obtained a water-clear filtrate, which was to all intents and purposes free from protein and fat. The time involved, including the filtration, was about three hours, and the final solution was better for the purpose in view than that obtained by the Stas Otto process in three days The filtrate was acid, and would *therefore be expected to contain any alkaloids present in* the original material, along with any water-soluble but non basic substances such as barbiturates and (most) glucosides Qualitative tests showed that this expectation was realized, that added alkaloids were present in the trichloracetic acid extract, and that no more could be recovered from the insoluble residue Thus, so far at least as the substances we have as yet tested are concerned, the first part of the problem has been solved In the extraction of alkaloids a method of preliminary treatment has been found which is superior to the Stas Otto process Further work in progress will decide whether it is of universal applicability

Strychnine Adsorption on Kaolin

We wished to avoid the necessity for evaporating the acid filtrate obtained in precipitating proteins, etc, by trichloracetic acid, and therefore concentrated our attention on the possibility of adsorbing alkaloids on a solid medium For our preliminary experiments we chose strychnine as an alkaloid which is relatively stable and for which sensitive colour reactions are available Of a number of substances tested, kaolin (British Drug Houses' levigated powder'), franconit, charcoal (Merck's medicinal), and aluminium oxide (Merck's nach Brockmann') were found to be very efficient in adsorbing strychnine from a slightly acid solution of its hydrochloride When 25 c cm of a solution containing 50 mg of strychnine hydrochloride were shaken for a few minutes with 5 grammes of any of these adsorbing agents and the mixture was then filtered, the filtrate did not retain enough alkaloid to be detected, after evaporation, by Mayer's reagent or by sulphuric acid and potassium dichromate It had therefore been completely adsorbed On the other hand fuller's earth like certain other brands of kaolin charcoal, and aluminium oxide was relatively ineffective

Our choice of kaolin as the adsorbent to be used in further work was based on the finding that it adsorbed many other alkaloids with great ease and was much cheaper than either franconit or Merck's adsorbent aluminium oxide (which were however equally effective) Charcoal we discarded, since we feared that it might cause oxidation of some of the less stable alkaloids Our impression of the efficiency of kaolin was confirmed while our work was in progress by the results of Mutch (1937) who was interested in the use of kaolin medicinally in cases of food poisoning

Elution of the Strychnine

The next step was the elution of the adsorbed alkaloid Certain facts suggest that like many other substances alkaloids are adsorbed as such by basic adsorbents although they are present as salts in the original solution It is possible, therefore, that after thorough washing of the kaolin plus alkaloid the latter might be removed by simple extraction with a suitable organic solvent We have not yet tried this, since the removal of the last traces of the original acid solution requires very thorough washing, and, partly on account of the time involved and partly for fear of losses during the washing we used a shorter process We filtered off the suspended kaolin with its adsorbed alkaloid on a Büchner funnel, washed once with water and ground with a little 10 per cent aqueous sodium carbonate solution (using enough to make the suspension neutral or slightly alkaline) The paste so formed was then mixed, by grinding, with anhydrous sodium sulphate to give a dry powder, which was extracted with chloroform in a Soxhlet apparatus Early *experiments with this technique gave bad results, since* a certain amount of coloured matter was extracted from the kaolin Preliminary treatment of the kaolin by washing with alcohol, chloroform, and finally with ether, removed this difficulty and did not impair the adsorbing power of the kaolin All kaolin used in subsequent experiments was treated in this way before use

Using the washed kaolin, this method gave almost quantitative yields of strychnine from simple solutions of the hydrochloride An alternative procedure, equally effective in the case of strychnine but less so with other alkaloids, was to suspend the kaolin plus alkaloid in dilute aqueous sodium carbonate and extract the suspension repeatedly with hot chloroform The chloroform extract, however, did not separate very clearly, and in any case had to be filtered to remove particles of kaolin before being evaporated The dry extraction method was therefore regarded as the standard procedure, although for *qualitative* purposes the wet extraction process is quicker and simpler

The next step was to attempt the isolation of strychnine from a large excess of protein, fat, etc., using the method already described for removing the protein and fat For this purpose a dilute solution of strychnine hydrochloride containing 50 mg of the hydrochloride (equivalent to 41 mg strychnine) was thoroughly mixed with 400 grammes of minced meat After standing overnight this was thoroughly ground with 400 c cm of 10 per cent trichloracetic acid After filtration on a Büchner funnel the well-pressed precipitate was again ground with 100 c cm of the trichloracetic acid solution and refiltered The two water-clear filtrates were combined and shaken with about 10 grammes of the washed kaolin After an hour the kaolin was filtered off and submitted to the eluting process In one experiment using the wet extraction method, 36 mg of strychnine were recovered (an 88 per cent yield) in another by the dry extraction process 40 mg of strychnine were obtained (a 97 per cent yield) These yields were not exceptional and the product was pure as shown by melting point ignition tests etc Admittedly the quantity of strychnine involved in these experiments was large but with as little as 5 mg of strychnine hydrochloride present a recovery of 73 per cent was obtained and from only 1 mg enough to give a strong qualitative reaction by the sulphuric acid–potassium dichromate test

Results with Other Alkaloids

Using the same method equally good results—that is recovery of 80 to 95 per cent of the quantity added—were obtained when morphine or quinine in amounts as small as 10 mg was mixed with minced meat With nicotine and aconitine (tric aconite *B.P.C.*) no quantitative experiments have been done as yet, but when minute

percentage of oxygen and other treatments for shock are indicated in serious cases

Picrotoxin is the specific antidote for barbiturate poisoning, but if injected too quickly or in excessive dosage it will produce convulsions, the treatment for which is an intravenous dose of a barbiturate An unimpaired liver function is essential for the normal detoxication of a barbiturate Apomorphine, 1/40 to 1/60 grain, aborts scopolamine reactions, coramine may be a useful temporary stimulant in cases of avertin depression It is much safer, however, to place no reliance in analeptics and to be more careful in assessing the sedative dose for each individual patient.

Another serious risk which should be mentioned here is the existence of a partially obstructed airway This can kill a patient from anoxia just as surely as can complete respiratory obstruction, and since it is so commonly overlooked it may be even more dangerous When the breathing is depressed any further reduction of the alveolar exchange—such as occurs in the presence of an obstructed airway—immediately produces respiratory failure without any intervening period of respiratory stimulation

Overdose of the Anaesthetic Agent

When the breathing is shallow or has stopped there is a high alveolar content of carbon dioxide as a result of insufficient pulmonary ventilation The respiratory centre is, however, so depressed by the anaesthetic agent that its threshold has been raised above the point at which this high concentration of carbon dioxide can, so to speak, ring the bell. At the same time the insufficient respiratory exchange is failing to supply the body's requirements of oxygen, and anoxia itself will cause respiratory failure

No more anaesthetic must be given until the situation is relieved, an atmosphere rich in oxygen being substituted after the patency of the airway has been verified If respiratory movements are inadequate or absent a two-gallon bag should be filled with pure oxygen, an accurately fitting mask applied to the face, and the lungs rhythmically inflated by manual squeezing of the bag A rapid recovery usually results If this procedure has to be at all prolonged the bag must be emptied to remove the accumulation of exhaled anaesthetic and carbon dioxide, and then refilled with pure oxygen When it appears that the circulation has also been brought to a standstill by the high concentration of the anaesthetic agent treatment for primary cardiac failure must be instituted unless there is a prompt response to artificial respiration

If pre-anaesthetic sedatives have been given the failure is due to the combined depressant action of these and the inhalation agent Recovery will naturally be more prompt when the major part of the depression has been evoked by the inhalation agent, since a volatile anaesthetic can—provided the circulation is reasonably efficient—be removed as rapidly as it has been introduced When, however, the failure has been produced entirely with non-inhalation agents, such as intravenous pentothal or evipan, all that artificial respiration can do is to maintain life until such time as the body itself has detoxicated the drug This unwelcome state is apt to arise when the operative stimulation has ceased, and again emphasizes the importance of not using these powerful drugs in a haphazard fashion In these circumstances, as there is no inhalation anaesthetic to be eliminated, only carbon dioxide accumulates in the bag of oxygen, if a canister of soda-lime is in position between the mask and the rebreathing bag there will be no necessity to empty its contents during the period of artificial respiration When oxygen has been administered freely throughout an operation its use must be discontinued gradually, otherwise respiratory failure may occur before the patient has had time to readjust himself to atmospheric conditions

Sometimes in cerebral cases and other poor operative risks patients cease to breathe as soon as they lose consciousness Their general condition will be kept nearer normal if anaesthesia is induced and maintained by a manually produced respiratory exchange rather than if carbon dioxide is continually added with the idea of making these patients breathe

A patient with chronic laryngeal obstruction has become accustomed to a high alveolar content of carbon dioxide, and his respiratory centre has adjusted its threshold accordingly After the obstruction has been relieved the alveolar content of carbon dioxide at once returns to normal, and the patient may die of oxygen want before his respiratory centre is stimulated The administration and gradual "tapering off" of carbon dioxide as his respiratory centre readjusts itself to the normal threshold will prevent such a tragedy It is all a question of the difference between threshold and stimulus, a similar state of affairs may be seen following overventilation due to nervousness during induction (acapnia) or after the stopping of an anaesthetic in which carbon dioxide has been allowed to accumulate by rebreathing The depressed and possibly irregular breathing of respiratory failure must be distinguished from the shallow or hesitant breathing of too light an anaesthesia

(The conclusion of this article, which will appear in the next issue of the *Journal* deals with respiratory obstruction primary cardiac failure, circulatory depression, convulsions, and 'other risks")

SOME FACTORS IN NUTRITION

A special Chadwick Lecture on the study of nutrition was given in London on October 14 by Professor W. A. Osborne, dean of the faculty of medicine in the University of Melbourne He attributed the increasing interest taken to-day in national and personal nutrition to seven causes (1) the great war with its problems of food supply and the evidence found on examination of recruits, (2) public imagination caught by vitamin research, (3) economic success of scientific feeding of farm animals, (4) propaganda by food manufacturers, faddists and quacks (5) increased resort to dietotherapy by the medical profession (6) the widening democratic outlook (7) prosecution of nutritional research

Outlining the physiological aspect of dietetics the lecturer said that the sliding scales of calorie intake prepared by the League of Nations and by special committees were useful as working standards of minimal requirements but the optimal was hard to fix owing to varying race work, and climate, and the individual idiosyncrasies of human creatures The importance of the rate of liberation of energy was often forgotten nitrogenous fuel food was more explosive, hence the killing power of the carnivora Human instinct was a factor that played a part in nutrition though it was inferior to the instinct in lower animals The lecturer named as examples of instinct—salting of soup distribution of calories over the three types of fuel foods nausea when canned meat was taken for some time, and the instinctive liking for celery and salads. Speaking of drawbacks attending food enlightenment of the public he suggested that people might become food conscious though this was contrary to Anglo Saxon tradition Exaggerated claims were made for improved nutrition—for example, that it would stop dental decay It was forgotten that milk was not essential for adults, except mothers. Children in slums, even if fed correctly, would still be anaemic if they had inadequate sleep due to crowded and verminous beds Neglect of social factors also delayed right education as to feeding. A man was not an isolated unit, the meal was a strong social bond Disregard of aesthetic factors often prevented enjoyment of food, nutriment enjoyed was better digested

distension that occurs in conjunctival chancre, or ordinary gnat bite, or erysipelas of the upper part of the face The last mentioned disease is, of course, one of the diagnostic pitfalls in this region, because herpes zoster ophthalmicus patients have often been labelled with the diagnosis of erysipelas In spite of repeated textbook warnings this mistake is not unknown to-day Confusion is most likely to arise during the early stages, in which there may be spreading oedema and redness of the skin of the eyebrow and upper lid before the characteristic distribution of the zoster rash has manifested itself

An interesting result of less sudden swelling of the lids is provided by the condition of blepharochalasis, which was first described by Fuchs in 1896 Since that time a number of cases have been collected and commented on in different countries by many observers, including Benedict so that it is now well established as a clinical entity The onset is, as a rule, soon after puberty The upper lids become swollen, at first intermittently, for perhaps a few hours, and then the patient may be free from signs for a few days or even weeks As time goes on, however, the attacks tend to last longer and longer These repeated attacks of distension lead to permanent changes in the skin consisting of redness, thinning and bagginess Both the upper lids are usually involved sooner or later, even if at first the condition should be unilateral In long standing cases ptosis may supervene, and the skin often becomes creased into innumerable fine wrinkles There has been much speculation concerning the radical cause of this complaint which has been closely compared with angioneurotic oedêma

Chemical Irritants

One result of the recent great advances in synthetic chemistry has been to multiply the number of compounds which are known to injure the skin Thus new industrial diseases are constantly arising to replace some of those which have been eradicated by the enormous improvements in factory conditions brought about during the last two decades To such substances the eyelids may react in two ways first, from direct local irritation, secondly, as the expression of an allergic reaction involving their skin before the less delicate skin elsewhere has yet become affected Certain face powders and other cosmetics have been known to produce acute blepharitis in both these ways Orris root in shampoos has sometimes caused severe and prolonged oedema of the lids Hair dyes, certain plants, scents, vapours, and even turpentine in paint may have the same disturbing result among susceptible people, so that the explanation of an attack of blepharitis sometimes requires much ingenuity

The intolerance displayed by some people towards atropine and other mydriatics is variable in amount, and may be so severe as to simulate erysipelas It may arise on the first day that the drug is administered, or it may only supervene after long-continued application It has often been noticed that many of the patients who develop atropine irritation showed a similar intolerance for each successive drug administered as a substitute for atropine—for example hyoscine, duboisine, and homatropine This clinical observation would now appear to find a rational support in recent work done by Ridley He maintains that not only is irritation from a mydriatic predictable by means of a skin test but that the different mydriatics have a definite quantitative relation to each other so far as their irritative capacity is concerned By means of specially prepared serum atropine, experimental immunization against this intolerance has been effected In the course of his paper which was read at the Ophthalmological Society of the United Kingdom Congress this year, Ridley emphasized the extreme rarity of atropine intolerance in the absence of some congestive disease of the eye

Blepharitis

Dermatologists and ophthalmologists have now for a long time been aware that blepharitis is often the result of and indeed an actual part of, the condition of seborrhoea, or, less often, of pityriasis The seborrhoeic facies accompanied by blepharitis is particularly well marked in post-encephalitic Parkinsonism, as has been pointed out by Krestin and others In the still more serious condition of sycosis the eyelids may suffer so badly that the resulting blepharitis may persist long after the sycosis has settled down In small children a large proportion of the worst cases of chronic blepharitis begin during convalescence from measles In view of the grave disfigurement and severe disability which may be occasioned by long-continued blepharitis it is of the utmost importance that the therapeutic resources of these two branches of medicine should be pooled The disfigurement is mainly due to loss of eyelashes combined with redness of the lid-margins As a result of chronic scarring in this neighbourhood the sharp lid margin tends to become obliterated into a rounded line, so that the lower lid is less accurately apposed to the globe There is also some displacement of the lower punctum, and these two factors combined lead to interference with the normal drainage of tears The ensuing epiphora may become further aggravated if the patient repeatedly wipes the lower lid in a downward direction Chronic dermatitis may develop in the adjacent skin, so that a vicious circle is set up Moreover the growth of the remaining eyelashes may become so distorted that they scratch the eyeball in the act of blinking thus causing aggravation of the existing conjunctivitis as well as recurrent attacks of keratitis

Concerning the immediate local treatment of blepharitis there are two main desiderata first that any crusts accumulated at the roots of the lashes should be removed, secondly, that the skin of the eyelids should be treated as gently as possible Admittedly the thorough removal of inspissated secretion from the lid margins makes some manipulation inevitable, but this can be kept within reasonable bounds if precautions are taken to soften the crusts by preliminary sponging with clean cotton wool soaked in warm water Sponging should of course be in the direction of the eyelashes and not transversely Repeated application of strong chemicals is assuredly wrong treatment in the great majority of cases It may reasonably be argued that a preliminary painting with some mild caustic such as silver nitrate or protargol is of benefit in selected cases but in my opinion it is impossible for the skin in this situation to tolerate the frequently repeated application of such substances There is no need for any large list of lotions Sodium bicarbonate (2 per cent) perchloride of mercury (1 in 15 000) and normal saline solution will cover the needs of most cases so far as lotion is concerned As the individual response of patients is so variable benefit can be obtained by changing the lotion from time to time especially where progress is disappointingly slow Where there is much dermatitis of the neighbouring skin the utmost care must be taken not to let excess lotion flow over Careful sponging is more to be recommended than sluicing from an undine Strong ointments should be likewise avoided In most cases petroleum jelly is as likely to do good as any of the more complicated remedies

3 WHAT MEASURES MAY BE EMPLOYED FOR HER SAFE RETURN TO DUTY?

Such cases as are swab-positive would appear to fall into three groups

(i) *Those with Apparently Healthy and Normal Upper Air Passages on Examination*—These would be labelled by Okell and Elliott (1936) as "latent," and may be due to recent exposure to infection, in which case they rapidly become negative They should first be examined by an ear-nose-and-throat surgeon, and if he cannot find any reason for the swab-positive condition then they should be sent to the seaside and instructed to perform a toilet daily with painting and gargling Such cases have in our experience rapidly become clear If, however, they do not do so, then enucleation of the tonsils and adenoidectomy should be considered

(ii) *Those who on Examination Show an Obviously Unhealthy Nasopharynx or Chronic Sinus Disease*—In this case they should be subjected to surgical intervention, if necessary followed by a seaside holiday

The following case is an excellent example of this

Midwife D had two cases of streptococcal puerperal infection occur in her practice, and a swab from her throat was shown bacteriologically to produce a fairly profuse growth of *Str pyogenes Type 5 She failed to respond to* conservative treatment, and a further swab showed if anything a more profuse growth of the organism than before In view of this the presence of an infected sinus was suggested, she was operated upon, and an infected antrum drained and her tonsils removed Two weeks later, to our disappointment, a further swab gave a profuse growth of *Str pyogenes* but this proved to be Type 28 This was considered to be a superimposed infection, which turned out to be the case, as the swabs gave successive scantier growths of *Str pyogenes* They eventually became negative, and she returned to work

(iii) *Those Obviously Suffering from an Acute Infection such as Tonsillitis*—These usually become non-infective after the acute stage is past, but in view of the fact that scarlet fever is still isolated for at least six weeks it is illogical to isolate such cases for less, as they are due to the same organism They must, however, even then await the advent of negative swabs, and again our impression is that a period of convalescence at the seaside will hasten events If, however, they remain persistently positive then they should be examined as mentioned above

In connexion with the examination by the ear-nose-and throat surgeon we have found the following report form extremely useful

1 Is there chronic infection of the tonsils and adenoidal tissue?—If suspected please swab, and forward swab to the above address

2 Is there any evidence of sinus infection?—If suspected please send a swab of washings as above

3 Is there any other focus of chronic infection due to the *Str pyogenes* which we have isolated?

4 Please will you suggest treatment, as it is absolutely essential that any possible source of the organism should be cleared up

We would mention that, as might have been expected in view of the type of lesion, prontosil in these cases has been of no value in clearing up these so called carriers

Conclusions

1 It would appear essential not only for the benefit of the patient but also in the interest of the attendants, that all cases of pyrexia during the puerperium should be investigated as a routine

2 If in the course of this investigation one of the attendants is found to harbour the *Str pyogenes* in his or her throat or air passages then work in midwifery should be suspended until the attendant is bacteriologically negative, whether shown to have been the actual cause of the infection or not, this would also apply to streptococcal infections in the midwifery practitioner

3 Although such rules would appear very stringent at first sight the prospect of obtaining the swab negative state is not so gloomy as might be imagined

4 The swabbing of clinically normal throats, unless they are believed to be a source of infection, cannot be too much deprecated

I wish to thank Dr F Griffith of the Ministry of Health Laboratory for his help and for supplying the serum used in typing

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VENEREAL DISEASE IN THE U.S A.

PLANNING AND RESEARCH

The social and medical problems of venereal disease in the U S A have stirred the medical and the public conscience during the past year or so, and in December, 1936, a conference on its control was addressed by the Surgeon General, U S Public Health Service, Assistant Surgeon-General R A Vonderlehr, who is in charge of the Division of Venereal Diseases, and many well-known medical authorities [1] Although syphilis was made reportable in 1919 there is little or no evidence to show that it is on the decrease, and the same applies to gonorrhoea It is clear that the situation is unsatisfactory and that the United States is far behind Great Britain in its system of control of venereal disease Energetic steps are now being taken to grapple with the situation, and the Social Security Act has given an impetus to the public health measures and put more funds at the disposal of the authorities

The views and recommendations expressed at the conference were on lines familiar to workers in this country But it is noteworthy that nothing was said about prostitution, either open or clandestine, the importance of which is so much stressed in many European countries [2] It is doubtful whether much can be done to reduce the number and infectivity of these women Syphilis appeared to attract more attention than gonorrhoea, but those who addressed the conference on gonorrhoea pointed out that it is no less important than syphilis, that it is more prevalent, and that the same preventive measures are applicable to both

Education of Doctor and Patient

In general the recommendations were on stereotyped lines Notification, if it could be carried out efficiently, would be a great help, but so far it has been only partial, and it is difficult to see how it could be strictly enforced Education seems to have been the keynote First, the public should be taught to recognize these diseases and their gravity, and be informed of the importance of early treatment and the necessity for continuing up to complete cure—or at least until no longer contagious Secondly, time should be found in the curriculum for the instruction of students and for postgraduate classes and courses for qualified medical men The average practitioner knows little or nothing of venereal disease, and there are but few trained specialists

[1] *Proc Conf Vener Dis Control Work. Washington D C* December 28–30 1936 Supplement No 3 U S Government Printing Office (15 cents)
[2] *British Medical Journal* 1937, 1, 1120

impressed with the frequency of the story of life long vasomotor disturbance, varying from what is generally called a fresh complexion to marked vasomotor instability often associated with acrocyanosis and hyperidrosis of the extremities In the young this disability is quite tolerable, but towards middle age the high colour tends to become fixed on account of permanent enlargement of the skin capillaries, and it may be aggravated by secondary factors In the normal skin even this is not disagreeable, but in seborrhoeic subjects the persistent congestion of the face is often complicated by hypertrophy of the sebaceous glands, leading to rhinophyma and to acneiform pustular infection In excessively dry and delicate skins to the rosaceous erythema may be added diffuse scaliness or a small dry papular eruption

Causes of Rosacea

These changes appear to take place occasionally in perfectly healthy subjects, though unquestionably they are often aggravated by gastric disorders and other factors among the latter the most important seem to me to be faulty diet and hygiene For example, I have in mind a personal acquaintance, a large man of fresh complexion whose face was grossly disfigured at a comparatively early age by chronic rosaceous erythema, blepharitis, and acneiform infection On the advice of one of my colleagues he put himself on a strict diabetic diet The improvement was dramatic, and to the best of my knowledge he has not relapsed during the course of over ten years, though the high colour naturally persists He was a fairly common type, but rosacea is quite often seen in subjects of feeble constitution especially those who spend the greater part of their lives indoors It is among this class that excessive tea-drinking may often be an important factor I remember the case of a housekeeper who from the beginning of the year to the end only went out of doors to shop, except for an annual holiday, during which her gross acne rosacea could be relied upon to clear up I have seen many other cases of the same type respond to a holiday in the open air I am not referring of course, to the vascular background which always persists to some extent

Dr Sybil Eastwood found symptoms of gastric disturbance in 95 per cent of the cases of rosacea she investigated and a low hydrochloric acid curve in 48 per cent , she believed that the effect of a low acid secretion was important only in so far as it affected gastric motility This group responded best to treatment They remained well so long as they continued to take hydrochloric acid with their meals followed in some cases by alkali one and a half to two hours afterwards She also found diet as important in treatment as the correction of secretory defects.

Brown observed symptoms of gastric disturbance in 61 per cent of his cases but while previous investigation of a smaller number by Ryle and Barber had led him to expect a high proportion with low acid secretion he found achlorhydria or hypochlorhydria in only 30 per cent and this percentage was actually lower than that occurring in a miscellaneous collection of other dermatoses It would appear therefore that gastric disturbance associated with achlorhydria or hypochlorhydria is important in only a small proportion of rosaceas The menopause during which vasomotor disturbance may be accentuated is also the principal cause of some rosaceas From my own experience I would place the various causes of rosacea in about the order of their relative importance as follows

1 Vasomotor instability constitutional, and often inherited This appears to be the background in the majority of rosaceas

2. Vasomotor instability, aggravated on the face by gastric or gastro-intestinal disturbance , by faulty hygiene including excessive tea-drinking, alcoholic excess, faulty diet, and lack of recreation in the open air

3 The same factors in the absence of constitutional vasomotor instability

4 Vasomotor changes associated with or aggravated by the menopause

In seborrhoeic subjects these vascular changes may be complicated by rhinophyma and acneiform pustulation—acne rosacea—so that seborrhoea or kérose (Darier) is an additional factor

Eye Complications

So far as eye complications are concerned, I have had a certain number of cases of rosacea keratitis referred to me from the eye department at St. Thomas s Hospital Among these I have noticed at least as many cases belonging to the first group I have mentioned as in the others, and in a good many of them the rosacea has consisted of no more than telangiectases of the cheeks and nose Some of these patients have accepted the gradual rosaceous enlargement of their cutaneous vessels as a normal event in their lives, and I am inclined to agree with them

This leads me to ask a question, the answer to which I hope to obtain to-day—namely, what is the exact relation of rosacea to its corneal complications? In several cases of rosacea I have noticed, in the complete absence of infection of the skin or of blepharitis, congestion of the conjunctiva of the lower eyelids This I have regarded as a direct extension of the vascular hypertrophy which affects the face Is it possible that excessive vascularization alone of the conjunctiva of the lower eyelid may lead eventually to these eye changes?

Blepharitis

With regard to blepharitis I would like to draw attention to a small point in terminology about which I believe some confusion exists Many years ago Sabouraud at one of the Annual Meetings of the British Medical Association drew a sharp line of distinction between seborrhoea and dandruff Seborrhoea he defined as an excessive flow of sebaceous secretion which he thought would be better termed steatorrhoea All types of scaliness of the scalp he said, should be rigidly excluded from seborrhoea The term seborrhoea sicca is however, still used for dandruff and will probably continue to be used rather than the more correct pityriasis simplex capitis or dandruff Personally I have examined the scales of dandruff many times and have always found them fairly obviously to be epidermal scales, with or without droplets of fat according to the degree of the oiliness of the skin Generally dandruff is accompanied by seborrhoea perhaps because seborrhoea favours the growth of the pityrosporon of Malassez There appear to be two main types of blepharitis

The first type is seborrhoeic blepharitis in which the margins of the lids are mildly inflamed and the bases of the lashes surrounded by crusts which I take to be inspissated secretion This condition is occasionally accompanied by dry dermatitis of the eyelids and sometimes by dandruff with or without seborrhoeic dermatitis in the scalp or elsewhere It is certainly difficult to clear

examined by dark-ground and serum tests, and that the U S A is far ahead of most of the world in the thoroughness of its cerebrospinal fluid examinations

Stokes and Usilton claim that the continuous system produces better serological results after the third month than the intermittent, and that it causes no more serious reactions In this connexion it is interesting to note that Great Britain showed a higher incidence of jaundice than any other country although jaundice is usually thought to be due to an idiosyncrasy on the part of the patient, might it not also be connected in some way with climatic conditions?

Patients who have completed adequate courses of treatment of either kind have a 10 to 1 chance that nothing untoward will happen in ten years, with inadequate treatment the chance drops to about 4 to 1 It is concluded, therefore, that in an adequately treated case which has responded satisfactorily all that is necessary is an examination of the cardiovascular system in the 5 to 10 year period after the completion of treatment, but any patient who has shown a tendency to relapse, and any woman who may become pregnant, would be wise to remain under prolonged and repeated observation

Asymptomatic Neurosyphilis

The importance of asymptomatic neurosyphilis is stressed by a number of authors in a survey[6] of 712 (13 5 per cent) of a series of 5,293 patients whose cerebrospinal fluids were examined Those less severely affected —only with increase in the number of cells and globulin— respond more readily and require less treatment than those with a positive or strongly positive Wassermann reaction and a paretic type of gold curve The scheme and amount of treatment in the early stages was found to have marked effect on the occurrence or otherwise of asymptomatic neurosyphilis Where more than twenty injections of arsenic and twenty of a heavy metal were given by the continuous method the incidence of asymptomatic neurosyphilis was 7 5 per cent, but where the treatment was irregular in the acute stage the incidence was 22 6 per cent There was no evidence that the modern treatment of early syphilis predisposes to neurosyphilis

Reaction of the Cerebrospinal Fluid

It is of interest to note that in this series 14 per cent of the patients had a negative Wassermann reaction in the blood and a positive in the cerebrospinal fluid, a fact which emphasizes the importance of examination of the latter On the other hand, it was observed that Wassermann-fastness in patients who had had syphilis for more than four years and had been inadequately treated was accompanied by abnormality in the spinal fluid in 75 per cent of cases Treatment by routine measures, supplemented in some cases by intraspinal therapy, tryparsamide, and malaria, reversed the fluid to normal in 364 (64 4 per cent) of 565 cases by the end of ten years Of these, three showed signs of clinical neurosyphilis and twelve other manifestations, so that even a negative cerebrospinal fluid does not guarantee cure

This study illustrates several points which all syphilologists should take to heart Thorough treatment of early syphilis will reduce the risk of the central nervous system being involved Whether or no the blood *is negative*, a cerebrospinal fluid examination should be made by the sixth month, if negative, it should be retested when treatment is completed, if positive, it should be retested at intervals and its reaction to treatment noted In the light of recent work by Nicol and Hutton[7] it seems that when a positive fluid shows a tendency to be of a paretic type malarial therapy should be instituted without delay, in this way many a patient may be saved from general paralysis of the insane

[6] *Arch Derm Syph* Chicago, 1937 35 387
[7] *Proc roy Soc Med* 1937, 30, 623

Nova et Vetera

OLD MEDICAL MSS AND BOOKS

Messrs Davis and Orioli of 37, Museum Street, W C 1, have issued a comprehensive catalogue devoted solely to rare books and manuscripts on science and medicine, which runs to 667 items, all of them interesting and many of them extremely rare and valuable Among the MSS there is a *Canon Medicinae* of Avicenna, translated from the Arabic into Latin by Gerardus Cremonensis the younger, and written on vellum in the fourteenth century It is in the original monastic binding of oak boards covered with white leather, with metal studs, and is catalogued at £85 A collection of medical tracts written in Germany in the fifteenth century includes the *Tabula Ingeniorum* of Bernardus de Gordon, a Scot who was in practice at Montpellier, 1285 to 1307 Another fourteenth century manuscript on vellum contains a work on chess by Cessolis, with a textbook of eye diseases by Peter of Limoges (d 1306), which reached print about 1470—a longer run than modern textbooks achieve this is valued at £125 Then there is a sixteenth century pharmacopoeia with an interesting section of fifty six pages on the treatment of syphilis, in stamped calf, which is followed in the catalogue by a fourteenth century edition of three of the works of Rhazes Less ancient, but equally interesting, is an autograph MS by Siegmund Freud written in 1904, stating the case for psychoanalysis as he was then teaching it

Medical Incunabula

There are no fewer than twenty-seven incunabula (books printed not later than 1500) Albertus Magnus is nominally represented by a treatise on gynaecology published in that year, but thought to be probably the work of another thirteenth century physician Alexander Benedetti's book on the plague—the first edition, printed at Venice in 1493—is of extreme rarity Avicenna's *Canon Medicinae*, an MS of which has already been mentioned, is represented by an edition of 1490, also from a Venetian press, and by another copy of 1498 from Lyons Another plague book is that of Roland Capellutus—the third edition, Rome, *c* 1487 A compendium of surgical tracts (Venice, 1500) contains Isa Ben Ali's treatise on diseases of the eye of the tenth, and Aboul Cassem Omar's of the eleventh century Isidore of Seville's encyclopaedia of medicine and all the other sciences, published at Augsburg in 1472, is in the original monastic binding and is listed at £85 Another compendium Venice, 1497, contains several tracts on various branches of medicine by John Savonarola, professor of medicine at Padua and Ferrara, and grandfather of the famous preacher and reformer From Venice also are Ugo Benzi's Commentary upon Galen, the rare second edition, and Matthew Silvaticus's dictionary of medicine, both of these 1498 Earlier yet is Valescus of Tarentum's book on epidemics and plague, published at Basle about 1474

Sixteenth and Seventeenth Century Books

From succeeding centuries we can mention but a sprinkling Six attractive editions of Vesalius on anatomy are notable, ranging from 1543 to 1603, the most desirable is perhaps the English translation by Nicholas Udall, published in London in 1552—this is priced £175, and is described as being in very good condition An Aldine Galen, 1525, is said to be the first complete edition of his works, and is valued at £90 Hippocrates is represented by less ancient and quite inexpensive editions An interesting book on typhus fever is the *Tractatus de Petichiis* by V Bonagens, Venice, 1536, which describes the devastating epidemic in the French Army before Naples in 1528, when 30,000 deaths took place The

H INFLUENZAE MENINGITIS

BY

H W EVERLEY JONES, M B, M R C P

Registrar to the Children's Department St Thomas's Hospital

In view of the recent interest shown in this condition it seems fitting to record the following six cases which have been treated in St Thomas's Hospital during the last fifteen years The records of all departments of the hospital have been reviewed but the only cases found were those in children no adult cases being recorded

Case 1

E H a female aged 1 year 3 months and a two months premature baby, had had bronchopneumonia at 10 months She was admitted on July 23 1922 with one day's history of malaise restlessness and stiffness She had vomited once

State—Temperature 103 3, pulse 144 respirations 35 Drowsy but irritable when roused The anterior fontanelle was tense There was a moderate degree of neck rigidity and occasional convulsive movements of the right hand No other physical signs were present and the lungs were clear The cerebrospinal fluid was turbid and under raised pressure A very large number of cells were present nearly all polymorphs *H influenzae* was seen in a direct smear and on culture Blood culture showed *H influenzae*

Progress—The patient ran a high remittent temperature and in spite of daily lumbar punctures died on August 8, after an illness of thirteen days.

Necropsy—The vertex and base of the brain were covered with plaques of thick yellow exudate There was some degree of internal hydrocephalus and the brain was congested The upper lobe of the right lung was collapsed but there was no sign of pneumonia The liver was large pale and fatty Smears and cultures of the pus showed *H influenzae*

Case 2

J S male aged 11 months was admitted on January 7 1925 with several days history of vague lassitude and irritability Temperature pulse and respirations were normal and meningitis was not suspected until January 20 when he had in addition to the above definite neck rigidity and his temperature began to rise (101) A lumbar puncture revealed a cerebrospinal fluid which was under raised pressure and was slightly turbid Microscopy showed pus cells ++ and no organisms were seen in a direct smear On culture *H influenzae* was shown to be the causative organism His blood serum agglutinated *H influenzae* in a titre of 1 in 100 He was lumbar punctured six times during the next nine days but became comatose and died on January 29 his temperature rising to 106 before death The duration of the disease was about twenty five days

Necropsy—There was a thick yellow exudate on the base of the brain and some purulent patches over the vertex *H influenzae* was demonstrated in the exudate The other organs were normal except for a pale fatty liver

Case 3

M S a female aged 8 months a perfectly normal child fell off a chair on to her head on March 21 1930 On being picked up she vomited immediately and continued to do so nearly every half hour She was admitted to hospital on March 22

State—Very drowsy temperature 101 pulse 142 No other physical signs were present On March 23 the pulse rate rose to 200 and the temperature became subnormal She became comatose and died after a total illness of two days

Necropsy—There was a purulent meningitis chiefly basal No organisms were found and there was no cranial fracture *H influenzae* was isolated from the exudate

Case 4

W N., a male aged 2½ months was a six weeks premature baby breast fed For two weeks he had had a cough which was becoming worse During the last few days he had been restless and for two days his stools had been green There was no one in the house with influenza He was admitted to hospital on June 15 1933

State—Temperature 98 4 pulse 175 respirations 80 Distressed, breathing shallow faintly cyanosed The chest showed diffuse coarse rales and rhonchi He was treated in the open air and given stimulants and expectorants but showed no improvement On June 24 the temperature had risen to 104 5 F the pulse to 196 and the respirations to 140 and he was extremely distressed The physical signs were unchanged On June 27 generalized convulsions started and these persisted until death on June 29 No other physical signs developed The duration of the illness was about twenty-eight days.

Necropsy—There was an excess of turbid fluid at the base and over the vertex of the brain which was soft The lungs showed bronchitis A smear of the cerebrospinal fluid showed *H influenzae* Culture produced *H influenzae B coli* and *Staphylococcus albus*

Case 5

G H., a female aged 1 year was quite normal until three weeks previously when she had a sudden onset of pyrexia with shivering. The patient was admitted to a local hospital looking pale and ill While there she ran a remittent temperature (up to 104) but presented no physical signs She was transferred to St. Thomas's on January 27 1937

State—Temperature 101 pulse 125 respirations 42 Pale lay in bed curled up on her side drowsy but irritable when disturbed fontanelle flat slight degree of neck rigidity, Brudzinski's sign + There were no localizing signs in the central nervous system and the other systems appeared normal The cerebrospinal fluid was clear and under slightly raised pressure On standing, a fine cobweb coagulum settled The cells were increased and were mostly lymphocytes The protein was 0 045 per cent and the chlorides 66 mg. per 100 c.cm No tubercle bacilli were found in the coagulum and the fluid was cultured A radiograph of the chest was negative On the 29th the cerebrospinal fluid was still clear but there was no coagulum and there was a higher percentage of polymorph cells On February 2 she became comatose and without further physical signs died *H influenzae* was seen on the culture plate that day

Necropsy—Thick creamy pus blue green in colour was present at the base of the brain and to a less extent over the vertex A small abscess 1.5 mm in diameter was found just behind the posterior horn of the left lateral ventricle The brain was very soft The pus contained polymorph cells ++ and bacilli identical with *H influenzae* The lungs showed bronchitis The other systems were normal

Case 6

P M a male aged 2 years 10 months was a perfectly healthy child who had spent all his life in the Cromwell Nursery (Mothercraft Training Society) In the past he had had a mild otitis at the age of 14 years His mother had just recovered from an attack of influenza contracted two weeks before He was admitted on May 10 1937 with one day's history of vomiting, screaming and feverishness

State—Temperature 101 4 pulse 120 respirations 58 Flushed lay curled up on his side drowsy but irritable when disturbed Apart from neck rigidity and slight photophobia there were no abnormalities in his central nervous system The ears throat and lungs were normal and the abdomen rather distended The spleen was not enlarged and there was no rash The cerebrospinal fluid was under great pressure and was turbid Polymorph cells were present in large numbers with some endothelial cells No organisms were seen in a direct smear and the fluid was plated out

THE HARVEIAN CELEBRATION

LORD DAWSON ON HEALTH SERVICES

The Harveian dinner of the Royal College of Physicians of London, following the Oration in the afternoon which is printed in our opening pages, was held at the College on St Luke's Day, Monday, October 18 The President, Viscount Dawson of Penn, presided over a company of Fellows numbering between seventy and eighty, and including one lady The President had on his right hand Sir Cuthbert Wallace, President of the Royal College of Surgeons of England, and on his left Sir Ewen Maclean, President of the British College of Obstetricians and Gynaecologists

In submitting the only toast (other than that of "The King"), the health of "Our College," and in making the one speech ordained on this occasion, Lord DAWSON said that the dinner was a little different from its predecessors, because the guests had been restricted to the two representatives of the sister Colleges, who were heartily welcomed Owing to lack of space it had become difficult to accommodate their own Fellows who wished to attend this function, but the Comitia had felt it inappropriate to hold anywhere outside the College a dinner to commemorate Harvey

Hospitality in Harvey's Time

Harvey (Lord Dawson continued) must have been a courageous and buoyant figure In spite of his work—and he was most industrious—and the anxieties that must have surrounded his life in those days of conflict, in spite of the visitation of which the Harveian Orator had reminded them that afternoon, which led to the destruction of records of his researches spread over a considerable time, he retained his capacity for human enjoyment and his interest in the world of play When he travelled abroad he did not hesitate to write accounts of the feasts which he was given Referring to a feast which he had attended he said, I enjoyed much contentment therein with health and mirth" For such jollity he paid a price, for his attacks of gout were severe and recurrent

In those days of the early seventeenth century life must have been a strange blend of culture and crudity of manners When one remembered the richness of the viands of the banquets of those days, present-day dinners seemed to be lilliputian But the guests brought their own spoons with them, and there were no forks To the last the virgin queen handled her victuals with her fingers, a practice which had its own etiquette, for in a book of manners of the period there occurred the following "Take your food only with three fingers and in small mouthfuls" It was not difficult to imagine the food served in front of the guests, the competition to help themselves with their fingers, and, having helped themselves, the struggle to eat without a fork

"When I see the Fellows around this table to night, each caressing the vintage of his choice, I reflect how fortunate we are It was not until the reign of Queen Anne that vintage wine came within the ken of mankind Prior to that time wine was stored in barrels, decanters were only used for the purpose of drawing the wine, the wine was used as a beverage and drunk out of goblets, and although the physicians of that age as now, were well in advance of their times, and sipped Gascony wine out of glasses the barber surgeons drank sack at seven shillings a gallon The bottle of wine did not come in until someone thought of applying a cork and discovered the corkscrew It was not until then—the eighteenth century—that vintage wines were possible Therefore we have some advantages in not living in the good old times'

Harvey's Inheritance Today

Lord Dawson went on to say that if the last twenty-five years were surveyed it could be said that the spirit of Harvey lived amongst us The time was both fruitful and appreciative of research He recalled the work on hormones, on vitamins, on tuberculosis, on gastro intestinal diseases, on the blood and its circulation, in every field the recollection brought to mind a body of workers well worthy of Harvey's inheritance This was well exemplified in the person and work of their own Orator of that day, Sir Arthur Hurst The oration with which he had delighted them was not only learned but alive, it travelled not only vertically but transversely through the world of learning All who heard it must have admired his keen mind, his lively interest, and not least his courage, for they all knew that there were times when during his travelling he had had hard work 'against the collar' When they drank the health of "The College" they would think of the Orator and wish him well

The present dinner must be regarded as in a sense a double event Last year there was no dinner, and therefore a tribute must be paid on this occasion to last year's Orator, Sir Walter Langdon-Brown, for an oration which by common agreement was a learned and brilliant performance Lord Dawson also extended a special welcome to Professor E L Kennaway, to whom the Baly Medal had been presented that afternoon for his work in the realm of biochemistry and malignant growths

Promotion of the Public Health

Beyond its contribution to the maintenance and furtherance of knowledge, the College was concerned with the application of such knowledge to the prevention and cure of disease, and the circumstances of the moment made it appropriate for him to speak of the services concerned with the health of the nation

The promotion of public health (Lord Dawson went on) is something with which in days past this College has been deeply concerned Those roots and the tree which has grown from them were planted and tended by men whose names are honoured on our College roll In the early days health policy was confined to water supplies, drainage, and suchlike environmental conditions, but the time came for the next great landmark, which was the uprising of bacteriology, and with it came a revealing of the causes and of the means of prevention and cure of infectious diseases—in other words, it became possible to study the marauders on man's health, and their circumvention was reflected dramatically in the comparative mortality tables

None the less, this progress in health and the change in health policy which followed it was the work of the medical sciences, and now, in the campaign which was inaugurated by the Prime Minister a short while ago, the emphasis is being laid upon the man himself and the various means whereby he can be reared from infancy to manhood so as to become himself strong in health, with a high capacity for resistance to disease, and able to make his full contribution to a fit race As a result of that we shall regard in the future not only the quantity of people produced but their quality, and we shall not be deceived when we are told that the mortality rates are coming down, and we shall not infer that necessarily all is well

Co-operation of Medical Practitioners

To pass on to the health services, these have been developed one by one, being built up by medical men, and in generous measure by Fellows of this College I may refer to one notable example in our distinguished Fellow, Sir George Newman I should like to point out this, that if the present campaign is to achieve its objects its centre of gravity must be sought inside the medical profession Without that there can be no substantial achievement It is agreed—and here I would refer to two communications in the *Times* from Fellows of this College, Sir Farquhar Buzzard and Sir Walter Langdon-Brown—that the co operation of medical practitioners is essential if there is to be a continuing popularity and extension of

these 71 were over 2 years of age and 97 were under 2 In all I can find only fifty cases of recovery reported including Case 6 above Only four of these were under 1 year old

Treatment

Much controversy has centred round the subject of specific treatment The convalescent serum taken from patients who have recovered from influenza is generally thought to be useless as this disease is almost certainly caused by a filterable virus with *H influenzae* as a secondary invader

Throat strains of *H influenzae* form a heterogeneous group of antigens whereas nearly all strains of meningeal *H influenzae* have similar antigenic properties (Pittman 1933) Pittman also showed that all meningeal strains possessed a similar type of soluble specific antigen derived from the supernatant fluid from a centrifuged culture Serum prepared without the addition of this soluble specific substance has been demonstrated (Wilkes Weiss, 1936) to have little bactericidal action To obtain an efficient antiserum it is essential to use both a fresh strain of the organism and the soluble specific substance Horses have been thus injected in increasing doses and the serum so obtained used in treatment

In this disease Ward and Fothergill (1932) have shown that complement is absent from the cerebrospinal fluid, and so the injection of normal human serum is advised The doses recommended (Ward and Fothergill 1932) are 6 to 8 c.cm of normal human serum plus 15 c.cm of antiserum twice daily—one injection into the lumbar theca and the other into the lateral ventricle Should the blood culture be positive they recommend an injection of 50 c.cm intravenously

The results of this treatment are disappointing Of fifty cases treated in this way (Ward and Wright 1932 Pittman 1933, Huntington and Wilkes Weiss 1936 Ward and Fothergill 1932) only three recovered This shows no improvement over ordinary methods It was noticed however that in several of these patients there was temporary improvement which was not sustained

From these results it appears that treatment on these lines will prove of no avail Repeated lumbar puncture is in our present state of knowledge the only measure of practical use even forced spinal drainage being no more successful Sulphonamide P was given in Case 6 Probably the dosage was not sufficient to enable conclusions to be drawn from the result but the fact that recovery did occur suggests that this drug should be given a further trial

Summary

1 Six cases of meningitis due to *H influenzae* are reported with one recovery

2 An account of the condition is appended

Grateful acknowledgements are due to Dr R C Jewesbury in whose ward all the cases were treated and to Dr J Bamforth who performed the pathological investigations

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Clinical Memoranda

Strangulated Hernia of the Ovary in a Child of 6 Weeks

In the *British Medical Journal* of August 7 last, Dr M H Fridjohn and Mr Maurice Lee report a case of strangulated hernia of the ovary in a girl of 3 months and finding that a careful survey of the literature reveals no case of a similar nature in so young a patient, they issue a request for details regarding any comparable case As the father of a child who suffered from strangulated hernia of the ovary at the age of exactly 6 weeks I am in a position to record a case occurring at an even earlier age than that referred to by Dr Fridjohn and Mr Lee Since however, the event in question occurred ten years ago and since I must rely upon my memory (fortunately checked by that of my wife) in attempting to comply with the request for details I trust that due allowance will be made for any inadequacy in my account

At birth the girl in question was a healthy baby of five and a half pounds and showed no signs whatsoever of physical abnormality Her progress was satisfactory until shortly before the development of the hernia when feeding difficulties began to cause some concern It may be confidently stated however that these difficulties were quite independent of the hernia which developed and no vomiting occurred At about 10 a.m on the day on which the child became 6 weeks old the nurse in attendance reported the presence in the left groin of a lump which had not been present when the child was last "changed As in the case reported by Dr Fridjohn and Mr Lee this lump was about as large as a walnut After the lapse of ten years I find it impossible to make any definite statement regarding the consistency of the swelling but my impression is that it was moderately hard It may be definitely stated however that the swelling was situated in the region of the left inguinal canal that when first seen it proved to be irreducible and that the child cried when it was palpated Dr Douglas Miller who had attended the confinement was summoned in the first instance and the child was removed to a nursing home where Mr Walter Mercer operated about 2 p.m The swelling was then found to have been due to a strangulated inguinal hernia of the left ovary to which a developmental cyst was attached The cyst was removed the ovary which was found to be healthy was returned to the abdominal cavity and the canal was closed

The child made a good recovery although some time elapsed before the feeding difficulties already mentioned were satisfactorily overcome Her subsequent health has been excellent and the only other serious illness from which she has suffered was an attack of acute appendicitis necessitating appendicectomy at the age of 8

When the case described is compared with that recorded by Dr Fridjohn and Mr Lee the following features attract attention (1) The hernia would appear to have occurred within a few hours of its discovery (2) a developmental cyst was attached to the ovary (3) the presence of the cyst and the patency of the inguinal canal which enabled the hernia to occur may be presumed to have been congenital (4) in spite of the presence of the [illegible] the affected ovary if was of normal appearance and consequently did not require removal (5) vomiting played no part in the clinical picture

L[illegible] W P D [illegible] D

The Citroen Company displayed its three four-cylinder cars—Twelve, Light Fifteen, and Fifteen—the chief feature of the first two of these being the front-wheel drive and independent front springing by means of torsion rods Various modifications in detail have been made in all three models, the prices of which range from £238 to £298

The principal change in the series of Daimler vehicles is found in the Fifteen, the six-cylinder engine of which is, however, rated at 17-h p Not only is the power unit now mounted well forward to provide for inter-axle seating, but independent front-wheel suspension has been adopted and the wheelbase extended The usual Daimler features of fluid flywheel and self-changing gear are, of course, retained In view of the changes, it has been found necessary to increase the price of the six-light saloon to £475

D K.W , Fiat, and Ford

A newcomer to this country is seen in the D K W car, one of the most popular small vehicles in Germany Its chief features include an 8-h p two cylinder two-stroke engine—the only one of the kind in the Exhibition—front-wheel drive, and independent front springing As a four-seated saloon it is priced at £169

The Fiat cars, which are of Italian design, include an entirely new model known as the 1100 c c Balilla This, while having a four-cylinder engine rated at 11 4-h p , follows the lines of the little car bearing the same name introduced a year ago, and as a saloon is priced at £198, or £208 with a sliding roof

Since last year the 8-h p and 10-h p Ford cars have been largely redesigned , the smaller model has been provided with a new braking system, with the hand-brake lever of the pistol-grip type mounted under the scuttle The frontal appearance has also been brought into line with modern practice, the body space made more roomy, and steel-spoked wheels fitted in place of the former wire type Prices for two and four-door saloons are now £117 10s and £127 10s The Ford Ten has the same modifications introduced in April last, these comprising a longer wheelbase, inter-axle seating, pressed steel wheels and Girling brakes With two doors this car costs £150, or with four doors £162 10s Various alterations have been made in the 22-h p eight-cylinder Ford , more leg and head room is now available and the luggage space is increased The price of the car has been advanced from £210 to £240

Hillman, Humber, and Jowett

Like others, the popular 10-h p Hillman Minx car has undergone a number of changes as regards both the chassis and the bodywork , the latter is more roomy and there is more luggage space The spring shackles are now fitted with "silentbloc" bushes which require no lubrication the four-speed gearbox is all synchromesh , other good features include self-cancelling direction indicators and long-beam dipping headlights The standard saloon sells at £169, the de luxe model at £184, and a four-seater drop-head coupé at £215 One of the features of the Show is the new 14-h p Hillman which, with a five-seated saloon body, is listed at £248 It has "evenkeel" independent front-wheel springing, and there is a large luggage space with a separate compartment for the spare wheel and tyre

The Humber Company is now confining itself to four models of six-cylinder cars, two of which, in view of the Humber reputation and the marked reduction in prices, may be mentioned The first is a Sixteen at £330 and the other a new 21-h p Snipe at £345 Both have the 'even-keel" independent front-wheel suspension gaiter-enclosed rear springs Bendix-Cowdrey compensated brakes, and easy-to-clean wheels , there is comfortable accommodation for five persons

The Jowett Company—the only firm using engines of the horizontal type—continues the production of its 8 h p two cylinder and 10 h p four-cylinder cars, the prices of which are now £169 for the 8-h p and £199 for the 10-h p , de luxe types of the two cars costing an additional £10 Various improvements in detail have been introduced and the frontal appearance made more attractive A feature of the 10 h p car is the use of the Warren synchronizer in conjunction with the four speed gearbox, a device which is claimed to facilitate gear changing and to permit free-wheeling if desired

Lanchester and Morris

The chief item of the Lanchester Company's 1938 range of cars is the new 14-h p six-cylinder Roadrider, which is claimed to embody no fewer than sixteen special points, prominent among which are independent front-wheel springing, the Daimler fluid flywheel and pre selective gearbox, adjustable steering column, and perfect ventilation without pivoting windows As a de luxe model the car is listed at £365, but with the ordinary type of clutch and a synchromesh gearbox the price is £25 lower The Eleven four-cylinder, at its reduced prices of £275 and £285, is the cheapest vehicle on the market with the special Daimler transmission

There are no more well known cars than those of the Morris Company For 1938 the number of the different types of chassis has been reduced from eight to five—namely, 8, 10, and 12 h p four-cylinder and 14 and 25 h p six-cylinder The popular Eight, apart from a few minor details and the adoption of easy-to clean wheels, remains unchanged, with saloons ranging from £128 to £149 An important feature of the larger Morris cars is the adoption of an engine with overhead instead of side valves Radiator shells are no longer chromium plated but are painted in the same colour as the bodywork, and the radiator grilles have been changed from honeycomb to metal strip pattern Other modifications include self-cancelling direction indicators and larger tyres In addition to Ten saloons at £185 and £195, there is a coupé at £220 The main attraction of the Morris range is an entirely new Twelve, which is fitted with a roomy body, a four-speed gearbox, and the other features mentioned in connexion with the Ten At present the new model is only available in saloon form at £205 for the standard and £215 for the sliding head model The Morris Fourteen at £248 10s will probably appeal to those who prefer a six-cylinder engine and a five seated body, while those who desire a powerful car will find it in the Twenty-five at £320 On this model "Jackall' hydraulic wheeljacks are included in the price, but on the 10, 12 and 14-h p such fittings cost £5 extra

Renault, Riley, and Rover

The Renault Company, one of the oldest French car firms, has a new model—an 8 3 h p four cylinder car with independent front-wheel springing, priced as a two door saloon at £155 The Renault Twelve, with its wide front seat for three persons, has only been modified in detail, the standard saloon being listed at £198, with a de luxe model at £225 and a two seated coupé at £235

A feature of the new Riley series is the introduction of a 16 h p four-cylinder model, which has a three speed synchronized gearbox with two automatic overdrives, giving five speeds in all , as a saloon the new car costs £385 Another new Riley model is the 12-h p Victor at £299

The Rover Company continues the same models as during the past season, only minor changes having been found necessary The range includes 10 and 12-h p four cylinder and 14 and 16 h p six-cylinder saloons at prices from £255 to £360, a Ten coupé at £280 recently having been added The bodywork of the Rover car, like the mechanical details, is excellent

left heart failure Current views on the aetiology of surgical cases are even more debatable Dr Bardin suggests that in addition to the other factors hitherto incriminated a reflex nervous phenomenon probably plays an important part The greater portion of the book is therefore concerned with the experimental work of Bardin and his colleagues in the investigation of this theory

The introduction of porcelain pearls into the external jugular vein of dogs showed that immediate fatal results were obtained regularly only when the size of the pearls was such that they were arrested in the interparenchymatous arterioles—that is at the level of the pulmonary nerve endings Histological investigation of survivors showed that the haemorrhagic infiltration of a pulmonary infarct was an acute exudative and haemorrhagic inflammation not a simple localized interstitial haemorrhage This suggested the cause to be a sudden disturbance of the neuro vegetative and vasomotor equilibrium of the lung Attempts to confirm these views were made by administering substances capable of attenuating or inhibiting the reflex and by cutting the vago-sympathetic trunk The results obtained in the dogs suggest that emboli usually fatal might be prevented by administering atropine ephedrine and bicarbonate of soda Preliminary clinical trials in man have been encouraging

The book is written in a clear and pleasant style and is well illustrated and well produced A bibliography of 438 references classified according to the various aspects of the subject is a valuable feature Whatever views may ultimately be formed on the work therein described and on the author's conclusions there can be no doubt that the volume represents a careful and elaborate attempt to tackle a problem of immense immediate interest to those practising clinical medicine in any of its branches

AN INTRODUCTION TO PSYCHIATRY

Modern Psychology in Practice By W Lindesay Neustatter B.Sc M.B B.S M.R.C.P With a foreword by R D Gillespie M.D F.R.C.P D.P.M (Pp 299 10s 6d) London J and A Churchill Ltd 1937

Dr Neustatter has added to the increasing number of presentations of psychiatry and psychopathology designed for the non specialist reader He begins with a sketch of the various dynamic schools and this type of psychology dominates the book In a work of this kind there is inevitably a temptation to over simplification of the problems and Dr Neustatter has not avoided this pitfall Other schools might also have been briefly mentioned A discussion of the disorders of children follows and these chapters based as they are on considerable personal experience are among the most valuable in the book Indeed one could not help regretting that this section had not been expanded As it is these chapters contain a great deal of information valuable to the practitioner concerning child guidance and different therapeutic methods play therapy etc The author obviously speaks on the basis of a considerable understanding of and sympathy for the child

the prognosis of depressive states the author adopts the stereotyped criteria whose value is open to question, and omits the factor of hereditary burdening which at least in the involutional states, is of considerable importance Again he does not make the peculiar character of schizophrenic dementia clear and the reader might be misled into supposing it similar to that of the organic psychoses

When all these criticisms have been made—and yet others are possible—one is left with the impression of a very useful book which could be much improved by a little stricter revision The author's personality and convictions emerge clearly from its pages and it is a pleasure to review a work of this kind of which this can be said There are useful chapters on inheritance on law, and one on vocational guidance by Mr Jack Jennings of the National Institute of Industrial Psychology The book may be recommended to general practitioners and social workers as a useful introduction to psychiatry

HEFFTER'S EXPERIMENTAL PHARMACOLOGY

Handbuch der Experimentellen Pharmakologie Begründet von A Heffter Vol 3 (Pp 276 27 illus RM 36) Berlin J Springer 1937

The supplementary volumes of Heffter's Handbook of Experimental Pharmacology are being produced steadily and we have now received the third of this series Their purpose is to provide a summary of work which has appeared since the publication of the first edition

The volume under review deals with the following subjects the atropine group saccharin the hormones of the posterior pituitary and of the parathyroid and the inorganic and organic compounds of arsenic and of antimony It will thus be seen that it covers a wide range Pharmacologists will welcome the appearance of an authoritative treatise on these substances more particularly because in some cases—for example atropine—it is nearly a quarter of a century since the articles in the first edition of the handbook were written The work is essentially one of reference and the authors of the monographs have covered their subjects in a thorough and competent manner In the case of the arsenicals and antimonials it is of interest to note that more space is devoted to the latter than to the former a fact which indicates the increasing importance of organic antimony compounds in the treatment of tropical diseases

Dr E Keeser in his article on arsenic deals with various important problems such as the arsenic content produced in fruits by arsenical spraying and the arsenic excretion in normal persons A short account is also given of the action of arsenic containing poison gases such as Lewisite Dr Oelkers briefly surveys the more important organic antimonials The textbook is primarily concerned with pharmacology and hence particular attention is given to such problems as the lethal doses of these compounds their distribution in the body mode of excretion etc Such matters tend to be neglected in textbooks of chemotherapy and this section therefore provides a review of information that cannot easily be found

of the earliest pathological work was done were the Royal Edinburgh Asylum and the West Riding Asylum, Wakefield and he paid a tribute to those institutions, which had gained a good name for British psychiatry The work at Claybury under Mott came into the same category The present comparative neglect of histology in mental hospital laboratories was quite unjustified Biochemical work in connexion with mental disorders was still only practised at a few laboratories of which Cardiff was an example in this country, and Munich on the Continent. Up to the present oxidation processes of nerve cells had probably claimed most attention, especially at Cardiff Another field of research awaiting much further work was bacteriology and yet another was the relationship between skin disorders and the nervous system On this last subject there was a considerable literature, relating to such conditions as eczema, urticaria, pruritus, Raynaud's disease, and alopecia areata In several skin disorders there was believed to be a so called psychical origin, and instances of cure by psychotherapy hypnosis, and suggestion were recorded He was curious to learn the experience with regard to skin disorders of those who dealt with the borderline states of psychoneurosis He imagined that the absence of skin disorders was rather a point to be noted

Need for Whole time Pathologists in Mental Hospitals

Too little skilled inquiry had been directed to the study of the internal organs as a whole, as ascertained at necropsy in mental hospitals and controlled by some records of inquiry at general hospitals Attention had been mostly concentrated on the brain This was due to the lack in mental hospitals of whole-time pathologists Such workers should be on the staff of all mental hospitals especially those serving a city and medical school With regard to disorder of liver function as estimated by the usual tests, some work had been done in Scandinavia, where liver disorders had been found in a large proportion of schizophrenics Evidence of failure of the detoxicating function of the liver would be invaluable In the deplorable absence of university psychiatric clinics with research departments in this country (save at the Maudsley)—an absence which was a reproach to British psychiatry—it was necessary to be content with such research as could be done in the public mental hospitals and registered hospitals for mental disorders The Board of Control for England and Wales had for many years published as a supplement to its annual reports accounts of research and other scientific work carried out at the institutions which it supervised But only from a very few of these places was work worthy of the name reported The conclusion to be drawn was that the institutions were inadequately equipped with men and plant and were without licence to do serious clinical or laboratory work

Dr Goodall next mentioned the need for an approved scheme of ascertaining stigmata of degeneration It was a pity that the psychotic and the defective were not adequately examined according to some definite plan, and equally a pity that the opportunity of examining their relatives was prohibited in this country The remark of one well-known psychiatrist was, "Worse than the insane are their relatives —meaning that they were the carriers of undesirable factors Another disappointing thing was the failure to find during the last forty years a safe and effective method for the cure and improvement of psychoses by the induction of fever, in such forms of insanity, for example, as acute confusion Ignorance still persisted as to the *modus operandi* of cure by intercurrent disease

He mentioned an inquiry he had some time ago addressed to mental hospitals and consultants whether in their opinion recovery could be achieved or promoted in manic-depressive states Out of fifty replies the answer was in the affirmative in forty The means mentioned were general measures known to all, also removal of septic foci and colonic lavage He wondered whether colonic lavage was really of value or whether it was an intestinal wash of the same nature as 'eyewash"? To the question whether relapses could be prevented twenty-five out of fifty replied in the affirmative, and in addition to general means, seven suggested psycho analysis or psychotherapy

Pedigree keeping

Finally Dr Goodall stressed the need for co-ordination and uniform control in areas of local authorities with the object of obtaining a comprehensive grip of the psychopathic material, chiefly for prevention In this latter sphere everything remained to be done He had advocated the appointment of a director of mental health for each local authority or combination of authorities, who would be responsible as regards information, administration, disposal, and supervision for all psychopathic cases in the area, and would be armed with authority to obtain from all concerned the necessary information for his purpose Under such an officer there should be established a department of genetics or pedigree keeping, including records of health and disease, defect, causes of death, personal and family characteristics, as well as the usual pedigree particulars, the scheme to be on a national basis, with uniform schedules Dr Goodall was strongly against leaving such schemes to voluntary effort One might as well expect people voluntarily to keep a pedigree as voluntarily to make an income tax return There was already compulsory notification of births and deaths and of various illnesses, but it would serve a larger purpose to extend such compulsion to family and personal maladies, defects, and disabilities, which at present as a whole went unrecorded and were perpetuated at will The motto should be "Discipline' rather than 'Liberty

In proposing and seconding a vote of thanks Sir ROBERT ARMSTRONG JONES and Dr A A W PETRIE respectively, paid tribute to Dr Goodall as one of the most idealistic and stimulating figures in psychiatry Dr Petrie remarked that the difficulties of pedigree-keeping had been brought home to him by a talk with a family solicitor concerning a minor member of a great family who was unstable He asked the solicitor whether there was any collateral heredity, well knowing this to be the case, but the solicitor at once said with great assurance that this was the only case of any mental disturbance in that family Obviously he felt it his duty to protect the family reputation, but if that was felt in the case of a professional servant of a famous family, what would be felt by members of families themselves, great or humble?

PARENTAL ALCOHOLISM AND ADOLESCENT CRIME

At a meeting of the Society for the Study of Inebriety, on October 12, a discussion on parental alcoholism as a factor in adolescent crime was opened by Dr H T P YOUNG Senior Medical Officer to H.M Prison, Wormwood Scrubs

Dr Young described the results of an inquiry which had been directed principally towards ascertaining the injury done to family relationships by the alcoholic habits of the parents The conclusions were based on an investigation into the causes of crime in 4,000 young offenders, between the ages of 16 and 21, carried out at Wormwood Scrubs Prison during the past seven years Of these, 2,217 provided 100 cases of alcoholic parentage, 400 cases of non-alcoholic parentage in the same series were used as a control The scheme of investigation included the physical, mental, psychological, hereditary, environmental, and delinquent aspects and was carried out by the medical staff with the assistance of a group of social workers attached to the prison who visited the boys' homes Inquiry forms sent to the parents, schools,

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HARVEY'S METHOD AND THE FUNCTIONS OF THE STOMACH

The annual Harveian Oration is of service to medicine as well as contributing to friendship between the Fellows of the Royal College of Physicians of London The philosopher who, towards the end of a long and fruitful life, said that he still felt like a child picking up small treasures on the shore of an illimitable ocean might have added the corollary that the succession of waves, combined with the ebb and flow of the tide, turns over the shingle, disturbs the sand, and exposes new treasures or sheds new light on former discoveries So, too, the Harveian Festival gives, year by year, an occasion for survey and appraisement

Harvey directed that once every year there should be a commemoration of all the benefactors of the College together with an exhortation to the Fellows and members to search and study out the secrets of Nature by way of experiment So little of Harvey's writings remains that it is not possible to trace his own methods of investigation The immortal treatise on the motion of the heart and blood had been so worked over before it was published, the arguments so defined, the extraneous matter so eliminated, that it appears to have arrived complete, furbished and ready as Minerva from the head of Jupiter Harvey says in his introduction that he had for nine years and more confirmed his views by multiplied demonstrations, illustrated them by arguments, and freed them from the objections of the most learned and skilful anatomists At a later period of his life he was persuaded by his friend to lay before the student and lover of truth his exercises on animal generation In the introduction to this work Harvey gives his views on what might be called the philosophy of experiment, and of the manner and order of acquiring knowledge In the space of some ten pages he deals with all the essential relevant matters, which Claude Bernard some two hundred years later expounded in his introduction to the study of experimental medicine in a book of 350 pages Harvey quotes with approval Aristotle's dictum that no one can truly be entitled discreet or well-informed who does not of his own experience—that is from repeated memory, frequent perception by sense, and diligent observation—know that a thing is so in fact, and inveighs against the erroneous and almost foolish method of investigating truth commonly pursued, in which so many inquire what others have said, and omit to ask whether the things themselves be actually so or not.

This year's Harveian Orator, Sir Arthur Hurst, who himself has made many valuable contributions to the knowledge of the processes of digestion and the physiology of the stomach, describes how the Harveian methods of combined observation and experiment have led to our present knowledge of the functions of the stomach In the direct tradition of William Harvey, the American military surgeon William Beaumont made observations on a patient with a traumatic gastric fistula, recording the action of the gastric juice on various foods both in the body and *in vitro*, and the appearances of the mucous membrane during the process of digestion in sickness and in health Though portions of the gastric lining had been visualized through a rigid gastroscopic tube, its use was somewhat in the nature of a surgical operation until the recent invention of the flexible gastroscope has placed in the hands of physicians a procedure which can be carried out with comparative ease Ludwig said that the true advancer of knowledge was the inventor of a new technique The adaptation of *x* ray combined with a radio-opaque substance such as bismuth or barium to the definition of the contour of the stomach and the shape of the folds of its lining mucosa has brought about far-reaching advances in diagnosis, enabling shrewd surmises to be made of the state of the digestive organs deep-seated in the abdomen, otherwise inaccessible to observation In the last fifty years, too, much knowledge has been acquired by the application of chemical methods to the gastric contents, voided by vomiting or recovered after a test meal And the Harveian Orator pays tribute to the notable advances obtained by direct observation at operation by Fellows of the sister College of Surgeons

Sir Arthur Hurst points out the importance of the stomach for the rest of the body The acid of the gastric juice acts as an antiseptic on the bacteria swallowed with food and saliva, protecting the lower digestive tract from invasion by harmful organisms The digestive juice contains not only pepsin a ferment so useful in beginning the digestion of proteins preparing them for further digestion and assimilation, but also bodies essential for stimulating the bone marrow to the production of red blood corpuscles and a substance required for the normal nutrition of the nervous system Much interest and value attaches therefore to the revived conception of gastritis as a common occurrence Inflammatory, degenerative, and atrophic processes

advantages in getting the preliminary training out of the way before the girl entered hospital

The nurse received her training by an apprenticeship during which she performed actual nursing duties and received theoretical instruction In the majority of training schools this theoretical instruction was given along with the ward work, partly in 'on duty and partly in 'off-duty" times He thought that the extension of what was known as the 'block" system might be considered, in which the theoretical work was done in three periods of from three to four weeks, divided by periods of ward work with little or no theoretical instruction Concerning the nature and extent of the theoretical instruction, Mr Roberts said the syllabus of the General Nursing Council was admirable, but there was a tendency in the actual questions set to demand a knowledge of purely medical subjects He concurred in the recommendation of the *Lancet* Commission that the questions should be confined to nursing treatment, and should not bring in systematic medicine, surgery, gynaecology or psychiatry On the other hand, the provision of special post-certificate courses in both technical and administrative subjects leading to the acquirement of diplomas or higher degrees offered scope for the ambitious and capable nurse to distinguish herself from the 'general practitioners of nursing Several American universities and the University of British Columbia had established schools of nursing with a five-years course leading to a degree It was improbable that such courses would be started in this country, as they must tend to produce women who would not be satisfied with performing only the duties required of the vast bulk of nurses The nursing diploma of the University of London was on quite a different footing

Discipline and Conditions of Service

When the hospital nurse in the modern sense of the word first appeared it was so unusual for educated girls to leave their sheltered homes except to marry or to enter another family as governess that strict, almost monastic, rules had to be made to govern their conduct in hospital No organized work, obviously, could be carried on without rules and regulations Nurses and probationers loyally accepted the discipline during hours of duty It was a different story in the off-duty hours Educated women, even when probationers, resented being treated like irresponsible children In many hospitals the rules had been relaxed, but the whole atmosphere of tutelage remained such that numbers of girls accustomed to be trusted refused to contemplate a nursing career Even to day in the majority of hospitals a nurse, having finished her day's work and having nothing to do until bedtime, could not go out to buy a stamp or post a letter without asking permission It was odd that a nurse given duties in the ward which implied a great responsibility, should be considered irresponsible the moment her duty was over The private life of a nurse when not on duty was no more the concern of the hospital than was that of the doctor's secretary to the doctor

In many hospitals the actual hours of duty had been reduced to forty-eight, with benefit to the nurses health and standard of work Nurses seemed to be opposed to the three shift system, though it was attractive and would simplify many problems In some hospitals the off duty times were not known in advance or were altered at short notice, and even the date of the annual holiday was not known long enough beforehand for adequate arrangements to be made These things were of importance to the nurse and the knowledge that such conditions existed was another deterrent

The rates of pay were probably somewhat lower than they should be but when the value of the emoluments was added to the cash salary they did not appear so unfavourable compared with those in other occupations More important than preser pay was provision for old age and retirement Superannuation schemes were in existence, but interchange between voluntary and municipal hospitals was a difficulty It was very important that the nurse should be able to feel secure for her old age and that pension rights should follow her in her changing employment With regard to the proposed provision of assistant nurses or "nursing assistants" (although these terms were not liked), the British Medical Association had recently, at the request of the College of Nursing, considered the question and had given its blessing to such a grade It was suggested that the assistant nurse should be given a practical training of two years, mainly in wards for the chronic sick, and should not be made to pass examinations or formally enrol, but be given what amounted to testimonial letters

On the subject of nurses uniform, Mr Roberts pointed out that this was a survival from the time when nursing was carried out by professional nuns, and it still suggested a vocation as distinct from a profession It was an anachronism, like the copes and chasubles of ecclesiastics and, like them again, unsuited to modern life It was expensive in washing and in time (he heard of one nurse whose costume required the adjustment of eighteen buttons, six hooks, and five studs) and, moreover, it was insanitary A nurse should, on arriving in the ward, put on a clean overall, fastening at the back, with a low collar, and this should be removed before leaving the ward Surely it did not pass the wit of woman to devise a garment to satisfy her aesthetically In this country it was common for such a costume to be worn by a masseuse, and in other countries it was almost universal

Concluding, Mr Roberts said that the Minister of Health had announced the setting up of a Commission to review the present difficulty in providing trained nurses in numbers adequate for the needs of the community He hoped that the recommendations of the Commission, together with the evidence on which they were based, would receive the widest publicity, because, apart from economic reasons it was only by the pressure of informed public opinion that action would result

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THE TOBACCO PROBLEM

At a meeting of the Southampton Medical Society on October 6, with the president, Dr J H PENDERED in the chair, Dr J D ROLLESTON read a paper on the tobacco problem

Dr Rolleston maintained that the subject of tobacco smoking was quite as much a concern of public health as that of the acute exanthemata, diphtheria, and other forms of acute infectious disease—a view which appeared to be gaining ground in Germany, where many doctors and scientific men concerned with the supervision of the health of the German people were of the opinion that the danger due to nicotine was as great as that caused by alcohol The study of the tobacco problem was taboo at scientific meetings other than those of the Society for the Study of Inebriety and Drug Addiction, the existence of which seemed to be unknown to a large proportion of the medical profession Although the subject had received little attention in this country, an increasing amount of literature on smoking had recently been appearing not only in Germany but also in the United States and in France, but with the exception of a paper by W A Bastedo of New York, who adopted a somewhat indulgent attitude, no word had been said in favour of tobacco

After a brief historical survey the speaker quoted statistics of the incidence of smoking in different countries and amongst different religious denominations He was inclined to regard the tobacco habit as an addiction, though not of the overpowering nature of addiction to morphine, heroin, or cocaine He quoted Dr E W Adams's definition of addiction as a state of bondage to a masterful drug, manifested by craving tolerance, intense discomfort of a specialized character on withdrawal

by Lord Ponsonby to legalize voluntary euthanasia was rejected after speeches by Viscount Dawson and Lord Horder Debates on the estimates brought in many medical matters On the Ministry of Health estimates the House of Commons debated maternal mortality and the ophthalmic benefit regulations, on the Colonial estimates, medical research in Kenya and health on the Gold Coast, on the Civil estimates, malnutrition, and on the estimates for the Scottish Department of Health, the Highlands and Islands Medical Service A ministerial statement on the school medical service when the Education estimates were introduced announced the aim of the Department to be the annual medical inspection of all school children

The health of the adolescent besides being one purpose of the Physical Training and Recreation Act, was a chief consideration during the debates on the Factories Act Modifications were sought in the provisions concerning hours of employment of young persons Safety precautions were strengthened, and there was discussion on the duties of examining surgeons, during which Sir Francis Fremantle spoke on the need for training more medical men in industrial medicine The Maternity Services (Scotland) Act was also keenly debated Its main principle that medical attendance should be available for all women at childbirth was an advance on the provisions of the Midwives Act in England Scottish members approved the Bill, but the Opposition attempted, without success, to restrict practice under the Act to panels of practitioners "specially qualified in midwifery" and to reduce the attendances of medical students at confinements

Two Bills having support in some medical circles were unsuccessful The Medical Practitioners' Communications (Privilege) Bill was brought forward by Sir Ernest Graham Little but was rejected by the House after the Solicitor-General had declared that the passage of the Bill in the form in which it was introduced would impede the administration of justice Recommendations for a wider and simplified duty on proprietary medicines and on cosmetics were made to Mr Neville Chamberlain, then Chancellor of the Exchequer, but he did not adopt them for this year's Budget On the Local Government Superannuation Bill Sir Francis Fremantle and Captain G S Elliston were vigilant for the interests of medical officers and midwives Equal care was taken in the similar Bill for Scotland Lord Addison spoke in the House of Lords on medical aspects of the Agriculture Act and during the discussion in the Commons on the Government's amendments to the Milk Marketing Scheme a criticism of pasteurization was countered by allusions to the milk-borne epidemic at Bournemouth last year During the session Mr Lloyd for the Home Office made a statement on the admission of alien doctors and dentists to practice in the United Kingdom and the recent restrictions on such admissions Sir Kingsley Wood announced that co-operation between voluntary and public hospitals in England and Wales was increasing steadily He added that he had no power to secure the regional pooling of the funds of voluntary hospitals

The members of the Parliamentary Medical Committee have spoken effectively on medical subjects both on the floor of the House of Commons and in Standing Committee, but more medical speakers would be valued on the Opposition side of the House now that health has become a standard topic

NUTRITION IN INFANCY AND CHILDHOOD

The recommendations of a group of experts[1] representing eleven countries and appointed by the Health Organization of the League of Nations to consider the assessment of the nutritional state of children have just been published In the same bulletin appear the recommendations of another group of specialists[2] on the nutritive requirements of the normal child in the first year of life The second of these reports will probably gain rapid and general approval in its main outlines It contains nothing startling and is if anything rather conservative It is suggested that two questions needing further investigation are the advisability of administering medicinal iron to all children between the ages of 4 months and 1 year and an examination of the differences between irradiated milk and artificial preparations of irradiated sterols The first of the two reports deals with more controversial and difficult issues The assessment of the nutritional state of a child is admittedly very difficult It may be taken as accepted in this country by all who have studied the problem that undernutrition does exist among the least privileged classes of the community and that this state of deprivation can be remedied from the resources of foodstuffs at our disposal The extent of undernutrition is however a subject on which there is no agreement Professor Bigwood of Belgium quotes examples of the discrepancies between the conclusions arrived at by different means in our own country Whereas an assessment of the state of nutrition of children by summary clinical examination has led to the conclusion that it is satisfactory in 75 per cent Sir John Orr has concluded from his studies of English dietaries that these are not satisfactory from the point of view of nutrition in more than 50 per cent of the population This raises at once the difficulty of detecting states of subnutrition by clinical examination In most of the methods of assessment in use including measurements of height and weight and the more complicated indices of limb and girth measurements there is no objective criterion of

[1] *Bull Hlth Org L o N* 1937, 6, 129
[2] Ibid 6 291

that there would always be change Medical men were optimistic and were always trying out new treatments, and patients were demanding that they should Operative surgery was reaching the end of a period—namely, the period of the easy exploitation of surgery made possible by Lister's work He felt that the future lay mainly with the chemists and the electrophysicists and that the new methods were most likely to evolve in those directions Mr Guy Drew, in responding ventured one daring prophecy, that on a similar occasion in a hundred years time a man might turn to his neighbour and ask, "What was steel?" Dr G N Gardner proposed the health of "The Guests," who on the medical side included Dr G C Anderson, secretary of the British Medical Association, Mr F F Rundle, Dr Mitchell Heggs, and Mr A Simpson-Smith, the last-named replying in a happy speech, in which he complimented the surgical instrument makers on their artist eye and creative hand It was customary, Mr Simpson-Smith said, to go to Germany to see German surgeons operate, and to France to see French surgeons, but visitors who came to this country did so not only to see British surgeons operate but to see British surgical instruments

Medical Benevolent Society for the East and North Ridings

It is difficult to understand the smallness of the membership of the society which serves the East and North Ridings of Yorkshire (including the city of York) In his report to the recent annual meeting Dr C H. Jackman, the honorary secretary, expressed his disappointment at the total membership, which was 124, the same figure as for the previous year, three resignations and two deaths having been balanced by the election of five new members He appeals for more members, and points out that by joining the society practitioners not only ensure that help will be forthcoming should the time unfortunately come when those they leave behind are without adequate support, but they also assist in the general good work of the society It was agreed at the annual meeting to renew last year s grant of £50 to a doctor's widow Full particulars of membership of the society can be obtained from the honorary secretary, Dr C H Jackman, 95, East Parade, Heworth, York

Central Midwives Board

At the October meeting of the Central Midwives Board for England and Wales, appointment as examiner was granted to Mr John Barnard Blaikley, F R C S A letter was read from the medical officer of health for the city of Stoke-on-Trent regarding the practice of midwives in his area of notifying births to a particular insurance society and receiving payment for such notification The Board replied that although the rules did not specifically forbid midwives to notify births to an insurance society, it was of the opinion that they should aim at a standard of conduct which increased rather than diminished the dignity of their profession, and that from this point of view the practice of midwives notifying births to an insurance society was to be deprecated Applications from six institutions in the Provinces for approval to provide instruction in the essentials of obstetric analgesia and in the use of a recognized apparatus were granted A report from the secretary regarding the regulations for the midwife-teachers' examination was considered, and it was resolved that the existing regulations, which the Board decided should apply to the examinations to be held in 1936 to 1938 inclusive, should be continued for the year 1939 A letter was considered from the medical officer of health for Hastings inquiring whether it was in order for a midwife recently appointed as municipal midwife to Hastings to use the words Municipal Midwife ' or the brass plate outside her door in addition to S C M ' The Board replied that it saw no objection.

FRANCE

[From Our Correspondent in Paris]

Organization of International Conferences

The young lady who was asked if she played the piano, and who replied that she did not know as she had not tried, betrayed a mentality which seems to have been common to many organizers of international conferences in Paris this summer The spirit has been willing but in many cases experience and the necessary gift for organization have proved weak, very weak Professor Gosset, who has most ably piloted several of these conferences through difficult waters, has been quite candid in his expressions with regard to the need for more expert organization in this field One of his suggestions deserves special note , it is that if all the organizers of international medical conferences would pool their plans well in advance, an important step would be taken to prevent that overlapping which has caused much annoyance this summer One form of overlapping concerns those eminent leaders of the profession who have not the heart to refuse invitations to speak and preside at conferences, and whose generous response in this respect forces them at the last moment to make an invidious choice between two or more meetings timed for the same hour in different places

Professorship in Medico social Medicine

The Paris Faculty of Medicine has created a new chair of "Assistance Médico sociale," to which Dr Crouzon has been appointed He has already had a distinguished career, and is a physician of the Salpétrière Hospital and a member of the Academy of Medicine Well known in the field of neurology, he is the author of several works on familial diseases, and occupational diseases and accidents He has also founded a school of nursing and is the secretary-general of the Neurological Society The subject with which the occupant of this new chair must deal is at once so novel and so vast that Professor Crouzon assuredly has his work cut out for him

The New Rector of the University of Paris

The appointment of Professor Gustave Roussy, Doyen of the Faculty of Medicine, as Rector of the University of Paris, in succession to M Charléty, is very popular, particularly in medical circles It is the first time that this honour has been conferred on a member of the medical profession He was born in Switzerland of French stock, his family having emigrated from France at the time of the revocation of the Edict of Nantes He began his medical studies in Geneva and continued them in Paris, where he became a hospital intern in 1901 As early as 1910 he became a professor by virtue of his contributions to pathological anatomy, and it was to the chair in this subject that he succeeded when it was vacated by Professor Letulle During the great war he was at the head of a neurological service in the French Army, and he has for many years been in charge of the large cancer research institute and hospital at Villejuif in the neighbourhood of Paris His brilliant administrative gifts should serve him well in his new post

Early Diagnosis of Cancer of the Stomach

The second International Congress of Gastro Enterology, which was held in September, served a most useful purpose in bringing together experts in this field from as many as thirty-five different countries Professor Pierre Duval presided, and the Minister of Public Health, M Marc Rucart, was among the distinguished personages present The two subjects for discussion on the programme were the early diagnosis of cancer of the stomach, and acute

These facts show clearly that the supply of an anti-malarial remedy at the lowest possible cost is one of the most urgent needs of India, and the figures already quoted prove that the present consumption of quinine in that country is wholly inadequate Sir Henry Gidney shows that the Indian Government has treated the production of quinine as a business venture, and has been concerned chiefly in making a reasonable profit. He calculates that it makes an annual profit of 7 2 lakhs of rupees on the sale of 90 000 lb of quinine Business principles applied to the supply of drugs essential for the health of a population lead however to somewhat absurd balance-sheets, since Chopra calculated that the loss to India directly from malaria was over rather than under £20 000 000 annually The ratio between the profits on quinine and the loss due to malaria works out at about 1 to 500 Sir Henry Gidney indicates that the real reason for the deficient supply of quinine in India is a trade agreement with Java The quinine bureau is, of course a business concern chiefly interested in maintaining the price of quinine at a figure which will yield a good profit. From the economic point of view this bureau has achieved a remarkable success since quinine is one of the few natural products whose price has been relatively constant since the war in fact, its price to-day is the same as it was in 1921 Sir Henry Gidney points out that this policy of maintaining the price of quinine has been disastrous to the health of India and concludes his address as follows

"I want the Government to inform this Board why has it been for all these years, unwilling—I use the word advisedly and with great discretion—to terminate this terrible agreement that it still has with Java in our quinine supply? Why has this Government been unwilling to serve the interests of India? Why has it been unwilling to take away India from the list of backward nations of the world? Why has it been a party to depriving India of its own quinine cultivation, knowing all the while that Java is depriving India of crores of rupees by prohibiting India from cultivating its own quinine for a disease that is killing millions of Indians every year, a disease that is sapping our very life and, in being an economic menace, is destroying the nation?

WELFARE OF THE BLIND

The twelfth report of the Advisory Committee on the Welfare of the Blind[1] covers the three years ending June 1937 The most noteworthy record is the register of the blind The tabular statements show that during the years 1932 to 1936 there was an increase in the number of registered blind persons in the older age groups only The decrease over a period of years in the figures relating to children and adolescents has been steadily progressive and confirms the value of the measures taken for the prevention of infantile blindness and the preservation of the sight of school children There has been a further decrease since 1932 in the age group 5–16 of 0 26 per 1 000 The decrease in blindness in children may be due to a variety of causes but undoubtedly the ophthalmia neonatorum regulations have been to a large extent instrumental in reducing the number of cases due to this disease A continuation of this decrease will materially affect some problems of the education training and placement of young blind persons Attention has been drawn to the fact that the increase in the total number of registered blind persons is to be ascribed rather to more complete registration than to an increased incidence of blindness It is however a matter of considerable importance that so many people of this country in middle and old age are found to be "so blind as to be unable to perform any work for which eyesight is essential" Research into the causes of blindness occurring in the later years of life may produce valuable information and the work of the specialist subcommittee it is hoped may bring practical assistance in the prevention of blindness The report emphasizes the importance of just and correct certification of blindness and the need for utilizing for that purpose the services of medical practitioners with special experience in ophthalmology Attention is drawn to the findings of the Prevention of Blindness Committee that the visual acuity of persons on the borderline of blindness may vary to some significant extent with the degree and standard of illumination of the test cards The committee recommended a standard form of illumination Pensions for the blind now amount to £558,000 per annum 84 7 per cent of those registered were receiving the pension There is an important report on the methods of augmenting the earnings of the blind in workshops A leading recommendation is that competent workers should fill these workshops and that they should not be used as occupational centres It follows that a certain standard of efficiency should be attained by each entrant before admission A separate report[2] on the home teaching of the blind has also been issued The duties of these home teachers are many the discovery of blind persons and their needs regular visiting teaching Braille or Moon types and pastime occupations oversight of the hygiene, welfare work and social needs of the blind with special care of the deaf blind Such work needs special qualifications Further there is evidence that in many areas the home teachers are not able to reach some of the blind people on their registers for periods of many weeks or even months and that where they pay visits at fairly short intervals they are compelled to make those visits so brief as to render any efforts at teaching wholly ineffective Recommendations are made to remedy these defects

CO-ORDINATION OF VOLUNTARY HOSPITALS

The British Hospitals Association (12 Grosvenor Crescent, S W 1) has set up a provisional central council to consider and advise how the following three recommendations of the Voluntary Hospitals Commission can be best implemented (1) The division of the country into hospital regions (2) the formation in each region of

[1] Twelfth Report of the Advisory Committee on the Welfare of the Blind to the Minister of Health 1934–7 H.M Stationery Office 1937 (6d)

[2] Report of the Subcommittee on Home Teaching, Advisory Committee on the Welfare of the Blind H M Stationery Office 1937 (3d)

retraction proximally was reduced to a minimum, and reinsertion of the torn end to the base of the distal phalanx took place I notice in the present article that in all three cases there was failure to secure *complete* extension The authors used full extension of the whole finger in fixing the joints after suturing the cut tendon (Compare article by Mr Smithe in the *Brit J Surg* for January, 1937)

There is no doubt that free tendon transplants with their intact paratenon are not used as frequently in this country as in America, where the practice is to remove the cut tendon, substituting a length from a redundant tendon like the palmaris longus, instead of forcing together and suturing the macerated ends and ignoring tendon sheaths Anyone interested in this work could not do better than study the excellent illustrated article by Mr Bunnell in the *J Bone Jt Surg* for January, 1928—I am, etc,

London W 1, Oct. 17 G O Tippett

Endotracheal Anaesthesia

Sir,—The statistics given by Dr Langton Hewer and Mr Geoffrey Keynes, admirable as they are, seem questionable evidence in support of their argument that endotracheal methods are undesirable in operations for toxic goitre One series of cases quoted was given endotracheal ether, the other, avertin followed by nitrous oxide oxygen That the better results of the second series were due to the non-use of tracheal tubes seems an unwarranted deduction

I would suggest that endotracheal methods have become less used in thyroid surgery since the introduction of avertin not because their use was considered a "needless hazard" nor because the need for perfect aeration was less than formerly, but because under the light anaesthesia provided by avertin and nitrous oxide with oxygen a tracheal tube was no longer a guarantee of smooth unobstructed respiration Mobilization of the gland or other surgical manœuvres which caused relative movement of the tube and the trachea were apt to cause a spasm of coughing In the absence of a tube the same surgical procedures might cause asphyxial symptoms through a laryngeal spasm Anaesthetists tended to prefer the latter risk, though Dr Hewer himself has stressed elsewhere the difficulty of detecting minor degrees of cyanosis and the importance of avoiding them in these cases Actually, in non-obstructive toxic goitres one can avoid both complications by passing a tube only just through the cords On the one hand this provides the perfect airway desired, and on the other no surgical manœuvre upsets the rhythm of respiration, and as the tube does not even touch the walls of the trachea it can hardly cause a tracheitis—I am, etc,

Manchester, Oct 11 H. J Brennan

Sir,—I am in entire agreement with Dr Langton Hewer and Mr Geoffrey Keynes as to the unsuitability of endotracheal anaesthesia for non-obstructive thyroidectomy, and I should like to bring forward some statistics in support of those which they gave In a series of over 1,100 endotracheal anaesthetics for all operations the post-operative incidence of laryngitis and tracheitis was found to be 1.2 per cent On further analysis of this series it was found that after operations for non-obstructive goitre the incidence of laryngitis and tracheitis was 8 1 per cent, which clearly demonstrates the effect of surgical handling of the trachea when a tube lies within it—I am, etc,

London, N W.3, Oct 10 C J Massey Dawkins

Spinal Anaesthesia for Caesarean Section

Sir,—I was interested in the comments of Dr Herbert R Spencer (*Journal*, October 9, p 723) on the subject of spinal anaesthesia for Caesarean section In the obstetric unit of the Royal Free Hospital we have used spinal anaesthesia for a number of these cases for several years, this method being used in preference to any other, except in such cases as Dr H. K Ashworth (October 2, p 671) mentions as being unsuitable The results may be of some interest Of 120 Caesarean sections performed during the years 1935 to 1937 forty-four were done under spinal anaesthesia with no maternal deaths There were no cases of paralysis or meningitis in the series, and the incidence of any degree of headache was not marked

The anaesthetic solution used does not belong to the cocaine group A 1 in 2,000 solution of light percaine was used with a preliminary injection of ephedrine to combat the fall of blood pressure The excellent contractions of the uterus seen under spinal anaesthesia lead to a greatly diminished loss of blood, and the baby is entirely unaffected by the anaesthetic I am in full agreement with Dr Ashworth that when there are no contra indications, such as low blood pressure, severe myocardial deficiencies, profound anaemia, or severe cardiovascular disease, Caesarean section is an excellent indication for this type of anaesthesia—I am, etc,

London, W C 1, Oct 12. Katharine Lloyd Williams

Sir,—I was interested, but rather surprised, to read the letter from Dr Herbert Spencer in the *Journal* of October 9 (p 723), as I had not realized that spinal anaesthesia was supposed to be contraindicated in Caesarean section When I was on the staff of the large C M S hospital in Old Cairo (1915–27) we used spinal anaesthesia for practically all operations below the level of the diaphragm, and we were doing over 2,400 operations a year by this method I have no statistics here, but I remember I used regularly to do many Caesarean sections under stovaine spinal anaesthesia, and never saw any ill effects in either mother or child—I am, etc,

Bromley, Kent Oct. 12 Robert B Coleman

Indications for Induction of Abortion

Sir,—Like many a sound thesis before it, mine seems likely to disappear in the barren sands of irrelevant discussion in your columns Let me make a last attempt to save it

Mr Butterworth (*Journal* October 16, p 775) cherishes the not uncommon notion that one may alter facts by using different words about them, preferably words of ambiguous meaning He sends two patients to the gynaecological department of a hospital in order that they may have abortion induced In the legitimate exercise of their discretion the colleagues to whom he refers them decline to do as he asks on the grounds that they do not find adequate clinical indications for this procedure But to the traditional and appropriate word "clinical" Mr Butterworth objects, preferring the word "departmental" and thinking—as we must suppose—that the verbal substitution alters the facts Yet if this word has not the connotation of "clinical" in the connexion in which he employs it, then it has no meaning

Unwilling to allow the colleagues for whose assistance he has asked the freedom of judgement he claims for himself, he presumes to rebuke them in your columns for not doing what, in the particular circumstances, would not be for them a legal operation He boldly stigmatizes

ANAESTHESIA IN GENERAL PRACTICE

This is one of a series of articles, contributed by invitation

RISKS OF ANAESTHESIA—I

BY

M D NOSWORTHY, M D, B Ch., D A,

Honorary Anaesthetist to Westminster and St Thomas's Hospitals

Difficulties of one sort or another are to be expected with certain types of patient or operative procedure If the anaesthetist is on the lookout for them he should by intelligent anticipation be able to prevent their occurrence, or else by a suitable anaesthetic technique counteract their effects During anaesthesia many situations arise which will develop into emergencies unless the anaesthetist recognizes the early signs of trouble and immediately takes the necessary steps to regain control. Sometimes an accident occurs with no warning at all, and a successful outcome may well depend on the right thing being done promptly and without hesitation. The difficulties encountered during anaesthesia, though small in number, crop up again and again in slightly different forms Only the chief risks can be outlined here with the general principles of treatment, these principles, however, can be modified to apply to other emergencies which have in fact originated from similar faults

Oxygen Want

The respiratory and circulatory systems are closely linked together so that oxygen want in the tissues (anoxia) arising from failure or partial failure of one system will quickly embarrass the other Anoxia being the underlying factor in so many anaesthetic troubles it will be well to emphasize some of its physical signs These are (1) increase or decrease in the rate of the pulse, which is slow, bounding, and often irregular in acute oxygen want, (2) rise or fall in systolic blood pressure, (3) altered breathing—depressed quick, and shallow, or periodic respirations, or yawning (4) nausea and vomiting, (5) muscular twitchings, (6) restlessness, (7) cyanosis Cyanosis always indicates suboxygenation, but a high proportion of patients suffering from oxygen want show no cyanosis

Anoxia is responsible for many of the troubles encountered during spinal anaesthesia, and is not infrequently present during or after general anaesthesia Pyrexia, fear, pain, and hyperthyroidism all increase the patient's oxygen requirements

Abuse of Carbon Dioxide

Nowadays carbon dioxide is commonly regarded as the 'cure' for practically all anaesthetic difficulties Actually its injudicious use has cost many patients their lives It should be remembered that morphine and the basal hypnotics depress the breathing by decreasing the sensitivity of the respiratory centre to carbon dioxide, with the result that the alveolar content of carbon dioxide banks up to a higher level than usual The patient's physiological processes are deranged by this excess and will consequently not benefit from any addition to this burden For the majority of patients who happen to be in this depressed state the lesser of two evils is probably the use of sufficient carbon dioxide or rebreathing during induction to secure normal pulmonary ventilation Creating a higher concentration of carbon dioxide, with the objects of producing an exaggerated hyperpnoea and rapidly inducing anaesthesia with intolerable concentrations of ether, or any piling up of carbon dioxide in an acidotic patient, is not to his advantage Individual susceptibility to carbon dioxide is very variable, and if the normal immediate response to a low concentration—namely, an increased depth of respiration and a rise in blood pressure—does not appear overdose for that particular patient is a probable contingency, and the use of carbon dioxide must be immediately discontinued

The signs of toxicity due to carbon dioxide are a fall in blood pressure, depressed or gasping breathing, and muscular twitchings, which may pass on to generalized convulsions and death Waters and his associates, who are responsible for most of the experimental work on carbon dioxide, have shown that the improvement in cases of circulatory depression and shock commonly attributed to carbon dioxide oxygen mixtures is in fact due to the good effects of the high oxygen concentration outweighing the ill effects of the carbon dioxide The continued inhalation of a concentration of carbon dioxide above 10 per cent will produce unconsciousness in normal unanaesthetized subjects In this connexion it is of significance that asphyxiated patients and newborn babies recover more certainly and more quickly when pulmonary ventilation is carried out with 100 per cent oxygen

For success with the carbon dioxide absorption technique efficiency of the absorbent material and of the canister design and reduction of the dead space to the minimum are essential Towards the close of the operation the contents of the rebreathing bag must be repeatedly changed in order to wean the patient slowly from the warm, moist—and possibly high oxygen-containing—atmosphere which he has been breathing and to restore him to normal atmospheric conditions

It has been shown that carbon dioxide, oxygen, and all anaesthetic gases are rapidly and completely absorbed from the pulmonary alveoli After operation the patient should be encouraged to take deep breaths If he cannot or will not comply a gentle flow of pure carbon dioxide—a watch being kept for any signs of toxicity—may be blown *at* his face This will make him fill his lungs with air, the presence of the *unabsorbed* nitrogen decreasing the risk of pulmonary collapse The use of carbon-dioxide-oxygen mixtures, in contrast to this, may be followed by patchy areas of atelectasis or even complete collapse of lung

Oxygen want and carbon dioxide overdosage singly or combined, are liable to crop up on many occasions during anaesthesia and are the underlying factors in many anaesthetic states which are difficult to explain on any other basis—at least I myself can call to mind situations which at the time I never attributed to carbon dioxide overdose but in which I am now convinced excess carbon dioxide played an important part

Overdose of Sedative Drugs

Among the effects of overdosage with sedatives are those of low alveolar oxygen and high alveolar carbon-dioxide concentrations If it relieves the anoxia resulting from the low blood pressure and the depressed breathing an atmosphere enriched with oxygen will improve the respirations The administration of carbon dioxide and oxygen may break the vicious circle, but on the other hand this additional carbon dioxide may be beyond the patient's tolerance and still further depress the breathing and the blood pressure Artificial respiration with a high

Epidemic Catarrhal Jaundice in School Children

SIR,—It was interesting to read the account in the *Journal* of October 9 (p 703) by Dr B Sergeant of the epidemic in Gateshead In the part of Surrey where I live, though we have had no epidemic for some years, there are two village schools where there are nearly always one or two families affected Unlike Dr Sergeant, we find it usual for more than one member of the family to be affected, and it is the rule of the local education authority, the Surrey County Council, to exclude home contacts for three weeks, it would appear that this period is too short, but in practice there seems to be little tendency for further cases to occur in the school

Local feeling would blame the grey squirrels for the infections, but this may be merely "little England" bias This spring, in one of the villages, a boy aged 12, who attended a central school four miles away, developed jaundice, a sister (8) and a brother (6) caught it after intervals of four and three weeks respectively, a baby of 7 months and the parents were not affected There was no history of contact in or out of school with another case, but a Great Dane, a frequent companion of the children, had been treated for jaundice three or four weeks before the elder boy became ill

If there is to be any advance in our knowledge of this disease it will be from the observations of general practitioners and school medical officers, as only very rarely do these patients enter a hospital, they usually are treated at home, recovering after one visit from the family doctor, or even without it—I am, etc,

Chaldon, Surrey, Oct 10 G D PIRRIE

Coronary Thrombosis

SIR—I must have cut up a mile of coronary artery in my time, but only occasionally have I come across true thrombi I was therefore just as puzzled as the coroner who asked me, "What is this coronary thrombosis of which everyone is dying nowadays?', until I heard the solution of the riddle in a county court the other day No less than three medical men—out of the four of us—went into the box and said that in coronary thrombosis there need not be any thrombus! I was not given the opportunity of saying that, for some of us at least, the word thrombosis means exactly what it says, nor was it at all amusing to have to sit and listen to the court making merry at the expense of the profession

The old-fashioned clinical diagnosis of angina pectoris was quite unobjectionable Would it not be better if the terms coronary atheroma, coronary stenosis, coronaritis, and coronary thrombosis were reserved for cases in which a pathological examination has been made?—I am, etc,

London, W 1, Oct 14 TEMPLE GREY

Idiosyncrasy to Prontosil

SIR—Dr H W Barber (October 16, p 774) records interesting cases in which prontosil caused marked rise of temperature, and subsequent improvement occurred in the condition of the patients I would suggest that the prontosil caused the fever by killing large numbers of the bacteria with which the patients were infected It is, I think, acknowledged that a heavy dose of dead bacteria may produce fever, and its occurrence may well be an indication that a drug producing fever in such cases, but not in ordinary healthy persons, is really proving its efficacy I think that in such cases the drug should be continued with due care and precaution It is quite likely that it would cease to cause fever as the bacteria are eliminated—I am, etc,

Lingfield Oct 18 HUGH WOODS

Sulphanilamide in Gonococcal Infections

SIR—In reply to Dr R C Webster (October 9, p 727) I have pleasure in answering his questions concerning the statements contained in my recent letter

In my opinion a cure of gonorrhoea can only be assessed by a careful, repeated microscopical and cultural examination of the secretions of the urethra, prostate, seminal vesicles, and urine At least three negatives should be required before declaring a case cured The secretions should be absolutely free from bacteria and pus cells The practice of passing a case as cured when a smear contains three or four pus cells per field only is to be deprecated, as most of these cases are likely to recur, even years after an attack A test should be made two weeks after cessation of all treatment and, if negative, again at intervals of a month, three months, six months, and one year The test should be preceded by massage of the urethra, prostate, and seminal vesicles over a metal bougie

Dr Webster considers that gonorrhoeal infection of the bladder is uncommon, but it is my experience that trigonitis is invariably present in acute posterior urethritis It is for this reason that I massage anterior urethral instillations into the posterior urethra and bladder The procedure is not difficult when the knack has been acquired of making the internal sphincter relax at will To see is to understand Gonococcal pyelitis is not so infrequent as is commonly supposed It is more liable to occur where there has been a previous pyogenic infection of the kidney I have seen several cases, and reported one at the Royal Society of Medicine last year Frequent bladder irrigations precipitate the ascent of the infection Chiefly for this reason I have dispensed with bladder irrigations

I am treating an acute case at the moment by my method, combined with injections and oral administration of prontosil. The case was seen on the first day of discharge September 29, and was thought to be cured by all tests on October 4—six days Slides were negative for four days in succession, and all symptoms had ceased No treatment was given for four days, and to-day a very slight discharge was massaged from the urethra, which was teeming with pus cells and gonococci This case is indicative of the fallacy of relying upon prontosil as a curative measure as soon as all signs of disease have disappeared

—I am, etc,

London, W 1 Oct 12 MORTON WHITBY

The Sex Ratio

SIR,—Though conscious that the subject is full of pitfalls and that senior wranglers quail before its calculations, I should like to add a few observations to Surgeon Rear-Admiral Beadnell's letter in the *Journal* of October 2 (p 683) Both he and Professor Crew, in his 'Wisdom of Being Female" speech, seem to take it for granted that early death disposes of the excess males born in this country But does it? Births are registered, so the sex ratio at birth—about 105 males to 100 females—should be practically correct, and this means an annual excess of several thousand boy babies What does happen to them? Comparatively few die in infancy nowadays

PUERPERAL INFECTIONS IN RELATION TO MIDWIFERY ATTENDANTS

BY

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AND

F E CAMPS, M D Lond.

Pathologist to the Chelmsford and Essex Hospital Consulting Pathologist to the Essex County Council

Recently two most important cases from the point of view of liability in connexion with puerperal infections have occurred in the High Court These rulings affect very closely those engaged in the practice of midwifery wherever it takes place—in the patient's own home, in a nursing home, or in a hospital—and are applicable both to doctors and to midwives In view of the fact that the Midwives Act 1936, which has recently come into force, places many midwives in the employment of local authorities, it follows that such authorities are responsible for cases of puerperal infection if these should arise in the course of their midwives' practice Such responsibility falls in no less measure on doctors and hospitals In view of this we have ventured to put forward the following suggestions in connexion with puerperal infections due to the *Str pyogenes* as they have been used by us for the past eighteen months with satisfactory results

We have deliberately refrained from going into details of the control of puerperal infection such as masks and dettol as this matter has already been adequately dealt with by Colebrook (1936) Since the bulk of serious cases of puerperal infection are due to infection with *Str pyogenes* Group A it is a rational attitude to adopt that all cases of pyrexia occurring during the puerperium should be regarded as due to *Str pyogenes* until proved to the contrary

In order to be able to do this it is essential to investigate such cases at the earliest possible moment This should be done by taking swabs from the cervix and throat, together with a blood culture from the patient and examining these bacteriologically Until the results are known the midwife should cease to attend any further cases If the examination yields a positive result then bacteriological examinations of swabs taken from the nose and throat of the midwife and any other contacts should be made If *Str pyogenes* is isolated from any of these it should be typed in order to compare it with the organism infecting the patient and so identify the true source of the infection

Examination of Midwives' Throats

It is a rational corollary of this that midwives throats should be examined if they have a cold or tonsillitis or have been in contact with a case of streptococcal infection such as scarlet fever At the same time they should be suspended from duty until the bacteriological investigations are known to be negative *This is most important* as it is not uncommon to trace the source of infection to a midwife who has had a cold which she has regarded as trivial At the same time it is also advisable to make sure that there are no obvious cases of streptococcal infection such as discharging ears or noses in contact with the patient before delivery It is inadvisable to swab all prospective contacts as a routine since experience has taught that swabbing of clinically normal throats for no specific reason as for example when a known case of infection has occurred will almost inevitably lead to confusion Further the examination of swabs unless performed by those experienced in working with the organism is liable to yield a high apparent positive rate

In addition to this one difficulty is an inability to be sure when the organism is in a virulent state, although there is reason to believe that if the throat is clinically normal the person is probably not infectious It has been observed by one of us that it has been possible to recover from the throats of healthy nurses the same type of *Str pyogenes* which was the cause of an acute tonsillitis a year previously, although careful investigation failed to show that any cases of infection had in the meantime occurred among persons with whom they had been in contact However, it is obvious that when once *Str pyogenes* has been discovered in the throat of a midwife it is impossible to allow her to attend any further cases so long as it remains there, lest puerperal infection be contracted by one of her patients which may be thus ascribed to her

A certain public authority, before engaging its salaried midwives, recently swabbed their throats as a routine and a high percentage of positive swabs was revealed, thus placing it in the curious dilemma of being unable to appoint midwives otherwise apparently healthy and with unblemished records without rendering itself liable to serious criticism in the event of subsequent infection occurring It would appear more reasonable to examine the throats clinically in the first instance and only swab those with a suspicious appearance

The problem which presents itself is to obtain a service of midwives who are presumably free from streptococcal infection and who, should they unknowingly infect a case, will rapidly be prevented from producing any further damage Under such circumstances should a case of puerperal infection occur it is difficult to see how any claim for negligence could succeed

Three Important Questions

At the same time if midwives are found to be harbouring *Str pyogenes* and are suspended from duty on that account the employer is liable to pay her compensation until she is able to resume duty, provided that she co-operates in attempts to make herself no longer a potential source of infection Three questions appear to be relevant

1 WHEN SHOULD A MIDWIFE BE SUSPENDED FROM DUTY?

A midwife should be suspended from duty in the following circumstances

(*a*) When she has a case of puerperal infection occur in her practice, until it is shown that the case is not due to the *Str pyogenes* or if it is due to this organism then that she is not harbouring it in her throat The fact that it is not the same type is not relevant as once the midwife is found to have *Str pyogenes* in her air passages she must cease to practise midwifery until proved negative bacteriologically At the same time other manifestations of septic infection should not be overlooked such as septic sores on the hand

(*b*) When the midwife is herself suffering from an acute infection such as a sore throat which may be due to *Str pyogenes* until proved to the contrary bacteriologically

(*c*) When the midwife has been in contact with a known case of streptococcal infection such as scarlet fever until proved bacteriologically to be free from such an infection herself

In connexion with swabs it should be stressed that these should be taken by a person who is experienced in the technique as a badly taken swab is not only useless but is misleading We have recently examined two swabs taken from the same case on the same day one by a midwife and the other by an ear nose and throat surgeon The former grew every organism but *Str pyogenes* the latter gave a pure growth of *Str pyogenes*

2 WHEN MAY A MIDWIFE SAFELY RETURN TO DUTY?

She may only return to duty when proved to have no *Str pyogenes* in her upper air passages bacteriologically

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on October 14 the following medical degrees were conferred

B.M.—D S Bateman D Jeffenss

UNIVERSITY OF CAMBRIDGE

Dr T Shirley Hele, Master of Emmanuel College has been elected as the representative of the University on the General Medical Council for the five years from October 22, 1937

At a congregation held on October 15 the following medical degrees were conferred

M B, B CHIR.—*H A Burt *G B Barbour, *H G Goldwater, *E W Hart, *J M Ranking, *M W H Evans *P E T Hancock, *W R S Hutchinson, *L O Mountford, *H B Pope *J F Stokes, *J C G Whitelaw, *T E Johnson, *J E V Jones, *C V Brambridge, *A G Bellamy, *W F Rhodes S G Mayer, M C H Kingdon, W A Nicholson, A F Stallard, J H G Thompson, C St A Vivian, A B Lintott, B D Molesworth, S G Brook

M B.—*G H H Waylen, *C P Campion *A B Connell, *A H Dunkerley, *T E Lamech, *O S Tubbs *F H A Walker, *A B MacEwen, *P G Scott *C G H Morse, *C E Donaldson, *C McC Jones, W E Wells, N R Cunningham G N Grose J O Harrison, C F Mayne, J G Webb H M Elliott

*By proxy

The following candidates have been approved at the examination indicated

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*(Part II)* A B Brereton T H T Gautby D Gold J L King, M A M Marei, A Sirry, C P Theron

The Vice-Chancellor announces that he has received a letter from the Rockefeller Foundation informing him that, after considering the proposal of the University of Cambridge for the development of the Department of Experimental Psychology, the executive committee has made an appropriation of £11,360 towards the cost of the scheme of development. Of this sum £1 200 is allocated for alterations in laboratory rooms, and the remainder for expenses of the department for a five-year period from January 1 1938 to December 31 1942. The offer of the Rockefeller Foundation is contingent on approval of the report of the Council of the Senate on the William Charles Wilson bequest.

UNIVERSITY OF LONDON

Professor J H Gaddum Sc.D M.R.C.S. L.R.C.P, has been appointed to the University Chair of Pharmacology tenable at the College of the Pharmaceutical Society of Great Britain in succession to Professor J H Burn who was recently appointed to the Chair of Pharmacology at the University of Oxford.

A course of five Brown Institution Lectures on "A Comparative Study of Filter-passing Bacteria and Viruses" will be given by Professor F W Twort, F.R.S. on December 6, 8, 10, 13, and 15 at 5 p.m. The first four lectures will be given at the London School of Hygiene and Tropical Medicine, Gower Street, W.C., and the fifth at the Brown Animal Sanatory Institution, 149, Wandsworth Road, S.W.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examination indicated

ACADEMIC POSTGRADUATE DIPLOMA IN PUBLIC HEALTH.—Joyce M Brockington, Sylvia C Gavron, H F Green, M U Hayat, A W Rasiah, H C Saksena, M N de S Suriyawansa, H M Vanderwall

UNIVERSITY OF GLASGOW

At a congregation held on October 16 the following medical degrees were conferred

M.D.—J Shafar

M B, CH B.—*J P O Erskine, †Mary Del Vecchio, †A Brown †A L Goodall †A. R Hunter, †A Young, ††J H Bruce, J W Affleck, Isobel C Allardyce, D M Armstrong, Margaret P Ash, A August, Mary McC Barron, J Baxter, Catherine McL Beaton, Mary L F Brownlie, J S Cameron, J Campbell, L Carmichael, T W Carrick, Margeth A Cathcart, W A W Chapman, Mary L A Chisholm, J M Clark, B Cohen, W Y Cormack, B Couts, R W Crocket, J C Davidson, W P G Dickson, E A Donegan, J H Dorman, W M Douglas, E Duffy, J J Elbert, A M Forrest, A A Gilmour, D Golombok, R R Gordon, Harriet J Grant, K C Grigor, D St. C L Henderson, Janet W Herriot, *E F Hill, A F Jarvie, H H Johnston, J J Justice, R Kellock,* H C Kennedy, R E King, A McE Lamont, A Laurie, J Laurie, P Lavery, J Leslie, W S Linton, W McAdam, Theodora J W McAlpine, J M McCrea, D MacDonald, D McGowan, J W A MacKenzie, T McLardy, J H. McLaughlin, A F MacLean, A McLean, M Macleod, A N MacPhail, N J McQueen, B T Mann, C March, J G Marra, R C Meek, G A Mills, A H Murray, H M Murray, J Neilson, L A. Ogilvie, A B I Olorun-Nimbe, G M Olswang, W Paterson, J Reid, J Richardson, *W E Smith, W B Stirling,* A. P Thomson, R Traill, D Turner, Ruth M H Winter

* With honours † With commendation

James P O Erskine gained the Brunton Memorial Prize, awarded to the most distinguished graduate in medicine for the year 1937.

The West of Scotland R.A.M.C. Memorial Prize was awarded to Robert B Wright as the candidate who obtained the highest aggregate marks in surgery, medicine and midwifery in the final M B, Ch B examinations held during 1937.

Robert E King received the Macewen Medal in Surgery as the candidate who obtained the highest aggregate marks in surgery at the final M B, Ch B examinations held during 1937.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary Examination Overseas

The Council of the College has again agreed in compliance with the request of the Royal Australasian College of Surgeons to conduct the primary examination for the Fellowship in Melbourne Sydney, and Dunedin during November and December. At the request of the Director General of the Indian Medical Service the primary examination will also be conducted in Bombay early in January, and the examination is also to be held for the first time in Egypt. This is at the request of the Dean of the Medical Faculty of the Egyptian University and the examination will take place at the end of January in Cairo. Mr Cecil P G Wakeley, a member of the Council of the College and senior surgeon at King's College Hospital, has accepted nomination to act as the examiner in anatomy at each of these examinations. He leaves Tilbury on Saturday, October 23, by the R.M.S. *Orama* and will not be back in London until February 7, 1938. Professor A St. George Huggett, of St Mary's Hospital Medical School, has been able to accept the appointment to examine in physiology owing to the co-operation of the Medical School authorities in releasing him from his duties for the purpose. He will leave Croydon by air on Monday, November 15 and will return with Mr Wakeley on February 7. The Director of Examinations Mr Horace H Rew, will be responsible for the conduct of the examinations in India and Egypt. He leaves for India by air on December 29 and will return with the examiners on February 7. There are ninety-six candidates in Australasia, eighty-five in India, and twenty-two in Egypt, and at each centre the examiners will act with assessors, appointed locally by the Council of the College.

A meeting of the Council of the Royal College of Surgeons of England was held on October 14, with the President, Sir Cuthbert Wallace, Bt., in the chair.

A diploma of Fellowship was awarded to Francis Joseph Hayden and diplomas of Membership to Neil Hamlin and Arthur Morgan Spencer.

Diplomas in Child Health were granted, jointly with the Royal College of Physicians of London, to the following

M A Abboud, Ehsan Awad, Jenny D Craig, Hilla Damry, Annie M Dawson, C W Dixon, Sheila M Franklin, Gladys I Hallows, M R Kark, B W Knight, H B Lal, Margaret J T Leitch, N F Lilauwala, R C MacKeith, L K Mitra, J W Parks, Nellie M Plowright, Gwendolen F Prince, J Sakula, G Scott, J E Sewell, H J Sinn, Gwladys V Smallpeice, S K Squires, Margaret E Sutherland, G L B Thurston, H M Trethowan, Elizabeth N Warner, J R. Wilson.

Mr Wilfred Trotter and Mr W H Ogilvie were appointed representatives of the College on the Executive Committee of the Imperial Cancer Research Fund.

Dr C J C Britton and Mr D W Ashcroft were appointed Streatfeild Research Scholars to carry out research entitled "An investigation of the relationship between sinus disease and tonsillar infection."

The following were appointed Superintendents of Dissections for the Primary Fellowship examination to be held overseas shortly: *Egypt* Dr V H Assar, *India* Mr R C Motwani.

An address of congratulation to the University of Allahabad on the occasion of its fiftieth anniversary was approved. Lieut.-Colonel F J Anderson will represent the College at the celebration of the anniversary.

The following hospitals were recognized, *with the posts* specified for the six months surgical practice required of candidates for the final Fellowship examination: Crumpsall Hospital, Manchester (resident surgical officer and two house-surgeons); Royal Gwent Hospital, Newport, Mon. (first and third house surgeons).

Planning the Attack

Laboratories for the performance of specific tests and venereal disease clinics should be improved in both quality and quantity both should be free at least for those who cannot afford to pay A consultation service should be available for doctors, and drugs should be supplied gratuitously Scholarships and more adequate grants would encourage research in both syphilis and gonorrhoea Each State should have a whole-time venereal disease officer in its public health service, and every attempt should be made to foster co operation between the health services and medical practitioners, since more than half the total cases of venereal disease are treated by the latter Case finding, the follow-up of delinquents, and the search for contacts demand an efficient service of highly trained social workers, similar to our almoners this might have more effect in reducing venereal disease than any other single factor, but it is slow, laborious, and very expensive

The three most difficult problems which America has to face in this connexion are perhaps (1) the negro element (syphilis is far more prevalent in negroes than among whites), (2) the lack of funds and (3) the tendency of sufferers from gonorrhoea to apply to drug stores and quacks It does seem that at last the United States has woken up to the fact that one out of every ten adults has or has had syphilis, and that only by a thorough and energetic campaign can the public be made to realize the prevalence and seriousness of venereal diseases Until venereal disease is stamped out—which can only be done by education by an improved social conscience by an enlightened self-awareness that the game isn t worth the candle or by all three—measures of prophylaxis and treatment must be investigated, and it may be of interest to refer here to some of the work recently carried out in the U S A

Congenital Syphilis

A vast amount of information on syphilis was included in a symposium presented at the annual meeting of the American Dermatological Association in 1936 and now published A paper entitled 'Late Prenatal Syphilis, with Special Reference to Interstitial Keratitis its Prevention and Treatment,"[3] by various authors is a most valuable and instructive contribution though why the convenient word congenital should be changed to prenatal is not clear The time to attack prenatal syphilis is during gestation If however as is so often the case the diagnosis is not made till after birth, treatment begun during the first two years of life is much more efficacious than when started later The material studied in the paper under review consists of 1,010 late cases—that is of patients more than 2 years of age on admission Of these only 2 per cent had received any treatment and in only 19 per cent was there any history of lesions which shows that a high proportion survive and remain asymptomatic for some years

Interstitial keratitis was present in 33 per cent of the cases lesions of the central nervous system in 10 per cent and of the bones and joints in 7 per cent 39 per cent of the cases were latent Clinical results depended largely on the time at which treatment was begun Patients treated in the early acute stages did far better than those in whom the condition had become chronic or in whom the lesions had healed spontaneously The significance of the blood reactions is rather remarkable In early acute cases results were far better when the reaction was reversed by treatment whereas in the latent cases this was not so Serological fastness is a relative term since where a series of quantitative tests is carried out the so-called fast case is often seen to show a progressive diminution in the strength of the reaction under the effect of treatment were this done more often the expression serological fastness would almost fall into disuse

The age of the patient and the amount of treatment also have much influence on the end results Patients under 15 years of age and those treated for more than one year did better than older and less intensively treated cases respectively, when syphilitic lesions were manifest, but this did not appear to hold good in latent cases

Interstitial Keratitis

It is generally believed that active lesions, especially interstitial keratitis, occur usually in the 6 to 15 year age period, but without adequate therapy no age is free from risk In fact interstitial keratitis may start at the age of 3, is consistently high up to 20 and may appear as late as 25 Adequate therapy is defined here as not less than sixteen injections of an arsenical preparation and thirty one of a heavy metal As in many conditions the best treatment of interstitial keratitis is prophylaxis Adequate treatment prevented interstitial keratitis in 98 per cent of cases, some, but inadequate, treatment prevented it in 91 per cent, whereas only 64 per cent escaped where no treatment was given, three or four times as many cases of interstitial keratitis developed in the inadequately treated as in the adequately treated Incidentally treatment with a heavy metal by itself was found to be absolutely insufficient protection, a point of considerable importance Possible involvement of the second eye always a serious problem depends largely on the duration of the lesion of the first eye before treatment is started, with adequate treatment it is unlikely to occur after an interval of two years Success in treatment depends on early and adequate measures in no instance did blindness supervene when treatment was begun in the early acute stage whereas it afflicted four patients who were untreated In chronic and relapsing cases treatment should be supplemented with iodides and fever therapy

Syphilotoxaemia

Cregor and Dalton,[4] discussing the diagnosis of congenital syphilis, especially in the absence of physical signs conclude that the child of a syphilitic mother may present a temporary positive blood reaction and in fact suffer from a syphilotoxaemia without being infected with syphilis this is said to be due to a transference *in utero* from the mother to the child of complement-fixing substances The reaction usually persists only for ten to fourteen days but is said to persist for two to three months in rare instances The moral is that a positive Wassermann reaction in the early days of infant life is not sufficient to warrant a diagnosis of syphilis

Continuous and Intermittent Treatment

The question of continuous and intermittent treatment of early syphilis is discussed by Professor Stokes and Miss Usilton[5] in an article which they describe as a critical review of the American and the League of Nations investigation with additional evaluations It would appear rather to be a speech by counsel briefed for continuous *versus* intermittent treatment It does seem at least doubtful whether the continuous system is as continuous as the word suggests while the intermittent system is probably less intermittent than is at first apparent At all events although the League s report does not admit of accurate comparison of the results of two systems it is admitted that there is little to choose between them when given under ideal conditions What the report did disclose was that many of the good clinics are not working under the systems which their chiefs imagine them to be that as much as 20 per cent of clinical material from early cases is not being adequately

[3] *Arch Derm Syph* Chicago 1937 35 563

[4] *Arch Derm Syph* Chicago 1937 35 500

[5] Ibid 1937 35 377

attended every meeting, placed his knowledge and experience at the disposal of his colleagues, and never spared himself if, by his exertions, he could contribute to the common weal He joined the British Medical Association in 1870, was honorary secretary of the Section of Public Medicine at the Dublin meeting in 1887, vice president of the Section of Medicine in London in 1895, and delivered the Popular Lecture on "Weather, Climate, and Health" at the Exeter meeting in 1907

It is difficult now to speak of Sir John's ability as a physician, but we know that he had at one time a good practice, and his many appointments reflect the high opinion which his colleagues had of him His acute and accurate observations and his delicate and sensitive hands made him a skilled diagnostician, particularly of the fevers As a teacher he was unrivalled with young students, for he taught them how much they could perceive by the use of their unaided senses, which were almost all he himself had when he entered the profession Sir John was, in his younger days, a rower and swimmer in later life he was a walker When he gave up his victoria, some twenty years ago, he did not buy a motor car, and he rarely travelled in a tram or bus Many a Dubliner will miss him on his daily walk from Fitzwilliam Square to the Meath Hospital, a walk which on Sundays was continued to St Patrick's Cathedral, where he was a regular worshipper His bent figure and full white beard were in keeping with his years, but not his brisk step, alert eye, and friendly greeting He loved walking and the fresh air, and rarely wore an overcoat

Sir John was a learned and cultured man, a well-known physician, a writer of distinction, an influential member of many important bodies, he was of tireless energy, the soul of punctuality, ever devoted to duty, rigorous in upholding the ethics of his profession, he was a nonagenarian who was active in mind and body until his last illness All these serve to explain the admiration and respect in which he was held by his colleagues, but it was not for these that he was entitled to be called, with St Luke, "beloved physician" He was loved for his kindness of heart, his thoughtfulness of others and thoughtlessness of self, his geniality, and his unfailing good humour The writer of these lines never knew Sir John to do an unkind thing or heard him say an unkind word Coupled with his benevolence was an old-world courtesy, more in keeping with the manners of the century of his birth than with that of his death He survived all his contemporaries, but as his life flowed on he included in his circle of friends many men much younger than himself and the youthfulness of his mind bridged the great gulf of years between them and him

Moore modelled himself, as a clinician and teacher, on his predecessor in the Meath Hospital, William Stokes In an address which, as the newly appointed physician to the hospital, he gave to the students in 1875 he referred to the retirement of Stokes, and nothing would have delighted Sir John more than to know that, in the opinion of his friends, his own words about Stokes might, without alteration, be most justly applied to himself sixty-two years later— The sympathizing friend, the prudent counsellor, and the ardent well-wisher of every one of his 'fellow-students,' for so he called his pupils But he was more than this Those of you who have seen Dr Stokes at the bedside of the sick know how gentle, how refined, how kindly was his bearing towards the patient Amid all the ardour of clinical observation and research he never for one moment forgot the sufferer before him— no thoughtless word from his lips, no rough or unkind action ever ruffled the calm confidence reposed in him by those who sought his skill and care"

He has left behind his widow, one son, and three daughters To them we offer our sympathy in their bereavement, and in this sympathy we are joined by very many citizens of Dublin of every class, who by the passing of Sir John William Moore have lost a true friend

J W B

We are indebted to Professor T G Moorhead for the following appreciation

With the passing of Sir John William Moore the last link that bound Dublin directly to the medicine of his great predecessors, Stokes and Graves, the medicine of symptoms and physical signs, has been severed, and Dublin has lost one of its best known and best loved figures There can be few inhabitants of the city who have not been familiar for many years with Sir John as he walked with rapid stride from his house in Fitzwilliam Square to his beloved Meath Hospital or to the meeting place of one of the many committees of which he was a member For he was a great walker, and attributed much of his good health and his longevity to his regular exercise and to his simple habits To all whom he met on his walks he gave a cheery greeting and salutation, and often paused to exchange a word Familiar also to those who lived near him and were early risers was his appearance as he stood on the steps of his house in the early morning, pleasantly smiling surveying the day and assessing its possibilities When I myself graduated about the beginning of this century Sir John was already a past president of the Royal College of Physicians of Ireland, and was one of the seniors of and one of the acknowledged leaders of the profession For some years I seldom met him, for though he was a frequent attendant at the Royal Academy of Medicine, the meeting place of the profession, he usually stole away early to carry out his meteorological observations Then circumstances threw us together, and for the last twenty-five years I have known him intimately, and was often privileged to accompany him to and from various committee meetings and to sit by his side

Sir John was one of the most lovable and amiable of men, simple of mind and without guile, he was straightforward in all his dealings His most striking characteristic was his great courtesy, a courtesy that was unaffected and was of the very essence of his being He was courteous to young and old, to rich and poor, to his opponents as well as to those who were on his side But, though gentle and courteous in manner, he was possessed of great determination, and could defend what he regarded as right with vigour and sometimes with vehemence He had strong opinions on many subjects and could support them with much fluency and aptness of phrase and argument, nor did he hesitate to press his opinions to the test of a division If defeated he accepted defeat with equanimity, and passed on to what came next if he won he was pleased but not triumphant It was always for causes that he fought and not for his own hand, for he was one of the most public-spirited of men As a committeeman he was invaluable He always attended regularly, and took care to be acquainted with whatever business was on hand He was much learned in precedents, and was a great stickler for procedure, always insisting that everything should be done decently and in order When a difficult resolution had to be drafted or an expression of sympathy framed one turned instinctively to Sir John, knowing that he could be relied on to produce what was required, for he had the pen of a ready writer and the happy phrase came quickly to him As a classical scholar he insisted also on correct pronunciation Nothing gave him more pain than a false quantity His influence indeed in this respect spread widely, and he is responsible for the present correct

third edition of Harvey's *De Motu Cordis et Sanguinis* 1639 is bound with four foreign tracts on the circulation, the latest of which is dated 1644, it is quoted at £40 A very early monograph on paediatrics is that by Bartholomew Metlinger, printed at Mainz in 1532 this is, of course, not the first edition, but the cataloguers state that they can trace no other copy of this edition, which contains new material not found in the original issue Guy de Chauliac's *Surgery* is bound up with a pamphlet on the same topic by Johannes de Vigo, published at Lyons in 1537 and 1534 respectively A greater rarity is the first edition of Ambroise Paré's ten books of surgery, Paris 1564 of which apparently only two other copies exist—£100 the first English edition 1634, is priced at £47 10s Fallopius on syphilis Venice, 1565, contains the much debated thesis that the disease was brought to Europe by the sailors of Columbus, he favours guaiacum in preference to mercury

Messrs Francis Edwards of Marylebone High Street include two very rare old English books in their latest catalogue the first edition of Andrew Boorde's *Breviary of Helthe* both parts bound together in seventeenth century panelled calf, London 1547 (£90) of which neither the British Museum nor the Bodleian possess a copy, and *The Noble Experyence of the Vertuous Handyworke of Surgeri* practysed and compyled by the moost experte mayster Jherome first edition, London, 1525 (£85)—this author is better known as Hieronymus von Braunschweig

Persian and Arabic MSS

In addition to the foregoing some interesting Persian and Arabic manuscripts are being sold by auction by Messrs Sotheby on November 3 What is described as the finest existing ancient copy of Avicenna's most famous work *Qānūn* lacks the first leaf but is otherwise in beautiful condition, written during the period 1294–7 *A commentary on this work by Amulī, is dated 1359*, seven years later than its completion by the author There is a compendium on ophthalmology by Alī ibn Isā of the fourteenth century Another ancient MS is a commentary on Rhazes and an abridgement of Abū Alī Muskūya (both on drugs and pharmacology) written in 1225—a faultless copy Then there are several commentaries on Avicenna and other Arab physicians ranging from 1500 to 1672 Hippocrates is represented by a commentary, the work of Ahmad ibn Muhammad al Kalāi to be sold with a sixteenth century MS of Nafīs ibn Iwad on the causes of maladies There is also a treatise on opium dated 1591, by Mahmūd ibn Mas ūd Shīrāzī followed by Risāla i *Hifz as Sihha* on hygiene *1626* sold with three later medical MSS In another lot are to be found Mansūr ibn Muhammad on anatomy 1552 with two incomplete copies of the same 1664 and two more modern works on ophthalmology and dysentery respectively Lastly, one notices the first half (five books only) of Ismāil Jurjani's medical encyclopaedia dated 1349–50 an exceptionally fine and complete copy for so ancient an MS There are of course many other valuable and ancient items in the sale but they are not of medical interest

ANNALS OF MEDICAL HISTORY

The cover of the July instalment of the *Annals of Medical History*[1] bears a portrait of the handsome type of pulmonary tuberculosis and the reader finds that such a facial diagnosis was justified in the case of J D Godman an anatomical teacher in Baltimore Cincinnati Philadelphia and New York who died in his thirty sixth year in 1830 and whose hard life's struggle is sympathetically sketched by Dr W S Miller In a generously illustrated article Art History and the Crutch Dr S Epstein outlines the chronicle of the crutch which previously has been painted rather than printed Dr F C Waite analyses medical degrees granted in North America during the eighteenth century and includes an honorary degree given by Yale College in 1724 to Daniel Turner of London whose application was accompanied by a gift of books of the estimated value of sixteen pounds this was probably the author of many works on venereal disease, the opponent of Thomas Dover, a licentiate of the College of Physicians, and rather caustically noticed in Munk's Roll The connexion between the School of Salerno and Scandinavia is discussed with full documentation by Dr Reichborn-Kjennerud of Oslo This is followed by the History of Steam Sterilization, which Dr Magath traces back to 1822 when an Englishman called Wallace thus sterilized clothes In his notes on the medical history of Vienna Dr Korns gives an interesting account of van Swieten's activities in organizing the medical teaching there in the eighteenth century Dr H Silvette's fifth instalment of 'The Doctor on the Stage' contains many references to allusions in seventeenth century dramas to syphilis

[1] *Annals of Medical History* New series vol 9 No 4 July Edited by Francis R Packard M D (Pp 293–00 illustrated Volume of six numbers £2 10s single numbers 10s 6d) New York Paul B Hoeber London Baillière Tindall and Cox

RURAL HYGIENE IN THE FAR EAST

Under the auspices of the Health Organization of the League of Nations a report is issued of the Inter governmental Conference of Far Eastern Countries on Rural Hygiene The conference which was held at Bandoeng Java, in August of this year, was attended by Government delegates from thirteen Far-Eastern countries, a large number of experts in specialized fields and observers, among whom was the vice president of the Rockefeller Foundation from various interested organizations The agenda comprised health and medical services, rural reconstruction and collaboration of the *population, sanitation and sanitary engineering*, nutrition and measures for combating certain diseases in rural districts

The Function of Preventive Medicine

It was resolved that in Eastern countries, more than anywhere else preventive medicine was the cheapest means of improving the health conditions of rural populations To achieve progress in preventive work it was necessary to demonstrate its benefits thus providing an incentive for the people concerned to contribute voluntarily either money or labour The collection of accurate vital statistics was a matter of importance It *was also desirable to inaugurate as far as possible* a policy of decentralization

With regard to subordinate personnel it was advisable that their training should be simple and practical Superficial erudition was of less importance than honesty and self reliance In these Far Eastern countries medical progress is often curtailed by financial considerations An admirable recommendation advocated the formation in times of prosperity of a reserve fund to be set aside for the purpose of safeguarding the essential continuity of medical and health measures in periods of depression Other resolutions dealt with the grouping of villages within the orbit of a local health centre or unit improved methods of water supply and drainage and investigations of means for preventing the breeding of flies With regard to the question of nutrition it was necessary in order to study the relations between diet physique general health and the geographical incidence of various diseases to undertake properly conducted diet surveys Finally measures were discussed for the combating of malaria plague ankylostomiasis tuberculosis pneumonia yaws leprosy and mental diseases and drug addiction

The valuable report of this conference shows that widespread improvement in the rural health of the countries concerned may be anticipated within a reasonable time provided that adequate financial resources are available.

We have lost a singularly attractive personality Ashley was indeed a delightful companion and the best of friends Warm hearted, sympathetic, sensitive, and endowed with a pawky humour, he loved, and was loved by, his fellow men

Ashley Mackintosh had a great reputation as a teacher I speak from experience when I say that I doubt whether any university has turned out graduates better equipped for the practice of medicine and with a higher appreciation of the honourable ideals of the profession than were the students of his day He was immensely popular The interests of his students were constantly in the forefront of his mind, and he impressed them with the hall mark of his personality, which they carried far and wide Thoroughness was his motto and overconscientiousness his vice if such it can be called Many years ago he told me that he proposed to resign his chair since he found that even after deputing some of his teaching to his colleagues, it was still impossible to keep abreast of the field of knowledge to his satisfaction Fortunately he was persuaded to reconsider his decision

A fine clinician, he possessed to an unusual degree that gift which characterizes the true physician—the ability to look at a case through the eyes of the patient Not too robust he never spared himself His time was so fully occupied with his teaching and reading, with hospital and administrative duties, and with a busy consulting practice, that his contributions to the literature were unfortunately few Nor is it surprising that in his later years he should have regarded the present-day tendency of undergraduate teaching—to stress the science as opposed to the art of medicine—with some misgiving

His Alma Mater might well say of Ashley Mackintosh, "Well done, thou good and faithful servant!"

[The photograph reproduced is by Vandyk]

Dr Charles William Beresford who died at Hove on October 7 aged 83 years, had retired to that town after many years of practice in Narborough. He was the son of a doctor who had practised for forty years in that town He received his medical education at University College London, where he took the diplomas of M R C S Eng and L S.A in 1880 He had held several clinical appointments, including those of resident clinical assistant at Stockport Infirmary, house surgeon at Bridgwater Infirmary and at the Royal Isle of Wight Infirmary, County Hospital, and Fever Hospital His son, Mr Gerald Beresford, is in practice at Hove, holding the post of surgeon to the Royal Sussex County Hospital Dr Charles Beresford always took a very keen interest in cricket and was at one time honorary secretary to the University College Hospital Cricket Club He was an old style of country doctor in his early days, performing operations by candle light in cottages while giving his own anaesthetics He had a local reputation as an obstetrician He was much beloved by his patients, among whom he had lived for so long

The death took place on October 1 of a veteran member of the public health service, Dr Edward Walford who joined the British Medical Association as long ago as 1874, and for the past sixteen years had lived in retirement at Walmer Dr Walford was born in 1847, and studied at St George's Hospital, University College, London, and afterwards at Lyons He qualified as M R C S and L S A in 1869 took the Cambridge D P.H in 1881, and the M D of the University of Durham in 1884 He was for some years medical officer of health for Ramsgate Borough and Port, and was then promoted medical officer of health for Cardiff City and Port He was also director of the Cardiff and County Public Health Laboratory, and for some years lecturer on public health in the medical school of the University of Wales He resigned these appointments in April 1921 Dr Walford was a past-president of the Cardiff Medical Society

By the death of Dr William Alfred Watson of Worthing, aged 57 West Sussex has lost one of its best known doctors The death took place with tragic suddenness on October 9, when Dr Watson, who was walking in his garden with some friends, dropped dead without any warning He received his medical education at Aberdeen taking the degrees of M B B Ch in 1903, and started practice in Huntly, Aberdeenshire, afterwards coming to Worthing where he carried on his profession for twenty years, retiring in 1935 The funeral took place in Worthing on October 11 and was attended by many of his colleagues and friends, the wreaths including one from the West Sussex Division of the British Medical Association

News has been received of the sudden death at Goodna of Dr Joseph Keith Park who graduated M B, Ch M at the University of Sydney in 1892, and had been a member of the British Medical Association for the past thirty-five years He was born in Ayrshire, and went out to Australia with his parents at the age of 6 After qualifying in medicine he gained experience at the Toowoomba Hospital, then practised for many years in south coast mining towns in New South Wales, and later in Sydney

The Services

DEATHS IN THE SERVICES

Lieut.-Colonel Sir Augustus Alexander-Brooke Pechell, Bt. R A M C (retired) of Alton Hants died at Boston Spa on October 6, aged 80 He was born on July 31, 1857, and was educated at Edinburgh where he graduated as M B and C M in 1881 Entering the Army as surgeon on July 29 1882 he became lieutenant colonel after twenty years service and retired on November 23 1907 He rejoined for service during the war of 1914–18, from December 10 1914 when he held the post of deputy surgeon of the Royal Hospital Chelsea He came of an old French Huguenot family of Montauban in Languedoc Samuel de Pechels fled to England after the revocation of the Edict of Nantes and settled in Ireland His grandson served in the Army in Spain and Flanders and was created a baronet in 1797 His elder son the second baronet took the additional name of Brooke The third and fourth baronets were distinguished naval officers Sir Augustus succeeded his brother as seventh baronet in 1904 He married in 1888 Mabel, daughter of the late Major General George Briggs. His elder son, who succeeds him as eighth baronet is Major Paul Pechell, M C late Essex Regiment. His younger son was attached to the R F C and was killed flying in 1916 His only daughter is the wife of Major Bonamy Dobrée late R F A He was a member of the British Medical Association from 1901 to 1920

Colonel Gerrard William Tate C M G, D.S O late R A M C died on October 3 aged 70 He was born on November 20 1866 in Dublin and was educated at Trinity College Dublin where he graduated M B, B Ch and B A O in 1889 Subsequently he took the D P H of the Irish Colleges in 1907 and the D T M Liverp in 1908 Entering the Army as surgeon captain on July 28 1891 he became colonel on December 26 1917 and retired on November 12 1919 He served in the operations in Sierra Leone in 1898–9 receiving the medal with a clasp in the South African War in 1901–2, getting the Queen's medal with five clasps for operations in the Transvaal and Cape Colony and in the war of 1914–18 when he was mentioned in dispatches in the *London Gazette* of March 7 1918 and December 16 1918 and received the C M G and the D S O He had been a member of the British Medical Association for forty five years

Surgeon Captain Arthur Harry Hingston Vizard R N (ret) died at Southsea on October 5 He was educated at Edinburgh University where he graduated M B, C M in 1893 and M D in 1901 After filling the post of resident clinical assistant at the Stirling District Asylum at Larbert he entered the Navy He attained the rank of surgeon commander on November 14 1908 and retired with an honorary step of rank as surgeon captain on January 1 1923 He served through the war of 1914–18 He had been a member of the British Medical Association since 1923

the health services into wider and wider ranges of population And why? Because of their knowledge on the one hand, and because on the other of their close and intimate contact with the people they serve

But how can the practitioners play the part they should when the policy of the last twenty years has more and more detached them from all responsible contact with preventive medicine in the districts in which they live? Putting aside London and a few big cities the local medical services have outgrown their organization, and the work of the doctors needs a new orientation

Need for Unity of Effort

How to bridge the gap at present existing between the health services and the practising doctor how to co ordinate hospital services at present duplicating and sometimes conflicting how to secure that the best medical talent of a district shall be at the service of the medical officer of health and the local authority, how in short, to produce a unity of effort by doctors and administrators both in health and education—the solution of these problems would secure the objects of this campaign in far greater measure than relays of speeches up and down the country None the less we welcome the public utterances of the Minister of Health and the President of the Board of Education as evidence of their leadership and encouragement But in general—and I will end with this —this health campaign is an occasion when administrators need to take the advice of doctors, and for that reason among many others I give you the health of Our College'

MOTOR CARS FOR 1938

THE EARL'S COURT EXHIBITION

[From our Motoring Correspondent]

Judging from reports the first of the Society of Motor Manufacturers and Traders Exhibitions at the new Earl s Court building, which closes on October 23 has been an outstanding success Although the final figures are not yet available the daily attendance has been in excess of that of previous years and large orders have been placed by motor traders both at home and over-seas

Cars for all Requirements

The cars on view range from 7 h p to about 50 h p, and taking saloon vehicles as the standard type in price from £117 10s to over £3 000 The requirements and tastes of medical men naturally vary according to the type of practice but the saloon is probably most in favour From the standpoint of engine capacity the most suitable size will be found to lie between 12 h p and 14-h p According to the *Autocar* the modern 12 h p car is capable of giving a performance equal to that of a 14 h p vehicle of five years ago and in some cases the 8 and 9 h p cars are even more lively than the 10-h p and 12 h p productions of the earlier date Although one of the features of the 1938 vehicles is the large number of makes with four-cylinder engines those with six cylinders remain popular

What Does it Cost?

Between £117 10s and £160 there is a choice of ten makes ranging from the 8 h p Ford to the new 8 3 h p Renault with in between the 6 7 h p Fiat Balilla at £120 the Austin Seven and Big Seven at £125 and £155 respectively the popular Morris Eight at £128 the Opel Cadets at £135 and £155 the 9 h p Singer Bantam at £139 10s the Ford Ten at £150 and the Flying Standard Nine at £152 10s

Between £160 and £200 there are eleven different models to choose from including the newly introduced Vauxhall Ten at £165 the 10 h p Hillman Minx at £169 the two- and four-cylinder Jowetts at £169 and £199 the Singer Ten at £169 10s , the Flying Standard Ten at £172 10s , the B S.A Scout 10 h p coupé at £179 , the Austin and Morris Tens at £185 and the 11 4 h p Fiat Balilla and the 12-h p Renault at £198 In the price class between £200 and £250 there is a selection of about seventeen models, including a number of the new four cylinder cars At the lower end of this section there is the new Morris Twelve, the 16.9-h p Opel, and the Flying Standard Twelve, all at £205 , the Vauxhall six-cylinder Twelve and Fourteen at £215 and £225 , the Austin Twelve and Fourteen at £220 and £250 , the Singer Twelve at £229 the Citroën Twelve at £238 , the 22 h p eight-cylinder Ford at £240 the Wolseley 12–48 h p at £245 , and the new 14-h p Hillman and the Morris Fourteen at £248 Another section with a wide choice is that between £250 and £350, beginning with the Rover Ten, the Flying Standard Fourteen and the Talbot Ten all at £255 followed by the 30-h p Ford and the 14-h p Wolseley ' Six at £260 the Lanchester Eleven at £275 the Citroën Fifteen at £278 , the 18 h p Wolseley at £280 , the Triumph 14-h p at £288 the 20-h p Flying Standard Six" at £295 , the 13 2-h p S.S Jaguar at £298 , a 12-h p Riley at £299 , and the Rover Twelve at £300

There is also a wide choice in the £300–£350 class outstanding cars in this group, mostly with six-cylinder engines being the 25 h p Vauxhall at £315 , the 14-h p Armstrong Siddeley and Morris Twenty-Five at £320 the 20-h p eight-cylinder Flying Standard at £325 , the new Humber Sixteen and Rover Fourteen at £330 the 16 h p Triumph at £338 and the 12 h p British Salmson the 20 9 h p Humber Snipe and the 14-h p Lanchester at £345, with a de luxe model in the latter case at £365

Armstrong Siddeley and Austin

The Armstrong-Siddeley cars the range of which continues as before—namely, 13 17 and 25 h p—are all fitted with six-cylinder engines and for the tenth year in succession with the Wilson pre selective self-changing gear A new feature of all three models is what is known as a balanced drive, in which the usual engine flywheel is dispensed with the automatic clutch, starter ring, and change speed gear being now integral with the power unit, an arrangement which is claimed to result in much smoother running Other points of interest are the grouped chassis lubrication and the permanently fitted wheel-jacks While retaining their characteristic outline the frontal appearance of the cars has been improved and the interiors made more comfortable and roomy Two styles of 14 h p saloons are available one with six and one with four windows both being listed at £320

As usual, the Austin Company has a wide range of cars from 7 8 to 23 5 h p., including two new models—the Big Seven and a six-cylinder Eighteen The first of these is an enlarged edition of the popular Seven it has a slightly larger engine and a bigger wheelbase and track enabling a more roomy all steel four-door saloon body to be mounted on the chassis With fixed head the new car is priced at £155 or £5 more with a sunshine roof The Eighteen is produced as a roomy saloon with accommodation for five or seven persons at prices from £350 to £363 The Austin Ten Twelve Fourteen and Twenty cars are continued with various improvements in detail including Girling brakes longer and low periodicity springs easy-to clean wheels with low pressure tyres and two independent scuttle mounted screen wipers

B.S A. Citroen and Daimler

The B.S.A Company continues to confine its attention to the 10-h p Scout sports cars which are now being made in two lengths of wheelbase Features of both comprise front wheel drive and independent wheel suspension Included in the different models are two attractive coupes one at £179 and the other at £185

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B M A HOUSE TAVISTOCK SQUARE W C 1

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QUERIES AND ANSWERS

Chronic Stomatitis

'X Y Z writes For thirty years I have had a sore mouth tongue, lips and gums, the tongue and lips being the worst I have slight pyorrhoea, but my teeth are firm and periodical x-ray examinations have revealed no abnormality The mouth itself is so irritable that I cannot use the mildest antiseptic Even cleaning my teeth at night with the softest possible toothbrush causes a small ring of ulcers to appear on the lips An autogenous vaccine made from a culture of the organisms collected from the gums has been tried without avail I have been variously advised to have all my teeth out or to have nothing done to them at all It has also been suggested that the condition is a reflex one Could any reader advise me as to a possible cause and as to the best treatment? A further point about which I should be grateful for information is whether the habitual use of phenolphthalein is in any way dangerous

Resected Ileocaecal Valve

"A B writes I should value any experiences of colleagues who may have had to deal with cases in which the ileocaecal valve has been resected In one of my cases persistent diarrhoea has lasted for the fifteen years since the operation with constant ill health from debility, shortness of breath, tenderness of the abdomen etc—in short all the signs of toxaemia Consultants say it is entirely due to premature loss of valuable bowel fluids owing to the removal of the retarding influence exercised normally by that valve but they can suggest nothing helpful A dose of pil opii, 1 grain before breakfast will cause constipation for the day, but this treatment cannot be given more often than once in ten days because of the incapacitating effect of the drug

Febrifuges in Arabian Medicine

ACCURACY writes Will a student of twelfth century Arabian medicine inform me what is known to have been given to induce sweating and reduce high temperature in cases of fever? A translation of Avicenna's *Canon* has been of no assistance Kipling's Faiz Ullah in *William the Conqueror* gives his master a horrible stew of herbs What would Moses Maimonides have dosed Saladin with in a bout of malaria and could he have administered the remedy in solid soluble form (as our quinine is put up in tablets)?

Broken Sleep

WAKEFUL writes in reply to Argyleshire (October 16 p 782) I have suffered from a similar complaint for three years I sleep well from 11 p m till 4 or 5 a m and awake at the same hour whether I retire at 11 or 1 so I find it better to retire before 11 if possible Occasionally I have that heavy feeling next afternoon especially if the broken sleep has worried me or if I have made conscious efforts to fall asleep again That has been relieved in my case by two good doses of sodium bromide that day I think the secret is not to let it worry one Many of the world's best workers have lived long on four hours sleep a night

Income Tax

Local Appointment Expenses

"INQUIRER' holds an appointment under a local authority, and inquires as to expenses incurred (*a*) as subscriptions to various societies, and (*b*) in travelling for evening work

*** In each case the question is governed by judicial decisions, based on the statutory requirement that to be allowable the expenses must be incurred wholly exclusively and necessarily in the performance of the duties of the office As regards (*a*) such subscriptions have been held not to be 'necessary' unless membership of the society in question is required by the appointing authority As regards (*b*), if the travelling expense is incurred in going about from one place of employment to another it is allowable but not if it is incurred because the normal place of work is away from the residence—for example, if the expense is analogous to the cost of the city clerk's season ticket from the suburb where he lives to the place where he works

Car Transactions

"W E changed his car in 1936–7 selling an A 16 for £35 and buying a W 10 for £220 He had claimed wear and tear and the written-down value of the A car was £59 Also in 1933 he sold an A 12 for £100 and bought a second hand A 16 for £160 Is it now too late to make a claim?

*** As regards the 1936–7 transactions, 'W E can claim an obsolescence allowance of £59 that amount to be regarded as a professional expense of the year 1936–7 An obsolescence allowance can be claimed within six years *provided that a return was made for the year concerned* W E can therefore apparently claim an obsolescence allowance for 1934–5—that is as an omitted expense of 1933—the amount of the claim being the written-down value of the A car as at the end of 1932

LETTERS, NOTES, ETC

Milk for Infants in Madrid

The following letter has been received for publication from the National Joint Committee for Spanish Relief, 53 Marsham Street, London S W 1 it is signed by Lord Addison Professor Winifred Cullis Professor J B S Haldane Mr Somerville Hastings and Dr Julian S Huxley Those who are interesting themselves in youth's appeal for a hundred thousand tins of milk for Spanish babies for which a special effort is being made this week through the self-denial scheme will be interested to know that already a very fair proportion of the desired amount has been collected Unfortunately approximately 10 per cent of the milk sent in is not of the right quality for infants May we therefore emphasize that it is essential that all tins of milk contributed should be *full cream* for the situation in Madrid to-day is such that newborn babies are dying in large numbers because their mothers on account of the horrors of the bombardments have been quite unable to feed them There is an almost total lack of any form of suitable milk not in Madrid alone but in the villages of Catalonia which now harbour some half a million women and children, refugees from other parts of Spain While the appeal during self denial week is for a hundred thousand tins of milk, this is only a minimum objective the more tins above a hundred thousand that can be collected the better

Medical Golf

The autumn meeting of the Medical Golfing Society was held on the links at Prince's Sandwich on October 9 and 10, in perfect weather and the course was in excellent condition The results of the competitions were as follows Singles 1 Bogey first E Canton Seward handicap 6 (all square) second T. H P Kolesar scratch Foursomes 1 Bogey first T H P Kolesar and C H Housden (1 up), second L Bromley and J Grace Canny Ryall Cup first S Pope 88 less 14, 74 second J Livingstone handicap 9 D McGrath, handicap 4 Harold Chapple handicap 11 *tied at 76*

Singer, S S Jaguar, and Flying Standard

The models shown by the Singer Company include the 9 h p Bantam at £139 10s and £149 10s, a new Ten at £169 10s or £189 and a Twelve at £229 or £239 The different models have an improved frontal appearance, engines are all of overhead valve type while the equipment includes all modern fittings The 1½-litre or 14-h p S S Jaguar, the five seated saloon, is priced at £298

The Standard Company exhibited a series of Flying Standards ranging from the well known Nine to an eight-cylinder Twenty at prices varying between £152 10s and £325 Although there are no important changes in these popular cars the frontal appearance has been improved by the adoption of a new and distinctive radiator grille The Nines and Tens like the Twelves and Fourteens are fitted with four cylinder engines, there being in addition to the V8 a 20-h p six-cylinder vehicle One of the most attractive of the range is the Twelve, available either as a saloon at £205 or as a drop head coupé at £245

Talbot, Triumph, Vauxhall, and Wolseley

The Talbot Company introduces a new 28 8 h p six-cylinder car with independent front wheel springing, the popular Talbot Ten is continued with numerous mechanical improvements and new designs of bodywork, which includes a saloon at £255 and a foursome drop head coupé at £285

For the 1938 season the Triumph Company is again building cars of three engine sizes—11 8, 13 9 and 15 7 h p —the first two having four-cylinder engines, the other being a six' Details of the different cars, prices of which range from £288 to £388 comprise sunshine roofs ' biflex" headlamps and Dunlopillo rubber-cushioned upholstery

The Vauxhall Company this year showed a Ten four-cylinder model at a popular price Noteworthy points in the new car, which is listed at £168 in standard and £182 in de luxe form are the independent front wheel suspension overhead valve engine hydraulic brakes, and the combined steel body and chassis construction The well known Vauxhall 12 and 14-h p six-cylinder cars are being continued as last year, the former with a saloon body at £215 the Fourteen at £225, and a coupé at £245 The biggest Vauxhall the 25 h p six which sells at £315, has been improved in various directions among the new departures being an all synchromesh three speed gear box articulated metal rear spring gaiters silent-bloc oilless bushes to the back springs a built in car heater and a device known as a defroster added to the windscreen to remove any sleet or snow which may collect on the glass in bad weather

Finally there are the Wolseley cars the 1938 range of which comprises a 12-48 h p four-cylinder and 14 16, 18 20, 21, and 25 h p sixes Some of the distinctive qualities of the new Super series are what is known as phase suspension" springing which is claimed to prevent bouncing and swaying when travelling at speed the roomy bodywork giving comfortable accommodation for five persons and the ample luggage space The new 12-48 h p model is priced at £245 or £256 with sunshine roof and other special fittings the other models range from £280 up to £750

American and Canadian Models

As usual there is a large display of American and Canadian cars mostly six-cylinder engines of between 20 and 30 h p at very attractive prices There is also a separate section for what is known as customer built motor bodywork which appeals to those motorists who prefer and can afford to have chassis fitted with bodies to suit their own particular tastes Prominent among the exhibitors in this section are Mann Egerton and Co., Ltd., with Humber

Useful Accessories for Winter

Despite the fact that nowadays cars are supplied with almost every necessary fitting, the accessory section of the Exhibition always reveals a number of devices which add to the general convenience of motoring Of special interest are the many headlamps designed to meet the new car-lighting regulations, and for use during the winter months anti-freezing preparations engine warmers and garage heaters The electrical equipment of doctors cars particularly the batteries, are among the most vulnerable components owing to the load thrown on the accumulators by reason of frequent starting and stopping of the engine In this connexion attention may be drawn to the improved types of Exide Oldham Lucas and other batteries, and to the Westric battery charger of the Westinghouse Company In most private garages a supply of electricity is now available, so that with a Westric installed battery troubles may be reduced, as it is only the work of a moment to connect it up to the car and so give the accumulators a useful ' boosting " charge during the night The Lucas Company has made an improvement in connexion with the current producer or dynamo fitted on cars, consisting of a thermostatic addition to the compensated voltage control equipment as a result of which, in cold weather the operating voltage of the regulator is increased The advantage of this device lies in the fact that an increased charge is passed to the accumulator during the first half-hour of running when the temperature under the engine bonnet is below normal Still another section of interest in the accessory display is that devoted to sparking plugs among the well known makers of which is the Lodge Company Attention may be drawn to radiator muffs, such as the Fabram, to keep the engine and radiator from getting cold during long stops in the winter months

C J W

Reports of Societies

PHYSICAL RESEARCH IN PSYCHIATRY

In the Section of Psychiatry of the Royal Society of Medicine, on October 12, Dr Edwin Goodall delivered his presidential address, taking as his subject physical research in psychiatry and dwelling also on the need for research into hereditary factors and for a system of *pedigree keeping*

Dr Goodall began by remarking on the comparatively small improvement which had been effected in the recovery rate in psychotics comparing the late eighties when he began his professional career at Bethlem with the present day He attributed a good deal of the lack of progress to the neglect of the study of human genetics in general and of the heredity of the psychoses *and psycho*neuroses in particular More and more did the importance of the hereditary factor alike in comparatively trivial and in more serious illness become manifested and in no branch of medicine was the subject of inheritance more in need of attention than in psychological medicine—a pretentious term which he disliked The same unreliable and incomplete history taking was practised as obtained a generation ago Indeed the history returns like those of income tax, became more cunningly comprehensive after receiving the attention of various committees but pedigree keeping in health and disease had not yet been established

Cerebral Histology and Biochemistry

He went on to make some reference to the valuable early work which had been done on the morbid histology of the cerebral cortex in acute psychoses The institutions in this country in addition to Bethlem in which some

tion, which occurred in a male aged 30 It adhered to and had penetrated one pole of the kidney but this was a late occurrence, for there were no signs of pressure on the kidney or ureter It recurred in an inoperable form within three months of comparatively complete removal Diagnosis is aided by radiography of the renal and alimentary tracts, but is not usually complete until operation which is probably best begun through an abdominal incision

323 Low Gall-bladders

T Talamud (*Rev Asoc med Argent* March–April 1937, p 354), who records twenty cases in patients aged from 15 to 71, states that the mechanism responsible for a low position of the gall-bladder is very variable There may be ptosis of the liver enlargement of the organ, or a mesocolon of considerable size The first degree of descent of the gall-bladder is that which occurs when the fundus reaches the level of the upper border of the fourth lumbar vertebra when the patient is in the prone position Of the patients 50 per cent were definitely ill with calculous or simple cholecystitis, and in other cases the cholecystitis was atypical, and the patients complained of persistent headache, migraine, and colitis Duodenal intubation very often had a negative result In only one case was a very dark bile obtained The condition is often mistaken for chronic appendicitis, but rarely for acute appendicitis It may fail to yield to medical treatment and cholecystectomy may be required

324 Fracture-dislocations of Cervical Vertebrae

W Cone and W Turner (*J Bone Jt Surg* July, 1937, p 584) point out that the cervical spine is particularly liable to injury because of the weight of the head and the mobility of the cervical vertebrae Indirect violence is the usual cause of serious injury Fracture-dislocations can be readily reduced and maintained by plaster and other supporting jackets, but recurrence may take place and the deformity increase unless further treatment is carried out Immediate death due to respiratory paralysis is not uncommon when the deformity recurs suddenly in the upper cervical region Sudden transient quadriplegia due to slight trauma occurred in some cases Out of thirty-six cases of injury to the cervical vertebral column there were twelve in which the skeletal muscular, and ligamentous involvement was such that operative intervention and fusion was necessary Six cases are described in which bone grafting was carried out The grafts were taken from the rib, tibia or ilium, and parallel grafts were used As soon as the wound permitted, plaster fixation of the head, neck, and torso was undertaken and the skeletal traction removed Plaster immobilization was maintained for six months, but the patients were allowed up as soon as their motor power was adequate In all cases the end-results were good The authors consider that fusion is indicated when more than one of the bony structures are injured, when fracture of the odontoid is present, when deformities recur after reduction and immobilization, and when there is paralysis of the neck muscles due to cell involvement of the anterior horn Bone grafting ensures greater protection and allows the natural repair of the damaged vertebra to take place

325 Mesenteric Vein Thrombosis

R Weizel (*Dtsch med Wschr* July 16, 1937, p 1118) does not consider that the clinical diagnosis of mesenteric vein thrombosis requires superhuman skill or intuition, for in the course of two years he has recognized three such cases before death and has verified the diagnosis at necropsy In his first case that of a married woman aged 48 the diagnosis of mesenteric vein thrombosis saved the dying patient from the discomforts of an exploratory laparotomy Common to all three cases were phenomena which the author groups under three main headings (1) there were abdominal manifestations with colicky pain diffuse rigidity of the abdominal wall, vomiting, and diarrhoea, (2) cardiovascular collapse was profound and (3) there were disturbances of a nervous and psychic character culminating in the clinical picture of hepatic coma The attack of abdominal pain, etc, was sudden, but the author was able to distinguish it from that produced by biliary or renal calculi, appendicitis, or perforation of an ulcer Differential diagnosis between thrombosis and peritonitis was assisted by the yielding in all three cases of the abdominal wall on careful palpation although the palpation induced violent pain In none of the three cases was intestinal obstruction indicated by retention of stools and flatus faecal vomiting or great distension of the abdomen The psychic manifestations were puzzling and in the first case consciousness was retained until the end, although the patient was very slow in answering questions She was also restless picking at the bedclothes and trying to get out of bed at night The second patient also remained conscious until death, but was dazed and apathetic

Therapeutics

326 Oral Hygiene in Dyspepsia

S Lossius (*Nord med Tidskr* July 31, 1937, p 1214) is in charge of the dental department of the Norwegian Ullevaal Hospital where, since 1933, patients admitted to other departments for various forms of dyspepsia have undergone systematic examinations of the mouth and teeth Up to the end of 1935 328 such patients had been examined They were classified in three main groups as follows 161 suffered from gastric or duodenal ulcer, 50 from gastritis and 117 from less well defined gastric disturbances These patients were further classified according to whether their oral and dental conditions were very bad as in 171 cases, or good to passable as in 157 cases The application of this classification to a control group of 328 patients suffering from diseases of the skin and organs other than the stomach showed that only eighty of them suffered from very bad oral and dental conditions, whereas 248 could be admitted to the better group The ulcer group showed the highest rate of defective teeth and mouths, the gastritis group coming second in this respect, and the group including ill defined gastric disturbances contained approximately only half as many bad dental and oral cases as did the ulcer group Only some of the patients submitted to skilled treatment of the mouth or teeth, and their subsequent conditions, classed according to whether they did or did not receive such treatment, proved its value conclusively It was found on inquiry that of the patients not receiving oral treatment 21 per cent had to be readmitted to hospital and only 17 per cent were symptom-free The corresponding percentages for the patients given oral treatment were 10 and 30 Hence the author's conclusion that dental and oral treatment plays an important part in certain common diseases of the stomach

327 Convalescent Serum in Acute Articular Rheumatism

A B Matera R Pellerini and J C Milhas (*Rev Asoc Med Hosp T de Alvear* November–December 1936 p 440) record the case of a woman, aged 26, who developed a severe attack of acute articular rheumatism complicated by endocarditis and purpura haemorrhagica A blood count was done and showed 3,910 000 red cells and 14 200 leucocytes, with 73 per cent haemoglobins A differential white cell count showed 85 66 per cent polymorphonuclear leucocytes no eosinophils or basophils 2 33 per cent large mononuclears 10.33 per cent lymphocytes, 1 61 per cent normoblasts, 68,000 blood platelets,

employers the police, and others supplied additional information In the following findings an association between the characteristics in question and the influence of parental alcoholism was assumed to exist only in cases in which the probability of deviation due to chance was below 2 per cent.

Results of Investigation

The average age of each group was 18½ years

The physical measurements and vital capacity were slightly better in the alcoholic group but the controls appeared to be less liable to morbid physical states

The average intelligence in both groups was slightly below 14 years The school standards attained were almost identical and there was no significant difference between them in regard to attendance and conduct Some deviation from normality was shown by 26 per cent of the alcoholic group and 23 per cent. of the control group Of this total 2 per cent. of the former and 3 75 per cent of the latter were certifiable as mentally defective 0.5 per cent of the controls alone were certifiable as insane Evidence of epilepsy or one of the psychoneuroses was noted in 5 per cent. of the alcoholic group and 1 25 per cent of the control group 11 per cent of the alcoholic group and 6 per cent. of the control group showed temperimental aberrations those predominating in the alcoholics being undue aggressiveness and irritability The remaining 8 per cent of the former and 11.5 per cent of the latter were composed of those of retarded or subnormal intelligence Alcoholic habits were not observed in the delinquents of either group

The proportion of decent artisan and slum dwellings occupied by those in the alcoholic group was about 1 to 1 whereas in the controls it was almost 2 to 1 About 2 per cent of both groups lived in superior" homes Overcrowding was present in about 24 per cent of the homes of both groups

Criminal immoral or drunken habits were present in the siblings of 6 to 8 per cent of both groups 5 per cent of the alcoholics and 9 per cent of the controls had no siblings Of the alcoholic group the male parent was affected in eighty-one instances the female in fourteen and both parents in five

Of the alcoholic group 16 per cent and of the controls 58 per cent had an apparently judicious upbringing but lax indulgent harsh repressive or improvident conditions were most often found in the homes of the alcoholic group The response to these adverse conditions was principally one of resistance or submissive discontent

The employment records of the alcoholic group indicated more often than did those of the control group little or no advance or actual deterioration and there were also more frequent changes of work

Of both groups 4 per cent engaged in gambling or betting. The boys in the alcoholic group showed less inclination to take part in organized games or athletics or to associate with others in criminal offences

The average number of convictions of the alcoholic group was 1 9 and of the controls 1 5

Offences against the person (5 3 per cent.) and against discipline (13 per cent) were more frequent among the alcoholic group those against property (69.2 per cent) being more frequent in the controls Sex offences occurred in about 2.5 per cent of both groups

Destitution was present in about 12 per cent of the alcoholic group and 6 per cent of the control group

General Considerations

Significant differences between the two groups were found in the parental influence and the offender's reaction to it and to his siblings the nature of the offence committed the number of previous convictions and the material state of the homes Other differences which could not be regarded as significant owing to the smallness of the sample were the amusements temperamental aberrations physical measurements and the frequency of changes of work Poverty alone or the proximity of relatively affluent and needy homes or districts was not regarded as a common cause of crime and poverty arising from extravagant expenditure on drink uncomplicated by other factors did not differ from that due to other causes The higher proportion of crimes against property in the control group was attributable to the desire for adventure or to provide for pleasure both of which implied tendencies to associate with others, a characteristic which lads of the alcoholic group did not appear to have to the same extent The presence of a feeling of humiliation and reserve associated with defective sentiment formation in the alcoholic group might account for the reduced dependence of that group on human relationships Continued drinking occurred more often with a subcultural heredity, and appeared to be responsible for the offences associated with destitution Intermittent drinking and irregular fluctuation in the family background were associated, it was thought, more often with a psychopathic or neuropathic heredity which was, in fact, the predisposing cause of criminal conduct in such cases, alcohol being secondary to it In only a small proportion of cases was delinquency attributable to alcohol alone

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NURSING OF THE SICK

At the opening meeting of the session of the Medical Society of London on October 11 Mr J E H Roberts F R C S was inducted to the chair by his predecessor, Sir William Willcox, and gave a presidential address on sick nursing

Discussing the reasons for the shortage of candidates for the nursing profession, Mr Roberts said that woman had now everywhere emerged from the home and in *numerable occupations were open to her The callings* in which an educated girl could earn her own living and at the same time feel satisfied that she was doing something worth while and exercising her brain to advantage increased every year The continuance of the hospital system and indeed of the health services as a whole, was dependent on the supply of a sufficient number of trained nurses The number employed by the London County Council for example, had doubled during the last ten years It was evident, therefore, that the conditions under which nurses were trained and employed must be brought more into harmony with modern social conditions if there was to be adequate recruitment The problem could not be solved without taking into account the changed mental outlook of the girl of to-day and the conditions in other occupations which competed for her service

The Training of the Nurse

The *Lancet* Commission (1932) classified prospective candidates in three groups according to their proficiency and the type of school in which they received their final education Mr Roberts said that he had known admirable nurses who received their education in the elementary school but nowadays the ladder from the elementary to the higher school was not difficult to climb by any girl capable of taking advantage of it and if she was not thus capable she was probably not of the standard for registration At the same time while a candidate should give proof of a standard of general education enabling her to take advantage of the training she was to receive if too high a standard were demanded it would mean that a large number of women likely to make admirable nurses would be lost to the profession It was stated that one of the major reasons for the shortage of candidates was the gap between leaving school at 16 or 17 and entering hospital at 18 or 19 The Association of Headmistresses had stated that for girls staying at school until 18 or 19 courses could be arranged and indeed various education authorities had already started courses There are great

stimulation of the perineal region In cases of mass reflex response to micturition the lower the lesion in the cord the less complicated is the reflex, which appears to be a release phenomenon In this instance the pathways carrying normal vesical sensation had been destroyed, but posterior column sensation was unimpaired When automatic actions of the bladder began contraction was associated with severe pains in the urethra, and this was in turn associated with painful contractions of striated muscle, although the spinothalamic tracts appeared to be functionless Conversely, reflex contraction of the bladder could be induced by painful stimuli applied to the perineum, vagina, and pubis It must be presumed that the painful stimuli had passed up the posterior columns, which appear to have conveyed the sensation of muscle cramp, and that this pain response had supplanted the ordinary vesical sensation

333 Korsakoff's Syndrome

A Brunerie and P Moitel (*J Med Lyon* July 5, 1937, p 389), since May, 1936, have been injecting large doses of urotropine intravenously in the treatment of cases of Korsakoff's syndrome They consider that the liver is the organ which is chiefly at fault in this condition, and the urotropine is administered with the idea of correcting hepatic derangement by increasing the defensive functions of the liver cells Female patients predominated in their eight patients, aged from 43 to 53 The dose of urotropine was usually 10 c cm of a 25 or 50 per cent solution, and this was given daily for twelve to twenty days The first signs of improvement were commonly seen in the digestive system The liver diminished in size, the appetite improved, and diarrhoea disappeared Most of the patients showed great improvement as regards both psychic and polyneuritic symptoms The authors are accustomed to consolidate the results by the later administration of liver extract by the mouth and by injection

Obstetrics and Gynaecology

334 Diagnosis of Ectopic Gestation

H Buschbeck (*Zbl Gynäk* August 7, 1937, p 1877) stresses the importance of the character of the bleeding in the diagnosis of extra uterine pregnancy He distinguishes and illustrates three types of haemorrhage—namely (*a*) cases of amenorrhoea only, (*b*) amenorrhoea followed by continuous haemorrhage, (*c*) atypical menstruation followed by a free interval and then continuous haemorrhage Any of these types should raise the suspicion that an extra-uterine pregnancy is present

335 Cervicitis

J R Goodall and R M H Power (*Amer J Obstet Gynec*, June, 1937, p 1050) advocate the radical treatment of cervicitis which may be of a chronic interstitial type with fibrotic change, or of an acute catarrhal type with cyst formation It commonly follows an abnormal puerperium, and the types overlap When both superficial and deep inflammatory reaction occurs, thrombophlebitis with sloughing follows and cervical polypi form The authors stress the frequent occurrence of cystic disease about the os internum with partial occlusion of the canal and defective drainage The glands about the internal os are apt to be specially affected, and noticeably so in tuberculosis Infection gradually spreads to the external os, which is found to be opened, above the os internum it is limited to the deep layers Causative agents are microbic chiefly streptococcal, traumatic, chiefly parturition with defective drainage in the supine position, and individual predisposition to disease of the mucous membranes There are symptoms of leucorrhoea and backache, but no pain unless and until the infection spreads to the adnexa Salpingitis may follow many weeks later Mild chronic endocervicitis is cured in nullipara and early post-partum cases by cautery of the lining epithelium only The external os is safeguarded by using a nasal cautery heated only at the tip This is introduced cold, and is heated to a dull red only until the cervix turns almost white Ectropion is treated by radial tracings to just beyond its margin Nabothian cysts are punctured The area is covered with sterile paraffin, and douches, if necessary, are begun twenty-four hours later Function is restored in about thirty days The cautery should be applied to the cervix immediately after a menstrual period or it may cause irregularity It is contraindicated in disease of the adnexa, and thus often in gonococcal cases, and in vulvo vaginal infection Treatment of the enlarged fibrotic cervix by cautery or amputation is condemned The similarity between gonococcal and streptococcal infections of the pelvic organs is emphasized

Pathology

336 Widmark's Test

H Schücrle (*Wien klin Wschr* August 6, 1937, p 1150) has investigated the specificity of the Widmark blood test for the diagnosis of alcoholic intoxication and the possibility of a misleading reaction following the consumption of fruit He found that after a large quantity of fruit had been eaten there was a slight increase in the value of Widmark's reaction, such as might be observed after one or two glasses of beer had been drunk In practice, therefore this test remains valuable for the determination of drunkenness

337 Sedimentation Tests in Cancer

P Jacoby and J Spotoft (*Hospitalstidende* July 6, 1937, p 811) have since 1932 systematically applied the blood sedimentation test to the patients attending the radium station in Odense, Denmark This test was employed not only before and during x-ray and radium treatment, but also at the half-yearly or yearly follow-up examinations Evidently a high sedimentation rate in cancer depends chiefly on the parenteral absorption of proteins derived from inflammatory reactions and necroses of new growths, and not on their actual size or rate of growth The sedimentation test is therefore of little value in diagnosis or differential diagnosis In the authors experience it is of great prognostic value Putting the limit between the normal and a high sedimentation rate at 15, they applied this test to fifty-nine cases of cancer of the breast before any treatment had been instituted, and they found that in the first stage of the disease this rate was almost invariably normal, whereas in the third stage it was normal in only seven and it was high in fifteen As the sedimentation test is apt to undergo considerable fluctuations during treatment, the authors have studied its behaviour twelve months or more after the institution of treatment, and they have found a remarkable difference according to whether the patients had or had not developed metastases Of fifty one patients treated for cancer of the breast and subsequently showing no objective or subjective evidence of disease, the six who had been symptom free for more than sixty months all showed a normal sedimentation rate, and the shorter the interval of freedom from symptoms between treatment and the sedimentation test the lower was the proportion of cases in which it was normal Nearly all the patients developing metastases secondary to cancer of the breast showed a high sedimentation rate, indeed, among thirty nine patients with such metastases it was only normal in two Hence the authors conclusion that when the sedimentation rate is consistently high in a patient who has been treated for cancer of the breast the prospects of recurrence of the disease are great

of the drug and a tendency to relapse" In a brief discussion of the action of tobacco on the various systems of the body Dr Rolleston remarked that though in most cases little harm was likely to ensue from a mild degree of smoking, some smokers even of many years standing were liable to develop toxic symptoms after only a small amount of tobacco, while a considerable proportion of all tobacco consumers smoked to excess Addiction to tobacco was often associated with other injurious factors, such as alcohol syphilis, tuberculosis, diabetes, etc., which might be wholly or in part responsible for various morbid conditions in smokers, but, the speaker declared there was ample justification for regarding tobacco as responsible for any symptoms which ceased on abstinence from smoking and returned on resumption of the habit

Local News

SCOTLAND

Deaf Persons in Scotland

Out of some 250 000 Scottish school children examined by the health inspectors last year about 70 000 were found to be suffering from defects, either slight or major, of the ear throat, and nose This statement was made by Mr Walter Elliot when unveiling a commemorative tablet on the new extension block of the Glasgow Ear, Nose and Throat Hospital on October 15 He said that most of these defects were comparatively minor, but 2,000 children had been found to have discharging ears which might have grave consequences In Scotland there were some 5,000 people who were markedly deaf and in many of them the condition might have been prevented if they had received attention at an early stage

Glasgow Royal Samaritan Hospital

The report for 1936 of the Royal Samaritan Hospital for Women Glasgow states that 3,217 patients were treated during the year and the number of operations was 2,788 The aetiological factors concerned in the production of pathological lesions in this series are analysed, showing injury associated with childbirth as predominant Other factors influencing large numbers of cases were infection associated with child bearing and the presence of new growths (tumours or cysts) The report gives a brief summary of each of twenty-eight cases which ended fatally These include one of leukoplakia, in which death resulted from pulmonary embolism ten days after vulvectomy, one of cystocele and rectocele treated by anterior colporrhaphy and colpoperineorrhaphy, followed by an embolism of the left pulmonary artery twelve days later and one of carcinoma of the cervix treated by radium therapy death occurring from coronary thrombosis after four days In the radiological department all branches except deep x-ray therapy shared in an increase of cases and the report states that the follow up system, especially in cases of carcinoma of the cervix is beginning to furnish interesting and valuable information

International Exhibition of Cripples' Work

The object of the fourth International Exhibition of Cripples Work, which was opened in Edinburgh on October 14 by Mr Walter Elliot Secretary of State for Scotland and for which exhibits had come from all over the British Isles and from various places abroad was to stimulate interest in the welfare of crippled people so that they might be enabled to take their place in the industrial life of the nation Mr Elliot said that the Central Council for the Care of Cripples had undertaken a very great work which had two aspects—preventive and curative It was conducting a survey of the orthopaedic needs of Scotland which, he believed, would give valuable results The graver forms of crippling, from rickets or tuberculosis, that were present only a few years ago in Scotland were now rarely seen, as also was the terrible spectacle of a child locked up for a lifetime in a cage of misshapen bones But there was still a great deal to be done Last year in Scotland nearly 40 000 insured persons were off work for over 1½ million days through injuries, and it had been found that education could do a great deal to shorten the period of incapacity and to minimize permanent injury Orthopaedics was a new science, but one in which rapid and effective progress was being made The science was perhaps a little in advance of the practice, but exhibitions like this showed how much was available in the way of treatment which should be used more extensively by citizens as a whole

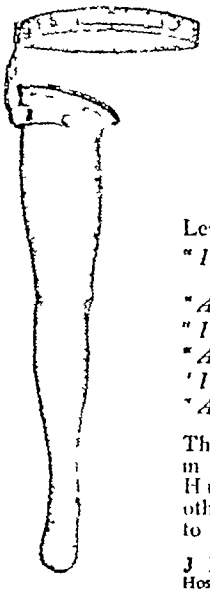
The opening ceremony on the second day was performed by the Earl of Dudley, chairman of the Central Council and on the third day by the Earl of Home The Earl of Dudley said that the exhibition was the finest one which the Council had so far organized Those who had had the opportunity of seeing the development of these exhibitions must be struck by the way in which they had improved during the last few years in scope, workmanship, and design It had been rightly said that when cripples were taken in the earlier stages 75 or 80 per cent could be cured by modern methods, and the remaining 20 per cent so far helped as to be no longer a burden on the community or on their families At present there were over 200,000 persons in Great Britain awaiting or in need of orthopaedic treatment of some sort

ENGLAND AND WALES

Surgical Instrument Makers

The annual dinner of the Surgical Instrument Manufacturers Association was held at the Holborn Restaurant, London on October 15, under the chairmanship of Mr H. G R Drew, the president. Professor Hugh Cairns congratulated the association upon the maintenance of its high ideals of efficient craftsmanship, as evidenced especially by the recent establishment of the Institute of British Surgical Technicians In his early training as a surgeon no account had been taken of instruments at all It was rather a tradition at his hospital that at operations the surgeon had only to put out his hand and the appropriate instrument was placed in it Eleven years ago on returning from the United States, he brought with him some beautiful instruments the like of which he had never seen in this country When in due course some of them broke he was on the point of sending to America for fresh supplies, but it was represented to him that they could be replaced by surgical instrument makers in London and this being done he found himself in possession of better instruments than he had brought from America Since then he had been increasingly impressed with the results of British workmanship in this field Nothing was too much trouble for the workers to take in carrying out his suggestions and designs The good craftsman was also invariably a man of good manners one moreover who understood the psychology of surgeons often better than the surgeons did themselves This was apparent in the facility with which they gave new names to their instruments obviously based on knowledge of the surgeon and his work Surgical instrument making appeared to ensure longevity some of the men in that company could recall the big leap that surgery took in the eighties He would be a bold man, Professor Cairns continued who prophesied the future of surgery In every generation it was said that surgery had reached its zenith that was indeed, said just before Lister introduced the antiseptic principle One thing certain was

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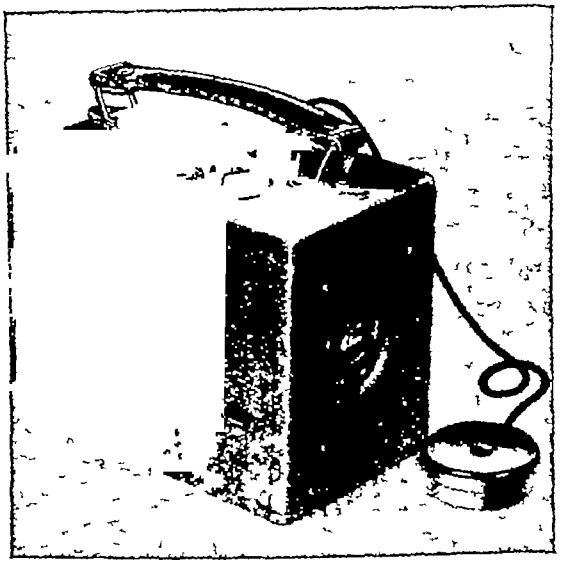
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and chronic obstruction of the small intestine With regard to the first subject, there appeared to be considerable unanimity of opinion as to the inability of various tests such as analyses of the gastric juice and exploratory laparotomy, to reveal cancer of the stomach in an early stage A macroscopic examination of suspect tissues was generally held to be totally inadequate when it was a question of early cancer, and the system considered most likely to lead to an early diagnosis was an interplay of clinical and radiological methods over a period of some weeks

Mode of Administration of BCG

Up to the last, Calmette insisted that BCG should be given by the mouth rather than by any other route In doing so he sacrificed scientific accuracy to psychological factors Had he done otherwise and insisted on hypodermic or intracutaneous injections, with all their concomitant terrors for the lay mind, he might possibly have robbed thousands of the benefits of vaccination by the mouth for what they were worth Now there seems to be a tendency to desert the oral route in favour of the subcutaneous route, which, however much it may betray the pusillanimity of certain family doctors is to be preferred on account of its greater accuracy It is probably the work of Wallgren of Gothenburg which has done more than anything else to convert the Calmette school Among the converts in this respect in France are Dr Paraf and Dr Boissonet of Paris They no longer believe in the wisdom of giving newborn babies BCG by the mouth save in the most exceptional circumstances What they advocate is waiting till a child is several years old and giving him BCG by subcutaneous injection only after searching tests with Pirquet s and Moro s reactions have shown him to be definitely tuberculin negative

X ray Victims

Dr Noiré who has just died, was the victim of x ray dermatitis which began as long ago as 1915 He started his medical career at the Saint Louis Hospital, and he collaborated with Tennesson and Sabouraud. He was a pupil of Dr Antoine Béclère, with whom he worked in connexion with the *x* ray treatment of ringworm he also did much to advance the technique of radiology in certain fields Only a few days ago the radiologist, Professor Charles Vaillant, underwent his fourteenth operation for damage inflicted by *x* rays His first attack of *x* ray dermatitis dates back some twenty years At present he lives at the Hôtel des Invalides, and his many friends hope that this last operation will have proved perfectly successful

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Sale of Food and Drugs (H M Stationery Office, 4d) comprises extracts from the annual report of the Ministry of Health for 1936–7 and an abstract of reports of public analysts in England and Wales for the year 1936 The samples analysed numbered 146,438—the highest number on record Of 6431 samples of drugs examined 264 were found to be adulterated or not up to standard Fifteen samples of sweet spirit of nitre were reported to be deficient in amyl nitrite and deficiency in ammonia was found in a number of samples of ammoniated quinine Too much or too little boric acid was found in boric ointment, too little phenol in carbolic ointment, and too little zinc oxide in zinc ointment Deficiencies were also reported in mercurial ointments and three samples supplied in response to a request for calomel ointment were found to be calamine ointment, and in fact labelled as such Incorrect proportions of iodine or potassium iodide or of both resulted in adverse reports on some solutions of iodine Three prescriptions were found to be wrongly dispensed

Correspondence

R M B F Christmas Gifts

SIR —It is my privilege to appeal once more to your readers on behalf of the Christmas Gift Fund of the Royal Medical Benevolent Fund For many years it has been our endeavour to give a Christmas gift of 30s to as many of our beneficiaries as possible Through the great generosity of your readers during the last two years we have been able to give a gift of 30s to all our annuitants and regular grantees

I seek your support for this appeal for the coming Christmas, and I have every confidence that the response will be as liberal and as whole hearted as in previous years All will realize what the value of this Christmas gift is to those who are living a lonely life, in great poverty and in advanced age, some bearing the afflictions of blindness, deafness, or ill health One letter of thanks received from an annuitant last year ended

"Thank you all very much indeed, and please let your subscribers know as far as you can, all that their gifts mean to us who have small incomes Tell them how much happiness they give us

Will those who have kindly helped to raise this special Christmas Gift Fund in the past help again by sending a donation to the Honorary Treasurer Royal Medical Benevolent Fund, 11, Chandos Street, Cavendish Square, London, W 1 ?—I am, etc,

THOS BARLOW
President.

October 13

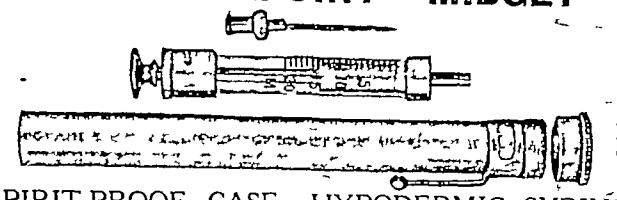
Surgery of Tendons

SIR —The article by Mr Bingham and Mr Jack in the *Journal* of October 9 (p 701) on cut extensor tendons of the fingers raises several interesting points The surgery of tendons has come to the forefront of recent years, though even now at many hospitals tendon suturing is the perquisite of the recently qualified casualty officer, yet a tendon injury may give rise to a permanent deformity An insurance company for whom I do reports regards cases of sutured tendons as likely later to come for amputation, and therefore will require a sum set by for the payment of full compensation for permanent disability Recently no less an eminent authority than Mr Elmslie stated in an article that no sutured flexor tendon was ever a success yet in the first paragraph of their article Mr Bingham and Mr Jack would imply that delay is the chief factor for this gloomy outlook.

Surely, also their artistic diagram is not true to anatomical facts If the proximal interphalangeal joint of the finger be flexed fully extension of the distal joint is impossible The oblique pull of the interossei is partially counteracted by this flexion and their pull on the lateral parts of the dorsal expansion of the extensor tendon is insufficient to produce extension of the last phalanx This fact can be simply demonstrated on one s own finger by holding the first phalanx extended This was the subject of an interesting letter by Mr Fairbank in the *Journal* of May 11, 1931 (p 866) Mr Fairbank advocated the position of flexion of the proximal interphalangeal joint as being the ideal position in which the finger should be placed in avulsion of the distal end of the extensor tendon In this position the distal part of the tendon was thrown completely out of action, hence

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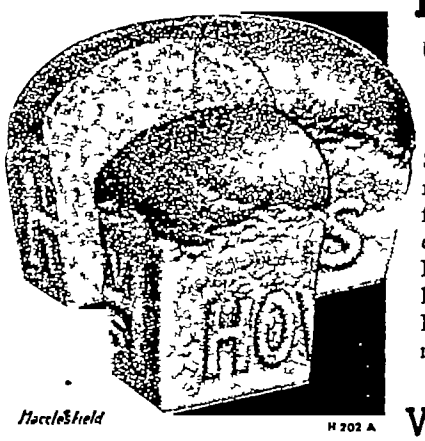
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their perfectly correct action as 'a misuse of power" and this is his quaint way of describing what most men would regard as the use of reason But of more serious import than this wholly unacceptable attitude of his is the underlying fallacy that it lies within the competence of a doctor to advise and to induce abortion for exclusively social or domestic reasons (Mr Butterworth prefers the adjective 'personal'), and that the doctor has the right to decide who shall be born into the community

It is because I believe that this is the issue clearly raised by his letter that I have ventured to intervene in a topic that, on a superficial view, might not be thought to be of interest to anyone but a gynaecologist Profound ethical and sociological issues are involved in this problem, issues which the doctor has neither the legal power nor the wide and deep knowledge to solve for himself I regard it as fortunate that the State does not require him to solve it for his own proper responsibilities are surely heavy enough—I am, etc.,

London W 1 Oct 18 F M R WALSHE

SIR—It is interesting to compare Mr E A Butterworth s letter (*Journal* September 25, p 635) with that of Dr F M R Walshe (October 2, p 678) In every case induction of abortion is an illegal operation, however wrong or cruel it may be to withhold it Medical men of repute make certain arbitrary rules among themselves, varying in different localities as to the circumstances in which they should advise or perform it They trust that no judge or jury would convict if proceedings were taken against them, relying on their ability to prove that their illegal act was to prevent serious consequences to the mother There must be few general practitioners who would not agree that the health of both of Mr Butterworth s patients would be seriously affected, or be likely to be affected, if their pregnancies were allowed to proceed to full term In consequence, most of them would agree that induction of abortion was the correct treatment For the experts of the hospital to which these cases were sent to refuse their co operation and for Dr F M R Walshe to agree thereto on the grounds that with frequent ante natal supervision and possibly sanatorium treatment the woman would probably go through her confinement successfully," is, in my opinion sheer brutality

In Mr Butterworth s other case, why should it not be taken into consideration that the child would be brought up by a parent totally unfitted by her illness for the task? Would not a judge and jury also take that into consideration before giving their verdict? The Latin tag quoted by Dr Walshe does not apply All the circumstances should be considered by and have weight with the doctors since the decision rests solely with them Dr Walshe writes that Mr Butterworth 'frankly admits that on purely clinical grounds they were justified in their refusal to induce abortion This is a gross misstatement of fact Mr Butterworth merely used the adverse environment of the infant as an additional and minor argument

In contrast to Dr Walshe I would strongly advocate that the law be altered to legalize the induction of abortion in suitable cases General practitioners with their wider knowledge of the environment of women of the poorer class who are ill are often more competent than consultants to judge what the effects of pregnancy and childbirth would be I would suggest that efficient safe guards against abuse might be

1 The patient s own doctor and two others not necessarily consultants should all agree that induction of abortion is justifiable

2 Not less than a week s notice that the operation is intended should be sent to, say, the local medical officer of health, giving particulars of the grounds for justification and the names of the patient and doctors concerned

3 The medical officer of health might be empowered to require a fourth opinion in cases of doubt

Incidentally, this would tend to prevent many of the really illegal abortions, induced secretly—I am, etc,

Nottingham, Oct 6 PERCY HARDY

"The Tonic Pupil"

SIR—In the *Journal* of October 16 (*Epitome* paragraph 295) there is a reference to "Adie s syndrome Claims for priority are apt to be undignified and controversial, may I, however put forward the following facts?

In 1924 (*Transactions of the Ophthalmological Society of the United Kingdom* XLIV, 38) I published seven cases of these pupils, and suggested that they called for separate recognition and proposed the name of 'non-leutic Argyll Robertson pupil' for them In 1931 (*Transactions of the Ophthalmological Society of the United Kingdom* LI, 203) I added eight fresh cases to the number At the same meeting Gordon Holmes included some in an important group of cases he then reported Adie reported his cases in 1931 (*British Medical Journal* 1931 **1**, p 928)

In the first group of cases published seven years before Adie s I summarized the characteristics of these pupils as follows

1 The contraction with convergence and dilatation when convergence is relaxed is characteristically slow
2 They are not associated with paralysis of accommodation
3 They dilate freely with mydriatics
4 They are frequently uni ocular
5 They are unassociated with syphilis
6 The knee-jerks were present in every case
7 In no case was there evidence of parasyphilitic or any other general nervous disease even after so long as thirteen thirty-six, and forty years in three cases

In my later group, comprising fifteen cases I pointed out the preponderance in the female sex, and asked for a more appropriate title than that I had used It will be seen that all my cases were reported before Adie s communication the first group of them seven years beforehand Adie suggested the better title for them of the tonic pupil—I am, etc.,

London W 1 Oct. 18 R FOSTER MOORE.

Cataract Extraction

SIR—As most cataract operations are done on elderly people and one can get perfect anaesthesia under cocaine, why should these patients who have had months of gradually losing their sight, have the further anxiety of semi narcosis brought on by the injections of morphine, scopolamine or other drugs? In mental cases where you do not know what the patient will do as described in Dr J J Laws s letter it is necessary but the ordinary patient, if told beforehand how to look down look up, and not to squeeze his lids has no difficulty whatever in doing as the surgeon wishes since the whole operation is completed in about a couple of minutes Personally, I have never had any trouble in twenty odd years of these cases under simple cocaine anaesthesia, some of which have been done in their own homes when they could not afford nursing home fees in fact they have been much more comfortable mentally than if they had been away from their own home and in strange surroundings—I am, etc

London W 1 Oct. 18 SYDNEY TIBBLES

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How, then, except in census years, does the Registrar-General know the numbers of English people of different ages at any one time? Census returns count only those actually in England This must be very misleading from the point of view of mortality rates, as there are always many thousands of males between the ages of 16 and 60 out of the country—those in the Army Navy Merchant Service, Civil Service, trade etc , and emigrants, who rarely return, are mostly males This may largely explain the sudden change in the ratio of the sexes—in England—from the age of 20, and again the temporary rise in the proportion of males from about the age of 55, when the wanderers begin to return for good The fact that more men are killed accidentally is largely offset by women s monopoly of childbirth fatalities

Deaths again are registered and there seems no doubt that women have more chance than men of attaining a great age , but from about the ages of 20 to 55 I should say the proportion of male to female English people is roughly equal, with most probably a slight excess of males —I am, etc ,

Tunbridge Wells Oct 5 A Mahony-Jones

Apparatus for Continuous Suction

Sir —The defects of the Bunsen type of aspiration pump mentioned by Mr Bennett-Jones in his excellent article (September 25 p 613) are easily overcome , and, in the following form, continuous suction may be laid on to a number of beds in a ward for a very modest sum

The suction pump (a very good model is made by Messrs Allen and Hanburys at, I believe 18s 6d) should be soldered on to a cold water tap situated either in the ward or prefer ably in an adjoining room Lead gas piping, soldered at one end to the nozzle of the pump is then carried through the intervening wall if necessary along the wall of the ward at waist level Gas taps with nozzles are then soldered into the supply pipe at intervals corresponding to the number of beds it is desired to equip with suction A mercury mano-meter should be included in the lay out near to the water tap and if it is required a release valve to obviate excessive suction. In this manner half a dozen beds may be equipped for about £3 The apparatus is very reliable and presents no difficulties in upkeep If a length of strong rubber tubing (the rubber grip for a hockey stick answers very well) is pushed on to the outflow end of the pump the flow of water is rendered almost inaudible I have suggested that the supply pipe should be carried round at waist level since not only is it more convenient to operate the taps at this height but there is less chance of the lead pipe being flattened

There are several well-designed suction jars on the market, but a large jar with a wide neck and a rubber bung may be used with complete success for the collection of urine or of pus from an empyema Rubber pressure tubing must be used to connect the jar to both patient and tap

—I am, etc.,

Grappenhall Cheshire, Oct 12 Stewart Gourlay

Expulsion of Placenta in Advance of Foetus

Sir,—The recent interest in cases of premature separation of abnormally situated placentae prompts me to submit the following case

The patient a 9 para aged 36 last menstruated on July 1 1936 Dr Harloe Fleming of Willesden who had not seen the patient before was called in by the midwife on March 12 1937 there being no progress in delivery after fourteen hours labour The patient had not had ante-natal care

On vaginal examination Dr Fleming found the placenta to be partially extruded through the cervix There had been no abnormal bleeding nor did the examination evoke a haemorrhage The patient was admitted to hospital

On admission her condition was good, the uterus was the size of a thirty-eight weeks pregnancy, and the uterine con tractions were weak The presentation was right occipito posterior and the head which felt very large was not engaged in the pelvis The foetal heart was not heard On vaginal examination the placenta was found to be lying in the vagina completely separated, having passed through an almost fully dilated cervix The umbilical cord did not pulsate The placenta was removed, and on further vaginal examination it was obvious that the child was hydrocephalic

Under general anaesthesia bipolar version was performed the cervical vertebrae divided a metal catheter passed up the spinal canal and 30 oz. of cerebrospinal fluid obtained The head was then delivered without difficulty The child was a macerated hydrocephalic female with spina bifida length 23 inches weight 10 lb 10 oz.

Sulphonamide tablets were given to the patient as a prophy lactic measure in view of the manipulations and except for a slight cough and transient rise of temperature the puerperium was uneventful

The case is interesting in that the abnormally situated placenta separated from the uterus with a minimum of haemorrhage —I am, etc.,

Henry Canwarden,
London N W 10 Oct 16 M.M.S.A M C O G

Pernicious Anaemia and Diabetes Mellitus

Sir —In connexion with the association of pernicious anaemia and diabetes with achlorhydria (*Journal* Sep tember 25, p 617), the history of a family in my practice is interesting

J C a farmer died at the age of 60 from pernicious anaemia Several of his relatives had suffered from the same disease and this was so frequent that I have heard pernicious anaemia spoken of as C anaemia in the village in which he lived Of his four children one died in childhood from tuber culosis and another is in normal health A daughter died in 1919 in her early twenties from severe diabetes Another son then aged 26 was found in 1927 to have slight and inconstant glycosuria Dr Eve of Hull found his blood sugar normal and advised hydrochloric acid This he was able to take in large doses showing that he probably had achlor hydria So far there has been no change in the glycosuria A nephew (whose father died in 1914 from spinal sclerosis most likely subacute combined degeneration) after a period of general ill health was given acid. hydrochlor dil of which he has continued to take half a teaspoonful with his meals for four years with marked benefit He had begun to com plain of soreness of the tongue but this symptom disappeared soon after starting the acid

The family undoubtedly has a predisposition to achlor-hydria and pernicious anaemia, and the occurrence of a case of diabetes suggests that achlorhydria may be the fundamental factor in the association It remains to be seen whether the son with glycosuria will develop diabetes in later life —I am etc.,

Ashby Scunthorpe Oct 16 R F Eminson

"A Plain X-Ray"

Sir,—Many contributors to your valuable pages refer to the preliminary radiograph as a plain x ray" Radio-graphy unlike cooking can never be described as plain In many instances, of course plane radiography is meant in such a sense tomography is the proper term —I am etc ,

London W 1 Oct 15 John Roth.

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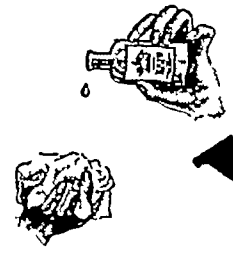


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Obituary

SIR JOHN WILLIAM MOORE, M D, D Sc LL D F R C P I

Consulting Physician Meath Hospital Dublin

Sir John William Moore died in Dublin in the early hours of Tuesday, October 12, within a few days of his ninety-second birthday A cerebral thrombosis forced him, most unwillingly, a few weeks ago to retire to his bed, and pneumonia brought his long and useful life to a peaceful close Medical tradition was strong in Moore's family, for his father, William Daniel Moore, was M D of Dublin and Cambridge, and his grandfather and great-grandfather had been apothecaries But William Daniel Moore was more than a doctor he was a man of great culture a fluent writer and an excellent linguist characteristics which his eldest son, John William Moore, inherited in full measure Students of genetics may be interested to know that Sir John's great grandfather died in his ninety seventh year



John William Moore was educated at Trinity College, Dublin Here he achieved the summit of undergraduate ambition by being elected scholar in classics in 1865 In Trinity, according to an old custom, a scholar is invited to the Trinity Monday dinner on each tenth anniversary of his election Sir John attended and made a speech at the dinner held in 1935, the seventieth anniversary of his election He graduated from Dublin University with the degrees of A B in 1865, M B and M Ch in 1868 and M D in 1871 In the latter year he received the Diploma in State Medicine, being one of the group of four on whom the diploma was first conferred by Dublin University which, first in the United Kingdom instituted such a diploma, the predecessor of the now more common D.P.H In 1870 Moore became a licentiate, and in 1873 a Fellow of the King and Queen's College of Physicians of Ireland now the Royal College of Physicians of Ireland His high reputation was acknowledged by the Royal Colleges of Physicians and Surgeons of Ireland with the honorary D P H in 1898 by the University of Oxford with the D Sc degree (*honoris causa*) in 1904 and by the National University of Ireland with the honorary degree of LL D in 1933

It is impossible to do justice within the allotted space to a man whose professional life all of which was active covered a span of nearly seventy years Certain aspects of it must however receive attention and of these none is more worthy of record than Moore's connexion with the Meath Hospital which he first entered as a student in 1865 and which he left for the last time already marked for death a few weeks ago In 1875 he was appointed physician to the hospital in succession to the great William Stokes Stokes had held the position from 1826 until 1875 Moore held it from 1875 until 1933, when he resigned and was appointed consulting physician There can be few hospitals in which two men carried on active teaching for a period of 107 years As a student he worked in the hospital which had then no isolation wards, during the cholera epidemic of 1866 in which year there were in Dublin 1,459 deaths from the disease Moore was vice president (1881–2) of the Royal College of Physicians of Ireland registrar (1882–91) and president (1898–1900) He was one of the most regular attenders at the monthly meetings of the College, and every Fellow will regret his absence from his usual seat on the President's left hand

In 1882, largely under the influence of John William Moore, the various medical societies of Dublin were merged in the Academy, now the Royal Academy, of Medicine in Ireland He was a member of its general council from 1882 until 1935 when he was made an honorary fellow, and was for many years its secretary for foreign correspondence He was for thirty years (1903–33) representative of the Royal College of Physicians of Ireland on the General Medical Council He served on the Executive Pharmacopoeia and Public Health Committees acting as chairman of the latter for twenty three years

Sir John was a fluent attractive, and voluminous writer He was author of *Text book of the Eruptive and Continued Fevers* (1892), *Meteorology Practical and Applied* (1894, second edition 1910), and joint author of *Manual of Public Health for Ireland* (1875) In addition he published a large number of papers dealing chiefly with fevers public health and meteorology in the *Dublin* (later *Irish*) *Journal of Medical Science* the *Transactions* of the Royal Academy of Medicine in Ireland and elsewhere From 1873 until 1920 he was editor of the *Dublin Journal of Medical Science*. He was a Fellow of the Royal Meteorological Society and outside his profession his chief interest was in the phenomena of weather Morning and evening for seventy years he read his barometer and thermometer and recorded the rainfall and for half a century with unfailing regularity, he contributed a daily weather report to a Dublin newspaper He received during his long life many honours In 1900 he was knighted in 1910 he was made D L for Dublin City and in 1912 he was appointed Honorary Physician in Ordinary to H M the King in Ireland In many other directions also his skill and experience received recognition He was consulting physician to several Dublin hospitals a member of the Irish Public Health Council (1919–20) and of the Council of Dublin University (1903–26) His membership of such bodies was for him no mere honour He regularly

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pronunciation of many of our scientific words derived from the Latin As an after dinner speaker or in proposing a vote of thanks at a meeting he could always on the spur of the moment say the right thing most graciously He knew well the value of bestowing praise where it was due and many a junior felt encouraged and helped by his commendation

At the bedside of a patient he was always cheerful and his own optimistic view of life seemed to pervade the room and bring comfort and healing Of his scientific acquirements and of his knowledge of languages I will not speak, but I well remember him telling me one evening as we looked over some medical journals that he had taught himself to read the Scandinavian languages because his father had been able to do so, and he felt that it was due to him as editor of the *Dublin Journal of Medical Science* to carry on the tradition of his father and be able to read all the journals which reached him As a clinician Sir John belonged to the old school, but he was rich in wisdom and experience He was an adept of the lost art of prescription writing, and his mind was stored with therapeutic devices culled from many sources, but especially from his own early teachers Punctilious in thought and deed considerate for the feelings of others hating to inflict pain his life was gentle and take him for all in all he was a man

[The photograph reproduced is by Lafayette Dublin]

SIR ASHLEY MACKINTOSH, K C V O M D., LL D F R C P.Ed

Emeritus Profes or of Medicine Aberdeen University

Sir Ashley Mackintosh emeritus professor of medicine in the University of Aberdeen and Physician to His Majesty s Household in Scotland died in a nursing home in Aberdeen on October 14 His death will cause widespread regret to many hundreds of former students He had been in his usual health during the week before his fatal illness but after travelling from Edinburgh he arrived in Aberdeen feeling unwell and pneumonia developed

Ashley Watson Mackintosh was born at Deskford Banffshire in 1868, his father being the minister of that place After early education at Milne s Institution Fochabers he proceeded to take an arts course at Aberdeen University, where he graduated M.A. with double first-class honours in 1888 He then studied for a time at King s College, Cambridge where he gained the Fullerton mathematical scholarship Deciding to study medicine he graduated M B C M.Aberd with highest honours in 1893 and took the M D degree again with highest honours in 1896 After graduation in medicine he was appointed to the George Thompson travelling fellowship and continued his medical studies at Leipzig and Vienna subsequently engaging in a course of study in London where he was clinical assistant at the National Hospital for Paralysis at Queen Square and paid particular attention to diseases of the nervous system a subject in which he afterwards specialized Among his other academic distinctions he was Murray Scholar in 1893 and was awarded the Struthers medal and prize in anatomy in 1895

Settling in general practice at Aberdeen Ashley Mackintosh decided after some eight years to devote himself to work as a consultant He had been appointed assistant physician to the Royal Infirmary of Aberdeen in 1897 and in 1909 he became one of the physicians and lecturers in clinical medicine He threw himself into the work of teaching with great energy and zest and it is evidence of his success as a teacher that when he applied for the professorship of medicine he was supported by a collective testimonial signed by 370 of his former pupils in the medical profession all over the world In 1912 he was appointed by the Crown to succeed the late Professor David W Finlay as professor of medicine in the University of Aberdeen and in 1928 he was appointed honorary physician to His Majesty s Household in Scotland In 1916 he became a Fellow of the Royal College of Physicians of Edinburgh During the war he served as lieutenant-colonel in the First Scottish General Hospital at Aberdeen He was highly popular with his medical colleagues, and was chosen as the assessor from the General Council of Aberdeen University on the University Court. He also represented Aberdeen University on the General Medical Council from 1924 to 1931 He resigned the chair of medicine in 1930 when the University of Aberdeen took the occasion to confer upon him the degree of LL D., and he was knighted in the following year In 1932 Sir Ashley Mackintosh was presented at a meeting of friends patients and colleagues with his portrait and a gift of £1 000 in recognition of his eminent services to the University and the medical profession It was characteristic of him that he handed over the portrait to the University and allocated the £1 000 for the assistance of students of the University in times of sickness



Sir Ashley Mackintosh was a frequent contributor to medical journals especially on subjects connected with diseases of the nervous system These contributions included Meninges of the Cerebrum in the *Encyclopaedia Medica* Three Cases of New Growth with Cavity Formation in the Spinal Cord *Brain* 1896 Modes of Onset and Frequency of Certain Signs in Disseminated Sclerosis" *Review of Neurology and Psychiatry* 1903 and 1906 and "Two Cases of Adams Stokes Syndrome in *Heart* 1911 He joined the British Medical Association in 1896 acted as representative in 1904 at the Annual Meeting at Oxford and was chairman of the Aberdeen Division in 1928–9 He was honorary secretary of the Section of Medicine in 1904 vice president of the Section of Neurology and Psychological Medicine in 1913 vice-president of the Section of Medicine in 1914 and again at the Centenary Meeting and president of the Section of Neurology and Psychiatry in 1921

In his teaching work he took a deep interest not only in the instruction but in the personalities of his students and in matters where their interests were concerned no trouble was too great for him to undertake while he managed to keep in touch with great numbers of them long after they had left the University Together with the late Professor Matthew Hay he was one of the chief guiding spirits in the initiation of the new hospital scheme which is proceeding towards completion at Forresterhill. The inherent sympathy and charity of his character were universally recognized

Dr Edwin Bramwell writes

The news of Ashley Mackintosh s death from pneumonia must have come as a shock to his many friends A few days previously he had attended a dinner and was in the best of form regaling those present with some of his inimitable anecdotes of former days told in the rich Doric

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The seaside house of St Andrew s Hospital is beautifully situated in a park of 330 acres Llanfairfechan amidst the finest scenery in North Wales On the North West side of the Estate a mile of sea coast forms the boundary Patients may visit this Branch for a short seaside change or for longer periods The Hospital has its own private bathing house on the seashore There is trout-fishing in the park

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For terms and further particulars apply to the Medical Superintendent (Telephone No 2356 and 2357 Northampton) who can be seen in London by appointment

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	ANNE S MULES M R C S, L R C P	Teignmouth 289

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Medical News

Sir Arthur MacNalty will deliver the opening address of the new session at the Hampstead General and North-West London Hospital on Wednesday, October 27, at 4 30 p m He will speak on ' The Medical Work of the Ministry of Health The chair will be taken by Sir William Collins

Under the auspices of the Food Education Society Dr M Bircher Benner of Zürich will give three addresses on ' The Principles of Therapy according to the Laws of Life " at the London School of Hygiene and Tropical Medicine, Keppel Street, W C, on Monday, October 25, Wednesday October 27, and Friday, October 29, at 8 p m The chairmen will be Major General Sir Robert McCarrison, Captain G S Elliston, M.P., and Dame Louise McIlroy

A postgraduate course on diseases of the skin and syphilis will be held at the Hôpital Saint-Louis, Paris, under the direction of Professor Gougerot, from November 2 to 17 The fee is 500 francs Further information can be obtained from the Secrétariat de la Faculté de Médecine, Salle Béclard, Paris

The Malcolm Morris Memorial Lecture will be given on Tuesday November 2 at 5 30 p m at Manson House, 26 Portland Place, W, by Dr J M H MacLeod, and the title is ' Leprosy in Great Britain at the Present Time " Further information concerning Chadwick Public Lectures may be had from the secretary, Mrs Aubrey Richardson, at the offices of the Chadwick Trust, 204, Abbey House, Westminster, S W

A course of seven lectures on the psychology of peace and war will be given on Tuesdays, from October 26 to December 7 at 6 15 p m., at the Tavistock Clinic, Malet Place London, W C Fee for the course, £1 1s cheques payable to the Tavistock Clinic, tickets to be obtained in advance from the Educational Secretary at the Clinic

The Guthrie Lecture of the Physical Society will be delivered at the Imperial College of Science and Technology, South Kensington to day (Friday, October 22) at 5 15 p m., by Dr C C Paterson, director of the research laboratories of the General Electric Company, Ltd, Wembley The title of the lecture is The Appraisement of Lighting "

The annual general meeting of the Medical Defence Union Ltd will be held at 49, Bedford Square, W C, on Thursday October 28 at 3 15 p m

A clinico pathological meeting of the West London Medico-Chirurgical Society will be held at the West London Hospital Hammersmith, W on Friday, November 5 at 8 30 p m when Sir Leonard Rogers F R S., will speak on Recent Advances in Tropical Medicine in Relation to General Practice

A meeting of the Society of Medical Officers of Health will be held at 1 Thornhaugh Street Russell Square W C on Friday October 29 at 5 p m when Dr James Fenton will deliver his presidential address on Knowledge is the Key to Health The annual dinner of the society will be held at the Piccadilly Hotel on Friday November 19 at 7 30 p m

A meeting of the Medico Legal Society will be held at 26, Portland Place W., on Thursday October 28 at 8 30 p m when Mr Justice Humphreys will deliver his presidential address on " The Place of Medical and other Science in the Administration of Justice

Dr L Haden Guest (Labour) was returned as Member of Parliament for the North Islington constituency at the by-election on October 13 He polled 13,523 votes, with a majority of 1,296

The annual meeting of the Society of Physiotherapists will take place at the Langham Hotel, London, W., on Saturday October 30 at 2 30 p m After the business is concluded Mr A M A Moore, F R C S, will address members of the society on Physiotherapy and its Relation to Orthopaedic Surgery The address will be followed by an At Home to which members friends have been invited as well as several members of the medical profession

A joint meeting of the Sections of Medicine and Therapeutics and Pharmacology of the Royal Society of Medicine will be held on Tuesday October 26, at 8 30 p m, for a special discussion on The Treatment of Bacterial Diseases with Sulphanilamide and Related Substances, to be opened by Dr Leonard Colebrook and Dr G A Buttle Members of the Section of Surgery are specially invited to attend

Sir John Simon, Chancellor of the Exchequer will attend the annual dinner of the Royal Society of Medicine which will be held at the May Fair Hotel, Berkeley Street, W on Wednesday, November 10, at 7 30 for 8 p m Tickets (15s each, exclusive of wine) can be obtained from the secretary of the Society As the accommodation is limited medical guests only can be permitted

At the inaugural meeting of the 184th session of the Royal Society of Arts on Wednesday, November 3, at 8 30 p m Lord Amulree will give an address on ' The State and the Worker Applications for tickets should be made to the secretary of the society John Street, Adelphi, W C 2

H R.H Princess Louise Duchess of Argyll, President of the Hospital will distribute the prizes to students of Charing Cross Hospital Medical School in the Council Room on Monday, October 25 at 3 p.m

The address of the Drugs Branch of the Home Office is now Home Office, Drugs Branch Queen Anne s Chambers, Broadway, S W 1 Correspondence relating to dangerous drugs should be so addressed

On October 14 Queen Mary opened the new home for nurses at St Thomas s Hospital which has been built and equipped at a cost of £100,000 by Lady Riddell as a memorial to her husband Lady Riddell before her marriage trained as a nurse at the Nightingale School at St Thomas s, and was sister-in-charge of a ward

The Duchess of Gloucester will open the Beecham Laboratories at the Royal Northern Hospital Holloway Road, London N on Tuesday, October 26 at 3 o'clock

Lord Derby opened the new private patients home at the Royal Albert Edward Infirmary and Dispensary Wigan, on October 1 The home, which has cost approximately £40 000, is the gift of Mr George A Christopher, chairman of the house committee of the infirmary

Mr Harry Platt, orthopaedic surgeon to the Manchester Royal Infirmary, was the principal speaker on October 11 at the reopening of the Manchester Foot Hospital and School of Chiropody which was founded seven years ago to fill a gap in the medical services of the city Mr Platt said that there was a fear in the mind of the medical profession that the sphere of chiropodial treatment might be extended into fields which were really outside the practice of chiropody This was not the policy of the Incorporated Society of Chiropodists by which the Manchester school was officially recognized Chiropodial hospitals must form part of a co-ordinated hospital system

Honorary Surgeon Commander J D Pollock O B E, Royal Naval Volunteer Reserve has been appointed a Deputy Lieutenant for the City and County of Edinburgh and Liberties thereof

Professor A Kostitch has been re-elected dean of the faculty of medicine at Belgrade and Professor B Spichitch has been elected dean of the medical faculty at Zagreb

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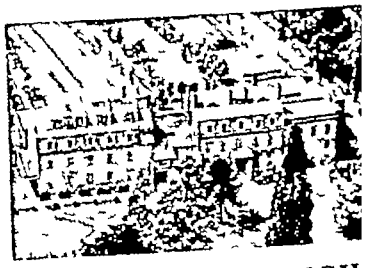
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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

317 Epidemic Gastro intestinal Intoxications

O L VON CANON (*Arch Pediat* June 1937 p 360) records his observations on an outbreak which has occurred for several years in more than 50 per cent. of infants and young children in paediatric practice at Chattanooga, Tennessee, in March and April The causative agent is not known but there is evidence that it is a contagious infection which does not appear to have any relation to influenza A large number recover in a few days, while a few develop watery diarrhoea which lasts a week or longer The temperature is variable, but rarely high

318 Lipoid Nephrosis

L VILLA (*Rass Fisiopat clin terap* May, 1937, p 257) puts forward as deserving investigation the suggestion that diencephalo pituitary modifications may be aetiological factors in lipoid nephrosis He is sure, however, that in many cases of this disease there has been an antecedent glomerulonephritis The presence of a thyroid hypofunction in lipoid nephrosis has previously been noted and the fact that the thyroid is subordinate to the anterior pituitary is now established Barbaro-Forelo in Villa's clinic has detected by means of *x* rays structural alterations in the cranial base—namely, sphenoidal sinusitis and perisinusitis with affection of the sella turcica—in two cases of lipoid dystrophy and Ferro Luizzi and Romeo noted retarded development and hypogenitalism in certain cases Villa now describes two cases which support his view In the first a liponephrotic syndrome with opalescent serous effusions, anisotropic lipoiduria normal blood urea, moderate hyperlipaemia, and reduction of serum albumin, although certainly following an acute nephritis, was associated with retardation of growth and with sellar and other radiological signs suggesting oedema near the third ventricle The second and more suggestive case was that of a woman, aged 52, in whom the syndrome of Simmonds's hypophyseal cachexia, including premature senility, wasting and the falling out of the hair and teeth, coexisted with mild signs of diabetes insipidus, lipoid nephroses, and radiological indications of an interclinoid bridge, laminal osteophytes, and opacities in the sella turcica Notable clinical improvement followed the administration of pituitary extracts and later the temporary grafting of the whole gland

319 Alcohol Injections in Artificial Pneumothorax

S GUNELLA (*Ri Patol Clin Tuberc* July, 1937, p 485) in a preliminary note suggests alcoholization of the visceral pleura in certain cases of ineffective pneumothorax as being less dangerous than intrapleural injections of tincture of iodine oil irritants or serum He believes that the beneficial effect of the injections is not due to their weight or volume, nor to their causing effusions but primarily to quickly occurring neuro functional reflexes in the bronchopulmonary smooth muscle Alcohol in small amounts was found to cause no febrile reaction and in eleven cases out of twelve no effusion and it was quickly absorbed usually without toxic effects His patients in spite of treatment by total or subtotal pneumothorax showed a persistence of cavities from rigidity or adhesions phrenic evulsion or thoracoplasty had either proved unsuccessful or had been judged inadvisable The results were satisfactory provided that it was possible to inject alcohol in a concentration of 33 per cent Sometimes this was not feasible for although the pain following the injections was usually supported without difficulty it was occasionally severe The injections were given with the patient lying down with the head raised Refills were carried out as usual, and alcohol injections were repeated at intervals of from fifteen to thirty days in amounts of about 30 to 40 c cm of a 33 per cent solution

320 Arteriosclerosis of the Pulmonary Artery

E TRIZZINO (*Arch ital Anat Istol patol* November, 1936, p 452) distinguishes between primary and secondary arteriosclerosis of the pulmonary artery The former is much rarer, and may be localized or part of a generalized arteriosclerosis, in which case it is very commonly syphilitic The latter is sometimes secondary to pleural adhesions, emphysema, or pulmonary fibrosis, it is often found with congenital heart disease, and it is very often present in acquired heart disease, especially mitral stenosis Chronic adhesive pericarditis is a less common cause, a case is described of advanced intimal disease in the pulmonary artery and its branches in a man, aged 46, who died from chronic adhesive pericarditis He had had much oedema of the face and arms, but apparently not marked cyanosis In such cases as also when mitral stenosis is accompanied by arteriosclerosis of the pulmonary artery, a congenital weakness of the wall is probably present and accounts for this exceptional condition

Surgery

321 Renal Radiography at Operation

The kidney has been examined radiographically at operation in a few hospitals for some years H HEUSSER (*Schweiz med Wschr*, July 10, 1937 p 630) adds his recommendation to that of others The procedure not only gives more reliable pictures than does ordinary radiography, but it permits the recognition of small fragments and mud" Heusser has contented himself with examination of films, and sees no further advantage in darkroom inspection He makes as many as three or four successive films in some operations, suspending the luxated kidney in Pflaumer's mat and using special sterilizable purse bags for the films He has also found it possible and technically simple to use *x* rays for making pyelograms of the kidney at operation, the contrast medium being introduced into the renal pelvis by puncture or through a catheter inserted through the bladder before and into the ureter during operation or introduced through the ureteral incision This investigation is specially useful in cases in which impermeability of the ureter or unilateral renal non function makes excretion urography or retrograde pyelography impossible it is also of assistance in planning operations for renal tuberculosis or tumour, or plastic operations Excretion pyelograms of the freed kidney have been made after intravenous injections of perabrodil in animals but apparently not in man.

322 Tumours of the Renal Capsule

According to E WACHS (*Beitr klin Chir*, July 28 1937, p 1) tumours of the renal capsule are much more common in females and they arise in the fibrous or fatty capsule or both or as mixed tumours of uncertain origin They may attain a large size—Waldeyer described a myxoliposarcoma weighing 31 5 kg.—and although metastasis is rare recurrence after operative removal seems to have been reported in every case Histologically they are sarcomata usually of the spindle-cell variety Wachs describes a fibrosarcoma of the fibrous capsule weighing 7 kg, and showing extensive necroses and cystic degenera-

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Salary—£600 a year rising by £25 to £800

Terms of Appointment—The appointment is pensionable, but the officer will be on probation for two years Private practice will not be allowed

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coagulation took twelve minutes and bleeding lasted for 2 minutes 20 seconds As the condition did not yield to ordinary treatment 30 c cm of the whole blood of the patient s niece, who was convalescing from an attack of acute articular rheumatism was injected intragluteally, and rapid improvement occurred A second injection was given two days later, and the acute articular condition cleared up completely

Neurology

328 Toxic Hydrocephalus

D Macalpine (*Brain* July, 1937, p 180) has reported five cases in which there was clinical evidence of a marked increase of cerebrospinal fluid pressure in the absence of a cerebral tumour The cases were similar to those described by Symonds as "otitic hydrocephalus, but the author points out that an aural infection is not of necessity the precursor of the hydrocephalus The patients were between the ages of 11 and 18, and the precipitating causes were sore throat, acute nasal catarrh, or nasal sinus infection There was a rapid onset of symptoms of intracranial hypertension such as headache and vomiting, with a rapidly increasing papilloedema causing unduly severe visual deterioration There was almost a complete absence of general constitutional disturbance or of evidence of any abnormality in the central nervous system, the only signs being those due to pressure on the optic nerve head and to extra ocular palsies Except for an increase in pressure which was 300 mm of water or over, there was no abnormality in the cerebrospinal fluid Treatment by removal of the toxic focus and daily lumbar puncture produced excellent results, with slight visual impairment as the only residual sign These cases are pathologically similar to those of arachnoiditis of the posterior fossa and are of the heterogeneous group which used to be called serous meningitis The diagnosis from arachnoiditis or posterior fossa tumour with internal hydrocephalus can only be made with certainty by ventriculography It is probable that the condition is due to a reaction to streptococcal infections

329 Chronic Inflammation of Intervertebral Ganglia

H Harttung (*Zbl Chir*, August 7 1937, p 1878) describes a case in which a chronic inflammatory condition of a spinal ganglion was accompanied by swellings which spread towards the roots and the spinal nerves The condition was diagnosed as an extradural tumour and the patient was submitted for operation The author summarizes the clinical manifestations of the lesion and explains why there were neither sensory nor motor disturbances either before or after the operation Complete recovery which has been maintained for more than ten years resulted

330 Electro encephalograms in Epilepsy

F Golla S Graham and W Grey Walter (*J ment Sci* March 1937 p 137) have investigated the electrical potential changes in the cerebral cortex of subjects suffering from epileptic attacks Berger showed in 1929 that these changes could be detected through the intact skull by means of electrodes placed on the scalp Grey Walter has previously described his technique which involves the use of three amplifying circuits with recordings from a cathode ray oscillograph He has also shown that rhythmic electrical changes of relatively high potential occur in relation to an abnormal cortex such as that involved by a neoplasm It has also been shown that these slow waves occur when the cortex is inhibited as in ether or nitrous oxide anaesthesia A series of 214 epileptic patients were examined in the Hospital for Nervous Diseases, Maida Vale and in the Maudsley Hospital It was found that these cases could be divided into two large groups the first of which comprised those having minor fits, which were not necessarily idiopathic, and the second those suffering from major fits which because of the family history, age of onset, and type of attack had been called idiopathic A large number of this second group had areas of abnormal potential change in the cerebral cortex when the patients were resting quietly and no fits were occurring In some slow changes in potential occurred all over the cortex, in about half there were two discrete foci at symmetrical points on each hemisphere, and in the rest the foci were present in the right or the left hemisphere It was found that these waves of potential change, which had a biphasic rhythm of about three a second, occurred exclusively in so called idiopathic epilepsy, and were not found in patients suffering from symptomatic epileptic attacks, and that they were never present in normal subjects Similar but much more regular waves were observed in pyknoleptics When a fit took place during examination the very large accompanying electrical discharge began in the area of abnormal potential change which had been previously recognized in that case It is interesting that the majority of the frontal foci of discharge were observed to begin in area 6α β of Vogt The work is continuing and further interesting results have been obtained

331 Reflexes in the Newborn

R A Lyon (*Schweiz med Wschr* July 24, 1937, p 689) describes the positive reflex reactions elicited in 100 normal babies within the first twenty-four hours of life The patellar reflex was present in 98 per cent of cases and the weight of the child did not appear to influence the force of the reaction The Achilles tendon reflex and that of the biceps and olecranon were present in 42, 89, and 63 per cent respectively of cases in which complete muscular relaxation could be obtained Ankle clonus was found in only one baby No relation between the positive reactions of these reflexes and the degree of nutrition and development of the babies was ascertained Babinski s plantar reflex was of such variable occurrence that no significance could be attached to it Closure of the hand on pressure of the palm and flexion of the toes on pressure of the sole occurred in all babies and the sucking reflex was also present Gentle scratching of the skin with a sharp instrument produced a vasomotor reflex in 90 per cent of cases but Oppenheim s reflex was absent in all but 6 per cent The abdominal and cremasteric reflexes were absent in all babies when awake but they could sometimes be elicited during sleep A semicircular movement of the arms with extended fingers on changing the baby s position Moro s reflex and Chvostek s facial reflex were present in nearly all cases The reaction of the pupils to light was variable and completely absent in 10 per cent Lyon states that the absence of a positive reaction in the case of the patellar sucking facial bicipital and Moro s reflex as well as closure of the hand and flexion of the toes on pressure of the palm and sole denotes a lesion of the peripheral nerves intracranial haemorrhage or an arrested mental development in the newborn Chvostek s reflex is not an indication of spasmophilia provided that no other signs accompany it

332 Mass Reflexe with Autonomic Bladder Action

O R Langworthy (*Johns Hopk Hosp Bull* May 1937, p 337) has described a case of spinal injury in which a mass reflex of the lower limbs was associated with micturition The reflex is an example of that described by Denny Brown and Robertson in 1933 Langworthy s case was of a young woman who had sustained an injury of the lower lumbar cord reflex micturition became established Micturition produced flexion and adduction of the toes and extension and internal rotation of the leg This was associated with a cramp-like pain in the urethra and the contracted muscles Holding the toes extended postponed micturition and voiding could be induced by

URBAN DISTRICT OF CHADDERTON

Appointment of MEDICAL OFFICER OF HEALTH SCHOOL MEDICAL OFFICER AND CHILD WELFARE OFFICER

The Urban District Council of Chadderton invite applications from gentlemen for the appointment of Medical Officer of Health School Medical Officer and Child Welfare Officer Every candidate must be a duly qualified medical practitioner not exceed ing 45 years of age and must be registered in the Medical Register as the holder of a diploma in sanitary science public health or state medicine

The area of the Urban District is 3 015 acres with a population of approximately 30 000

The appointment will be made subject to the approval of the appropriate Government Depart ments the provisions of Section 110 of the Local Government Act 1933 and the Sanitary Officers (Outside London) Regulations 1935

The person appointed will be required to devote the whole of his time to the performance of the duties of the offices and he will not be permitted to engage in private practice as a Medical Prac titioner He will be required to enter into an Agreement and also to reside within the Urban District

The Council have fixed April 1st 1938 as the "appointed day for the operation of the Local Government and Other Officers Superannuation Act 1922 and as the appointment will be subject to the provisions of that Act the successful candi date will be required to pass a medical examination

The salary will be after the rate of £800 per annum rising subject to satisfactory service by annual increments of £50 to a maximum of £1 000 per annum together with an allowance of £20 per annum in respect of travelling expenses

Applications endorsed Medical Officer of Health etc stating age particulars of qualifi cations and local government experience (if any) supported by copies of not more than three testimonials which will not be returned must be delivered to the undersigned not later than Satur day the 30th day of October 1937

Canvassing either directly or indirectly will be deemed a disqualification

Town Hall J SCHOFIELD
Chadderton Lanes Clerk of the Council
October 12 1937

COUNTY BOROUGH OF NEWPORT

PUBLIC ASSISTANCE COMMITTEE.

ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited from unmarried Regis tered Medical Practitioners (male) for the above appointment at the Committee s Hospital which is a recognised training school for nurses and provides treatment for acute medical and surgical cases tuberculosis obstetrics and children s diseases etc.

Preference will be given to candidates with surgical experience and experience in the administration of anaesthetics

Salary £350 per annum rising by annual in crements of £25 to £450 per annum with the usual emoluments

Applications stating age, qualifications and ex perience accompanied by copies of three recent testimonials should be sent to the Public Assistance Officer Town Hall Newport Mon., not later than October 27th 1937

Town Hall O TREHARNE MORGAN
Newport, Mon Town Clerk

CITY OF SHEFFIELD—CITY GENERAL HOSPITAL

JUNIOR ASSISTANT MEDICAL OFFICER.

Applications are invited from duly qualified medical men for the appointment of JUNIOR ASSISTANT MEDICAL OFFICER at the above hospital

The Medical Officer appointed will be required to take duty in the Medical Surgical or Mater nity Departments as directed by the Medical Superintendent.

The appointment will be for one year only and the salary offered is £200 per annum with the usual residential allowances.

Previous hospital experience desirable

Applications stating age, qualifications and ex perience, and accompanied by not more than three testimonials of recent date, should be sent to the Medical Superintendent, City General Hospital Sheffield 5

BRITISH POSTGRADUATE MEDICAL SCHOOL

APPOINTMENT OF SUB-DEAN

The Governors invite applications from regis tered medical practitioners for the post of Sub-Dean of the School

Salary £1,250 per annum rising by annual increments of £50 to £1,500 per annum

Applications must be received not later than the first post on October 30th 1937 by the Chairman of the Governing Body British Post graduate Medical School Ducane Road Shep herd s Bush London W 12 from whom further particulars of the duties etc may be obtained

BERKS AND BUCKS JOINT SANATORIUM

Peppard Common Oxon
(6 miles from Reading)
(183 Beds for men women and children)
For the Treatment of Pulmonary Tuberculosis

MEDICAL SUPERINTENDENT

Applications are invited from registered medical practitioners for the appointment of a Medical Superintendent who will be required to take up his duties on April 1st 1938

Candidates who should be under 45 years should possess the qualifications prescribed by Article 3 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930 and must have had experience in general clinical work in tuberculosis and in institutional administration

The salary will be £800 rising every two years by increments of £50 to £1 000 From this will be deducted the value of the following emoluments house free of rates together with light water fuel laundry and produce from the Sanatorium garden the total to be agreed but estimated at a minimum of £130 per annum

The post is designated under the Local Govern ment and Other Officers Superannuation Act 1922 and will be terminable by three months notice in writing on either side

The successful candidate will be required to devote his whole time to the duties of the office and must not engage in private practice nor accept fees other than those of the National Health In surance panel for resident members of the staff

Applications on the prescribed form in can didates own writing together with copies of three recent testimonials must be received by November 6th in an envelope endorsed Medical Superintendent and addressed to the undersigned from whom the prescribed form can be obtained

A travelling allowance is made while on Sana torium business The annual vacation is one month

Canvassing directly or indirectly will disqualify

The Sanatorium can be visited by appointment with the Superintendent from whom further par ticulars can be obtained

H A FOLEY
Clerk to the Joint Committee.
County Hall Aylesbury Bucks
October 9th 1937

BOROUGH OF COLNE

MEDICAL OFFICER OF HEALTH.

The Town Council invite applications for the appointment of Medical Officer of Health School Medical Officer and Maternity and Child Welfare Medical Officer for the Borough The salary of the appointment will be at the rate of £800 per annum and a motor car is available for the use of the Health Department

Candidates must be duly qualified medical practitioners, and possess a recognized diploma in Public Health and requisite qualifications re quired by the Sanitary Officers (Outside London) Regulations 1935 and the Regulations of the Ministry of Health to whose approval the appointment will be subject.

Applications endorsed Medical Officer of Health and accompanied by not more than three references or recent testimonials must be received by the undersigned not later than Saturday October 30th 1937

Canvassing will be a disqualification

Town Hall L. A VENABLES
Colne. Town Clerk.
October 7th 1937

CITY OF BIRMINGHAM.

PUBLIC HEALTH DEPARTMENT TUBERCULOSIS SECTION

RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited from single registered male medical practitioners for the post of Assistant Resident Medical Officer in the Tuberculosis Section of the Public Health Department The successful candidate will be employed both in a Sanatorium and in a Dispensary Candidates should have held a resident general hospital appointment and an appointment in some institu tion recognized for the treatment of tuberculosis.

The commencing salary will be at the rate of £450 per annum rising by £25 to £500 per annum with emoluments valued at £150 per annum and the appointment will be terminable by one month s notice on either side.

The successful candidate will be required to pass an approved medical examination to con tribute to the superannuation scheme established under the Local Government and Other Officers Superannuation Act 1922, as amended by Section 82 of the Birmingham Corporation Act 1935 (Annuities for Widows) and if under thirty years of age to join the Birmingham Municipal Officers Widows and Orphans Pension Scheme

Forms of application and a summary of duties may be obtained from and should be returned with three recent testimonials to the Chief Clinical Tuberculosis Officer 151 Great Charles Street Birmingham 3 not later than October 29th 1937

Council House F H C. WILTSHIRE,
Birmingham 1 Town Clerk.

COUNTY COUNCIL OF ESSEX AND URBAN DISTRICT COUNCIL OF THURROCK.

APPOINTMENTS OF ASSISTANT COUNTY MEDICAL OFFICER AND DEPUTY MEDICAL OFFICER OF HEALTH.

Applications are invited for the above appoint ments The commencing salary as Assistant County Medical Officer will be at the rate of £500 per annum and the commencing salary as Deputy Medical Officer of Health will be at the rate of £200 per annum The total salary of the person appointed will rise subject to satisfactory service by annual increments of £25 to a maximum of £800 per annum such increments being borne by the respective authorities in proportion to the commencing salary

The person appointed will be required to pass a medical examination and to contribute to the funds established by each of the Authorities under the Local Government and Other Officers Superannuation Act, 1922

Travelling expenses as Assistant County Medical Officer will be allowed by the County Council upon such basis as the County Council may decide and a sum of £20 per annum will be paid by the Urban District Council of Thurrock in respect of travelling expenses as Deputy Medical Officer of Health

Applicants must be duly qualified medical men with experience in Public Health duties, and hold a Diploma of Public Health and preference will be given to a candidate qualified as a Tuberculosis Officer under the Local Government (Qualification of Medical Officers and Health Visitors) Regula tions 1930 Applicants should not be over 45 years of age

Applications must be made on the prescribed form obtainable from the undersigned E S Holcroft accompanied by copies of not more than three recent testimonials which will not be re turned and should be delivered at the County Hall Chelmsford not later than 10 a.m. on Monday November 1st 1937

E. S HOLCROFT
County Hall Clerk of the County Council
Chelmsford A E. POOLE
Clerk to the Urban District
October 12th 1937 Council of Thurrock.

COUNTY OF LINCOLN

Parts of Lindsey

ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE.

Applications are invited from fully qualified medical women for the post of Assistant Medical Officer for Maternity and Child Welfare. Candi dates should have had at least three years in the practice of their profession and have had subse quent to qualification special experience in prac tical midwifery and ante-natal work

Salary will be £500 per annum rising by annual increments of £25 to £700 subject to a deduction of 5 per cent. under the Local Government and Other Officers Superannuation Act, 1922. The successful candidate will be required to pass a medical examination

Travelling allowance will be paid in accordance with the Council s scale

Further particulars of the appointment and forms of application may be obtained from the undersigned to whom applications together with copies of three recent testimonials, should be for warded not later than November 6th 1937

W S H CAMPBELL
County Medical Officer of Health.
Public Health Department
County Offices Lincoln

CITY OF BIRMINGHAM

SELLY OAK HOSPITAL (520 Beds.)

JUNIOR MEDICAL OFFICERS (MALE)

Applications are invited from fully qualified Medical Practitioners for the whole-time appoint ments of Junior Medical Officers (male) at the Selly Oak Hospital Birmingham The appointments will be for periods of six months in the first instance but may be extended at the end of that time for further periods of not exceeding six months.

Salary at the rate of £200 per annum and full residential emoluments

Further particulars may be obtained from the Medical Superintendent at Selly Oak Hospital to whom applications stating age experience and qualifications, with copies of recent testimonials should be forwarded not later than Wednesday October 27th 1937

F H C WILTSHIRE,
The Council House, Town Clerk
Birmingham
September 1937

GLASGOW CORPORATION MENTAL HOSPITAL SERVICE.

JUNIOR ASSISTANT PHYSICIAN wanted for Lennox Castle Certified Institution Salary com mencing £300 with board apartments and laundry The Institution is 12 miles from Glasgow

While it is not essential it is desirable that can didates will have had hospital experience either as H.S or H P

Apply to Medical Superintendent, Lennox Castle Institution Lennoxtown Stirlingshire



First cure the constipation . . .

The dangers of constipation are doubtless occasionally overstressed, but they are far more often under-estimated Opinions based on centuries of experience are rarely without foundation, even though the rationalised explanations offered turn out to be fallacious It was almost habitual with doctors, during what we may call the empiric ages of medicine, when dealing with almost every form of illness, to ensure, first of all, that the bowels were acting regularly and adequately

"First cure the constipation" is among the classic medical aphorisms that live It is common experience that a very large proportion of so-called minor illness is associated with some degree of eliminatory sluggishness When this is remedied, we are often surprised at the speedy disappearance of unpleasant symptoms seemingly remote from the constipation

The harm that may be caused by the drastic purges and the irritant aperient drugs favoured by last century practitioners is now generally recognised What is desired is a preparation that will gently promote peristalsis by the same agency as that which, in health, naturally operates It is suggested that ENO fulfils this requirement It is a carefully compounded mixture of fruit-acids with alkalis It has no ingredient irritative to the nerve-endings of the intestinal lining, its action being due entirely to its capacity for retaining fluid within the alimentary canal, through the principle of osmosis The slightly increased tension thus caused is both painless and harmless, being, in fact, the natural provocant of intestinal activity

ENO's Fruit Salt consists of fine granules which when dropped into a glass of water dissolve instantly and uniformly with sparkling and refreshing effervescence

ENO'S 'FRUIT SALT'

The Words Eno and 'Fruit Salt' are registered trademarks

CITY OF EXETER

DEPUTY MEDICAL OFFICER OF HEALTH AND ASSISTANT TUBERCULOSIS OFFICER

Applications are invited for the appointment of DEPUTY MEDICAL OFFICER OF HEALTH AND ASSISTANT TUBERCULOSIS OFFICER for the City and County of the City of Exeter at a salary of £550 per annum rising by four annual increments of £25 each to £650 per annum together with a car allowance of £50 per annum The appointment will be subject to deductions in accordance with the provisions of the Local Government and Other Officers Superannuation Act 1922 and the person appointed is required to live in a house provided at the City Isolation Hospital rent and rates free and valued for the purposes of the Superannuation Act at £80 per annum

The successful candidate will be required to pass a medical examination

Candidates whose age should not exceed 45 years must be registered Medical Practitioners (male) of not less than three years standing and possess the Diploma in Public Health or its equivalent and must have special experience in the treatment of infectious diseases experience in modern methods of the diagnosis and treatment of tuberculosis and general public health experience

Canvassing either directly or indirectly will disqualify

Applications endorsed Deputy Medical Officer of Health accompanied by copies of three recent testimonials must be received by me not later than the first post on Tuesday November 2nd 1937

Application forms and particulars of the appointment may be obtained from the undersigned

10 Southernhay West C J NEWMAN
Exeter Town Clerk
October 19th 1937

CITY OF MANCHESTER

CRUMPSALL HOSPITAL (1,543 Beds)

The Public Health Committee invites applications from registered medical men for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the above-named hospital

The salary for the appointment is £200 p a with board residence and laundry in addition subject to the Manchester Corporation conditions of service

The appointment will be made in the first instance for a period of six months renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than November 2nd 1937

F E. WARBRECK HOWELL
Town Clerk

Town Hall Manchester 2
October 19th 1937

WEST LONDON HOSPITAL

Hammersmith W 6 (239 Beds)

There is a vacancy for the post of NEUROLOGIST for which one of the Honorary Physicians will be a candidate In the event of his election there will be a vacancy for the post of PHYSICIAN for which one of the Honorary Assistant Physicians will be a candidate In the event of his election there will be a vacancy for the post of ASSISTANT PHYSICIAN for which post applications are also now invited Candidates must have degrees from one of the Universities recognized by the General Medical Council and must be Fellows or Members of the Royal College of Physicians of London The successful candidate will be required in addition to other duties periodically to deliver courses of lectures to the nurses and to undertake such teaching for the Post graduate College as the Board may approve

Applications with *copies only* of testimonials must reach me not later than Thursday November 18th Candidates must attend the meeting of the Medical Council at 4 30 p m on Friday November 19th and prior to that date call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of their application and testimonials to each member thereof and if so notified attend a meeting of the Board at 5 p m on Tuesday November 23rd when the election will be made

H A MADGE
Secretary

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL

Applications are invited for the post of HONORARY PHYSICIAN at the above Hospital Candidates must be members of the Royal College of Physicians of England and undertake not to engage in general practice

Preference will be given to those willing to reside in the district

Applications should be sent by November 13th to the undersigned from whom further particulars may be obtained

JOSEPH E SEARJEANT F C C S
House Governor and Secretary

CALDERSTONES CERTIFIED INSTITUTION FOR MENTAL DEFECTIVES

Whalley near Blackburn Lancs

RESIDENT JUNIOR ASSISTANT MEDICAL OFFICER

Applications are invited from registered medical practitioners (male or female) for the appointment of Junior Assistant Medical Officer Salary £500 per annum rising by annual increments of £25 per annum to a maximum of £600 per annum from which a deduction of £150 is made for board lodging etc An additional £50 per annum will be paid for possession of the D P M

The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909 (as amended by the Asylums and Certified Institutions (Officers Pensions) Act 1918) The successful candidate will be required to undergo a medical examination

Applications giving particulars of experience qualifications etc together with copies of three recent testimonials should be sent to The Medical Superintendent Calderstones Certified Institution for Mental Defectives Whalley near Blackburn not later than 9 a m on Saturday October 30th The envelope must be endorsed in the left hand corner A M O

COUNTY BOROUGH OF HALIFAX

HOSPITAL FOR INFECTIOUS DISEASES

RESIDENT MEDICAL OFFICER (MALE, UNMARRIED)

Applications are invited for the appointment of Resident Medical Officer at the Corporation's Isolation Hospital

Salary £350 per annum rising by annual increments of £25 to £450 together with board residence and laundry

Applications must be made on a prescribed form which may be obtained from the undersigned and should be sent together with copies of not more than three recent testimonials endorsed Resident Medical Officer—Isolation Hospital to the undersigned so as to be received not later than the first post on November 8th 1937

The Council has no superannuation scheme

Canvassing directly or indirectly will be a disqualification

Town Hall Halifax PERCY SAUNDERS
October 19th 1937 Town Clerk

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION

Gloucester (125 Beds—Five Residents)

Applications are invited for the post of HOUSE SURGEON (Male) to the Ear Nose and Throat Department Salary at the rate of £150 p a with board residence and laundry

The Hospital is recognized for the D L O and the F R C S final examinations

The appointment is for six months which may be extended for similar periods by re-election from time to time

Applications stating age qualifications experience and nationality with copies of not less than three recent testimonials should be sent to the undersigned not later than Friday November 5th

The elected candidate will be required to enter upon his duties on December 1st

F J SYMONS
October 21st 1937 Secretary

ROYAL LONDON OPHTHALMIC HOSPITAL (MOORFIELDS EYE HOSPITAL)

City Road E.C 1

Applications are invited for the posts of three OUT PATIENT OFFICERS two to attend on Mondays and Thursdays and one to attend on Tuesdays and Fridays (mornings) each week

Candidates must be registered Medical Practitioners

Salary at the rate of £100 per annum The Out Patient Officers will be appointed for a period of one year and will be eligible for reappointment

Copies of regulations can be obtained on application

Applications with testimonials stating age and qualifications together with photograph must be received by the undersigned not later than November 1st 1937

A. J M TARRANT
Secretary

ST BARTHOLOMEW'S HOSPITAL

Rochester (126 Beds—Four Residents)

The House and Finance Committee invite applications for the post of HOUSE SURGEON which will become vacant on December 1st 1937

Candidates must be unmarried qualified and registered medical men The appointment is for six months Salary at the rate of £150 p a with board residence and laundry

Applications stating age qualifications experience etc accompanied by copies of two testimonials or one from the Dean of the candidate's Medical School should be received by the Superintendent-Secretary not later than November 4th

Canvassing the Honorary Staff will disqualify

LONDON COUNTY COUNCIL

Applications invited from MEDICAL PRACTITIONERS of at least one year's standing to undermentioned position Experience in a resident appointment in a general hospital for at least six months desirable Married quarters not available

COLINDALE HOSPITAL
The Hyde Hendon N W 9

(a) ASSISTANT MEDICAL OFFICER (Grade I) Salary £350-£25-£425 with board lodging and washing

(b) ASSISTANT MEDICAL OFFICER (Grade II) Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions)

Experience in the treatment of pulmonary tuberculosis essential for both positions There is no accommodation for women officers

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2a County Hall S E.1 returnable by November 1st. Canvassing disqualifies.

STAFFORDSHIRE WOLVERHAMPTON AND DUDLEY JOINT BOARD FOR TUBERCULOSIS

PRESTWOOD SANATORIUM (700 Beds)

Applications are invited for the post of JUNIOR ASSISTANT MEDICAL OFFICER (male) at the above named Sanatorium which is approximately *nine miles from Wolverhampton* The successful candidate may also have opportunities of experience in the work of a Dispensary The appointment will be for six months in the first instance, renewable for a further maximum period of six *months*

Salary at the rate of £300 p a with board residence and laundry

Forms of application may be obtained from the undersigned and should be returned by first post *on November 4th 1937 together with copies of* not more than three recent testimonials

H L UNDERWOOD
Clerk of the Joint Board

County Buildings Stafford
October 19th 1937

ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY

Wigan

(210 Beds including Private Patients Home.)

HONORARY ASSISTANT OPHTHALMIC SURGEON

The Board of Management invite applications for the above appointment from Surgeons specialising in this work Honorarium £100 per annum

Applications in duplicate stating age qualifications together with copies of three testimonials should be addressed to the undersigned as soon as possible from whom further particulars of the duties of the office can be obtained Canvassing will be a disqualification

A STANLEY BRUNT
October 18th 1937 General Supt and Secretary

WEYMOUTH AND DISTRICT HOSPITAL

WEYMOUTH (92 Beds and Cots)

Wanted November 15th HOUSE SURGEON male (European) Salary £180 p.a with board residence and laundry Applications stating age qualifications and copies of testimonials to be sent to the undersigned not later than November 9th 1937 MORRIS LODGE
Honorary Secretary

QUEEN CHARLOTTE'S MATERNITY HOSPITAL

Marylebone Road N W 1

RESIDENT MEDICAL OFFICER (male or female) required for the Isolation Hospital (for Puerperal Fever) at Ravenscourt Square, Hammersmith W 6 to commence duty on December 1st 1937 Appointment for six months renewable for a further period of six months The salary is at the rate of £200 per annum *with board residence* and laundry allowance

Applications with copies of testimonials, should be *sent to the Secretary by November 20th 1937*

ST BARTHOLOMEW'S HOSPITAL.

OFFICE OF ASSISTANT OPHTHALMIC SURGEON

Notice is hereby given that a Meeting of the Election Committee will be held on Tuesday November 30th 1937 at 4 o clock in the afternoon to elect an *Assistant Ophthalmic Surgeon* to the Hospital

Candidates who must be Fellows of The Royal College of Surgeons of England are required to lodge fifty copies of their applications and testimonials with the undersigned on or before Saturday November 13th 1937

C. C *CARUS-WILSON*
Acting Clerk to the Governors.

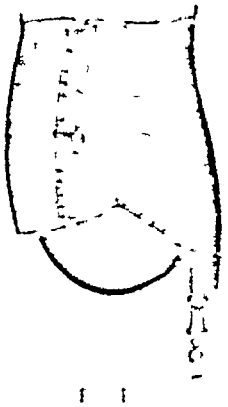
October 19th 1937

CAREFUL ATTENTION GIVEN TO FOOTBOY INSTRUCTIONS AND PROMPT DISPATCH

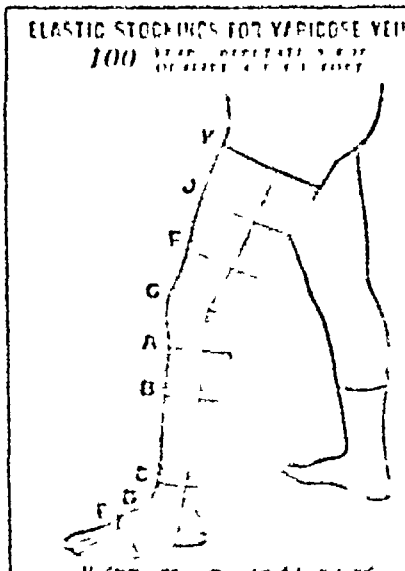
W. H. BAILEY & SON, LTD.

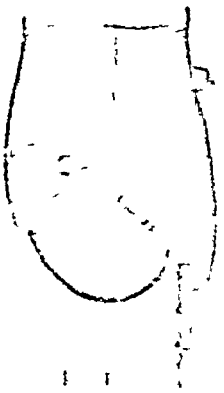
45, OXFORD STREET, LONDON, W 1

SPECIALISTS IN ABDOMINAL BELTS TRUSSES, AND ELASTIC STOCKINGS



BAILEY'S DELCRAVE BELT





EXTRA DEEP BELT FOR ENTEROPTOSIS

'VARIBAN' ELASTIC PLASTER BANDAGE

VARIBAN BANDAGE [illegible] elastic [illegible] specially woven [illegible] evenly [illegible] and impregnated with an antiseptic [illegible]

VARIBAN [illegible] equable pressure and support to the swollen limb with the least [illegible] exclusive dressing under which the ulcer is protected [illegible] to healthy repair.

In promoting proper circulation VARIBAN readily reduces [illegible] It provides protection to the granulations [illegible] In the majority of cases it is found that pain is either eliminated or greatly relieved from the first application. The necessity for treatment [illegible] is eliminated while VARIBAN provides an ambulatory treatment which allows of full activity of the limb with better result than the old way of rest in bed alone.

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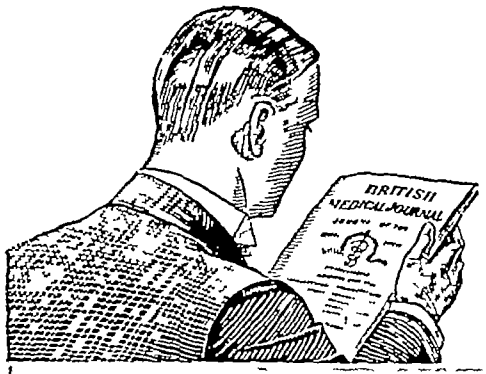
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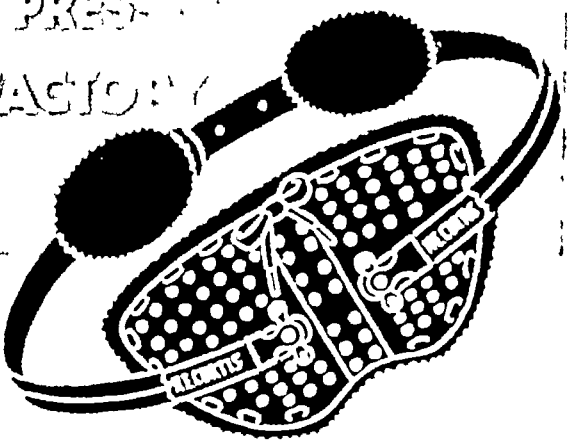
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The appointment which is terminable by a month's notice on either side will be for a period of six months in the first instance but this period may be extended.

Applications which must be made on printed forms obtained from me, must reach me not later than first post on Wednesday October 27th Candidates will be required to call upon such members of the Medical Staff as directed to be in attendance at a Medical Council meeting at 4.30 p m on Friday October 29th and the House Committee meeting at 5 p.m. the same day when the appointment will be made.

H A MADGE
Secretary

ROYAL LONDON OPHTHALMIC HOSPITAL (Moorfields Eye Hospital) City Road E C 1.

REFRACTION ASSISTANT L C C SCHOOL DEPARTMENT

Applications are invited for the post of REFRACTION ASSISTANT TO THE L C C SCHOOL DEPARTMENT to attend on Mondays and Thursdays at 1 30 p m

Candidates must be registered medical practitioners

Salary will be at the rate of £160 p a.

The Refraction Assistant will be appointed for a period of one year and will be eligible for re-appointment

Copy of regulations governing the appointment can be obtained on application

Applications with testimonials stating age and qualifications must be received not later than November 1st 1937

A J M TARRANT
Secretary

THE HOSPITAL FOR SICK CHILDREN Great Ormond Street London W C 1

A part time SURGICAL REGISTRAR (Male) is required Duties to commence on November 8th, 1937 Salary at the rate of £200 per annum

Candidates must be legally qualified to practise, and must have held a responsible resident appointment at a General Hospital

The appointment is tenable for six months

Applications must be received by noon on Monday November 1st 1937 and candidates must be prepared to attend for interview by the Joint Committee at 4 45 p m on Wednesday November 3rd 1937

Further particulars and forms of application are obtainable from the undersigned

HERBERT F RUTHERFORD
October 1937 Secretary

SAMARITAN FREE HOSPITAL FOR WOMEN Marylebone Road N W 1

Applications are invited for the post of HOUSE SURGEON for a period of six months commencing on November 8th next. Salary at the rate of £100 per annum with board lodging and laundry Previous experience as House Surgeon essential Applications, accompanied by copies only of three testimonials must reach the Secretary at the Hospital on or before Wednesday noon, October 27th 1937

G H. HAWKINS
Secretary

ROYAL NORTHERN HOSPITAL, Holloway N 7

Applications are invited for the office of EAR NOSE and THROAT SURGEON (Second) to the Hospital

Candidates must possess the degree of M.D or M B obtained by examination at a British University and be Fellows of the Royal College of Surgeons of England

Full particulars of the appointment and details with regard to the submission of testimonials etc., may be obtained from the undersigned to whom applications should be returned not later than November 5th 1937

GILBERT G PANTER,
Secretary

ROYAL NORTHERN HOSPITAL, Holloway

Applications are invited for the post of FRACTURE OFFICER AND ORTHOPAEDIC REGISTRAR (Honorarium £50 p.a.)

Full particulars of the office may be obtained from the undersigned to whom applications should be sent by November 5th, 1937

GILBERT G PANTER
Secretary

THE LONDON LOCK HOSPITAL.

Applications are invited for the post of RESIDENT MEDICAL OFFICER to the MALE DEPARTMENTS (Out Patients, Dean Street, In-Patients, Harrow Road) Candidates must be doubly qualified and duly registered

The appointment is for 6 months commencing December 3rd salary at the rate of £175 p.a with furnished rooms at the Harrow Road Hospital full board and laundry

Applications enclosing copies (only) of three recent testimonials must be in the hands of the undersigned by Saturday November 20th and from whom a copy of the By-Laws relating to the appointment or any further particulars can be obtained

283 Harrow Road W 9 J F MORTON
October 5th 1937 Secretary

THE LONDON LOCK HOSPITAL

Applications are invited from both sexes for the appointment of SURGICAL REGISTRAR to the FEMALE LOCK HOSPITAL Candidates must be Fellows (or Members) of the Royal College of Surgeons of England or Surgical Graduates of a University of the United Kingdom Preference will be given to candidates having previous obstetrical experience The appointment is for one year in the first instance commencing November 8th with honorarium at the rate of £100 p a Applications with three copies (only) of testimonials must be in the hands of the undersigned not later than Wednesday October 27th and from whom copies of the Laws relating to the appointment may be obtained J F MORTON

283 Harrow Road W 9 Secretary
October 7th 1937

CROYDON GENERAL HOSPITAL

Applications are invited from qualified and registered medical men for the post of RESIDENT SURGICAL OFFICER Salary £200 p.a with board residence, etc. and the term will be for one year with the option of reappointment for a second year at the discretion of the Board. The Hospital contains 200 Beds

Applications stating age qualifications and experience together with copies of not more than three recent testimonials (which will not be returned) to reach the undersigned not later than Monday November 22nd 1937 The successful applicant will be required to commence duty on January 1st next The post is recognized for the F R C S examination

GEORGE H DAMS
House Governor and Secretary
October 14th 1937

CROYDON GENERAL HOSPITAL.

Applications are invited for the post of ANAESTHETIST on the Honorary Staff of the above Hospital Candidates for the appointment are requested to forward their applications, together with statements of their qualifications age experience and copies of not more than three testimonials, to the undersigned not later than November 22nd 1937 The candidate appointed will be expected to attend on Thursday afternoons only GEORGE H DAMS
House Governor and Secretary
October 14th 1937

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The appointment is for six months and subject to rules a copy of which may be obtained from the Secretary

Applications to be made on a form which will be supplied by the Secretary together with three (copies only) testimonials to be sent to the undersigned not later than first post on Wednesday November 10th, 1937

CLEMENT COBBOLD
Secretary

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House Governor

WESTMINSTER HOSPITAL, Broad Sanctuary S W 1

Applications are invited for the office of ASSISTANT OPHTHALMIC SURGEON to this Hospital Gentlemen desirous of becoming candidates must be Fellows of the Royal College of Surgeons of England.

Each candidate is required to transmit a certificate of his age and thirty copies of his application, with thirty copies each of three testimonials to the undersigned not later than Monday November 8th 1937 and to attend the House Committee on Tuesday November 9th 1937 at 4 15 p.m

By Order of the House Committee,
CHARLES M POWER,
Secretary

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Applications are invited for the following posts HOUSE PHYSICIAN Vacant December 1st for a period of six months. Salary at the rate of £100 per annum with board residence and laundry

Applications with copies of testimonials, should be sent by October 29th to the undersigned from whom forms of application and rules can be obtained

GILBERT G PANTER
Royal Northern Hospital Secretary
Holloway London N 7

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Secretary
October 18th 1937

UNIVERSITY COLLEGE HOSPITAL, Gower Street W C 1

Applications are invited for the whole-time post of SURGICAL REGISTRAR for a period of one year from January 1st, 1938 at a salary of £250 p a. with lunch

Applications accompanied by evidence of fitness for the post must reach the Secretary by first post on Monday November 8th 1937

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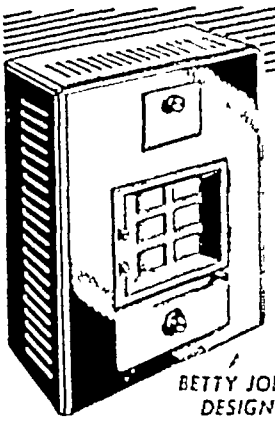
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1 HOME COUNTY —PRACTICE, averaging £1 000 p.a in large growing residential district, within 35 miles (south) of London Panel 580 Good house with ample bedroom accommodation, large garage and half acre of garden, for sale Premium one and three-quarter years' purchase

2 S W OF ENGLAND —PARTNERSHIP in old-established Practice, £6 600 p a in beautiful country district Valuable appointments and panel of 4 500 Centrally situated house (5 bedrooms) for sale Premium one fifth share £2 750

3 EASTERN COUNTIES —PARTNERSHIP in good middle-class Practice, £2,450 p.a , in county town Panel 1,200 Good house (5 bedrooms) in perfect condition to rent Premium one half share two years purchase

4 HOME COUNTY —PARTNERSHIP in old-established Practice in pleasant growing suburban district on the Thames Applicant should preferably be English and aged about 30 Share worth between £1 200/£1 300 at two years purchase after preliminary Assistantship

5 N E COAST —PARTNERSHIP in Practice, between £2,000/£2,200 p a , in fashionable watering place Panel 1,700 Applicant should be English or Scottish, aged about 30, and experienced in general practice and surgery Two-fifths share at two years purchase after about ten months Assistantship

6 MIDLANDS —Old-established PRACTICE in beautiful country district Cash receipts last year £1 280, including appointments worth about £60 and a panel between 650 and 700 Visits 2/6 to £1 1s without medicine Nicely situated house (4 bedrooms, dressing room, etc), with nice garden and two garages Rent about £80 p.a Premium two years purchase

7 N WALES BORDER —PARTNERSHIP (with early succession) in old-established County Practice about £2,500 p.a , in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one half would be sold at first with early succession Premium two years' purchase

8 S MIDLANDS —PARTNERSHIP in steadily increasing Practice, about £3,000 p.a , in good town Panel 1 846 Good house with garage and small garden, to rent Partner should be aged about 35, experienced in gynaecology, and hold F R C S or M C O G Hospital and appointment on staff One third share at two years purchase and to one half later

9 LONDON, W 2 —Good-class non-dispensing PRACTICE about £1,000 No panel or midwifery Fees 10/6 to £1 1s First rate ground floor flat (4 bedrooms, etc) Rent £400 p a inclusive Very good scope Premium £1,500

10 ESSEX —PRACTICE doing about £2,000 a year in growing town Panel over 1 960 Visits 3/6 to 6/6 About 50 midwiferies annually Small house for sale at £850 Branch surgery £26 p.a Premium £4,500

11 MIDLANDS —PARTNERSHIP in Practice about £2 400 in manufacturing town Appointments worth about £250 p a , and panel 1 250 Suitable accommodation available One third share at first at two years purchase Good scope for medicine Vendor on hospital staff

12 N W ENGLAND —Popular holiday resort in attractive part ASSISTANTSHIP with view to PARTNERSHIP and early SUCCESSION Mixed Practice about £650 p.a , capable of much expansion Panel over 300 Cottage hospital Good opening for surgeon House available

13 KENT —Very old established mixed class PRACTICE in growing district, within 15 miles of London Cash receipts last year, £1,540 including appointments about £230 and panel 1,700 Good detached double fronted house (6 bedrooms), with garage and garden, for sale Scope for increase Premium two years' purchase Cottage hospital

14 SURREY —PARTNERSHIP in Practice, averaging £5,000 p.a , in residential district about 10 miles from London Panel 3,000 Fees 3/6 to £1 1s Suitable house obtainable One fifth share (after preliminary Assistantship) at two years' purchase

15 S W OF ENGLAND —PARTNERSHIP in steadily increasing Practice, averaging over £1 800 in beautiful country district near coast Panel 1 050 Nice house (7/8 bedrooms), garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

16 BUCKS —PARTNERSHIP in old established country Practice about £3,200 Small panel Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent One fourth share at two years' purchase

17 LONDON, W 2 and W 6 —Non-dispensing and non panel PRACTICE, run by two men in partnership Receipts about £1,300 and £700 respectively Premium two years' and one and a half years purchase respectively Or either would be sold separately

18 KENSINGTON —Good-class non dispensing PRACTICE doing about £600 a year No panel but scope if required Fees 10/6 to £1 1s Very attractive residence with excellent consulting room etc 6/7 bedrooms, and large garage, etc Premium Freehold house and practice £5 200

19 S COAST —PARTNERSHIP in Practice, about £1 500 p a in health resort Panel 1 150 Visits mostly 5/- Modern semi-detached house (3 bedrooms) with garage, to rent District rapidly growing offering good scope Premium two-fifths share £1 250 to include share of drugs etc

20 WEST INDIES TOURIST RESORT —PARTNERSHIP in steadily increasing Practice doing £2 500 a year Partner must be experienced in surgery and possess M C O G Share of £1,000 at first at two years purchase

21 ISLE OF WIGHT —Well-established PRACTICE about £1,200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating, garage and small garden for sale or rent Good scope Premium £2,000

22 HOME COUNTIES, within 30 miles of London — PRACTICE, averaging about £3 000 p.a , in country district Good appointments and panel 2,500 Detached Georgian house (5 bedrooms etc) garage and good garden, to rent Premium two years purchase Preliminary Assistantship

23 LANCASHIRE COAST —NUCLEUS OF PRACTICE averaging £245 p.a , offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms) for sale Suit either medical man or woman Premium £500 to include instruments drugs and surgery furniture etc

24 SUFFOLK AND NORFOLK BORDER —Old established country PRACTICE about £1 100 p.a Panel 832, returning for 1936 £582 Good house (3 bedrooms) garden and garage Rent £40 p.a Premium 1¼ years purchase or offer

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DERBYSHIRE.—Old-established mixed-class PRACTICE near beautiful country and within easy reach of large town. Average cash receipts £1 100 p.a Panel 970 and transferable appointments £200 p a Scope Nice detached house 2 reception, 6,7 bedrooms garage and large garden Freehold Premium —1¼ years purchase —No 991

MANCHESTER.—Well-established Private and Panel PRACTICE in suburb Cash receipts last year £1,222. Panel 800 Scope for increase Good house 2 reception 5 bedrooms, 2 Professional rooms Premium—best offer for quick sale Vendor secured appointment.—No 1009

NEAR LEEDS —PARTNERSHIP in mixed Panel and Private PRACTICE, in present hands 40 years. Average cash receipts £4,250 p a Panel over 3 000 Scope for increase Excellent house, with separate surgery garage for 2 cars and nice garden Premium—3/5th share (approximately £2,520 p a)—2 years purchase —No 1031

DERBYSHIRE/CHESHIRE BORDER.—Old-established PRACTICE capable of great increase. Cash receipts last year £700 (increasing) Panel 862 Excellent house 2 reception 4 bedrooms, 3 Professional rooms (separate entrance) garage and good garden Premium—Practice and house—best offer —No 989

LANCS TOWN —PARTNERSHIP in middle and working-class Practice in clean town close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception, 4 bedrooms, garage and garden. Premium—one half share—2 years purchase or near offer No 1015

NOTTINGHAM —PARTNERSHIP in old established Practice Cash receipts £2 500 p.a Panel 3 000 Nice house Premium—half share —£2,400 —No 975

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NORTHUMBERLAND —Very old-established PRACTICE in country district near to sea Cash receipts last year £1 827 Panel 971 and transferable appointments £230 p.a. Excellent house 2 reception 5 bedrooms, 3 Professional rooms (separate entrance) garage and ¼-acre garden Premium—Practice—2 years purchase —No 1022.

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NORTH WEST COAST —Old-established middle-class PRACTICE in Seaside town. Cash receipts £1 100 Panel 350 Nice house garage and garden. Premium—1½ years purchase —No 961

LANCS TOWN —Old-established mixed-class PRACTICE in large town. Cash receipts approximately £1,300 p a. Panel 800 Scope Good house, 2 reception 5 bedrooms, 3 Professional rooms, garage and garden Premium—1½ years purchase.—No 1010

LIVERPOOL.—Well-established PRACTICE in pleasant district Receipts £800 p.a. Panel 650. Good house 5 bedrooms garden and garage. Premium—1 year's purchase —No 928

NORTH WALES COAST —Middle class PRACTICE Receipts £1 417 p a Panel 415 Excellent house with ample accommodation, garage and garden. Premium—£1 800 —No 929

DERBYSHIRE.—Old-established PRACTICE in pleasant district near large town offering great scope for increase owing to building developments Suitable for two men in partnership Cash receipts last year £3 436 Panel 3,394 Two good houses with ample accommodation and modern conveniences, each with garage garden and tennis court Premium—2 years purchase.—No 955

NEAR MANCHESTER —Very old-established mixed Panel and Private PRACTICE. Cash receipts over £1 300 p a Panel 1 730 Scope Good house 3 reception 4 bedrooms, garden Rent £60 p a Premium—best offer — —No 1029

DERBYSHIRE BORDER.—Very old-established mixed Panel and Private PRACTICE in semi rural district about 20 miles from Manchester Cash receipts £1 360 p a excluding appointments of £300 p a half of which may be transferred Panel 1 040 Scope for energetic man Excellent detached house 2 reception, 5 bedrooms, Professional rooms (separate entrance) garage and large garden. Vendor retiring. Premium—1½ years' purchase —No 1025

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NORTH EAST COAST —Easily worked middle-class PRACTICE in present hands 33 years. Cash receipts £1 159 p a No Panel Great scope as district developing Rent of Surgery premises £26 p a Premium—£1 000 (to include Surgery fittings etc. and small X ray plant) —No 1028

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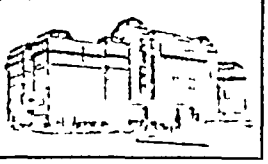
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Vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in January, 1938

Candidates below the age of 28 years are preferred and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career Officers transferred to the permanent list will receive a gratuity of £1 000 (less Income Tax)

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post Graduate study

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than November 22nd, 1937

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Applications are invited from medical graduates for the post of SENIOR PATHOLOGIST of Sydney Hospital at a salary of £900 rising by yearly increments of £50 to £1 000 p a (Australian currency) The successful applicant will work under Dr J C Eccles the Director of the Institute and will be responsible for the post mortem work and morbid histology of the Hospital In addition he will be required to engage in the informal instruction of students and there will be ample opportunity for pursuing original investigations.

The appointment will be for a period of five years and the successful applicant will be eligible for re appointment at the completion of this term

Applications (six copies) together with details of experience in Morbid Anatomy a list of publications a medical certificate of health and a recent photograph should be forwarded to the Secretary Sydney Hospital and reach him by January 31st 1938 on which date the applications will close The successful applicant will be expected to commence his duties not later than July 1st 1938 Travelling expenses up to a maximum of £1 0 sterling will be allowed Further information concerning the appointment may be obtained from THE SECRETARY *Universities Bureau of the British Empire*, 88a Gower Street London W C 1

CITY OF MANCHESTER

BAGULEY SANATORIUM (333 Beds)

The Public Health Committee invites applications from registered medical men for the post of RESIDENT JUNIOR ASSISTANT MEDICAL OFFICER (Grade 2) at the Baguley Sanatorium

The salary for the appointment is £250 p.a with board residence and laundry In addition subject to the Manchester Corporation conditions of service.

The appointment will be made in the first instance for a period of six months renewable for a further six months, but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House, Quay Street Manchester 3 by whom applications must be received not later than November 3rd, 1937

F E. WARBRECK HOWELL
Town Hall Town Clerk
Manchester 3
October 14th 1937

COUNTY BOROUGH OF BRIGHTON

BRIGHTON MUNICIPAL HOSPITAL

Applications are invited from duly qualified men for the post of SECOND RESIDENT ASSISTANT MEDICAL OFFICER at the Brighton Municipal Hospital

Candidates must be single men and preference will be given to those holding an F R C S or who produce evidence of having had practical surgical experience in a recognised Hospital as the appointment is primarily for Surgical work, although not entirely so

The appointment is for one year only but the person appointed will be eligible for further appointment from year to year

Salary £175 p.a together with residential allowance as valued for the purposes of Superannuation at £150 p.a

The post is designated under the Local Government and Other Officers Superannuation Act 19

Forms of application conditions of appointment and list of duties may be obtained from the undersigned which form duly completed and accompanied by copies of testimonials must be returned to the Medical Superintendent not later than Friday November 5th

Canvassing the Committee either personally or by letter will be considered a disqualification for appointment S J FIRTH
Medical Superintendent
Brighton Municipal Hospital
Elm Grove Brighton 7
October 1937

KENT COUNTY COUNCIL

SENIOR RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Senior Resident Assistant Medical Officer at the County Hospital Pembury (6 0 Beds)

The salary for the appointment is £350 a year rising by £25 a year to £450 a year together with residential emoluments which are valued at £170 a year

Applicants must have had experience in Surgery and have held House appointments in a London Hospital

Forms of application can be obtained from the Public Assistance Officer Tonbridge Road Maidstone to whom applications must be sent by 10 a m on Saturday October 30th 1937

W L PLATTS
Clerk of the County Council
Sessions House Maidstone
October 18th 1937

LANCASHIRE MENTAL HOSPITALS BOARD

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENTS

Applications are invited for the following whole-time appointments

DEPUTY MEDICAL SUPERINTENDENT County Mental Hospital Lancaster
DEPUTY MEDICAL SUPERINTENDENT County Mental Hospital Winwick

The salary in respect of each appointment is £750 per annum rising by annual increments of £25 to a maximum of £850 An additional £50 per annum will be paid for the possession of a Diploma in Psychological Medicine

The appointments will be subject to the provisions of the Asylums Officers Superannuation Act 1909

Applicants are required to submit their applications on a form to be obtained from the undersigned and such applications endorsed "Deputy Medical Superintendent Lancaster/Winwick" as the case may be should be sent to or delivered at my office not later than 1 noon on Thursday November 4th 1937

Canvassing either directly or indirectly will be a disqualification

County Offices GEORGE ETHERTON
Preston Clerk of the Board
October 1937

LANCASHIRE MENTAL HOSPITALS BOARD

BROCKHALL CERTIFIED INSTITUTION FOR MENTAL DEFECTIVES
Langho near Blackburn

Applications are invited for the whole time appointment of MEDICAL SUPERINTENDENT at the above Certified Institution

The salary is £950 per annum rising by annual increments of £100 to a maximum of £1 350 per annum with emoluments for pension purposes valued at £150 per annum

The appointment will be subject to the provisions of the Asylums and Certified Institutions (Officers Pension) Act, 1918

Applicants are required to submit their applications on a form to be obtained from the undersigned and such applications endorsed Medical Superintendent should be sent to or delivered at my office not later than 12 noon on Thursday November 4th 1937

Canvassing either directly or indirectly will be a disqualification.

County Offices. GEORGE ETHERTON
Preston Clerk of the Board
October 1937

The Spectator *and*

THE MEDICAL PROFESSION

This week's issue (29th October) of THE SPECTATOR includes a Health Supplement with special contributions of outstanding interest by Sir Kaye Le Fleming, M D, Sir Francis Fremantle, M D, M P, Lieut-Colonel T A Lowe, D S O, M C, and Dr R Cove-Smith

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RURAL DISTRICT OF COWBRIDGE

MEDICAL OFFICER OF HEALTH

The Cowbridge Rural District Council invite applications for the APPOINTMENT of MEDICAL OFFICER OF HEALTH for the above named Rural District The appointment will be part-time and is subject to the provisions of the *Sanitary Officers (Outside London) Regulations* 1935 and the Local Government Act 1933

Candidates must be not more than 50 years of age and must possess the Qualifications prescribed in Article 8 of the above named Regulations and in Article 7 of the Local Government (Qualification of Medical Officers and Health Visitors) Regulations 1930 and must be resident within the County of Glamorgan at the date of application The appointment will be until March 31st, 1938 in accordance with Article 1 of the Sanitary Officers (Outside London) Regulations

The person appointed will be required to perform all the duties imposed on a Medical Officer of Health under relevant Acts and Orders and also to act as Medical Officer of the Council's Infant Welfare Centres and Ante Natal Clinics The appointment will be subject to the approval of the Ministry of Health and will also be subject to the provisions of the Local Government and Other Officers Superannuation Act 19..

The salary as Medical Officer of Health will be £150 p.a In addition the person appointed will be paid a salary of £50 p.a as Medical Officer of the Maternity and Child Welfare Centres and Ante Natal Clinic The Council will also pay at the rate of £40 p.a for car allowance or travelling expenses

Applications stating age qualifications and experience and accompanied by not more than three recent testimonials, must reach the undersigned not later than November 1st 1937 in a sealed envelope marked Medical Officer of Health VIVIAN S GWYN
Clerk of the Council

District Council Offices
79 Eastgate Street Cowbridge Glamorgan
October 15th 1937

CITY AND PORT OF PLYMOUTH

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified medical men for the post of Assistant Medical Officer of Health to the City and Port of Plymouth

Applicants should not be more than 35 years of age, and must possess a Diploma in Public Health or a qualification in State Medicine or a Diploma in Tropical Medicine

The person appointed will be required to act as Boarding Medical Officer at the Port and he will also assist in the General Public Health work in the City Preference will be given to applicants having experience in Tuberculosis and Venereal Diseases The successful applicant will be required to act under the general supervision of the Medical Officer of Health and to carry out any duties delegated to him from time to time

The salary will be at the rate of £500 p.a rising by annual increments of £25 to £700 p.a

The appointment is whole time and the person appointed will be required to refund to the Council any fees received by him in respect of any work where such work is undertaken by virtue of his office or is in consequence of his being a medical officer of the Corporation

The post will be subject to the provisions of the Local Government and Other Officers Superannuation Act and will be terminable by two months notice on either side

The person appointed will be required to pass a medical examination

Forms of application may be obtained from the undersigned and should be returned together with copies of not more than three recent testimonials on or before Wednesday November 10th 1937 Envelopes must be endorsed Assistant Medical Officer of Health

T PEIRSON
Medical Officer of Health
City and Port of Plymouth

Town Hall
Stonehouse,
Plymouth
October 16th 1937

CITY OF BIRMINGHAM
ROMSLEY HILL SANATORIUM
(170 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for a Resident Assistant Medical Officer Candidates must be unmarried and have held a resident hospital appointment since qualifying Experience in the diagnosis and treatment of tuberculosis will be a recommendation

The appointment will be limited in the first instance to six months, and subject to satisfactory service may be extended for a further six months The salary will be at the rate of £240 p.a for the first six months and £275 p.a for the second six months, with board and residence in each case

Forms of application may be obtained from the Medical Superintendent, Romsley Hill Sanatorium Halesowen near Birmingham and should be returned to him not later than Wednesday November 3rd, 1937

F H C WILTSHIRE.
Town Clerk

CITY OF SALISBURY
(Southern Rhodesia)

Appointment of
ASSISTANT MEDICAL OFFICER OF HEALTH

APPLICATIONS endorsed on the cover as above are hereby invited from duly qualified male Medical Practitioners and will be received by the *undersigned up to and including November 23rd* 1937 for the above post at a salary calculated at the rate of £700 p.a rising by annual increments of £50 to a maximum of £900 p.a plus transport allowance (at present £10 p.a) as determined by the Council from time to time

The duties of the post include the treatment of infectious diseases in Council's hospitals the medical examination of natives the carrying out of work under the Maternity and Child Welfare and Venereal Diseases schemes and such other duties as may be required by the Council Preference will be given to applicants who have had postgraduate experience in the diagnosis and treatment of infectious and venereal diseases laboratory work and who possess a Diploma of Public Health or its equivalent

The person appointed must devote his whole time and attention to the service of the Council perform all directions of the Council and the Medical Officer of Health and reside within such part of the City as may be considered necessary for the efficient performance of his duties

The successful applicant will be appointed in the first instance under agreement (copies of which may be obtained from Messrs Davis and Sopers Ltd 54 St Mary Axe London E.C.3) for a period of three years and the appointment will be *subject to the Council's Service* and Leave Regulations in regard to other matters not mentioned in the agreement

Applicants should submit copies of testimonials and a medical certificate of fitness give particulars of age qualification and experience and state the earliest date on which they can assume duty in Salisbury if selected

Canvassing either directly or indirectly will disqualify applicants

By Order
F J LOVATT
Acting Town Clerk

Municipal Offices Salisbury
Southern Rhodesia
October 1937

BOROUGH OF REIGATE.

ASSISTANT MEDICAL OFFICER (Part time)

Applications are invited from qualified and registered Medical Practitioners (Female) for the above named appointment Applicants must possess a qualification in Public Health and have had experience in the Medical Inspection of school children in Maternity and Child Welfare and in the examination and certification of mentally defective children The officer appointed will work under the direction of the Medical Officer of Health and will be required to devote five mornings and three afternoons each week to the work Salary £450 p.a

The appointment will be subject to the approval of the Ministry of Health and of the Board of Education and to the successful candidate passing a medical examination The appointment may be determined at any time by two months notice.

Applications should be made on a form to be obtained from the undersigned to whom the completed forms should be returned together with copies of three recent testimonial not later than noon on Saturday November 6th 1937

Canvassing in any form will be a disqualification

HEBER DAVIES
Town Clerk.

Town Hall
Reigate
October 14th 1937

SURREY COUNTY COUNCIL.
RICHMOND INSTITUTION (280 Beds)

APPOINTMENT OF RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from Registered Medical Practitioners for the appointment of Resident Assistant Medical Officer at the Grove Road Institution Richmond The Institution is administered by the Public Assistance Committee of the Council

Applicants should have had experience as a House Surgeon or Physician The appointment is for a period of six months renewable for a further period of six months and the salary is at the rate of £375 p.a less a deduction at the rate of £175 p.a in respect of board lodging and laundry

The successful applicant will be required to commence duty early in December 1937

Applications stating age qualifications and experience and enclosing copies of not more than three recent testimonials should be endorsed Resident Assistant Medical Officer and sent to the County Medical Officer County Hall Kingston-upon-Thames so as to reach him not later than November 3rd 1937

DUDLEY AUKLAND
Clerk of the Council

County Hall
Kingston-upon-Thames.
October 19th 1937

NORTHAMPTONSHIRE COUNTY COUNCIL.

ASSISTANT MEDICAL OFFICER (Woman)

The above Council invite applications from fully qualified medical women for the appointment of Assistant Medical Officer for Maternity and Child Welfare and School Medical Inspection

The inclusive salary will be at the rate of £400 p.a *rising by increments of £25* to a maximum of £500 subject to a deduction of 5 per cent for superannuation under the Local Government and Other Officers Superannuation Act 19.. Travelling and subsistence allowances will be on the scale from time to time approved by the County Council

Applicants should have had at least three years experience in the practice of their profession and (1) be registered in the Medical Register as the holder of a diploma in sanitary science public *health or State medicine ( ) have held the appoint*ment of resident Medical Officer in a maternity department for a period of not less than six months and (3) within the last two years have had not less than one years continuous experience in some branch of obstetric work

The officer appointed will work under the direction and control of the County Medical Officer of Health and while the principal duties will be in connexion with maternity and child welfare and school medical inspection she will also be required to perform such other duties as may be assigned to her by the County Council and the County Medical Officer of Health

The officer will be required to devote her whole time to the duties of the office and to reside in a place approved by the Council

The candidate appointed will be required to pass a medical examination

The appointment will be determinable upon three months notice on either side

Application stating age qualifications and experience together with copies of not more than three recent testimonials should reach the undersigned not later than November 8th 1937 Canvassing will disqualify

H S MARTIN
Clerk of the County Council

County Hall
Northampton
October 18th 1937

COUNTY COUNCIL OF MIDDLESEX

PHYSICIAN

Applications are invited from registered Medical Practitioners for the appointment on the pensionable staff of a Physician Grade II at West Middlesex County Hospital Isleworth The appointment is a senior one in the Council's general hospital service and applicants are expected to be medical men or women of high qualifications and professional attainments who have devoted their time wholly or chiefly to the practice of clinical medicine and who possess special knowledge and experience in psychological medicine The successful candidate will work under the direction of the Medical Superintendent of the hospital and the whole of his time must be given to his official duties. He must be prepared to undertake the teaching of postgraduate students if required and to carry out such other duties as the County Council may from time to time direct

Salary £650 per annum rising by annual increments of £50 to £900 and after eight years service by two further annual increments of £50 to a maximum of £1 000 per annum The salary is inclusive and any fees received by the officer appointed must be paid over to the County Council.

The appointment is non-resident and the successful candidate will be required to reside within a short distance of the hospital In the case of an unmarried officer if accommodation is available, board lodging laundry and service may be provided by the County Council and in this event a deduction of £150 per annum will be made from the officer's salary

The appointment which will be subject to *medical examination* will be held during the pleasure of the Council and is terminable by three months notice on either side

Applications stating age qualifications and experience together with *copies* of not more than three recent testimonials must be received by the undersigned not later than October 30th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Physician West Middlesex County Hospital" Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE Z.
Clerk of the County Council

Middlesex Guildhall
Westminster S W I
October 7th 1937

VICTORIA HOSPITAL, BLACKPOOL.
(18.. Beds)

HOUSE SURGEON (Male) REQUIRED TO SURGICAL UNIT No 1

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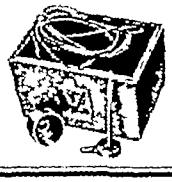
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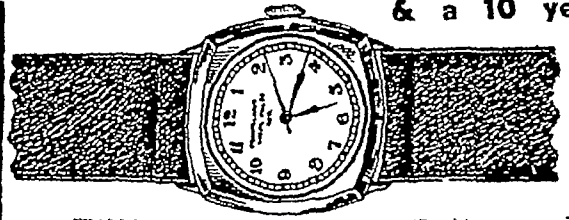


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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District	Town or District
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA CLYDACH VALE TENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OAKDALE, MON *(Medical Officer for Medical Aid Association)*
BLACKPOOL AND FYLDE FRIENDLY SOCIETIES COUNCIL *(Medical Officer)*	MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society) (Workmen's Medical Scheme)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1

Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon. Sec. Western Australian Branch British Medical Association Shell House 205 St. Georges Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon. Sec. Queensland Branch British Medical Association B M A House 5 Wickham Terrace Brisbane B 17				

October 20, 1937 By Order of the Council G. C. ANDERSON, *Secretary*

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL, King's Lynn

THIRD RESIDENT MEDICAL OFFICER

The Governing Board invite applications for the above post. Duties will include work in Casualty Department and in surgical wards under the Resident Surgical Officer. Salary £1 0 per annum. The appointment is for six months in the first instance. Applications stating age, nationality, qualifications, should be accompanied by testimonials and reach the undersigned not later than October 30th.

JOSEPH E. SEARJEANT, F.C.C.S.,
House Governor and Secretary.

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL. (240 Surgical and Medical Beds.)

HOUSE SURGEON TO OPHTHALMIC AND EAR, NOSE AND THROAT DEPARTMENTS

Applications are invited from fully qualified men for the above post.

The appointment is for six months.

Salary at the rate of £150 per annum.

Applications stating age, together with copies of three recent testimonials, should be sent to the undersigned.

M. H. BOONE,
October 4th 1937 Superintendent and Secretary.

ROYAL EAST SUSSEX HOSPITAL, Hastings

Applications are invited for the post of JUNIOR HOUSE SURGEON (female) vacant November 21st. The appointment is for a period of six months.

Salary at the rate of £150 p.a. with board and residence. Candidates must be duly registered medical practitioners.

Applications with copies of recent testimonials to be addressed to the Secretary.

WILFRID G. KEMSLEY,
Secretary.

HARTLEPOOLS HOSPITAL, Hartlepool. (96 Beds.)

Applications are invited for the post of HOUSE SURGEON (male), salary £150 p.a., with board, residence and laundry.

The appointment is for six months (subject to renewal). Duties to commence in October.

Applications, stating nationality, age, qualifications and experience, should be addressed to the undersigned.

NORMAN O. DEANS,
Secretary.

MOUNT VERNON HOSPITAL (For Cancer), Northwood

A HOUSE SURGEON (Resident) will shortly be required.

Application with copies of three testimonials, should be addressed to the undersigned on or before the 30th instant.

Offices, 32 Fitzroy Square, W 1. W. J. MORTON.

GLENGALL HOSPITAL FOR MENTAL DISEASES, AYR

Wanted JUNIOR ASSISTANT MEDICAL OFFICER (male). General Practice or Hospital experience desirable. Salary £300 per annum (less contributions to superannuation fund) with board, lodging and laundry.

Applications with copies of testimonials to Dr. McRAE.

MANCHESTER ROYAL EYE HOSPITAL.

JUNIOR HOUSE SURGEON required. Salary £170 per annum with residence, board, etc.

Applications (with copies of testimonials) endorsed "House Surgeon" to be addressed to the Chairman of the Board of Management not later than October 29th 1937.

H. R. NORTH,
Gen. Supt. and Secretary.

HUDDERSFIELD ROYAL INFIRMARY. (321 Beds.)

Male HOUSE SURGEON required to commence duty on November 1st 1937.

Salary £150 per annum with board, residence and laundry. Appointment for six months, subject to renewal at the discretion of the Board of Management. The Hospital is officially recognized for the surgical practice required of non-members before admission to the Final Fellowship Examination of the Royal College of Surgeons of England.

Applications with copies of three recent testimonials to be addressed to the undersigned immediately.

H. J. JOHNSON,
Gen. Supt. and Secretary.

ROYAL HAMPSHIRE COUNTY HOSPITAL, Winchester. (167 Beds.)

HOUSE PHYSICIAN

Applications are invited from fully qualified men for the above post to take up duties on December 1st next. Six months appointment. Salary £125 per annum with board, residence and laundry.

Candidates, who must be of British nationality, to make application to the undersigned enclosing copies of three testimonials.

HERBERT MASLEN,
October 7th 1937 Secretary.

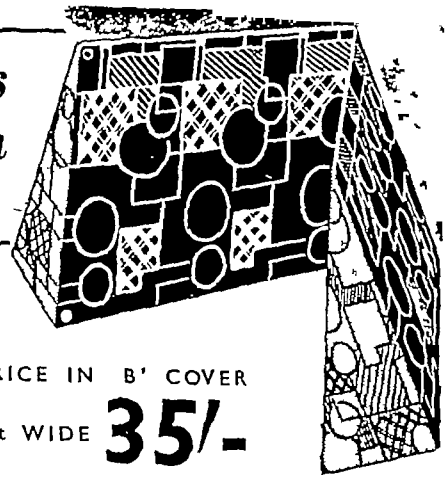
DORSET MENTAL HOSPITAL, Dorchester

JUNIOR ASSISTANT MEDICAL OFFICER required. Salary £400—£25—£450 with apartments, board, attendance and laundry valued at £120 £50 extra for D.P.M. Laboratory facilities for research and clinical medicine; three Out Patient Clinics. *Study leave may be granted after approved service.* General hospital experience desirable.

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(Advertisements continued on p. 57)

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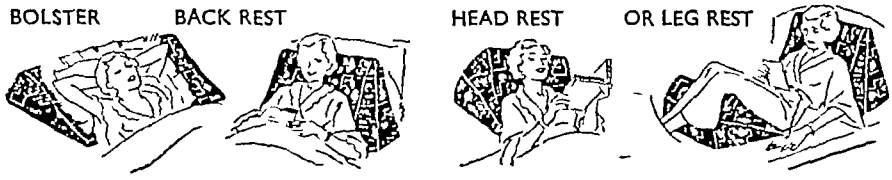
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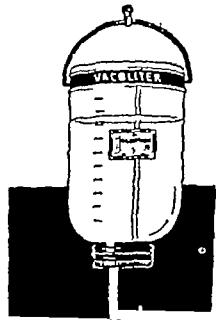
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MB, BCH SCOTS SINGLE AGE 29 3½ years G P ex-C.O H P H S requires ASSISTANTSHIP with view to PARTNERSHIP or succession own car free soon. —Address, No 1321 B M.A House Tavistock Square W C 1

OUTDOOR ASSISTANT REQUIRED FOR Monmouthshire, married or single £450 to include car allowance Furnished rooms provided —Apply stating age nationality and full particulars usual bond —Address No 1389 B M A House Tavistock Square W C 1.

WELL-QUALIFIED MALE ASSISTANT required for good class panel and private practice in large Midland City Partnership of one third to one-half share available after six months for suitable applicant For further particulars apply —DAY JOHNSON AND BOOT Solicitors 8 Park Row Nottingham

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LOCUMS —EXPERIENCED LOCUM DISengaged November 4th Own car Used to good class practice and panel work. £8 8s. per week —Address LOCUM 16 Ormond Drive Hampton Middlesex.

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A Course of Training in Dispensing and Pharmacy is given at GORDON HALL SCHOOL OF PHARMACY and Secretary Dispensers can be supplied to Doctors. Sessions January, April and September —Apply Principals, School of Pharmacy Drayton House, Gordon Street W.C.1 Phone Euston 3930

CAMBRIDGE AND ST THOMAS S MAN act 30 reading for higher exam in June would take EVENING SURGERIES in London. Experienced G P and Panel good references —Address, No 1304 B M.A House, Tavistock Square W C 1.

CAREER FOR DAUGHTERS OF MEDICAL MEN DISPENSING Full training for APOTHECARIES HALL DIPLOMA New Session commencing November —The Principal CENTRAL SCHOOL OF PHARMACY FOR LADY DISPENSERS 28 Moreton Street London S W 1

DISPENSER BOOK KEEPER (Hall) would like part time post with doctor in or near London Free 11 12 a.m 7 30-8 30 p m 6-7.30 p m — Address, No 13.8 B M.A. House, Tavistock Square W C.1

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EXPERIENCED SECRETARY RECEPTIONIST (Dentist s widow) requires post with Doctor or Dentist London or provinces —Address No 1312 B M A House Tavistock Square W C.1

POST-GRADUATE STUDENT TO HELP WITH evening surgery (Hackney) Good experience Must live in (otherwise do not apply) State period available and other essential particulars.—Address No 1394 B.M A House Tavistock Square W C 1

PRACTITIONER DESIRES PART TIME WORK Croydon Beckenham Bromley Lewisham district Public Health Institution Practice Can also arrange week-end locums — Address No 1107 B M.A House Tavistock Square W C 1

THE LONDON AND PROVINCIAL MEDICAL STAFF BUREAU (Licensed annually by the L.C.C.) 24b Hereford Road W 2, will supply qualified Dispensers, Secretaries, Receptionists, etc., without fee to Medical Practitioners. Phone Bayswater 0823

THE ROYAL ARMY MEDICAL CORPS ASSOCIATION 85 Eccleston Square S W 1 (Telephone Victoria 2722) supplies *qualified Dispensers, Book-keepers, Laboratory* Assistants Sanitary Assistants, Male Nurses Mental and Special Treatment Orderlies Dental Clerk Orderlies, Porters Caretakers etc. without charge to prospective employers.

PARTNERSHIPS

WANTED IMMEDIATELY BY PRIVATE advertiser PARTNERSHIP OR PRACTICE, coast preferred Ex H P thoroughly experienced in G P Keen anaesthetics Short preliminary assistantship considered Own capital. Confidential. No 1318 B M A House, Tavistock Sq W C 1

WANTED NEXT SPRING BY M.D M R C P aged 37 seven years hospital and six years G P experience PARTNERSHIP in good mixed practice South of England preferably coast. Share £1,350 up —Address No 1330 B M.A. House Tavistock Square, W C 1

WANTED PARTNER FOR WOMEN'S Practice in North Midlands city Share worth about £750 p.a Later increase Good house —Address No 750 B M A House Tavistock Square, W C 1

WANTED PARTNERSHIP ABOUT £1 250 (or assistantship with early view) by Scotch graduate (1925) Age 38 Retired R.A M C family reasons Ex H.S H P Special experience E.N T anaesthetics, ordinary surgery Capital available Married family —Address, No 1034 B M.A House, Tavistock Square W C 1

A MALE JUNIOR PARTNER AGED ABOUT 30 is required in a large partnership in East Anglia Must have held Resident H P appointment and be a competent anaesthetist. Applicant will be required to do a preliminary assistantship after which a gross share of £1 300 approx. per annum will be offered at 2 years purchase. This will be increased later to a suitable man. Apply giving full particulars to—Address, No 101., B M A House Tavistock Square W C 1

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JUNIOR PARTNER (WITH PRELIMINARY ASSISTANTSHIP) wanted in large middle-class practice in Midland town Two partners at present Good appointments Good scope for energetic man keen on surgery Hospital appointment for man with surgical qualification and experience Apply —Address No 138? B.M A House Tavistock Square W C 1

PARTNERSHIP SURREY TEN MILES London ONE THIRD SHARE in large rapidly increasing mixed practice Panel 1 700 Applicant should be about 30 years unmarried Church of England with good qualifications, hospital and G P experience prepared to do some surgery and to undertake all branches of General Practice Scotsman or Englishman preferred Only candidates with the above qualifications need apply —Address No 1118 B M A House Tavistock Square W C. 1

PARTNERSHIP —N E. LONDON WITHIN 15 MILES In growing practice Panel 1 800 Receipts £2,800 Two-fifths or half share according to experience Scottish or English graduate House could be rented —Address No 1327 B M.A House Tavistock Square W C 1

PARTNER WANTED IN FAVOURITE SEA side resort after short preliminary assistantship Practice about £2 600 steady increase of £200 each year One-third offered at 2 years purchase Young man required Should have held one or more hospital appointments preferably but not essentially London graduate Please send all particulars age photo returnable and names of persons willing to give testimonials to—Address No 1384 B M A House Tavistock Square W C 1

SUSSEX —HALF SHARE APPROX £1 400 IN mixed practice residential seaside town. Panel 2 000 Fees 3s 6d to 10s. 6d Must be able to do major surgery Well-equipped local Hospital Good house centrally situated £1,500 Premium two and a quarter years purchase —Address No 1217 B M.A House Tavistock Square W C 1

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WANTED —GOOD MIDDLE-CLASS PRACTICE, London (N W or N preferred) returning £1 750/£2,500 House with at least 5 bedrooms, 2 reception rooms surgery garage etc Ample capital Details in confidence to PERCIVAL TURNER, LTD 4 Adam Street, London W C 2. Ref. No 3182

WANTED — PRACTICE, MARKET OR country town S S W or S E. England Inc. £1 200-£2 000 Moderate panel partnership considered Freehold house, good garden To purchase. Capital available. No Agents —Address No 1109 B M A House, Tavistock Square, W C 1

WANTED TO SELL QUICKLY RAPIDLY Increasing NUCLEUS started last November South Coast quarter Panel figures 14 34 and 91 (October 1st) Cash receipts over £150 Now booking over £5 week —Address No 13.5 B M.A House Tavistock Square W C 1

A NUMBER OF SMALL PRACTICES AT LOW premiums Excellent opportunities for practitioners wishing to get a Practice with scope — Apply PEACOCK AND HADLEY LTD 67/68 Chandos Street, Strand, W C.2.

CORNWALL —OLD-ESTABLISHED PRACTICE. Receipts last year nearly £1 400 good panel House and garden for sale with practice Combined price £3 800 *Ill-health* Mortgage on house obtainable —Apply PEACOCK AND HADLEY LTD 67/68 Chandos Street, Strand W C.2.

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FOR SALE.—DEATH VACANCY MEDICAL PRACTICE in Belfast Private and Panel Lease of house obtainable If desired —Apply JOSEPH DONNELLY AND Co Solicitors 2, Mayfair Arthur Square Belfast.



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IN Phthisis, Pneumonia, Influenza, and other Wasting, Acute or Febrile Diseases, When Other Food Fails and it is Essential to Aid the Digestion and Sustain the Exhausted Patient, Valentine's Meat-Juice demonstrates its Ease of Assimilation and Power to Restore and Strengthen.

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RICHMOND, VIRGINIA, U S A

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"For a Tired Stomach"

APPOINTMENTS—Contd

THE ROYAL INFIRMARY
Sunderland (290 Beds)

HOUSE SURGEON (male) required to commence duty as soon as possible. Salary £170 per annum with board residence laundry etc

Applications stating age and qualifications and accompanied by copies of testimonials to be sent to the undersigned The Infirmary possesses modern equipment and has up-to-date Pathological and X-ray Departments. The resident medical staff consists of a R.S O and six others. The surgical appointments are recognized by the Royal College of Surgeons of England for the six months training required of candidates before admission to the Final Examination for the Fellowship

M J HUNTLEY
House Governor and Secretary

GREAT BARR PARK COLONY
(Certified Institution for Mental Defectives)

Applications are invited for the post of JUNIOR (Male) ASSISTANT RESIDENT MEDICAL OFFICER. Salary £275 p.a with board, residence and laundry The appointment is for a period of twelve months and offers good experience in Mental Deficiency to a recently qualified Medical Practitioner entering the Public Health or Mental Services Residence at this Colony is recognized for the D P M of the Conjoint Board

Applications with copies of not more than three recent testimonials, should be sent to the Medical Superintendent, Great Barr Park Colony, near Birmingham not later than November 5th 1937

LEICESTERSHIRE AND RUTLAND MENTAL HOSPITAL
Narborough near Leicester

ASSISTANT MEDICAL OFFICER REQUIRED

Commencing total salary and emoluments valued at £500 per annum rising by £25 per annum to £600

In addition £50 per annum will be given if the Officer holds or obtains the D P M

Married quarters are available under certain circumstances

Full details on application to the Medical Superintendent

GENERAL INFIRMARY SALISBURY
(Voluntary Hospital 191 Beds, now in course of extension to 225 Beds.)

HOUSE PHYSICIAN (male) required to commence duty December 1st 1937 The appointment is for six months with the right of applying for reappointment for a further period of six months Candidates must be fully qualified unmarried and registered Salary £125 per annum with board residence.

Applications with copies of testimonials, to be sent to the House Governor and Secretary from whom a copy of the rules may be obtained

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THE INFANTS HOSPITAL
Vincent Square, Westminster

Applications are invited for the post of PATHOLOGIST The appointment will be a full-time one Salary at the rate of £700 per annum

An assistant will subsequently be appointed

Applications with copies of not more than three testimonials should reach the undersigned not later than November 3rd

ALFRED J SMALL,
Secretary

STIRLING DISTRICT MENTAL HOSPITAL
LARBERT

JUNIOR ASSISTANT MEDICAL OFFICER required (male) Salary commencing at £300 p.a with board lodging and laundry Appointment subject to provisions of Asylums Officers Superannuation Act. Apply stating age and experience with testimonials to the Medical Superintendent.

CONNAUGHT HOSPITAL,
Walthamstow E.17

Applications are invited for the post of HONORARY ANAESTHETIST to attend at 2 p m. on Fridays Candidates should furnish particulars of their qualifications nationality age and previous experience

Applications should be received on or before Friday October 29th

KENELM S ELLISON
General Secretary

APPLICATIONS ARE INVITED FOR THE post of HONORARY CONSULTANT GYNAECOLOGIST to the ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE. Candidates must be Fellows of the Royal College of Surgeons or Members of the Royal College of Physicians The Hon Consultant Gynaecologist is required to attend the Clinic once a fortnight. Applications should be sent not later than October 30th to the Secretary at St. John Clinic Ranelagh Road S W 1

ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN
Dyke Road Brighton

APPOINTMENT OF A SECOND HONORARY EAR NOSE AND THROAT SURGEON

NOTICE is hereby given that the Election Committee will meet on Friday November 26th at 3 15 p m and it is hereby convened for that date for the purpose of electing a Second Honorary Ear Nose and Throat Surgeon

All candidates are required to transmit their applications with their qualifications and testimonials under cover to the undersigned not later than Friday November 12th and must hold themselves in readiness to attend the meeting of the Committee on the day of election

The Committee does not bind itself to appoint any candidate. By the rules of the Hospital any candidate personally or through an agent, canvassing members of the Election Committee shall be disqualified ipso facto from holding the office for which he is candidate but every candidate shall have an opportunity of appearing before the Election Committee and may send a copy of his testimonials to the Members of the Committee of Election not more than ten days before the meeting at which such election is to take place

Further information can be obtained if desired by application to the Secretary PERCY F SPOONER at the Hospital

October 14th 1937

ROYAL MANCHESTER CHILDREN S HOSPITAL
Pendlebury near Manchester
(23_ Beds)

RESIDENT SURGICAL OFFICER

Applications are invited for the post of RESIDENT SURGICAL OFFICER Salary £150 p.a The appointment is for a period of six months commencing December 1st

Candidates must be unmarried and duly registered Previous Hospital experience essential Candidates holding or working for a higher surgical qualification preferred

Applications stating age and accompanied by copies of not more than three recent testimonials to be sent to the undersigned not later than Monday November 1st. Canvassing directly or indirectly may disqualify

By Order
H. HEARDMAN
Secretary

ROYAL BUCKINGHAMSHIRE HOSPITAL
Aylesbury

(In course of Extension to 120 Beds)

Applications are invited for the post of SECOND RESIDENT MEDICAL OFFICER (Male) for six months to begin duty as soon as possible.

The candidate appointed will be eligible to apply for the senior post when it becomes vacant

Salary £150 p.a with board residence and laundry Candidates must be fully qualified and registered Applications stating age qualifications and experience with copies of not more than three testimonials should be sent to the undersigned immediately F G DAWES
Secretary

ROYAL INFIRMARY BLACKBURN
(244 Beds—Five Residents)

HOUSE SURGEON (Male) required Salary £175 with board residence laundry etc. Applications with copies of testimonials stating age nationality experience etc to be sent to the undersigned as early as possible

T DEWHURST
General Supt and Secretary
Royal Infirmary Blackburn

This Institution is recognized for the Surgical Practice required for the F.R.C.S examination

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ROYAL SOUTHERN HOSPITAL,
Liverpool 8

WANTED IMMEDIATELY ONE HOUSE SURGEON Salary at the rate of £60 p a with board and residence.

The appointment is tenable until March 31st 1938

Applications and copies of testimonials to be sent to the undersigned

FRANK SOLMAN
Superintendent and Secretary

October 12th 1937

THE ST HELENS HOSPITAL

Applications are invited for the position of JUNIOR HOUSE SURGEON (Male) to this Hospital at a salary of £150 p.a plus board residence and laundry Applications, accompanied by three recent testimonials to be sent to the Secretary The St Helens Hospital St. Helens Lancashire not later than October 30th

Applicants are requested to state when they could commence duties

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HULL ROYAL INFIRMARY

Applications are invited from registered medical practitioners for the following posts —

1 SECOND HOUSE SURGEON (male) vacant November 5th Salary £150 The post is recognised by the Royal Colleges for the F R C.S examinations and is also approved by the University of London for the M.S Branch 1 (Surgery) Examination

2 FIRST CASUALTY OFFICER (male) vacant November 1st. Salary £150 In addition to carrying out duties in the Casualty Department the officer appointed will act as House Surgeon to one of the Honorary Assistant Surgeons and will thus gain Ward and Theatre experience He will be eligible for promotion to a more senior post when a vacancy occurs

In each of the above posts salary is plus board residence and laundry

The appointments will be for a period of six months but will be determinable at any time by one month s notice on either side

Applications stating age experience and nationality together with copies of recent testimonials should be addressed to the undersigned R J CARLESS

October 18th 1937 House Governor

FORSTER GREEN HOSPITAL
For Consumption and Chest Diseases.
Forthreda Belfast

A vacancy for a HOUSE PHYSICIAN will occur on December 1st The appointment will be for a period of six months renewable for a further six months

Salary £150 p.a with board residence and laundry

Applications with copies of testimonials to be sent to the Secretary 99 Scottish Provident Buildings Belfast on or before Saturday November 6th 1937

Canvassing will be a disqualification

ALTRINCHAM GENERAL HOSPITAL
(100 Beds 2 Residents.)

Applications are invited for the posts of SENIOR AND JUNIOR HOUSE SURGEONS Salaries £150 and £120 respectively with board washing etc to commence duty on December 1st 1937 Six months appointment The Junior resident is eligible for the senior post at the end of that period

Applications stating age nationality experience etc to be addressed to the undersigned not later than October 28th 1937

E. A BIDEN
Secretary

DONCASTER ROYAL INFIRMARY AND DISPENSARY (185 Beds)

(Recognised under the regulations for the D O and D L.O)

HOUSE SURGEON (male) to Eye and Ear Nose and Throat Departments required immediately

Salary at the rate of £175 per annum with board residence and laundry Candidates willing to remain one year preferred

Applications accompanied by not more than three testimonials, to be sent to the undersigned

R LANCASTER
Secretary Superintendent

NORTH ORMESBY HOSPITAL
MIDDLESBROUGH

HOUSE SURGEON (male and unmarried) required Salary £120 p.a with board residence and laundry

Applications stating age qualifications experience (if any) with copies of three recent testimonials should be sent to the undersigned

GEORGE WATTS
Secretary-Superintendent

ECCLES AND PATRICROFT HOSPITAL,
near Manchester

HOUSE SURGEON required November 1st, 1937 Salary £200 p.a plus usual. Appointment is for a minimum period of 6 months Good Surgical work and Casualty available—Apply with three recent testimonials to Secretary

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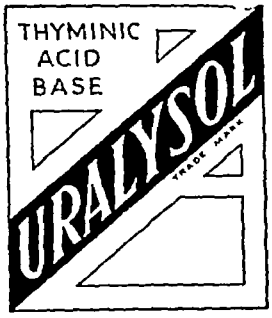
HUNTINGDON COUNTY HOSPITAL.

HOUSE SURGEON required on May 14th. Salary £120 p a with board and residence. Applications with copies of three testimonials stating age nationality and qualifications to be sent to Dr C E Hicks Huntingdon County Hospital

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OLDHAM ROYAL INFIRMARY

HOUSE SURGEON required for a period of six months Salary at the rate of £175 p.a. with board residence and laundry Applications, stating age, experience and qualifications together with copies of three recent testimonials, must be forwarded to the undersigned. H J CLOUT
General Superintendent



FORMULA

Thyminic Acid	0 10
Hexamethylenetetramine Anhydromethylenecitrate	0 50
Hexamethylene Tetramine	2 50
Piperazine Tartrate	0 25
Lithium Carbonate	1 00
Sodium Benzoate	1 00
Effervescent Base	ad 100

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LONDON N 1—Lock up Surgery in thickly populated district to be rented at £91 p.a Part sub-let. Receipts average £450 p.a Panel 500 Premium open to reasonable offer

ISLE OF WIGHT—PARTNERSHIP in old-established non-dispensing PRACTICE. Suitable house to be rented on lease at £65 p.a Receipts over £2 600 p.a Panel 1 200 Two Appointments Premium for one-half share 2 years purchase.

LONDON W 4—Old-established good middle-class PRACTICE in residential district. Excellent leasehold House (60 years) Receipts average £700 p.a Panel nearly 500 Premium for House and Practice £2 100

MIDDX (Within 12 miles of London)—Better middle-class PRACTICE, established 2 years Excellently situated corner house for sale freehold Receipts this year over £740 Panel 500 Excellent prospects. Premium £873 for Practice.

LONDON S W 12.—Increasing better middle-class PRACTICE in pleasant residential district. Receipts last year £1,564 Panel 420 (select) Detached house in own grounds for sale. Two Appointments Premium 1½ years purchase on three years average.

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1 LINCS—£2,450 p.a. Panel 1,200 Half share at 2 years House rent.
2 BRISTOL.—Old-established Private PRACTICE in best part. Offers considered.
3 I O W.—£2,640 p.a Panel 1,200 Two-fifths share at 2 years House rent
4 CORNWALL.—Country PRACTICE. £850 p.a Panel 500 2 years purchase. House rent.
5 BRISTOL—£2 470 p.a Panel 3 300 Half share at £3 080 House rent.
6 MIDDX—Country district. £1 800 p.a Panel 1 600 Price £5 750 for Practice and good house *or £4,250 for Practice and house on lease*
7 BRISTOL.—£1,360 p.a rapidly increasing Good panel Price £2 700 House rent.
8 DEVON—Country near sea £1 750 p.a Panel 1 050 Half share at £1 750 House rent.
9 GLOS—Recently established PRACTICE, doing over £10 month £100 or near offer
10 S.E. COAST—£1,500 last year Panel only just commenced rapidly increasing Half share at 2 years purchase.
11 BRISTOL—About £800 p.a Panel 200 1½ years purchase.
12. HANTS—Country PRACTICE. £300 p.a. Panel 138. Price £200 or offers House sale or rent.
13 N WALES—£1 025 p.a Panel 750 £1 950 or near offer for Practice and surgery
14 LONDON S E.—£730 p.a. Panel 577 1½ years

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4 SOUTH MIDLANDS—Country PRACTICE. Receipts av £870 p.a. Panel about 220 with scope to increase. Good accommodation.
5 LANCS—Well-established middle and working-class PRACTICE. Receipts average £1,350 p.a. and Panel of 807 with ample scope to increase. and good house.

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The maximum commission charged on the sale of any practice or share placed exclusively in our hands is £50
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FOR DISPOSAL.

DERBYSHIRE. — COUNTRY UNOPPOSED Nearly £1 100 p.a Panel 960 Appts £200 p.a. Premium only 1½ years purchase Good house 6 bed etc. £1,500 freehold —1
LONDON W—RESIDENTIAL. £700 p.a Panel 500 Ill health cause of sale. Goodwill £950 Corner family house for sale at £1 150—2.
SUSSEX—COUNTRY PRACTICE. About £700 p.a Panel over 500 increasing Appts. £20 p.a Visits 5/ up Small house, nice garden garage etc to rent.—3
WITHIN 30 MILES OF LONDON, WEST SIDE. ¼ SHARE of about £3,200 p.a. Panel about 2,500 Very good prospects Excellent house can be purchased or rented —4
ESSEX SUBURB — NON-PANEL FAMILY PRACTICE About £2,200 p.a. Fees 3/6 to 21/ Detached corner house 6 bed etc Leasehold £1 000 Premium 2 years purchase or offer —5
SURREY—TOWN NEAR LONDON Nearly £1,300 p.a. Panel 800 Good house on rental Premium £2 000—6
LONDON N W 1—LOCK-UP AVERAGE £450 p.a Panel 700 Visits 3/6 Surgery 2/6 Net Rent £95 p.a. Premium £700 including drugs and fittings.—7
WEST COUNTRY — CONSULTING PRACTICE. Excellent opening £500 p.a at present with ample scope. M.R.C.P essential—8
LONDON S W—£400 P.A SMALL PANEL. Vendor lives away Good scope if resident. Price of practice and house £1 600 Part of house let at 30/ —9
WEST COUNTRY—OLD EST., UNOPPOSED country PRACTICE, £850 p.a. Panel 500 and appts Nice house garden and garage. rent £80 p.a Premium 2 years purchase.—10
HANTS—COUNTRY PRACTICE, over £800 p.a Panel 470 Appts £150 p.a Charming compact house, ¼ acre garden and garage. Rent, £55 p.a Premium £1 250—11
GOLDERS GREEN — PROMISING NUCLEUS Scope. Good house in excellent position Premium house and practice £1,500—12.
LANCS TOWN—OLD EST £1 100 p.a Panel 325 not encouraged good scope. Nice house large garden and garage for sale or let. Premium 1½ years purchase.—13
ISLE OF WIGHT — TWO FIFTHS SHARE in well-est PRACTICE of about £2 600 p.a Panel 1 200 and appts Nice house garden and garage Social and sporting facilities. Premium 2 years purchase.—14
LONDON N—ABOUT £1 000 P.A. Panel 1 050 Fees 3/ to 5/ Lock-up Premises. House available, if required —15
MANCHESTER — PLEASANT DISTRICT About £1 200 p.a. Panel 750 Ample scope. Well-built detached house, 5 bed., garden, and tennis lawn etc —16
SUFFOLK—COUNTRY AVERAGE £1 096 p.a. Old-estd Panel £582. Appts. and clubs over £100 p.a. Premium £1 900 House with 2 recep 3 bed surgery etc. Electric light Indoor sanitation *Garden and garage.* Rent £40—17
LANCS — TOWN OLD ESTAB Average £1,300 p.a. Select panel of 807 Scope for Surgery and X Ray Premium 1½ years purchase. Nice house on rental £70 p.a —18
LONDON S E.—RESIDL AVERAGE £700 p.a Panel 600 Old-estd Fees 3/6 to 10/6 Premium 1½ years purchase. Corner house. 5 bed etc £1 700 or offer —19
KENT—WITHIN EASY REACH OF town Nucleus nearly £700 with ample scope. Estd. only 20 months. Panel now 220 Premium only £700 incl equipment. Suitable house to rent.—20
PROSPEROUS N E. COAST TOWN—£2 000 p.a. Old-established. Panel 2,200 Appt. £250 ¼ share for disposal. 2 years purchase.—21.
SOUTH COAST WITHIN 100 MILES —Average £1 200 *Medium* panel. Good fees. Good family house (5 bed) and good garden for sale.—22.

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25 S COAST—Middle and upper-class non-dispensing PRACTICE about £3 300 in residential town and watering place No panel Visits 3/6 to £1 1s House to rent or purchase Premium two years purchase

26 MIDDLESEX—PRACTICE in residential district Receipts last year over £2 000 Panel about 1 600 Visits 3/6 to 10/6 Nice residence (4 bedrooms dressing room etc) good garage and garden for sale or rent Premium £4,250

27 S OF ENGLAND—PRACTICE averaging £834 p.a in rapidly growing residential district near important coast town (appointments and panel worth about £400 p.a) Semi-detached corner house (3 bedrooms and attic) with garage for sale or rent Scope Premium £1 450

28 S.E COAST—Easily worked middle-class PRACTICE, averaging £650 p.a in summer resort. House (6 bedrooms etc) in best part, with large garden and garage, for sale Branch surgery rented at 10s weekly Panel 200 Scope Premium £1,200

29 LONDON, W C DISTRICT—Increasing PRACTICE doing £1 460 (including a branch surgery in N 7 area) Panel over 1,560 Private residence to rent at £210 p.a on lease, also branch surgery rented on lease Good scope Premium two years purchase

30 W OF ENGLAND—Old-established non panel PRACTICE at well-known inland spa Cash receipts £830 p.a Suitable houses or flats obtainable Extensive building taking place in neighbourhood with excellent opportunity for panel, if desired Premium one and a half years purchase

31 S W OF ENGLAND, COUNTY TOWN—Middle-class non-dispensing PRACTICE averaging £1 147 p.a Panel 500 Good house (4 bedrooms and dressing room), garden and large garage Price £2,200 Freehold Very good scope for energetic well-qualified man Premium one and a-half years purchase

32 S MIDLANDS—PARTNERSHIP in first rate county town Practice about £5,600 within 40 miles of London Panel 3,500 Suitable house obtainable Premium ONE FOURTH share two years purchase Applicant must be Scottish or English and have held hospital appointments

33 YORKSHIRE (N R)—Steadily increasing country PRACTICE between £1 400/£1,500 including appointments and panel worth £400 p.a Extremely attractive house (5 or more bedrooms) garage and small garden for sale Good schools and sport Premium one and a half years purchase

34 S MIDLANDS—PARTNERSHIP (with succession in three years) in old-established Practice in good town Receipts, 1936 £1,433 Panel about 900 Visits 5/- upwards medicine extra Premium one half share (including one-half share of fittings drugs etc etc) £1 400

35 CHANNEL ISLANDS—Well-established mixed-class PRACTICE averaging nearly £1,250 p.a No midwifery Good house (6 bedrooms etc) in best residential part for sale or rent. Good introduction Premium £2,000 Hospital

36 S WALES—Old-established PRACTICE £765 p.a., in country district near coast Appointments worth nearly £100 p.a and panel about 360 Specially built house (5 bedrooms etc) with garage and garden for sale Very good prospects of increase Prem one and a half years purchase

37 S MIDLANDS—Old-established PRACTICE averaging over £1 060 p.a in rapidly growing and prosperous market town Panel 1,318 House to purchase or accommodation to rent. Ample scope Premium two years purchase

38 NORTHERN IRELAND—Middle and working-class PRACTICE over £900 p.a., in suburb of important seaport Panel nearly 1,200 Visits 2/6 to 10/- without medicine Well situated house (5 bedrooms) garage etc to rent Scope for increase Premium £1 400

39 N E COAST—Old-established and easily worked middle-class PRACTICE, over £1 150 p.a in seaport town No panel Residence facing sea, for sale Premium (to include furnishings and fittings of consulting rooms small X ray plant etc) £1 000

40 LONDON, N W—Increasing PRACTICE in growing district 30 minutes from Piccadilly Receipts last year £764 (new appointment value £40 p.a not included) Panel 560 No midwifery Semi-detached double fronted freehold corner residence (4 bedrooms) garage and garden for sale Scope Premium £1 200

41 KENT AND SUSSEX BORDER.—Old-established and steadily increasing PRACTICE in beautiful country district Cash receipts 1936 £628 Panel over 500 House (4 bedrooms etc) garage and good garden main drainage etc to rent Scope Premium £750

42 ISLE OF WIGHT—PARTNERSHIP in well established middle-class Practice of nearly £2 650 p.a Panel 1,200 Visits 3/6 to £1 1s medicine extra House with 4 bedrooms etc. garage and garden Good society and sport of all kinds Premium one half share two years purchase

43 N E COAST—PARTNERSHIP (after preliminary Assistantship) in mixed Practice about £3,300 p.a in seaport town Panel 2 600 A suitable house could be obtained One third share at first to suitable man at two years purchase (or near offer) with option to increase to two-fifths in three years and to four ninths later

44 S.E COAST—PARTNERSHIP in old-established Practice averaging £4 100 p.a in growing resort Panel 3 000 Modern corner house (3 bedrooms etc) for sale or to rent. Premium for one fourth share two years purchase

45 S OF ENGLAND—PHYSIO-THERAPY PRACTICE of £1 000 p.a in an important town Fees 10/6 to £1 1s Premium £1 250 (including certain equipment)

46 E. ANGLIA—PARTNERSHIP in an old-established Practice of £2 800/£2 900 p.a in prosperous country district. Panel 1 530 Double fronted house (6 bedrooms) garage and garden Freehold for sale or to rent Premium for two fifths share one and three-quarter years purchase

47 LONDON E—Middle-class PRACTICE of over £2 400 p.a in outlying district Panel 2 870 House in good repair Garage and garden Freehold for sale Premium two and one-quarter years

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A CENTRAL HIGHLANDS—Country PRACTICE in lovely district Receipts average approximately £700 Panel 300 to 400 Excellent house garden and garage Rent £45

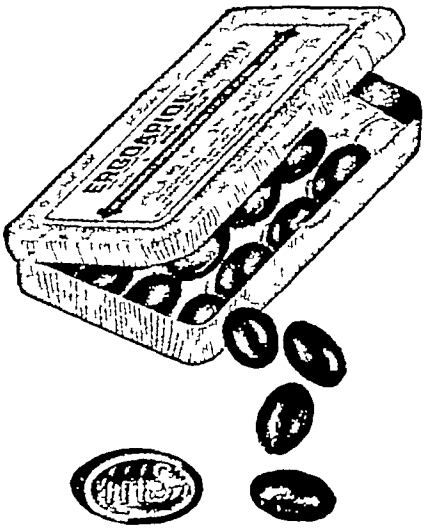
B SOUTH AFRICA.—NATAL.—PARTNERSHIP one third share at first worth over £700 p.a One-half share later Applicants put into direct communication with the vendor

C LEICESTERSHIRE—PARTNERSHIP in old-established Practice Receipts £2,500 Panel 1,500 Suitable house to rent £75 p.a Premium for a one half share two years purchase Short preliminary Assistantship

D NORTHUMBERLAND—County Town—Middle working-class non-dispensing PRACTICE averaging £700 per annum Panel 640 Suitable house garden and garage Price £1 150 Premium for Practice one and a half years purchase

For further details apply The Manager 21 Alva Street, Edinburgh.
Terms on which the business of the Branch is transacted will be submitted on application to the Branch Manager to whom all communications should be addressed

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Accountancy and legal services furnished by the Agency where desired at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 EASTERN COUNTY MARKET TOWN—HALF SHARE PARTNERSHIP in Practice established some 100 years, owing to retiral of junior partner Gross cash receipts average over £2,400 p.a. including over £700 p a from Panel and P.A.C. Suitable house available on rental Ingoing partner should be young and have had hospital experience. *Premium 2 years purchase*

2. CHISWICK —Old-established producing about £700 p a., including a panel of about 500 patients Receipts have declined owing to illness of vendor and it is believed there is scope for increase Well-situated corner house available Premium for Practice and house £2,100

3 *LONDON EAST—Established 30 years and producing £1 400 p.a. approximately* Panel of about 1 800 and appointments worth about £236 p a. *including* in total gross cash receipts Small house on rental at £60 p.a Accommodation apart from surgery etc., consists of 1 sitting room and 2 bedrooms. Premium 2 years purchase

4 ESSEX.—Well-established PRACTICE producing for past 12 months about £1,500 including a Panel of over 1 800 patients. Expenses are small Fees 2/6 and visits 3/6 The Practice is stated to be increasing steadily Good house containing surgery waiting room and dispensary 2 reception and 4 bedrooms, for disposal Garage and garden. Price £2,000 Premium £3 000

5 SURGICAL PARTNERSHIP in delightful district within easy reach of *London. A fifth* partner is required in an old-established Practice. There is little visiting done under 10/6 although the patients come from all classes. Ingoing partner who must hold the English Fellowship, would do all the surgery for the firm, but must be prepared to do general practice as well Choice of houses.

6 CROYDON AREA —Rapidly increasing PRACTICE *producing about* £1 800 p.a. Panel of about 1 100 Fees 1/6 to 3/ with visits from 2/6 to 5/ Practically all cash. Vendor specialising in midwifery Suitable house available on rental Premium £3,200

7 LONDON S E.—Old-established mixed-class PRACTICE producing about £800 p.a. Receipts have declined owing to illness. Panel of 750 patients. Large house with *very good garden can be rented.*

8 SUSSEX COUNTRY —Good NUCLEUS with scope for further increase Receipts 1935 £467 1936, £628 1937 for 7 months, £452. *Panel produces* about £267 included in above Good house on rental.

9 MIDLANDS — COUNTY TOWN — HALF SHARE PARTNERSHIP available in a well-established Practice producing about £2,500 p.a., including *a panel of 3 046 patients. Suitable* house for disposal Premium £2,400

10 HOME COUNTIES —RESIDENTIAL TOWN—PARTNERSHIP —A one fourth share with increase later is for disposal (after a preliminary assistantship *of 6 months if wished)* in a particularly sound mixed-class Practice, offering good surgical scope Gross cash receipts for last 12 months rated to be approximately £4 800 Panel of about 2,000 and good appointments worth about £360 p.a. Visits 3/6 to 21/ Choice of houses. Ingoing partner must have the Fellowship have had hospital surgical experience, and be accustomed to better-class work preferably married and not over 34 years of age

11 *NORTH CORNWALL.—Very* genuine unopposed country PRACTICE in picturesque district near coast and within easy reach of two good towns, producing nearly £1 000 p.a., including panel of £320 Very moderate expenses. Small house, recently redecorated, with 2 reception, 4 bedrooms, etc electric light and power garage and small garden. Price for freehold £400 all of which can be obtained on mortgage Premium £1 976

12 HOME COUNTIES —Mixed-class PRACTICE in residential district, *established many years Average gross cash receipts for last 3 years £1,356 p.a.* Panel of 750 and appointments worth over £100 p a Nice house with good garden containing 2 reception 5 bedrooms, dressing room etc., Professional rooms with separate entrance can be rented at £95 p.a. *Sport of all kinds and* good educational facilities. Premium 2 years purchase

13 NORTH LONDON —Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant Gross cash receipts for last 12 months £1 681 Panel of 320, appointments worth about £70 p.a. Visits 5/ to 7/6. Good house with reception, 5 bedrooms, etc., Professional rooms, small garden, garage Freehold for sale or might be rented Premium 2 years purchase *or near offer*

14 OUTLYING EASTERN SUBURB —Non-panel PRACTICE established *upwards of 45 years and held* by vendor for past 15 years. Gross cash receipts for last 12 months £2,236 p.a Very moderate expenses. Very nice detached corner house with garden back and front, side entrance containing 2 reception 6 bedrooms, etc. Price £1 000 Premium 2 years purchase

15 PARTNERSHIP —LONDON, EAST —A HALF-SHARE or middle and working-class Practice *producing for immediate* past 12 months £4,567 p.a. *Panel of over 5 000* Suitable house can be obtained

16 NORTHERN SUBURB WITHIN 10 MILES OF HYDE PARK —Middle class PRACTICE offering very good scope for increase producing for immediate past 12 months £829 Panel of about 560 and appointments worth £50 p.a., plus private fees. Good house containing 1 reception, 4 bedrooms, Professional rooms, good garden and garage Price freehold £1,300 or can be *rented at £90 p.a Premium £1,200*

17 RESIDENTIAL TOWN WITHIN 35 MILES OF LONDON —Old-established non-panel PRACTICE, producing over £2,800 p.a Good house with 3 reception, 4 bedrooms. etc., good Professional rooms, garden garage Can be rented on lease at £63 p.a. Moderate expenses Good educational and sporting facilities. Premium 1½ years purchase

18 SURREY —PLEASANT RESIDENTIAL TOWN —PRACTICE produced for last 12 *months approximately £1,250* Panel of 500 Fees 3/6 upwards. Midwifery 3 to 10 gns Suitable house available and surgery premises on rental Vendor relinquishing on account of ill-health. Premium £2,000

19 NORTH EAST COAST —Old-established PRACTICE, producing about £900 p.a., but stated to be capable of considerable increase Choice of suitable houses. Partnership introduction will be given. Vendor retiring

20 SOUTH WEST LONDON —PRACTICE has been established over 40 years and has been held by vendor (who wishes to return abroad) about ten years. Gross cash receipts for last 12 months over £900 including Panel of about 350 which could be increased. *Suitable house with 5 bedrooms on rental Moderate premium for quick sale*

21 KENT COAST —FAVOURITE SEASIDE RESORT —PRACTICE established 40 years and now for disposal as vendor is going abroad. Gross cash *receipts average £1,921 p.a., including about £550 from Panel and £235 from* Clubs. Good hospital Vendor on staff Scope for increase and for some *surgery Good freehold house available with ample* accommodation. Freehold £1,200. Premium 2 years purchase

22 WEST MIDLANDS —PLEASANT RESIDENTIAL TOWN —PRACTICE producing about £1 600 p.a. including a selected Panel of about 560 patients. Mostly better-class and non-dispensing. Consultations 3/6 to 10/6 Visits 5/ to 1 guinea Freehold house for disposal contains 3 reception 3 large and 3 smaller bedrooms with separate servant s quarters. Excellent consulting rooms, garage for 2 cars.

23 *HAMPSHIRE NUCLEUS*—stated to be producing now at the rate of £5 per week and to offer considerable scope for an energetic worker

24 COAST TOWN —Old-established, held by Vendor past 3½ years and now *for disposal as he wishes to specialise Gross earnings for year ending* 31/3/37, approximately £2,183 Panel of about 770 patients producing about £425 p.a., and appointments producing about £100 p.a. Fees 3/6 and 5/ Visits from 5/ Good house available freehold £1 100 Accommodation consists of consulting room 7 bedrooms, 2 reception rooms etc. Premium 2 years purchase or near offer

25 LANCS —High-class Seaside and Residential Town.—Easily worked old established PRACTICE for sale Gross cash receipts about £1,100 p.a. including a panel of about 325 patients. Fees 3/6 to 10/6 Visits 5/ to 21/ Midwifery about 12 cases p.a. Minimum 5 guineas rising to 15 guineas. Mostly *non-dispensing. Low expenses. Suitable house available with* consulting and waiting rooms, *2 reception, 3 bedrooms and a maid s room* and box room Large garden and garage Leasehold for sale or would be rented. Premium 1½ years purchase. There is stated to be good scope for increase for an energetic man

26 OPHTHALMIC PRACTICE for sale in a capital Australian City —Gross cash receipts approximately £2,000 (Australian) Good consulting rooms *can be rented at £180 p.a. Further details on application.*

27 SOUTH COAST —PARTNERSHIP —A TWO-FIFTHS SHARE in good middle and upper-class practice producing about £2 550 p.a. Panel of 1 300 Fees 3/6 to 21/ Suitable house *can be rented* at £65 p.a. Easily worked, and scope for increase Premium 2 years purchase

28 ASSISTANTSHIP—with a view to a PARTNERSHIP SHARE to produce about £1 100 p.a., in a well-established Practice Ingoing man must be young have had considerable hospital experience He should be married or engaged, and a Protestant Will applicants please give full details of experience etc. ?

29 DEVON SOUTH COAST—A well-established good-class entirely private PRACTICE *producing for the past 12 months about £1 000 Panel could be* had if desired Fees 2/6, 3/6, 5/ and 7/6, with a few visits up to 21/ Non-dispensing. Suitable house containing consulting room, 2 reception rooms, 6 bedrooms, for sale. Freehold £1 400 Partnership introduction Would be suitable for ex I M.S or similar

30 DEVELOPING NORTHERN SUBURB —A 3/8TH SHARE is offered in *a well-established and growing Practice Receipts for 12 months to 1/4/37* amounted to about £5,200 including about £80 from appointments and a Panel of some 5 300 patients. There is a choice of houses available.

31 LONDON E.2.—Lock-up PRACTICE established 80 years for disposal Income about £800-£900 p.a., with Panel of about 1 150 patients. Fees 2/6 and 3/6. Visits from 3/6. Suitable accommodation available consisting of *consulting room* dispensary waiting room *the remainder being sub-let for* £280 p.a Rent and rates £230 p.a. Premium 2 years purchase to include about £150 fittings, fixtures, drugs, etc.

32 CITY PRACTICE.—Lock-up, hours 10-1 and 5.30-6.30 producing about £1 000 p.a., including £200 from Panel and appointments. Suitable accommodation available.

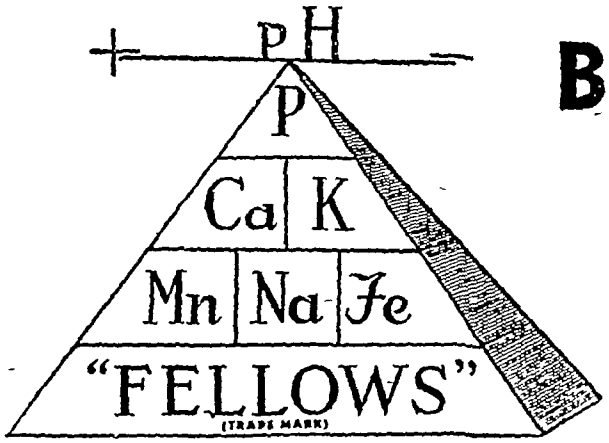
33 LONDON S W —Old-established PRACTICE producing £1,500 p.a., with panel of 1,266 patients for disposal. Appointment and small club bring in about £85 p.a. House available contains Professional accommodation, reception room and 3 bedrooms and maids room. bathroom. For sale or might be rented Premium £3 000

34 HAMPSHIRE.—COUNTRY PRACTICE.—Old-established PRACTICE held by vendor for past 7 years. Gross cash receipts stated to average £740 p.a. Panel of 472. Appointments worth about £130 p.a. Fees 3/6 upwards. Pleasant house containing 2 reception, 5 bedrooms, etc., Professional accommodation. Good garden and garage Rent £55 p.a. Prem £1,250.

35 EASTERN COUNTIES —Mixed-class PRACTICE in pleasant agricultural district producing for last twelve months over £1,300 p.a Fees 3 6 to 21/ *Nice* house in good position with 2 reception, 4 bedrooms, dressing room, etc. Separate professional accommodation. Modern conveniences. Garden, garage. Price for freehold £1 300 Sport of all kinds and schools within reach.

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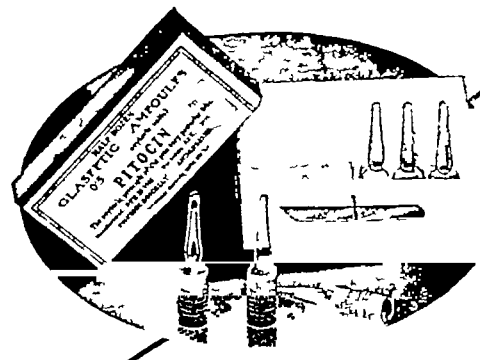
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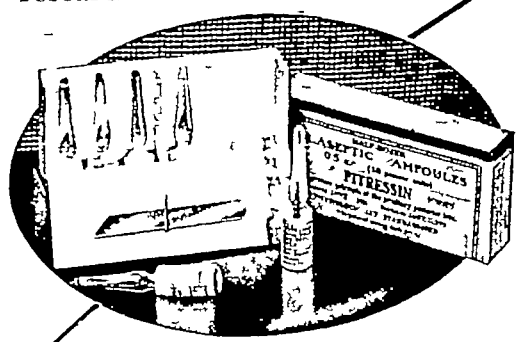
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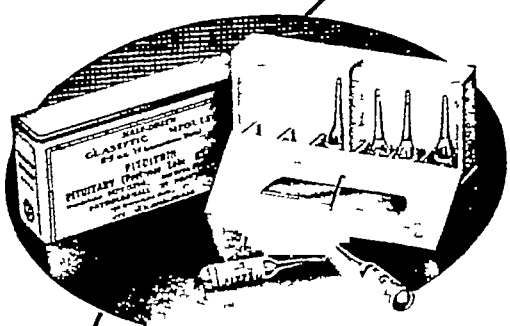
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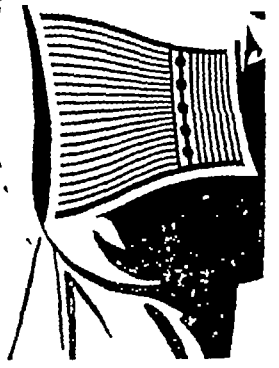
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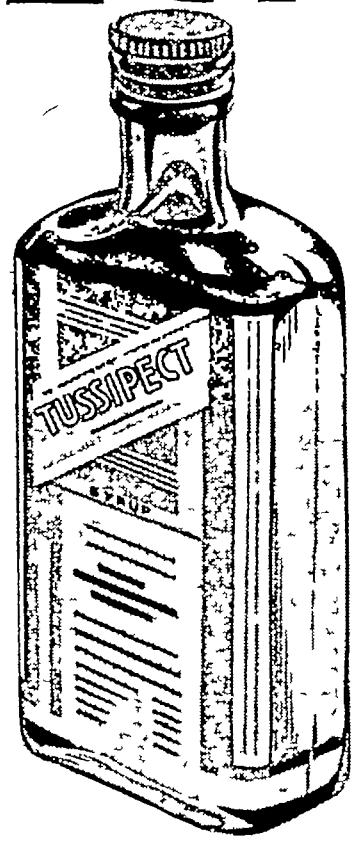
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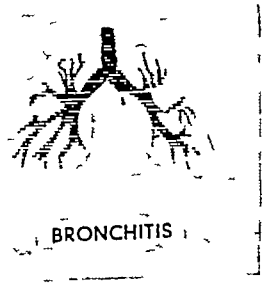
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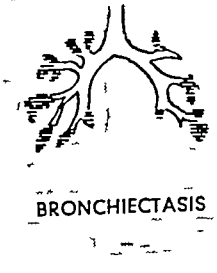


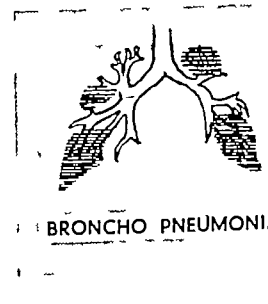
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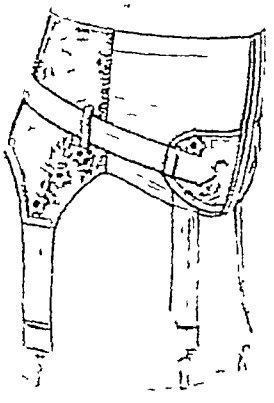
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and the invading organisms were defeated Vaccine therapy, the undoubted success of which in staphylococcal lesions led to its less successful employment as a therapeutic measure in many other conditions, was based on, and apparently confirmed the belief in, opsonins

In view of our present knowledge of the importance of the exotoxins of the staphylococci, it is curious how early demonstrations of the pathogenic action of these toxins as found in broth culture filtrates by von Lingelsheim (1899) and Neisser and Wechsberg (1901) were either forgotten or neglected The more complete work of Kraus and Pribram (1906), demonstrating the presence in broth-culture filtrates of a toxin which, injected intravenously, killed rabbits in less than thirty minutes, and which could be neutralized by an antitoxin, did not until long afterwards attract the attention it merited Even the publication of similar results and the demonstration of the production of necrosis following subcutaneous injection of the toxin by Nicolle and Césari (1914) was overlooked for more than ten years, but possibly the time of publication was not propitious for the appreciation of the importance of such work

Milestones on the Road to Knowledge

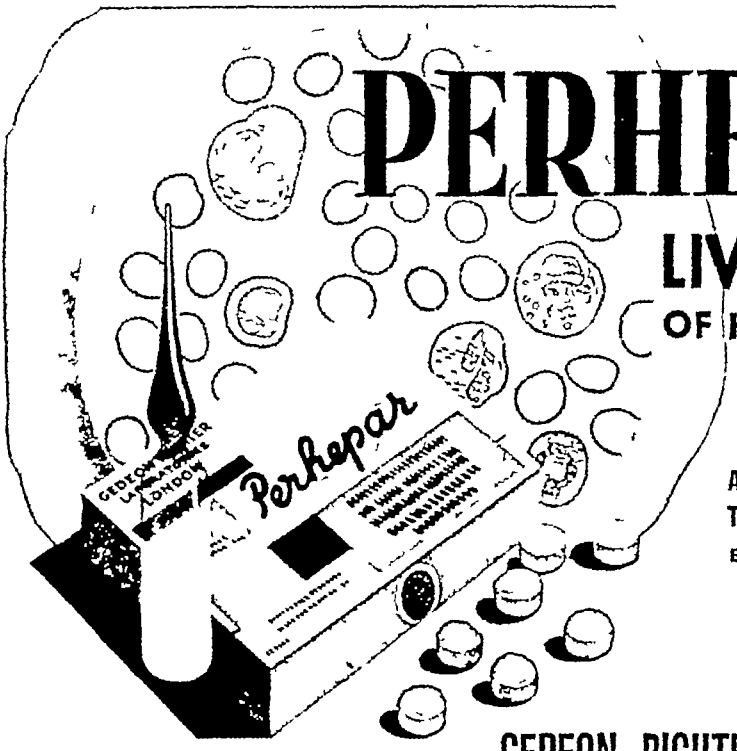
The great war did not directly stimulate research on staphylococci, but indirectly it had an important effect, as it led to the discovery of a number of new exotoxins such as those of *B welchii Vibrion septique*, and *B oedematiens* The realization that there were other exotoxins, in addition to those of *B diphtheriae*, *B tetani* and *B botulinus* encouraged bacteriologists to engage in a reinvestigation of bacteria formerly believed to be endotoxigenic rather than exotoxigenic Among such investigations were those of the Dicks into the mode of action of the streptococci of scarlet fever These were facilitated by the employment of a comparatively new technique, that of intradermal inoculation, which had proved so useful in the study of diphtheria toxin by Schick It is probable that Parker investigated staphylococci afresh largely as a result of the demonstration by the Dicks of the production by a coccus of an exotoxin Whether or no this was her stimulus, despite the fact that the production of necrosis by filtrates of staphylococcal broth had been described ten years previously by Nicolle and Césari (1914) and despite the fact that she almost missed the rapid killing action of the toxin on rabbits, her first paper (Parker, 1924) must be regarded as by far the most important milestone on the road which leads from the old to the new knowledge of staphylococci Her next paper (Parker, Hopkins, and Gunther, 1926) was possibly even more important, as it first described the application of the method of Cohen and Fleming (1918)—in which cultures are incubated in an atmosphere containing an excess (10 per cent) of carbon dioxide—to broth cultures of staphylococci intended for the preparation of toxin

I hope that it is not vanity which leads me to describe as the next milestone my own contribution published in a paper by Bigger, Boland, and O Meara (1927) This was the discovery that much more active toxin could be prepared by growing staphylococci on the surface of agar than in broth This was merely a rediscovery, and the credit should go to Oppenheimer (1911), who first described the method rather than to us We were chiefly interested in the product as haemolysin, although we recorded its toxicity which led to the death of five out of the six rabbits we had attempted to immunize with it For the moment Parker and we were apparently working on quite different lines

The next milestone was not a laboratory discovery but a most unfortunate disaster In 1928, in Bundaberg, a number of children were injected with a diphtheria prophylactic which did not contain any antiseptic Staphylococci had been introduced into the bottle by some accident and had grown in the fluid Twelve of the inoculated children died, some within such a short period as to suggest a toxaemia rather than an infection Burnet was one of those who investigated the matter, and in his first paper (Burnet, 1929) he described the threefold action of filtrates of broth cultures of staphylococci grown, as suggested by Parker, in atmospheres containing 10 per cent of carbon dioxide the rapid killing effect of Kraus and Pribram following intravenous inoculation, the skin necrosis effect of Parker following intradermal inoculation, and the lytic effect on red blood cells In subsequent work Burnet (1930) used excess carbon dioxide in the atmosphere and agar, so combining the methods of Parker, Oppenheimer, and Bigger, Boland, and O Meara He used soft (1 or 0 8 per cent) agar, which after culture had taken place was minced and the fluid containing the toxin expressed and filtered In this paper he discussed the function of the carbon dioxide, and concluded that it acted as a buffer Bigger (1933) showed that by a combination of a fermentable carbohydrate and phosphate buffer in the medium the *p*H during culture could be kept at the correct level, and that with most staphylococci either method of controlling the reaction proved satisfactory for toxin production Some modification of Burnet's method—soft agar and excess carbon dioxide—is now almost universally used for the preparation of toxin by staphylococci It is only recently that the work of McClean (1937) has served to explain why agar is superior to broth It appears from his results that agar, cellophane, filter paper, kieselguhr, and kaolin act as adsorbants, removing from broth some unidentified substance which is prejudicial to the formation of toxin

Preparation and Effects of Staphylococcal Toxin

Following Burnet's work many papers were published dealing with the preparation and effects of staphylococcal toxin When its lytic action was investigated it was found that in some cases it acted like other haemolysins at 37° C, while in other cases lysis occurred chiefly at air temperature after the lysin and cells had been kept for some time at 37°, the "hot–cold" phenomenon of Bigger, Boland, and O Meara Differences were also observed in the power of lysin to haemolyse the cells of different animal species The confusion and controversy were resolved by Glenny and Stevens (1935), who showed that staphylococci might produce either one, or both, of two lysins which they called α and β The α lysin acts on both sheep and rabbit cells at 37° C., the β only on sheep cells, and, on them, best at air temperature after contact at 37° There is now fairly general agreement that the α lysin is identical with the skin necrosing toxin and the rapid-killing toxin The β lysin has some toxic action, causing a flush without necrosis or intradermal inoculation, and is probably responsible for the delayed death of inoculated animals The two substances are now usually called the α and β toxins Glenny and Stevens found, in the case of the staphylococci which they investigated, that the majority produced only α toxin, that a few produced both α and β toxins, and that none produced only β toxin Minett (1936) reinvestigated this question using staphylococci from both human and animal sources and found that almost all animal strains produced β toxin, usually associated with α, but in a few



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immune, is invaded by staphylococci phagocytes accumulate In the non-immune animal these are to a large extent rendered ineffective by leucocidin, but in the animal immune to leucocidin and other toxins phagocytosis proceeds actively The cocci appear to exercise a positive chemotaxis, but where are the opsonins which we were taught were essential for ingestion? All modern work disregards them to such an extent as to suggest that the current, although unexpressed, view is that if staphylococci and polymorphs come in contact the latter will ingest the former if they are not rendered incapable of doing so by the leucocidin secreted by the cocci The positive action of opsonin has been replaced by the negative—that is, neutralizing—action of antitoxin, and a high opsonic index means no more than a high level of serum antitoxin While accepting as well established the importance of antitoxic immunity, I am loath to jettison completely the old opsonin After all, it is the cocci, either alone or in conjunction with opsonin, and not the toxin, which lead to the mobilization of polymorphs, and why should the positive chemotaxis which has attracted the cells to the vicinity of the site of invasion stop short of contact and then of ingestion? The neutrophil leucocytosis which is such a constant result of the invasion of the body by staphylococci demonstrates the effect of the cocci In my view it would, for the present at least, be unwise to concentrate all our attention on antitoxins and to neglect anti-bacterial immunity It may be that the success of vaccines in the treatment of chronic or recurrent staphylococcal lesions —a success which cannot be denied and to which was mainly due the vogue of vaccine therapy in general —was due to the close association of toxin with the cocci, and to the production of toxin by the growth of the cocci on solid media The vaccine which we administered contained either toxin or toxoid or both, and the successful result of our treatment was due to these rather than to the actual cocci Now, I suggest, we should attempt to increase antitoxin in the circulation either by active immunization with toxoids or by passive immunization with antitoxic serum—both of which methods have demonstrated their value in human infections—and anti-bacterial bodies by active immunization with vaccines completely freed from toxin

Let us now attempt to derive some lessons of practical value from the mass of literature published during the past fifteen years

Lessons from the More Recent Literature

The *Staphylococcus pyogenes* is a Gram-positive coccus, typically occurring in clusters, and is a common human parasite The great majority of these staphylococci form, as judged by serological methods, a fairly homogeneous group consisting of three types In culture they may display a greater or less power of pigment production, the colonies varying in colour from golden brown to white, the more highly pathogenic strains being usually well pigmented The power of liquefying gelatin and of fermenting carbohydrates is inconstant, but pathogenic strains usually liquefy gelatin and ferment mannitol The pathogenic power of the organisms is due chiefly, if not entirely, to the exotoxins they produce, which include some, or all of α toxin, β toxin and leucocidin and possibly other similar substances They also produce coagulase, which causes the clotting of plasma followed by liquefaction In the tissues they exercise a positive chemotaxis, attracting polymorphonuclear leucocytes to the affected part For their elimination the body relies chiefly on the action of these cells, but for the prevention or limitation of damage chiefly on antitoxins The staphylococci are among the commonest saprophytes and pathogens associated with man They are frequently found on the surface or in the glands and follicles of the skin, living either saprophytically or displaying pathogenicity expressed in a long range of action between insignificant pustules and massive carbuncles, and including boils, acne, sycosis, and other skin diseases Another important site from which they spread to other parts of the body of the same person, or to other persons, is the nose and nasopharynx Here they may cause furunculosis, may be responsible for sinusitis, or may be present in the carrier state From their primary site of invasion they may spread by the blood stream, in bacteriaemia septicaemia, or pyaemia, to other situations, particularly bones and joints, the kidneys, and the heart, in some of which, but more particularly in bones, they may be responsible for lesions of great chronicity The general effects of these toxins are not yet well understood, but may include damage to the heart and pancreas As regards the latter, there is a definite connexion between staphylococci and sugar metabolism, as is shown by the occurrence of glycosuria in association with boils and carbuncles and of boils and carbuncles in association with diabetes The claim that certain cases of diabetes are benefited by active immunization with staphylococcal toxoid is at least worthy of serious investigation

In connexion with infection by staphylococci the almost universal presence of these organisms on the skin and their frequent presence in the nares must be borne in mind To infect, however, more than their presence is required, and such factors as sugar metabolism and local trauma including pressure or friction such as that inflicted by a collar, should be investigated and the necessary corrections applied Where lesions occur, fresh infections are best controlled by the use of suitable disinfectants wet dressings are best avoided owing to their fostering action on the growth of the cocci

Treatment of Staphylococcal Infections

In the treatment of infections the keynote should be rest and lack of interference The importance of avoiding any surgical intervention in staphylococcal lesions about the face, owing to the risk of spread of cocci by blood stream or lymph, is now well known, but the same inactivity should be pursued in the case of boils and carbuncles wherever situated Early incision is fraught with great danger, and Nature should be allowed to wall off the affected area by the coagulation of plasma and by the accumulation of polymorphs Only when liquefaction has occurred should the surgeon be permitted to make a way of exit for the pus, and his incision should never transgress the protective zone When the general symptoms are marked or the local lesion extensive, as in a carbuncle antitoxic serum should be administered Its utility in its present form is undoubted, and even better results may be expected when sera still richer in antitoxins to the three main toxins, α β, and leucocidin, and to any others which may be discovered, are available The treatment of more deep seated infections demands similar measures, with special emphasis on the use of antitoxin

For chronic and recurring infections it is of importance to attempt to find a focus, often unnoticed, from which the cocci spread to other parts This is most frequently present in connexion with the upper part of the respiratory tract, particularly the nose Its treatment will often bring

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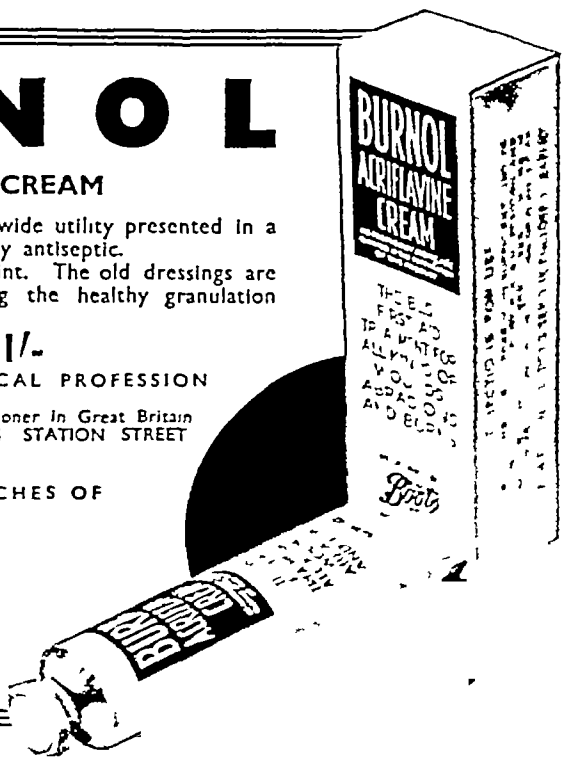
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TREATMENT OF THROMBOCYTOPENIC PURPURA*

BY

JANET M VAUGHAN, D M, M R C P

Senior Assistant in Clinical Pathology British Postgraduate Medical School

Idiopathic thrombocytopenic purpura may be defined as a disease characterized by a prolonged bleeding time and diminished platelet count associated with haemorrhages from mucous membranes and into the skin, the aetiology of which is not known Before making a diagnosis of idiopathic thrombocytopenic purpura it is essential to determine that no focus of infection and no sensitivity to any drug or food substances are present The disease may occur in an acute and chronic form, and is liable to spontaneous and sometimes complete remissions The effects of treatment are therefore difficult to assess Few observers are explicit as to whether the cases reviewed are acute or chronic

Many forms of treatment have been advocated Their number alone suggests that none are specific

Ascorbic Acid

Vitamin C has recently been used in the treatment of idiopathic thrombocytopenic purpura (Table I) No well-controlled observations on patients who have recovered are available The patient of Boger and Schroder (1934) was a man, aged 60, who had had no previous haemorrhage,

TABLE I—*Treatment with Ascorbic Acid*

Authority	No of Cases	Follow up	Cured	Failure
Vogt, 1935	2 A	?	2	
Böger and Schröder 1934	1 A	?	1	
Miller and Rhoads, 1936	4 ?	?	4	
Szent-Györgyi 1936	7	?		7
Wright and Lilienfield 1936	3	3 7 weeks		3
Davidson, 1937	3 C	7-10 days		3
Vaughan, 1937	1 C	6 weeks		1
Total	21		7	14

A=acute C=chronic.

and no control period was observed Vogt (1935) describes two successful cases The diagnosis in one was doubtful as genital abnormalities were found, in the other a blood transfusion as well as vitamin C was given, in neither was the rise in platelets marked Miller and Rhoads (1936) have published a preliminary report in which they claim that in four cases treated with ascorbic acid there was complete relief of symptoms and a rise in platelets No details are available apart from the fact that in two instances improvement was associated with increased output of vitamin C in the urine Wright and Lilienfield (1936) and Davidson (1936–7), on the other hand, each record three cases which failed to respond to parenteral treatment with ascorbic acid Szent-Györgyi and his colleagues (Armentano *et al* 1936) and Patek (1936) also state that they have found ascorbic acid valueless We have had a similar experience in one typical case Szent Györgyi (Armentano *et al* 1936) has recently isolated from lemon juice and from paprica a substance which he has called vitamin P or citrin, this is not present in orange juice He has found citrin of value in preventing haemorrhage in vascular purpura—that is, purpura occurring in patients with a normal platelet count though with decreased capillary resistance—but useless in thrombocytopenic purpura Thanks to the kindness of Dr Smith and Dr Macfarlane, who prepared some citrin according to the method of Szent-Györgyi, we were able to test this substance on one patient with thrombocytopenic purpura Neither the platelet count nor the capillary resistance was improved—in fact, the patient became so ill that transfusion was necessary (see Chart)

CASE RECORD

A married man aged 34 a tailor, had had crops of bruises for two years and bleeding haemorrhoids for two months He was admitted to hospital with profuse haemorrhage from the gums following teeth extraction On examination no physical signs apart from petechial haemorrhages and bleeding gums were found Blood pressure was 110/60, red cells, 4,100,000 per c mm, haemoglobin 74 per cent., colour index, 0.9, white cells 13,000 per c.mm., platelets, 10,500 per c mm The bleeding time (Dukes s method) was five minutes. The Wassermann reaction was negative, the capillary resistance test positive He developed a septic throat, the gums and remaining teeth were also septic

Treatment—On September 10, 1936, 80 mg of ascorbic acid were injected intravenously, this was continued daily for five days with no significant improvement in the platelet count. Doses of 80 mg of ascorbic acid were given by mouth daily from September 29 till November 2, when the dose was increased to 160 mg daily until December 13 From December 22, 1936, till January 26 1937, x-ray treatment to the spleen, totalling 4,500 *r* in fifteen periods, was given without significant improvement On March 9 40 mg. of citrin were injected intravenously, and the same amount on April 6 Throughout this period, in spite of injections for haemorrhoids the patient had repeated bleeding per rectum. Sigmoidoscopy showed this to be due to oozing from the whole rectal mucosa On April 13 the red cells numbered 3,700 000 per c mm, and the haemoglobin was 46 per cent. He refused splenectomy, and was given a transfusion The platelet count has never reached a figure higher than 160 000 per c mm and has shown considerable fluctuations (see Chart) He had always had a positive tourniquet test and crops of petechial haemorrhages or larger subcutaneous bruises have occurred spontaneously

The value of ascorbic acid in thrombocytopenic purpura is certainly open to doubt at present, while that of vitamin P is not proven Certain German workers (Schiff and Hirschberger, 1937) claim to have isolated a further vitamin, present in sesame oil, which they have called T This is said to exert a specific effect upon the platelets Further work is required to confirm their observations

Internal Secretions and Liver

Repeated, though unsatisfactory, attempts have been made to involve certain internal secretions in the control of the blood platelets Zondek (1936) treated a case of chronic purpura with thyrotropic hormone, and considered that a rise in platelets from 60,000 to 150,000 per c mm was a significant cure Others have used ovarian extracts Marzullo (1933) claims success in five patients, but gives no details of control periods or of the actual platelet counts Since the platelet count rises in Addisonian pernicious anaemia after liver therapy (Nittis, 1930–1) it was suggested that such treatment might benefit thrombocytopenic purpura (Table II) Satisfactory results have been claimed (Mondon, 1928, Holboll, 1929, Jacob and Clapperton, 1930), but the majority of the cases were acute and no satisfactory control period was allowed Witts (1931) had no success in five chronic cases

* Read at a joint meeting of the Sections of Pathology and Medicine at the Annual Meeting of the British Medical Association, Belfast, 1937

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TABLE IV—*Treatment with X Rays*

Authority	No of Cases	Follow up	Cure	Failure
Stephan 1920	2 A		2	
Bucky and Guggenheimer 1922	1		1	
Gragert 1921	1 A	10 days	1	
Con 1922	1	2 months		1
Pancoast 1925	5 C, 1 A	3 days 3 years		6
Hippe and Kochmann 1932	7 A	8-40 days	7	
Marzullo 1933	2 C			2
Mettier 1936	6 C, 1 A	1 7 months	6	1
Rudisill, 1936	7	4 months-4 yrs.	7	
Jones and Tocantins, 1936	6 C			6
Davidson 1937	3 C	7 14 days		3
Mettier 1937	1 C	3 months	1	
Vaughan 1937	1 C	3 months		1
Total	45		25	20

TABLE V—*Treatment by Splenectomy*

Authority	No of cases	Cure	Improved	Operative Mortality	Follow up	Failure
*Eliason and Ferguson 1932	213	156	17	13 1/	6 mths to 5 yrs	6
Pemberton, 1934	57	36	20	7%	2 mths. to 9 yrs.	1
Williamson 1934	2				9 years	2
Hartfall, 1934	1	1			6 mths.	
Brown and Elliott 1936	10	8	1		1 mth to 11 yrs	1
Geggie, 1936	6	5			1 month	1
Myers, 1935	1	1			9 years	
Jones and Tocantins, 1936	9	6	3			
Pollok 1936	1	1			4½ yrs.	
Smith, 1936	1	1			15 mths	
Davidson 1937	2	2				
Total	303	217	41			11

* These figures include those of previous summaries, notably those of Spence (1928) and Quénu (1929)

show that acute cases were treated, that no control period was given, and that the follow-up was short Pancoast (1925), who had a follow-up of three years in some instances, reported complete failure in five chronic cases and in one acute case Interest in this form of therapy has recently been revived by the report of Mettier and his colleagues (Mettier, Stone, and Purviance, 1936, Mettier, 1937) They record success in seven chronic cases An increase in platelets occurred within twenty-four to forty-eight hours, rising as high as 250,000 to 500,000 within nine days In some instances relapse occurred one to seven months after the cessation of treatment Rudisill (1936) concludes from a study of seven patients that Roentgen radiation constitutes an exceedingly valuable and possibly a specific therapeutic agent when applied over the spleen in primary or complicated thrombopenia with haemorrhage His case records are, however, scanty We have found, in agreement with Jones and Tocantins (1936), Marzullo (1933), and Davidson (1936–7), that x-ray therapy is without effect (see Chart)

Splenectomy

The majority of observers agree that at present splenectomy (Table V) gives more satisfactory results than any other line of treatment in thrombocytopenic purpura The operation was first performed in 1916 at the suggestion of Kaznelson Since that time all reviews have shown increasingly satisfactory results, presumably as preoperative, surgical, and anaesthetic technique improved Whipple in 1926, reviewing eighty-one cases, found an *operation mortality of 16 per cent*, a risk which was constant in 1929 when Quénu surveyed 122 cases Eliason in 1932 observed that the operation mortality had dropped to 13 per cent, while Giffin (1932), reviewing the experience of the Mayo Clinic found the rate to be as low as 7 per cent, a figure which was present two years later when thirteen additional cases were discussed (Pemberton, 1934) Brown and Elliott (1936) performed ten splenectomies without post-operative disaster The series of Brown and Elliott (1936) is of considerable interest since eleven untreated cases were used as a control group Three of the latter recovered completely, but five were unimproved and two were only slightly better Splenectomy, though it would undoubtedly appear to result in clinical improvement, does not necessarily affect the platelet count except transitorily (Evans, 1928, Spence, 1928, and Brown and Elliott, 1936) There is usually a definite pre-operative rise, though not necessarily to normal figures, followed by a fall, the count being then maintained at a low level Until recently it has been thought that the operation risk in acute cases was too great to justify splenectomy in fulminating purpura Whipple (1926) records seven deaths in eight acute cases at operation, Spence (1928) ten deaths in twelve cases Eliason (1932), however, in twenty-two patients splenectomized during a fulminating attack between 1928 and 1932, found the mortality had dropped to 13 6 per cent, a figure accepted as representative of modern results by Brown and Elliott (1936) Few cases are reported in which the results are satisfactory for the first few months after splenectomy but which subsequently relapse (Williamson, 1934) It appears probable that such relapses are due to the development of a splenunculus, and are by no means an inevitable result of splenectomy Maingot (1936), who made a careful search for accessory spleens in a series of thirteen cases of splenectomy for purpura haemorrhagica, found them in seven There are several patients who have remained well for as long as eleven years after operation

TABLE VI—*Summary of Treatment Results*

Treatment	No of Cases	Cured	Improved	Failure
Ascorbic acid	21	7		14
X rays	45	25		20
Snake venom	42	18		24
Liver extract	8	3		5
Hypercalcaemia	2	2		0
Splenectomy	303	217	41	11

The figures reviewed are not necessarily complete, but they are presumably representative They show cure in 217 cases, improvement in forty-one, and failure in only eleven, apart from those that did not survive operation

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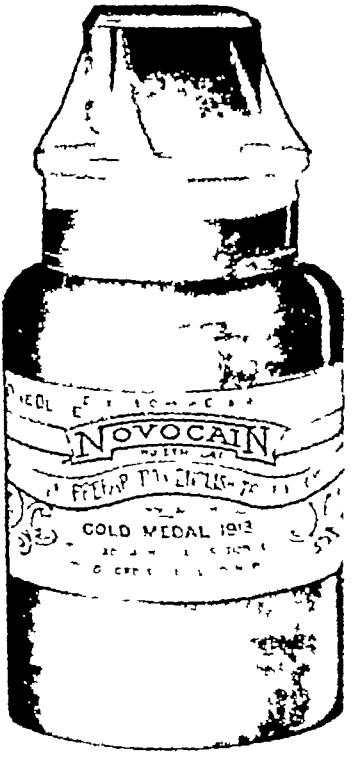
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ever, be understood that the prespastic emotional life constitutes the basis of later disorder, for from its constituent elements may be eventually forged the dynamic energy of psycho autonomic activity

Case 1—An only child, aged 7 had suffered from allergic bronchitis since infancy The father was a chronic dyspeptic and the mother had migraine After the birth of her child the mother seemed to lose a guiding motive in life Migraine attacks became frequent The suggestion of a holiday or other form of amusement invariably initiated an attack Several times a week the child would see her mother incapacitated by headaches The aura of 'over protection' was later extended to the child The latter developed measles, which ran a protracted course During convalescence her appetite became fickle She wished to be left alone in a semi darkened room and at times would weep copiously, stating she had not strength to get up The mother's anxiety intensified these childish reactions The little patient was eventually ordered to get up and was dressed It was then noticed that she was speaking like a child of 2 and walking with a corresponding gait. She was thus recapitulating in her own way those characteristics of infantile regression which appeared in a modified form in the mother

Allergic Causes of Emotional States

When there is an overstepping of allergic tolerance and asthma ensues a further disturbance of the pre existing tension states takes place The most important clinical feature is the lack of psychic "buffering"

In the immediate prespastic stage the child as a rule becomes forgetful and is unable to concentrate Problems which normally present no difficulty seem insuperable barriers, and the patient becomes irritable and fidgety The shoulders become hunched forward in an expectant attitude The normal facial contour is haggard and drawn, and replaced by an apprehensive mask The child may be taken home from school and submitted to the care of parents whose anxiety not uncommonly enhances the apprehensive aura of the child It is easy to understand the psychic changes that ensue Judgement becomes progressively impaired, a turmoil of anticipatory ideas proceeds from strength to strength, and by an association network rendered momentarily freer extends the range of fear memories Thus it is that so frequently we find bouts of rage and uncontrolled wildness alternating with terror and the assumption of the characteristic spastic posture

Statistical realism in thought is replaced by a primitive "magical' thinking whereby affect is detached from the ego and externalized Every word or action in the non-ego is invested with potential danger The visit of the doctor and the view of his apparatus are identified with the fear which they might be expected to provoke "What is this for?" "What will it do?" "Will it hurt me?" 'I won't have it!' "I don't like it!' I'll run away!" Two cases illustrate this clearly

Case 2—A boy aged 9 developed asthma at the age of 5 He was the eldest of four children The attacks had occurred at about monthly intervals when I was asked to see him as he had recently become hopelessly unmanageable On three occasions he had attempted to set the house on fire Bouts of almost sadistic cruelty to the younger children would alternate with biting and scratching his governess On my arrival he refused to see me and hid in the garden Eventually he was carried by two servants into the house yelling and biting After a time I talked to the child quietly, but was unable to carry out any examination On departing he subjected me to a torrent of abuse and evolved an amazing scheme for my destruction When you come back you won't find me here I will climb up on the roof and wait for you I will take up a big stone, a heavy stone, and when you are standing at the door I will drop it on your head" Three months later freed from allergic thraldom, this patient had become a quiet, well mannered boy

Case 3—A boy aged 10 had a history of allergic bronchitis in childhood Urticaria and eczema supervened with hay fever and eventually asthma He was extremely emaciated nervous and emotionally unstable and the same type of psychical reactions were present as in the former case His method of avoiding a potential source of recurrent danger was unique He waited behind a hedge in the drive with an air gun anticipating my visit After four months treatment by eliminating diets his asthma had ceased and he was able to live as a happy and sociable member of society

Not merely does clinical evidence show that allergic activity may enhance psychic chaos, but biochemical evidence proves it The Prausnitz-Küstner reaction which can be obtained in nearly all those patients gives positive evidence of the presence in the circulation of sensitization substances, apparently clinically capable of producing gross psychological disorders Indeed it is almost safe to assert that at certain times allergic thraldom may bear the same relation to the nervous factor in the asthmatic as does a positive Wassermann to the psycho pathology of cerebral syphilis Yet it would enable us to understand the freakishness of asthma better if we were able to prove that psychological factors could exalt or lower the allergic threshold on biochemical evidence In this connexion the following experiment may be of interest

Case 4—On preliminary investigation an asthmatic girl aged 18 gave a severe cutaneous reaction to an intradermal test for egg sensitization A wheal one inch in diameter surrounded by a raised erythematous zone three and a half inches across developed around the site of inoculation Next day the test was repeated whilst the patient was deeply hypnotized The suggestion was given that no reaction would occur The patient was kept under hypnosis for half an hour and the suggestion was frequently repeated No wheal developed and there was no erythematous blush Sphygmographic tracings of the pulse were taken before and during the experiment As soon as hypnosis was induced the tracing altered markedly The excursions became accentuated and more frequent There was a sharp rise and fall The predicrotic notch was registered close to the base line The blood pressure increased from 110 mm Hg systolic and 65 mm diastolic to 130 mm Hg systolic and 75 mm diastolic Next day the experiment was repeated in the patient's normal state and the original wheal was obtained

Should this paroxysmal overstepping of the allergic threshold continue unchecked a stage is eventually reached where great modification of personality temporarily ensues The psychological reactions evoked thereby come to dominate the cerebration for the time being and arouse anomalous conduct disorders, as in the following case

Case 5—A medical student aged 19 states as follows 'For several days prior to an attack I have a craving for highly seasoned or unusual food I tend to smoke a great deal My powers of concentration are greatly diminished I begin a conversation but rapidly lose the train of thought. I may stop short in the middle of a sentence groping for a suitable conclusion which evades me A few moments later I remember the conclusion and mix it unaccountably in a new group of ideas These ideas become more and more tinged with emotion My voice becomes high pitched later reaching an almost hysterical scream I seize upon irrational and illogical facts with frenzied fervour and attempt to put them over with unjustifiable conviction Increasing irritability makes me dwell upon ideas of resentment The fancied slights of friends are magnified and distorted I remember my enemies with bitterness Rage begins to riot in my mind In fancy I see myself a dictator meting out swift justice to all whom I hate Mentally, I torture them with sadistic glee.

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intense the emotional lives of its parents the more easily will the child energize the reflex paths with purposive intent

Case 7—This patient, a boy aged 11 had a history of eczema and cyclical vomiting with asthma for three years sensitized to egg milk and fish After treatment he acquired a new poise in life took a renewed interest in hobbies and physical recreation and his physical appearance improved correspondingly If however, he received a reprimand or his wishes were in any way thwarted a change at once came over him The pupils dilated the shoulders hunched forward and he threw himself into the posture of expectant defence'

It must be emphasized, however, that this phenomenon is particularly noticeable when allergic imbalance is intensified, and tends spontaneously to disappear as effective therapy is instituted The pattern of the reactions alters during treatment and our psychotherapeutic invasion of the patient's psychical life will be modified in consequence

Hysterization

A stage may be reached when attacks no longer depend on allergic catalysts According to the personality reactions of the child, the habituation reflex may be used independent of its allergic origin Perhaps primarily it is anticipatory Emotional factors alone may be the "trigger which excites an attack It may also be employed as the explosive demand for sympathy, or as a way of escape from unpleasant or undesirable situations

By extended associations the psyche becomes subjected to an increasing number of involved conditioned stimuli until great complexity and intricacy of behaviour ensues This fact must be borne in mind when dealing with asthma, for not merely must the patient's allergic background be overcome, but social or environmental maladjustment may require to be corrected It is perfectly true that removal of the offending allergens may alone enable the patient to attain psychical poise and readjustment, but it is important to stress early recognition and treatment to avoid the habituation reflex which so frequently results Every time the nerve stimuli traverse a given path they facilitate the passage of later impulses

Case 8—A boy aged 12 had had asthma for eight years His mother died six weeks after his birth He was brought up in the charge of a devoted nanny for whom he cherished a deep affection His father sent him to Leysin where he had treatment for two years He had no attacks in Switzerland gained rapidly in height and weight, and was sent home assured that the asthma would not return At school in the South of England he made rapid progress taking a prominent part in sports. One day his father came to inform him that he intended to marry again That night the boy had one of the severest attacks of asthma he had ever experienced The cure' at Leysin had not sublimated the latent emotional factor

Arbitrary Reflex Reinforcement of Bronchospasm

This is a phenomenon which may appear in a greater or lesser degree in most asthmatics It is seldom in evidence in the absence of an audience, is frequently observed in early chronic cases and reaches its climax in the psychotics It must be emphasized that its origin is entirely psychological The more pronounced the latter factor the more readily will the phenomenon appear in emphasis Its machinery of expression is through the accessory muscles of respiration

In the presence of bronchiolar contraction these muscles are called into play to assist chiefly the distressed expiratory effort Should the patient however in the presence of anxious relatives be dominated by the urge to emphasize the distressing nature of his condition he may arbitrarily reinforce the action of the accessory muscles The expanded alae nasi may be contracted The sterno mastoids bulge in accentuated emphasis, the shoulder-tips thrust forward, and the thoracic spines curve markedly The chest wall is compressed on a rigid diaphragm with compelling insistence The inspiratory effort is correspondingly laboured with almost masochistic intent

In this connexion the following case may be of interest.

Case 9—A youth aged 17 developed asthma after leaving school at the age of 14 His parents had always considered him to be rather queer His father was an asthmatic The patient had numerous jobs which for unsatisfactory reasons he gave up in melancholy succession Eventually his asthma incapacitated him from following any employment For days at a time he would lie in bed wheezing and he refused food He became slovenly and untidy in his habits withdrew more and more from the company of his friends, and developed a morbid introspection One day I found him asleep the breathing was quiet and regular On being awakened he at once assumed the condition above described and this continued till his lips were cyanosed and adventitious sounds filled the chest He was sharply reprimanded and ordered to throw back his shoulders and to breathe slowly on command The sterno mastoids relaxed breathing became slow and regular the strident rales disappeared and the dusky hue left his lips

In other cases simpler forms of distraction may suffice to emphasize the fact that such reinforcement of respiration can voluntarily occur The fixation of the patient's gaze on a bright object above the eyes and the suggestion of calm and quiet breathing displace the respiratory emphasis

Psychotic Dissociation

In a small proportion of chronic cases (2 per cent) the motivation is apparently derived from very old and involved complexes In these cases it is, as a rule, difficult to trace an allergic inheritance, nor do the patients *per se* exhibit associated allergic conditions Being autistic in temperament and well-nigh divorced from realism, with an intense ego-localization, they live at the level of midbrain philosophy The deep psychic values of the retreat into illness' cannot be surrendered to any form of sublimation I was not able to obtain the Prausnitz Küstner reaction in those patients They are non hypnotizable, and the asthma appears to be of purely endopsychic growth Psycho analysis apparently aggravates the condition Narco analysis with sodium evipan has been tried unsuccessfully, dietotherapy and insulin injections have proved unavailing Nor have I found these patients amenable to any form of therapy with which I am acquainted

Case 10—This patient a girl aged 18 the daughter of an epileptic mother had had asthma for twelve years She had been bright at school until 10 years old then became queer She believed that a gipsy had cast a spell over her and that she could never recover Eventually she was placed in an institution Cutaneous tests gave negative results The Prausnitz-Küstner reaction was also negative In my opinion the condition was entirely endopsychic in origin No success attended therapy

Nocturnal Asthma

Since most asthmatic attacks take place in the early hours of the morning it seemed feasible that the investigation of the psychological factor might be approached by an analysis of the dream-life of these patients During sleep the vagus is active and exhibits a tendency for easier reflex activity Sleep is associated with far reach

Convalescence

In convalescence a tonic is required that will co-operate with and augment, the natural recuperative powers of the body, rather than one which will have only an immediate stimulating effect. In the latter case there is always the danger of disappointment, due to an artificial improvement that the natural powers are unable to stabilise.

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4 According to the temperament of the child, this reflex may be used as "a retreat into illness" or a psychopathic way of escape from reality

5 The sense of organ inferiority can energize emotion into a physical expression

6 Frequent repetition of the original stimulus leads to diffuse psychic derivatives, which eventually permeate and colour the life of the individual, and can at any point lead to an attack

7 This factor more than anything else explains the freakishness of asthma

8 Where the psychic factor predominates therapy is prolonged and uncertain

9 In a small but definite proportion of cases asthma is the expression of a definite psychosis

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BLOOD BROMIDE INVESTIGATIONS IN PSYCHOTIC EPILEPTICS

BY

LOUIS MINSKI, M D, M R C P

Deputy Medical Superintendent St Ebba's Hospital

AND

J B GILLEN, M B, D P M

Temporary Assistant Medical Officer

Recently many articles have appeared on bromide intoxication in the neuroses and psychoses, but no investigations seem to have been carried out on the chronic epileptic population of mental hospitals who have been given bromide over a number of years For this reason thirty-two epileptics (twenty females and twelve males) who had been having bromide for periods ranging from ten years to one year had their blood bromides investigated It was found that if 90 grains of bromide a day were prescribed, at the end of ten years 6 cwt of the drug had been consumed, and in this category there were seven patients while the remainder had had the same daily dose of bromide over a period of four to seven years In addition many of these patients were taking luminal or prominal

Katzenelbogen (1932) raises the question as to whether the haemato encephalic barrier plays a part in bromide intoxication in view of the fact that bromide intoxication may occur with low concentrations of bromide in the blood and on the other hand sometimes no signs of intoxication occur with high concentrations He found in eighty-seven cases in an epileptic colony that the barrier permeability was increased in twelve cases, showed a moderate rise in twenty four and decreased in nine while in forty two the distribution ratio of bromide between the blood and cerebrospinal fluid was normal He also observed that there appears to be no relation between the mental state of an epileptic and his barrier permeability to bromide Other writers (Walter, 1929, Weil, 1927) appear to have found no constancy regarding the permeability of the haemato encephalic barrier in epileptics

As will be seen later, many of the epileptics under investigation showed comparatively low blood bromide levels considering the amount of bromide which had been taken, and Quastel and Yates (1934) found that in all patients, independent of their mental states, the blood bromide rose markedly after oral ingestion of sodium bromide, and that the low bromide levels in certain psychotic patients could not be ascribed to lack of absorption of bromine into the blood stream

The ages of the patients investigated ranged from 68 to 23 years, and the only instances of physical disease were in nine patients who suffered from arteriosclerosis and one who had chronic bronchitis The highest blood bromide was 275 mg per 100 c cm in a patient of 62 who had been on 90 grains of bromide a day for ten years Two other patients, aged 64 and 68 respectively, who had had similar doses of bromide over a similar period, had blood bromides of only 150 and 125 mg respectively All these patients showed evidence of arteriosclerosis, while younger patients about 30 years of age who had had similar quantities of bromide, and who showed no signs of physical disease, had blood bromides of well over 200 mg There were no marked signs clinically of bromide intoxication in any of these patients, who were all on similar diets and in whom the chloride intake could be assumed to be fairly general This would appear to differ from the usual findings of most writers (Barbour, Pilkington, and Sargant, 1936) that older patients and those with arteriosclerosis, renal insufficiency, etc, tend to show early signs of intoxication

Barbour (1936) states that the greater part of the bromide is excreted by the kidneys and that the blood bromide level varies with the urinary output, which in turn depends on the fluid intake and renal efficiency In those patients with arteriosclerosis there was evidence of impaired renal efficiency also, and the bromide was excreted more slowly than in patients who were physically well This was shown by examination of the blood bromide levels taken at various times after the bromide had been discontinued and chlorides administered In all cases sodium chloride, 30 grains thrice daily, was given to help in the elimination of the bromide

Mental States

All of the thirty two patients examined showed marked intellectual deterioration with impairment of memory, emotional facility and instability, childishness, and irritability Many of them were disorientated, suffered from paranoid delusions with auditory hallucinations, and were inclined to have attacks of violence In addition they were restless, quarrelsome, and revealed the typical 'difficult' behaviour of the epileptic No patients presented in a typical manner any of the symptoms of a toxic confusional state usually associated with a bromide intoxication, nor were any neurological signs found Although, as stated, several cases suffered from auditory hallucinations and disorientation, no evidence of visual hallucinations was observed Bromide paranoid states have been reported but the patients in our series who exhibited this type of reaction showed considerable deterioration also

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MIN SEIN, M B, M R.C P.

Captain Indian Medical Service Burma

Cases crop up now and again in medical practice where obstinate oedema defies treatment by medical means Such cases are seen in the late stages of cardio renal *failure when, apart from the discomfort arising from the* oedema, the patients suffer from attacks of nocturnal dyspnoea Prognosis in these cases is extremely poor, but any treatment which enables life to be prolonged in fair *comfort and also reduces the suffering should be wel*come The medical treatment (Christian, 1936) usually adopted consists in the employment of cardiac tonics and diuretics such as the digitalis group of drugs, ammonium chloride, urea, novarsurol, salyrgan, and other mercurial preparations A light and easily digestible salt-free diet is provided and the fluid intake is restricted The patient is kept in the most comfortable position for the relief of orthopnoea

Where the above measures fail to afford relief it will be necessary to consider the removal of the oedema fluid by mechanical means By this method large amounts of fluid could be removed in a comparatively short time, so that it might profitably be employed in the earlier stages instead of waiting until the system is waterlogged

According to Bland and White, whose views other authorities share, the mechanical removal produces a threefold result ' first, by reducing the size of the distended parts the patient is made more comfortable, *secondly, the already overtaxed and failing circulatory* system is relieved of an additional burden, and finally, the partial removal of what has been called by Galli the ' peripheral barrier to the circulation favours a more adequate reabsorption of the remaining fluid by subcutaneous veins and lymphatics Furthermore, it is assumed that the oedema fluid is toxic and possibly acts deleteriously on the vascular endothelium, making it more permeable and creating a vicious circle which is likely to be broken by the removal of the fluid

Mechanical Methods of Removing Oedema Fluid

The methods in vogue are three in number—namely, (1) the use of Southey's tubes, (2) punctures with a needle, and (3) scarification or incision with a knife Of these, Bland and White recommend the use of Southey's tubes in preference to the others They described eight cases in which they had employed this method Pallasse, using Southey's tubes, had only one case of infection out of ten Destéfano finds a platinum needle 4 cm long in each leg satisfactory and records a case in which 27 litres of fluid were drained off in twenty four hours Recently Leech has devised a modification of Southey's tubes which he considers an improvement on the original tubes, because in his experience the latter tend to get blocked after draining for a comparatively short time The tube is made bigger and contains ridges on the sides to prevent it slipping off the tissues Heinecke recommends scarification or punctures, though he admits the possibility of inconvenience and infection by these methods Hamilton realizes the necessity of the employment of local measures in occasional cases, but does not prefer any one method Foit is in favour of multiple punctures, and among British authorities Carr wholeheartedly supports this method and considers it far simpler and more efficient than Southey's tubes Bennett recommends a small horizontal incision over each malleolus Textbooks of medicine are divided in their preference for the methods to be employed Hutchison's *Index of Treatment* made no mention of the mechanical means of dealing with obstinate oedema under nephritis and heart failure From the above it is apparent that the mechanical removal of oedema fluid is accepted as having a decided value in the treatment of obstinate oedema

Of the three methods mentioned scarification is impracticable for several reasons One should be chary of cutting down to the deep fascia as has been recommended by Fishberg and Cecil when the tissues are devitalized through being sodden with oedema fluid Obviously infection would be difficult to avoid, healing is likely to be delayed, and should oedema recur the danger would be increased It must be admitted, however, that reports of cases in which severe infection has occurred are very difficult to obtain, but Cibils and others have reported a case of gangrene of the genitals caused by generalized oedema in lipoid nephrosis

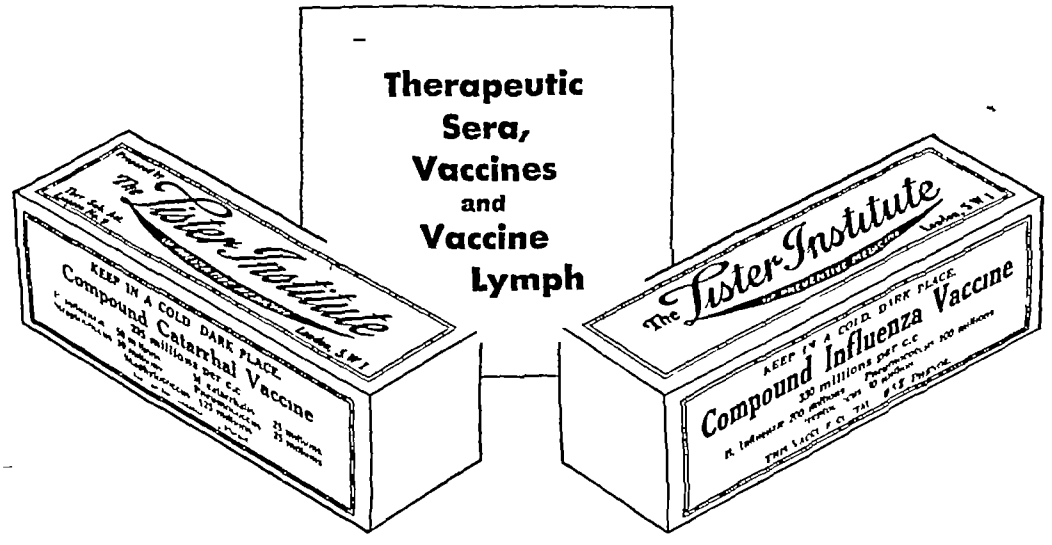
Whilst both acupuncture and the use of Southey's tubes are serviceable therapeutic measures, Bland and White deprecate acupuncture for the following reasons (1) the difficulty of collecting and controlling the fluid that drains away (2) the risk of infection and ulceration due to constant exposure to irritating fluid, (3) the danger of erysipelas, resulting in the increase of the patient's suffering and acceleration of his death, and (4) constant wetting of bedclothes To my mind these risks are inherent to any surgical intervention in these cases and are not peculiar to acupuncture The dangers could be minimized by taking the following precautions The patient should be propped up on an easy- or deck-chair which has been well cushioned, and the feet placed in a basin supported on a footstool This eases the dyspnoea by making the patient comfortable, at the same time it promotes the gravitation of the oedema fluid to the legs The risk of infection is avoided by taking aseptic precautions before the acupuncture, by keeping the punctured areas covered with sterile gauze or lint, and by applying a bland ointment to the skin below the punctures to protect it from the irritation of the oedema fluid Thus the objections against the employment of acupuncture are easily overcome

Advantages of Acupuncture

Acupuncture has several advantages over Southey's tubes The method is easy and does not require the use of any special instrument little trauma is caused to the skin, and if necessary the punctures can be repeated, the method can be employed in the patient's home, since no special attention is necessary as when Southey's tubes are used It does not restrict the movements of the patient's legs as when needles are inserted into them It may be noted that the punctures are kept open by the pressure of the oedema fluid and that the flow of the fluid is controlled by this pressure It is therefore contended that acupuncture has a definite place in the treatment of obstinate oedema, this method would be particularly useful in the Tropics, where there is little risk of the feet being chilled by the oedema fluid

The Technique

Having placed the patient in the position indicated, the legs and feet are prepared as for an operation Methylated spirit is preferred to iodine for sterilizing the skin,



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In catarrhal conditions of the respiratory passages mixed infections are found more often than pure infections with one type of organism *Bacillus influenzæ* Pneumococcus and *Micrococcus catarrhalis* are believed to be the commonest primarily infecting organisms, but Streptococcus and Staphylococcus seem to be responsible for many of the secondary infections A mixed vaccine has been prepared from these five kinds of bacteria It is generally given as a prophylactic but may also be used in acute respiratory infections

DOSAGE.—Prophylaxis 1st dose, 50 million *B influenzæ* 10 million Streptococcus, 25 million *M catarrhalis* 25 million *Pneumococcus*, 125 million Staphylococcus Subsequent doses at intervals of 7 to 10 days, gradually rising to 8 times the original dose. Then 4 to 8 times the initial dose every 4 to 8 weeks

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1 880	"	2/6

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The Compouhd Influenza Vaccine prepared by the Lister Institute contains the chief types of bacteria found in the catarrhal secretions of the respiratory passages in epidemic influenza, viz *B influenzæ*, Pneumococcus and Streptococcus It is primarily intended as a prophylactic, but may also be used for treatment

DOSAGE—Prophylaxis 1st Dose, *B influenzæ* 200 million, Pneumococcus 100 million, Streptococcus 30 million=330 million organisms 2nd dose, 660 million organisms 7 to 10 days later In treatment 1/5th to 1/20th of the prophylactic doses may be given commencing with the lower dose in severe cases.

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pressure in the right chamber after birth preventing firm apposition of the valve-like fold from the left auricle, thus accounting for the increased incidence of this abnormality with pulmonary and tricuspid stenosis (Osler and McCrae, 1927) The presence of a patent foramen ovale is in all probability advantageous in these cases, as it allows blood from the pulmonary circulation to enter the systemic side and so eases to some extent the back pressure in the right auricle This may account for the fact that the patient managed to live to the unusual age of 19, since most of those with severe tricuspid stenosis die in infancy

The cyanosis of morbus cordis organicus, which was a prominent feature of this case, is usually accepted as being due to deficient oxygenation of the blood, this may be brought about by the abnormal mixing of venous and arterial blood or by mechanical obstruction to the pulmonary circulation, and in this case both factors probably played a part, accounting for the intensity of the cyanosis which was present Pulmonary stenosis as a cause of cyanosis is well known, and it is probable that tricuspid stenosis, by obstructing the flow through the heart even nearer to the systemic circulation, is more potent still in the production of this particular sign

The incidence of pulmonary tuberculosis with congenital heart disease has long been a debatable subject, and although such an authority as Rokitansky (1855) stated that tuberculous infection of the lungs did not occur in cardiovascular diseases associated with cyanosis, subsequent writers are not in entire agreement The subject has been clearly summarized by S Roodhouse Gloyne (1935–6), who states that the two diseases are not by any means incompatible, although the combination is a rare one It was stated by Fishberg (1932) that pulmonary tuberculosis was the cause of death in nearly all cases of congenital pulmonary stenosis in which childhood was reached, his suggested reason for this being that a relatively avascular lung provided a suitable nidus for the tubercle bacillus If this opinion is correct one would expect that tricuspid stenosis, by obstructing the blood flow into the right ventricle, would have the same effect. These cases should therefore fall under the same category, although the number reported is too small for any accurate conclusions to be drawn from the figures available The most remarkable feature of the case in question is that in the presence of these multiple and extensive lesions the patient should not only have lived to the age of 19, but should have led a comparatively normal existence, even to the extent of playing games such as football

I am indebted to Dr G Eric Lewis, physician to the Hull Royal Infirmary, for his help in the preparation of these notes

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The Public Health Committee of the Middlesex County Council has submitted proposals for the extension and modernization of North Middlesex County Hospital The hospital, which at present accommodates some 1,370 patients, is used chiefly for acute, chronic, and maternity cases, and contains wards for mental cases It is estimated that the proposed scheme will cost £2,000,000

Reviews

DISEASE AT HIGH ALTITUDES

The Pathology of High Altitude Climate With Contributions to the Climatology of Highland Regions and to the Constitution of High Altitude Inhabitants By A Loewy and E Wittkower, M D Berlin, L R C P & S Ed (Pp 212 12s 6d net) London H Milford, Oxford University Press 1937

The authors have used the term pathology mainly to cover statistics of infectious and non infectious diseases There is no morbid anatomy or pure pathology in the book As the individuals dealt with spend all their lives at high altitudes they must be acclimatized, and therefore their climate cannot be considered a cause of any exceptionally drastic pathological change The highest altitude under observation is about 16,000 feet, but there is not much information from this level There is a fair amount of detail for La Paz, Bolivian Andes (12,350 feet) and a good deal of statistics from the highlands (mostly about 2,000 to 6,000 feet) of Switzerland, Spain, South Africa, and Central and South America The information at hand is, however, by no means complete, and the authors are to be congratulated on the careful and restrained manner in which they have drawn conclusions from their material Their own many researches were carried out mainly at Davos (about 5,000 feet), which under Professor Loewy has become well known as a research centre

Among points of special interest are the short stature, muscularity, relatively large chest circumference, and longevity of some of the highland races, Scots and Tyrolese are, however, tall At Davos the seated height is shortened in relation to the total height Generally speaking, the volume of air respired is increased, as are also the red blood cells and haemoglobin Residents acclimatized to any high level are liable to mountain sickness on proceeding 3,000 feet higher

With regard to statistics, the infectious diseases, with the exception of scarlet fever, are responsible for a large part of the total mortality at high altitudes The mortality rates for pneumonia are greater at these altitudes than in the lowlands Also there is an extraordinarily high mortality from acute intestinal diseases The total mortality for non European highlands (but not South Africa) is remarkably high compared with European highland regions (except parts of Spain)

The highland climate is of therapeutic value in certain defined cases We expect the authors are referring mainly to Davos and sanatoria at similar levels when they recommend this climate for patients of asthenic build, constitutional weakness, poor convalescence, post operative anaemias and those that occur after infectious diseases, bronchial (not cardiac) asthma and other allergic conditions, chronic bronchitis and pleurisies, Graves s disease, acne, impetigo, lupus vulgaris, all forms of tuberculosis of the bones, joints, and glands, and also for the first and second stages of pulmonary tuberculosis Dryness of the air is considered of importance for the last-mentioned In the Union of South Africa the mortality from all forms of tuberculosis is half to one-third of that of Central Europe—for example, Switzerland

The highland climate, such as that of Davos, is contraindicated in extensive pulmonary tuberculosis, in severe cases of intestinal and renal tuberculosis, and in cardiac insufficiencies Statistics do not always reveal the ill effects upon the heart, probably because

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THE STAPHYLOCOCCI PATHOGENIC FOR MAN*

BY

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In my opinion the main function of a meeting of one of the specialized Sections such as that of pathology and bacteriology, held in connexion with an Annual Meeting of the British Medical Association is to act as a focus from which the laboratory worker may radiate knowledge of the recent developments in his special sphere and particularly of those which are of practical importance to his professional colleagues whether these be physicians surgeons or gynaecologists

My communication to-day is therefore designed to place at the disposal of the medical profession what I regard as the outstanding discoveries of the past fifteen years concerning the pathogenic staphylococci I have attempted not merely to predigest and to render both assimilable and palatable to those who are not specialists in the subject the enormous mass of literature which has grown up around the staphylococci but also to assess the practical importance of some of the many discoveries made during this period

For several years the staphylococci were my chief bacteriological hobby but for the past four years while still interested in these bacteria I have taken no active part in investigations concerning them In attempting to prepare this paper I first consulted that indispensable publication the *Quarterly Cumulative Index Medicus* in order to survey the field and I confess that I was appalled to find that in a very few years it had so much outgrown my knowledge of it

Almost the only good result of the great war was the impetus it gave to bacteriological research but during the war staphylococci were not much studied They never became a military problem as did the meningococcus the gonococcus the *Treponema pallidum* the enteric and dysentery bacilli and the anaerobic bacteria, presumably because staphylococcal infections were not noticeably more common among soldiers than among civilians So the war left the staphylococci as it found them and the immediately post-war textbook on bacteriology gave practically the same information about them as did its pre war predecessor But shortly after the end of the war staphylococci came into fashion for there are fashions in subjects of research and papers as in other things Just how popular these cocci have become among bacteriologists and those who apply bacteriology to clinical medicine may be appreciated by noting the number of entries relating to staphylococci in each of a series of years in the *Quarterly Cumulative Index Medicus* The number of references given were in 1921, 8 in 1926 43, in 1931 95 and in 1936 267

Before studying the development of our knowledge of the staphylococci since 1922 I must outline the field I hope to cover I propose to limit the field to the organisms which in 1914 were usually called the *Staphylococcus pyogenes aureus* and *Staphylococcus pyogenes albus* but which are I believe better grouped together as *Staphylococcus pyogenes* I do not propose to make further mention of the *Staphylococcus pyogenes citreus* in the existence of which as a pathogen I have little belief of the *Staphylococcus epidermidis* which may be either included in the species *Staphylococcus pyogenes* or disregarded as non pathogenic orof the *Micrococcus tetragenus* frequently considered as a staphylococcus

The Exotoxins

The pre war and immediately post-war bacteriologists realized the ubiquity and importance of the *aureus* and *albus* types of *Staphylococcus pyogenes* as human pathogens but devoted little time to studying them because they believed that everything of value was already known So far as one can judge from the textbooks of the period the staphylococci were believed to owe their pathogenic power to their endotoxins It was allowed that they produced such exotoxins as haemolysin first demonstrated on blood agar cultures by Kraus in 1900 and in filtrates of broth cultures by Neisser and Wechsberg in 1901 and leucocidin which was discovered by van de Velde in 1894 That these were true exotoxins was demonstrated by the capacity of animals treated with them to fabricate antilysin and antileucocidin but these toxins were not generally considered to play any important part in the pathogenicity of the organisms The existence of such soluble products of their metabolism as gelatinase which liquefied gelatin and a proteolytic enzyme which dissolved coagulated serum was recognized, but their importance was merely as bases of classification

The current views of that period on immunity to staphylococci were dominated by Wright and his school It was held that if there was in the circulating blood and tissue fluids a plentiful supply of opsonin the cocci were so transformed by it that phagocytosis actively occurred

* Read in opening a discussion in the Section of Pathology Bacteriology and Immunology at the Annual Meeting of the British Medical Association Belfast, 1937

and it is to be hoped that a movement in this direction will follow the present work In our opinion many of the new terms which have been adopted in the I N A are excellent, but for the nomenclature to be throughout generally acceptable and truly international it is highly desirable that in any future revision a close co-operation in all the preparatory stages should be obtained between specially qualified representatives of each of the different countries which participate in the work

CIRCULATORY FAILURE

Heart Failure By Arthur M Fishberg M D (Pp 788, 25 figures 40s) Henry Kimpton 1937

The essential factor in disease of the heart is its functional capacity, and in this book on heart failure Dr Fishberg contributes a review of present conceptions on the functional pathology and symptoms which is a masterpiece of compression and clarity It is a long book, but there is not a redundant sentence, a fact that will not surprise those familiar with the author s *Hypertension and Nephritis* Because cardiology becomes increasingly a study in abnormal function the monograph may be regarded as a textbook of heart disease of the best type A comparison with standard works of only ten or fifteen years ago shows how rapidly views on the mechanism of circulatory failure are altering and expanding Although at that time the prime importance of the state of the myocardium was appreciated, the arrhythmias and valve lesions were still given a prominent place To-day, in assessing the state of the heart, these conditions are regarded as still less important, and the tendency is to determine so far as possible the anatomical and functional alterations not merely in the organ as a whole but in the individual chambers

Views on the way in which the symptoms of heart failure are produced have altered radically in the last decade, largely as the result of studies on cardiac output, velocity of blood flow, venous pressure, vital capacity, and the circulating blood volume The bearing of these observations on the problems of the clinician are clearly explained by the author Shock or peripheral circulatory failure is usually of non-cardiac origin, but it occurs in some forms of heart disease and is rightly included in this book, especially as it is important that it be differentiated from heart failure, the treatment of the two conditions being in general diametrically opposed The therapeutics of heart failure proper occupy about one-sixth of the book No sounder or clearer review of all the important modern work on circulatory failure has been published

NURSING PRACTICE

A General Textbook of Nursing A Comprehensive Guide to the Final State Examinations By Evelyn C. Pearce (Pp 884 176 figures 15s net) London Faber and Faber 1937

The establishment of a State register of nurses has had wide effects Perhaps one of the most important has been the consequent change in the character of the training of the prospective nurse It is no longer enough for her to learn the duties of her future profession by oral methods, by observation, and by repeated trials and lengthy practice All these must still be done but it is now necessary that this knowledge and capacity should be so clearly arranged within her mind that on the fateful day of days of the final State examination she will be able to put down upon paper an intelligible answer to the questions set A born' nurse must now also be a knowledgeable nurse, hence the recent spate of textbooks designed to serve the needs of the probationer in her studies Of these *A General Textbook of Nursing* by Miss Evelyn Pearce, Sister-Tutor at the Middlesex Hospital, is without doubt one of the best As its subtitle indicates, it is "a comprehensive guide to the final State examinations," and in its eight hundred or so pages it gives as good, as clear, and as useful an account of the work of the nurse as we have read Miss Pearce in her introduction strives to impress this spirit upon her readers "The latest advances in medical science are brought to the bedside by the doctor, let the nurse see that her part is to provide, in full measure, the healing touch of human sympathy The smallest service done to the lowliest possesses an eternal value" And again "So much depends on the attitude of the nurse who receives the patient, since she by kindness and thoughtful sympathy can change the picture and dispel most of his fears'

In this same spirit the author has striven to put clearly and sympathetically before her readers pictures of the nurse's many-sided work It is obvious that she is trying (and successfully) to make the probationer see with her own well-trained eyes The character of the illustrations, of which there are many, is an indication of this endeavour Each section of the book contains photographic reproductions of the instruments, dressings, and other appliances needed by the visiting doctor for the examination, treatment, or dressing of the particular case, all of them clearly labelled and described The illustrations give in a most serviceable form a glimpse of the preparation of the ward, the theatre, or the examination-room

Miss Pearce is to be congratulated on her work It will be of good service to her junior colleagues

Notes on Books

The World of Science by F Sherwood Taylor, Ph D, B Sc (Heinemann, 8s 6d) contains 1,064 pages packed full of useful and interesting information about the mysterious universe in which we live The first part of the book, on states of matter, deals with such things as matter and energy, the patterns of atoms in solids, liquids, and gases In the second part, entitled "Power,' there are chapters on simple machines, electric currents, power, and loco motion Parts III and IV are devoted to "waves" and chemistry respectively, and, following the plan of the Book of Genesis, the author then proceeds via 'The Earth and Heavens" to a section on 'Life" In this last part of the book he gives, in just under a hundred pages, an admirably clear account of how the body works, and the information is remarkably up to date—no mean feat when the scope of the book is considered, covering, as it does, the whole field of science The 677 illustrations are well chosen and greatly assist the reader, the line drawings being especially well done. Altogether, this volume is a successful venture on the part of both author and publishers, and would make a welcome Christmas present to the young and also to the adult who still retains enough curiosity to want to know what it is all about

We have received a copy of the *Proceedings of the Paediatric Congress* organized by the Cuban Society of Paediatrics held at Santiago, Cuba from April 10 to 12 (Havana, Molina y Co) A large number of subjects were discussed, of which the principal were alkalosis, abdominal tumours, orbital cellulitis, diabetes, orthopaedic treatment of infantile paralysis, clinical examination of the endocrine system in children, the blood pressure between the ages of 6 and 12, and cerebral tumours in childhood A history of the Cuban Society of Paediatrics is prefixed to the volume

cases with little or no α toxin The toxin of bovine strains is predominantly β Morgan and Graydon (1936) produced evidence which suggests that α toxin is complex, consisting of at least two distinct toxins, α 1 and α 2

There is now general agreement that the α toxin is of greater importance in human disease than the β toxin, but until recently the identity or otherwise of one of these with leucocidin was in dispute Weld and Gunther (1931) believed that leucocidin was distinct from necrosing toxin, as also did Panton and Valentine (1932) Burnet and Freeman (1932) thought that the two were identical, and the conclusion of Wright (1936) was that α toxin and leucocidin were the same Valentine (1936) has cleared up the confusion by demonstrating that α toxin has a destructive action on rabbit leucocytes which had been used by some of the earlier investigators but practically none on human leucocytes and also that many strains of staphylococci produce a true leucocidin destructive for both human and rabbit leucocytes but without action on red cells Proom (1937) reported the important finding that the conditions necessary for the production of maximum yields of α toxin and of leucocidin are different

Burnet (1929) discovered that the toxin of staphylococci, like that of *B diphtheriae* could by treatment with formalin be converted into toxoid, which is non-toxic but acts antigenically in the same way as toxin, giving rise in inoculated animals to the production of antitoxin This, later, was found to be true of both the α and β toxins, although Dolman and Kitching (1935) point out that β toxin is more resistant to formalin than is α It is probable that leucocidin can also be toxoided

As a result of the labours of many workers we now have available the knowledge that staphylococci produce at least three toxins—α β and leucocidin—of which the first and last are of importance in relation to human disease, while the role of the β toxin is less certain that we can titrate the amount of antitoxins to these in the blood sera of men and animals whether normal infected or immunized that it is possible actively to immunize men and animals against these toxins and that for the treatment of human disease the antitoxic sera of immunized animals may be employed Some of the practical applications of these discoveries will be considered later

Attempts to Devise a Skin Test

A number of attempts have been made to devise a skin test comparable to the Schick test by which the immunity of the human subject to staphylococci or their products might be determined Among papers dealing with this subject those of Pilot and Afremow (1927) Hardenbergh and Schlotthauer (1927) Afremow and Pilot (1929), Panton Valentine and Dix (1931) and Bryce and Burnet (1932) deserve mention Most investigators have found that a large proportion of human beings give positive skin reactions following intradermal injection of staphylococcal toxin but it appears to be established that a positive response cannot be correlated with recent infections or freedom from these or with the amount of antitoxin in the serum It is possible that the confusion is due to the fact that positive results may be obtained in persons whose antitoxin level is low in respect of either the known or some as yet unknown toxins and also in those who as a result of past infections have become hypersensitive or allergic to the cocci and particularly as the work of Julianelle and Wieghard (1935) suggests to their protein constituents The first type of response would correspond to a positive Schick test the second to a positive tuberculin test That hypersensitivity may play an important part in the aetiology of staphylococcal lesions is suggested by the finding of Panton, Valentine and Dix (1931) that an animal repeatedly injected intradermally with staphylococci develops immunity, as is shown by a decrease in the size of the skin lesion caused by a measured dose of cocci, and also an increased sensitivity as is shown by the development of lesions after the introduction of one hundredth of the minimum dose of cocci capable of causing infection in a normal animal

Coagulase

One further soluble product of staphylococci remains to be mentioned This is coagulase, which causes the clotting of plasma and which is quite distinct from the toxins already considered Loeb (1903) first described the phenomenon which was more fully investigated by Much (1908) von Gonzenbach and Uemura (1916) and others The majority of pathogenic staphylococci coagulate rabbit plasma but many specimens of human plasma are resistant to coagulase This difference is probably to be explained by the presence of anticoagulase in many human bloods the result of frequent infections of man by staphylococci, whereas rabbits under natural conditions are but rarely infected At first sight coagulation of plasma would appear to be a useful defence mechanism for an animal infected with staphylococci, as it would tend to limit the spread of the organisms, and therefore that anti coagulase would conduce to a spread of infection This apparent failure of an immune substance to achieve its defensive purposes is explained by Gengou (1933) who suggested that coagulation of plasma is only the first effect of the so called coagulase Its main function, according to him is fibrinolytic, for which action preliminary fibrin formation or coagulation is of course necessary Anticoagulase, which in the test may prevent coagulation of plasma, in a staphylococcal lesion probably only slightly delays it, and later serves the useful purpose of holding up liquefaction until a defence barrier of polymorphonuclear leucocytes has collected around the site of invasion This view fits in well with clinical observation In the early stages of a boil the tissues appear to be hard and solid and then after a few days softening and liquefaction occur

The Opsonins

In reviewing the literature of the past fifteen years dealing with staphylococci the most surprising thing to me was the complete absence of any mention of opsonins a reference to which in pre war literature on the subject was a necessity The newer view appears to be Look after the toxins and the bacteria will be looked after The most enlightening paper I have read on this aspect of the subject is that of Downie (1937) This worker compared the effects of the introduction of living staphylococci into animals immunized against either staphylococcal toxins or staphylococci killed and repeatedly washed to free them from toxin In both cases as also in the case of normal animals the living cocci became surrounded by a zone rich in polymorphonuclear leucocytes but whereas in the normal or vaccine treated animals the leucocytes were inactive in phagocytosis in those immunized against toxin the leucocytes were actively phagocytic Furthermore necrosis of cells occurred in the case of the normal and vaccine treated animals but not in those treated with toxoid Injections of toxin in unprotected animals led to necrosis but not to the accumulation of leucocytes From this work it would appear that when the body whether immune or non

"HEALTH WITH HAPPINESS"

LORD HORDER'S SPEECH AT LEEDS

As part of the national health campaign Lord Horder addressed a meeting in Leeds Town Hall on October 15 The following is an abstract of his speech

Health Services The British Way

This campaign, this drive towards national health, begins by advertising our health services, services which I believe to be, *potentially* the best in the world They are so good that had they been conceived and constructed in Italy or Germany or Russia there would have been films and pictures and broadcasts long ago to tell the people what magnificent things were being offered and done on their behalf

As it is, being Great Britain, the health services have evolved gradually and quietly, and we have achieved a mass of benefits which, elsewhere, it has taken battles and murders and the subjection of personal liberty by dictators and executives to achieve But it is also British to clamour for reforms and then, when we have secured them, not to avail ourselves of them We have done this with the franchise, even the women have done it, and we have done it with the health services We retain our freedom to grouse, in this country we *can* grouse—and still live!

The Minister of Health is one of the most successful publicists and propagandists we have He 'made good" in another great Government Department, and I believe he will make good in his present job also If he does he deserves all the success that comes to him Although Sir Kingsley Wood would be the first to recognize that the magnitude of the two tasks is very different, I think the old adage, ' Blessed are the uses of advertisement, applies to them both

Propaganda for Fitness

When we come to consider what form the advertisement should take in the matter of making a fit nation, I agree with the Minister that he should first tell the people what they can get and how they can get it, and we should tell them through all the media that are available But it is vital that we make it extremely simple and that we eliminate all complications and duplications As I pointed out the other day, the health services are magnificent when viewed from the centre, but it is at the periphery also that we need energy and patience and a knowledge of the human material in order that this splendid machine shall get its benefits 'across"

When we have done our best to advertise the health services we shall give similar publicity to the new Advisory Council for Physical Training It is most important that these facilities be made the utmost use of There is a good deal of rather unfair criticism about the teaching of physical jerks to underfed citizens We must not forget that there are a lot of overfed citizens for whom some physical training would mean salvation, both of body and of mind Let us be fair The Minister of Health is making an advance on different fronts, and with different sorts of armament But the objective is the same The crusade assumes two things—the will to be fit and a modicum of intelligence If we sit sullenly at home when healthy recreation is offered out of doors, and we are the sort to benefit from it, we are performing an anti-social act, and if we take home a leaflet from the post-office on the rearing of babies when we haven t got any, we don t help ourselves to be fit—even though suggestion is sometimes a helpful form of treatment Everybody must choose the method of achieving fitness which is most applicable to his needs, and if he doesn t know which is most applicable he should ask the doctor The doctor cannot supply the *will to be fit*—though I don't want to limit his capacity even here—but he can supply the intelligence

A Ministry of Health that really functions as ours does, must claim the whole of a doctor s allegiance and all the energy that he can give to see that it functions 100 per cent But national fitness demands more than this Even if the present health services did function 100 per cent we should still be a long way off the attainable standard I am sure that the Minister of Health does not take so narrow a view of national fitness as that And I am equally sure that he would be surprised if I did not enlarge the field of inquiry and of suggestion in regard to this vital matter

A Working Definition

It is very difficult to define fitness, and yet we all recognize the fit man, woman, and child when we see them Certainly fitness cannot be measured by length of life I agree that the health services have been chiefly responsible for adding considerably to the expectation of life And the Prime Minister expressed this in a telling way, when he launched this health crusade, by saying that the length of life to-day is nineteen years longer than when he was born But, as I am frequently reminding people, this mere prolongation of life isn t fitness So far as a definition can be attempted fitness is health plus happiness, and neither of these is necessarily achieved by extending the duration of life I shall take it for granted that old age is not what we are aiming at, nor even sheer animal vigour The man who says ' Gosh! I m fit this morning,' is not expressing a satisfactory state of his muscles merely, nor even of his liver, he is expressing satisfaction with life That is the sort of fitness we want And that is the sort of fitness the statesman, rather than the politician, really desires for his country

Essential Ingredients of Health

The ingredients of optimum fitness are really very simple But we have so complicated our lives that we have mislaid some of them, and we must go back and pick them up again Some of them are really essential if we want to avail ourselves fully of our health services I have stated, and restated, these simple ingredients And yet I must risk boring you by repeating them Enough of the right food, shelter, which includes clothes and warmth, a job of work, access to the fresh air and such sun as our climate yields leisure for play of body and of mind—these are the essential things, concerning which there must be some feeling of security before the great advantages of our fine health services can be fully made use of

So far as my essential ingredients for health are concerned, it would be foolish for me, as a doctor, to pretend that Mrs Jones and her husband don t suffer from, say, indigestion because of worry—difficulty in getting enough food (let alone the right food), twopence more on the price of tea, and other anxieties—as much as from their ignorance of the health services or what sort of physical exercises are best It would be foolish And Dr Robinson, who is family friend as well as doctor, seeing Mrs Jones in his surgery, doesn't say *first* "You should make more use of the health services If he s a typical G.P he asks, rather grimly, ' Have the kiddies got enough to eat? Are you still spending money on that quack medicine or that patent food? Don t worry, Fred will soon get another job'—and so on *You* know well we *all* know But at the same time the Joneses are taxpayers, directly or indirectly, and the health services are not a charity, they are paid for by the country We must urge people to overcome their apathy and their hostility, and we must tell them exactly what is available

to an end a long-continued series of boils The advisability of investigation of sugar metabolism has already been mentioned Next comes active immunization, for which toxoid containing the three elements should be employed. At first the results of this treatment were controlled by estimations of the antitoxic titre of the serum, but it is doubtful if this is any more necessary than were estimations of the opsonic index in vaccine treatment It is now known that much higher values of antitoxin may be found in the serum of a person who has suffered from and continues to suffer from almost innumerable boils than in that of a person free from them The protective value of serum antitoxin against skin infections by staphylococci cannot be compared to the corresponding value of antitoxin as a protective against diphtheria But it may be taken as well established that even if the antitoxin content of the serum be high, it may be further increased even as much as five- to tenfold by active immunization, and that this may, and frequently will suffice to bring the infections to an end The most probable explanation is that susceptibility depends partly on antitoxin and partly on other factors, among which may be general metabolic peculiarities and peculiarities of the skin and its secretions The person who is susceptible to staphylococcal infections for the latter reasons requires for his protection a much higher level of serum antitoxin than does he who is naturally insusceptible As I indicated earlier I do not as yet feel inclined to abandon vaccines which may I think help to establish an antibacterial immunity just as toxoid does an antitoxic immunity I would therefore suggest the combination of toxoid and of autogenous vaccine in which the cocci have been washed free of toxin and toxoid It is as yet too early to be dogmatic about the number of injections or the total amount of toxoid to be used, but eight gradually increasing injections may as Dolman (1935) suggests be taken as a normal series, although obstinate cases may require twenty or more

The work of the past fifteen years has taught us much about the *Staphylococcus pyogenes* but it would be foolish to think that our knowledge is yet complete It has however gone far enough to show us how ignorant we formerly were and has most certainly improved the prognosis in the case of patients suffering from infections by this common organism

Bacterial Food Poisoning

No paper dealing with the pathogenic staphylococci would be complete without some reference to the role of these organisms in the causation of bacterial food poisoning The credit for the discovery goes rightly to Jordan who alone and with collaborators (Jordan 1930 and 1931 Jordan and Burrows 1934) published a number of papers on the subject Many strains of staphylococci isolated from both human and animal sources have been shown to elaborate in broth cultures grown under suitable conditions, a filterable fairly thermostable toxin which, when given by mouth to human volunteers or rhesus monkeys causes within a few hours nausea cramps violent vomiting, diarrhoea and prostration The incriminated food has usually been confectionery of some sort such as cake commonly with cream or custard filling The source of the organisms which have multiplied in the food and there formed their toxin appears to have been either the human skin or cow's milk It has not yet been decided whether only special strains of staphylococci produce this enterotoxin or whether the majority of staphylococci have the power, but in either case strains yielding this toxin have shown diversity as regards chromogenesis and other cultural properties The nature of the toxin is uncertain, but it is different from both the α and β toxins It is doubtful whether it is antigenic

Most records of staphylococcal food poisoning have come from America but there can be little doubt that such attacks which while unpleasant are never fatal occur also in the British Isles

As I have already said twenty years ago most bacteriologists believed that everything of importance in connexion with staphylococci was known, and yet the intervening years have been fruitful in fresh discoveries It is probable that similar intensive research in the case of other bacteria would yield equally unexpected and important discoveries

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The new nurses home at Hackney Hospital Homerton, was opened on Friday October 15 by the Right Hon Herbert Morrison M.P., Leader of the London County Council It was in December 1934 that the Council decided to erect, at an estimated cost of £97,500 a new home for the nurses at Hackney Hospital At that time the accommodation besides being insufficient was scattered and very unsatisfactory The new building which has accommodation for 265 sisters and nurses is six storeys high fronting Sidney Road A training centre for nurses which includes a lecture room demonstration room and a library is also provided A flat roof over the greater part of the building affords facilities for sun bathing physical exercises, and other recreational purposes

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THE IMMUNOLOGY OF STAPHYLOCOCCAL INFECTIONS

While it is useful from time to time to review any accumulated knowledge, it is particularly so when this has been acquired in a somewhat recondite sphere and yet has very general applications Few of those whose lot it is to treat staphylococcal infections almost every day can have been able to follow the manifold developments in the study of these infections during the past few years Hence the review by Professor J W Bigger, which appears on page 837 of this issue, is of particular value He traces, first, the causes which led to the neglect of this subject throughout a period during which other bacteria were receiving a full share of attention Although the operation of these causes is plain, it is perhaps still to be wondered at that nothing less than the Bundaberg disaster served to revive interest in toxins of which the existence had been known for almost thirty years During the whole of this time immunity in staphylococcal infections had been supposed to be anti-bacterial the effect of recent research is the belief that it is mainly antitoxic A supposed opsonin, which encourages phagocytosis, has given place to anti-leucocidin, which neutralizes a substance lethal to leucocytes, in the immune subject leucocytes are not so much stimulated to act as merely protected from destruction

With this intimate mechanism and with the properties and individuality of staphylococcal toxins few but interested bacteriologists will wish to concern themselves deeply The practical result of their study has been to furnish two new therapeutic weapons—antitoxin and toxoid Those who have given staphylococcus antitoxin a fair trial are mainly agreed that in grave and threatening infections it has undoubted value, in established septicaemia or pyaemia the task may be beyond its powers although the enormous doses recommended by enthusiasts such as Dolman are said to be effective even in these conditions Unless sulphanilamide fulfils hopes which are based at present only on experiment, antitoxin is the only specific remedy available for grave and acute staphylococcal infections The position of toxoid, which is used for active immunization in chronic infections, is somewhat different, since it has a rival in vaccines, which were almost universally employed for this purpose before the introduction of toxoid and still are The more amenable forms of chronic infection, such as boils and blepharitis, undoubtedly respond to either treatment, while the more resistant, such as sycosis, respond as a rule poorly to either But it is not to be concluded from this that two quite distinct methods of immunization are equally effective, because vaccines prepared in the ordinary way contain toxin as well as bacterial cells, and to prove that anti-bacterial immunity is sufficient in itself it is necessary to use a vaccine washed free of toxin When this has been done, as in the experiments of Kitching and Farrell,[1] vaccine has been shown to be inferior to toxoid as an immunizing agent On the other hand it seems scarcely justifiable to conclude that the bacterial element in the agent used is valueless, and there is much to be said for combined treatment with both One fact which has clearly emerged from a mass of clinical observations is that anti-haemolysin titrations are useless as a guide to treatment This antibody is readily estimated, but its concentration in the blood appears to bear so little relation to effective resistance that its behaviour is not a profitable object of study

A great deal more is certainly known about the mechanism of resistance to staphylococcal infection and treatment has become more rational and more effective, though how much more effective it is difficult to say But the study of individual toxins and the possibility of neutralizing them is far from laying bare the whole secret of staphylococcal pathogenicity Anyone who is tempted to think that these investigations have reached finality, and that mere improvement in the quality of toxin preparations is going to secure dependability in immunization, will do well to ponder two observations made by Forssman [2] In this author's studies of immunization the criterion of success has been protection against an intravenous dose of virulent culture which is regularly fatal in controls within twenty-two hours By no means whatever—whether with toxoid, vaccines, or with repeated doses of living culture—could he produce resistance to much more than ten times this minimum lethal dose When this limited effect is contrasted with what can be done with streptococci and pneumococci, to which animals can be made a million times more resistant, it is clear that some radical difference exists in the nature of the infections His other most significant observation is this Temporary recovery from the effects of intravenous inoculation with living culture is not accompanied by the immediate destruction of all the injected cocci, they may survive for days in the kidney

[1] *Amer J Hyg* 1936 24 268
[2] *Acta path microbiol scand* 1936 13 453, 459

TABLE II—*Treatment with Liver or Extract*

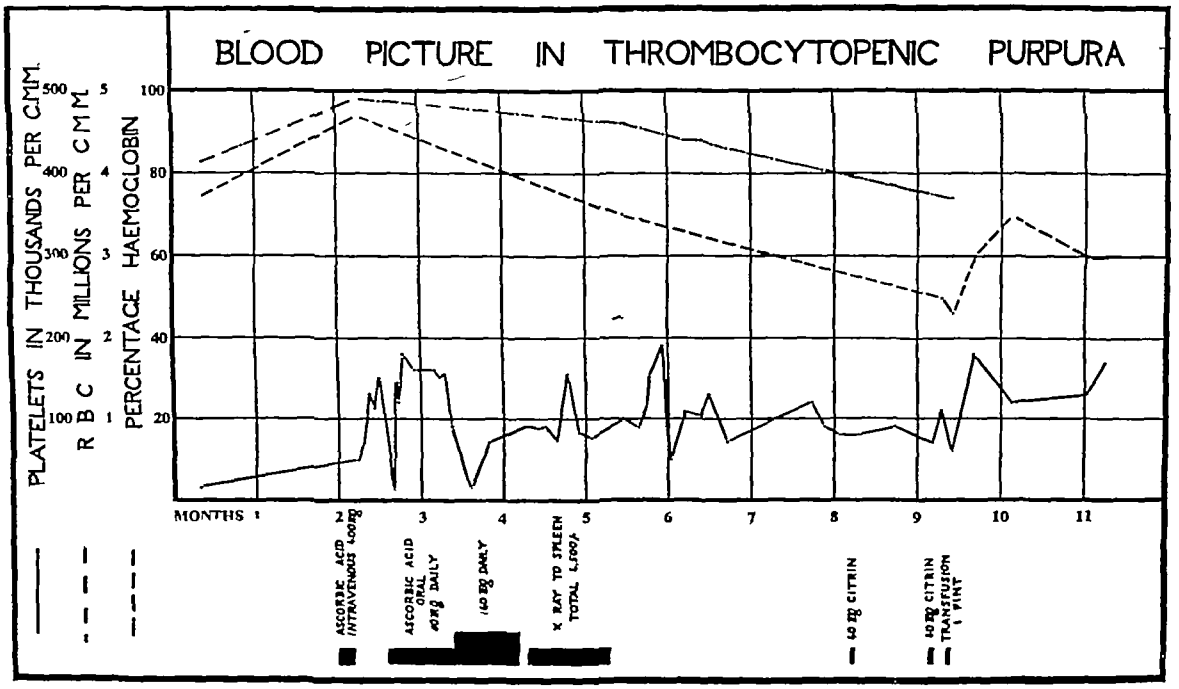
Authority	No of Cases	Follow-up	Cure	Failure
Mondon 1928	1 A	1 month	1	
Holboll, 1929	1 A	3 months	1	
Jacob and Clapperton 1930	1 C	1 year	1	
Witts, 1931	5 C	2-4 months		5
Total	8		3	5

TABLE III—*Treatment with Snake Venom*

Authority	No of Cases	Follow-up	Cure	Failure
Peck and Rosenthal, 1936	32 C	1 month to 4 years	17	15
Lowenburg and Ginsburg, 1936	1 C			1
Jones and Tocantins, 1936	6 C		1	5
Davidson, 1937	3 C			3
Total	42		18	24

The parathyroid gland, because of its effect on the blood calcium, has also been involved Lowenburg and Ginsburg (1932, 1936) have reported two patients with thrombo

workers have failed to obtain any satisfactory result with venom (Davidson 1936–7, Lowenburg and Ginsburg, 1936 Jones and Tocantins, 1936)



cytopenic purpura who had failed to respond to treatment with venom and transfusions Following the production of hypercalcaemia with parathyroid injections all bleeding stopped In one instance the patient was perfectly well six weeks later but in neither case did the platelet count return to a figure higher than 290 000 per c mm at any time Mathewson and Cameron (1937) attempted to pro duce hypercalcaemia with injections of parathormone in one case without any success neither the platelets nor the blood calcium rose

Snake Venom

Peck and Rosenthal (1936) claim that repeated injections of moccasin snake venom are extremely successful (Table III) Venom is given subcutaneously In patients over 10 years old the initial injection is 0 4 c cm which is rapidly increased in subsequent injections to 0 8 or 1 c cm as a maximum dose This is usually given twice a week If symptoms are severe it is given every third day at least. Symptomatic improvement was obtained in seventeen chronic cases, but the platelet count was unchanged Four cases failed to improve and in eleven it was necessary to perform splenectomy or ligate the splenic artery Other

Blood Transfusion

Repeated small transfusions have been thought to accelerate recovery (McLean *et al* 1932 Jones and Tocantins 1933 1936) 300 c cm is regarded as the maximum dose in adults and is reduced considerably for children This should be given not less often than every five days and may be administered daily Jones and Tocantins (1936) have recently summarized their experience of treating twenty two patients with transfusions eight showed permanent improvement, seven temporary improvement and seven no improvement and they con clude therefore contrary to their former belief that transfusions are not always effective These are probably of greatest value in patients who refuse splenectomy or before operation in patients with severe haemorrhage

X-Ray Treatment

The application of x rays to the spleen has been advo cated by many observers (Table IV) (Stephan 1920 Bucky and Guggenheimer 1922 Gragert 1921, Hippe and Kochmann 1932) Many of the early case reports

this reason low fat diets have been recommended in psoriasis Rosen and his collaborators have attempted to test this theory by administering cholesterol to a series of psoriatic patients and a control group of normal individuals In contrast to previous workers they found that the effect of intake of cholesterol on the blood was extremely slight, and was much the same in both the psoriatic and the normal subjects Hence they conclude that this test affords no basis for the assumption that lipoid metabolism is disturbed in cases of psoriasis Lane and Crawford's statistical study confirms for the most part the generally accepted ideas on psoriasis A few points of difference may be mentioned For example, psoriasis is not supposed to be a pruritic disease, but they found pruritus present in about 33 per cent. of their patients With regard to the patients affected by the eruption they find that the arms are most frequently attacked This conclusion, of course, *will not be unexpected, but it is rather surprising to* learn that the scalp is more frequently the site of lesions than the legs In those patients who had taken arsenic no less than 40 per cent exhibited either reactions of intolerance or late unfortunate sequelae In view of the benefit to be derived from the use of arsenic they consider this is a high incidence of untoward effects Perhaps the most interesting point they have brought out is that five times as many patients were overweight than were below average weight for their age and height. Many know Kaposi's old dictum that psoriasis is a disease of the healthy It now appears that it should be rather described as a disease of the well nourished, and this observation also lends colour to the suggestion that in some obscure way the disease may be associated with a disturbance of fat or lipoid metabolism Of the many remedies used in the treatment of psoriasis injection of colloidal manganese was favoured by Moore[3] in 1922, but his results were not obtained by Gushue-Taylor[4] Oliver and Crawford[5] however now support Moore's observations and claim that in 20 per cent of their patients good results followed injection of colloidal manganese when combined with local measures

PATHOGENESIS OF OEDEMA

The term "oedema" originally applied to any swelling or tumour, has become nowadays restricted to an infiltration of the connective tissues with serous fluid, hydropsy of the connective tissues, with the exception of pulmonary oedema in which there is transudation of serous fluid into the alveoli of the lungs The appearance of oedema is often preceded by a dramatic and sudden increase of the patient's weight of eight to twelve pounds A test has been devised to determine the tendency of the tissues to oedema by injecting into the dermis one-fifth of a cubic centimetre of 4 per cent salt solution Ordinarily the small white elevation produced disappears in one to one and a half hours In patients dehydrated by vomiting diarrhoea or haemorrhage the time is much reduced (ten to twenty minutes) Professor Pierre Mauriac of Bordeaux who has made extensive studies of the literature and of his patients, from the mass of information thus obtained has been led to jot down some of the important points, hoping to guide others through the tangles and obscurities of the subject. He has succeeded in producing a useful little work[1] on the pathogenesis of oedema Even in cardiac oedema the transudation of fluids from the capillaries and small arterioles to the tissues is not the result of increased hydrostatic pressure alone there is always some associated affection of the liver and kidneys which tends to modify the proportion of proteins in the circulating blood and thus to affect the osmotic pressure attracting the fluid back into the vessels In renal disease the increased permeability of the glomeruli of the kidney due to toxins leads to loss of albumin from the blood and so affects the osmotic pressure more considerably but quite an amount of kidney substance may be damaged before symptoms of renal disease occur In renal disease another and more important factor is the retention of chlorides in the tissues, which thus tend to hold more water Since the time of Ranvier the effect of the nervous system on the transudation from the capillaries has been recognized depending on the sympathetic nervous system and occurring in general states of the nervous system hemiplegia hysteria, and in local conditions as in angio neurotic oedema and urticaria Mauriac postulates the intervention of endocrine influences in some cases of oedema not only in the oedema of cirrhosis of the liver but from ovarian factors in the oedemas of pregnancy and menstrual oedema An oedema of cachexia may occur in starvation in athreptic infants and in cancer oedema may follow operation and the explanation may be obscure Without coming to a decision on many points which in our present state of knowledge must be left for further work Professor Mauriac has drawn attention to many interesting problems on the metabolism of water in the body

PROPHYLAXIS OF TYPHUS

The prevention of typhus fever and vaccination against the disease form the subject of an important communication to the Health Section of the League of Nations, the introduction to which has been drawn up by Dr Biraud a member of the Section Dr Biraud relates that following an alarm concerning the presence of typhus among the troops in Madrid the Spanish Government asked the League for technical advice with the result that a mission of experts was sent to Spain among them Surgeon General Lasnet, formerly Director of the Health Services of Algeria Dr J Laigret of the Pasteur Institute of Tunis and author of a method of vaccination against typhus and Dr C Wroczynski formerly Director-General of Public Health in Poland The mission found that there was no typhus in Spain but that its occurrence was a definite menace because of the louse infestation of the troops the large number of refugees, and the possibilities of the virus being introduced from infected

[3] *British Medical Journal* 1922 2 41
[4] Ibid 1923 1 558
[5] *Arch Derm Syph* Chicago 1937 35 1120

[1] *La Pathogénie des Oedemes Confrontation des Théories a la Clinique* By Pierre Mauriac Paris Masson et Cie (16 fr)
[2] *Bull Hlth Org L o N* 1937 6 56

Conclusions

It would appear, therefore, that the chance of curing a patient with thrombocytopenic purpura by the administration of ascorbic acid is, from the evidence at present available 33 1/3 per cent There is a rather higher chance that x rays may be of value—twenty five favourable reports against twenty unfavourable have been found Observations on snake venom therapy at present show eighteen patients benefited and twenty-four with no improvement There is no evidence that liver extract is of value Hypercalcaemia has been tried in too few cases to permit of any conclusion Transfusion has its greatest value in tiding an acute case over the preliminary stage and in pre-operative preparation Splenectomy to-day has an immediate mortality rate of 7 per cent or rather less and the majority of patients who recover from operation have a reasonable chance of permanent improvement

I am grateful to Professor F R. Fraser for permission to make use of his clinical notes and to Dr G Smith and Dr R G Macfarlane for supplies of vitamin P "citrin"

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M Auguste Lumière has been elected president of the French Association for Researches on Deafness Further information concerning the Association may be obtained from the general secretary 143 bis Promenade des Anglais Nice

THE NERVOUS FACTOR IN JUVENILE ASTHMA

BY

A KERR CLARKSON, M B, Ch.B

An investigation of the known aetiological factors in asthma was undertaken in a large number of cases seen over a period of five years * The present paper briefly summarizes some of the observations made on the "nervous factor in 187 of those patients, whose ages ranged from 2 to 20 years

Evidence was early cumulative to show that the psychological element intruded in a varying degree in almost every case, and it was eventually possible to classify its relation to the syndrome according to three factors (1) the nature of the inheritance and environment (2) the degree of allergic thraldom (3) the duration of the condition

At an early stage of my investigation I was struck by the fact that a preliminary conversation with the parents of an asthmatic child could enable me to assess with surprising accuracy the measure of success which would attend treatment Further experience made it increasingly obvious that parental invasion of its psychic life could markedly influence the affective states of the child As Jung points out, the first form of a complex cannot be other than a parental complex because the parents are the first reality with which the child comes in contact" This is of supreme importance to our problem because as I shall later attempt to show allergy carries with it certain psychological limitations and the allergic child is often made aware of disordered emotional currents in its allergic parents and tends to fashion its own reactions in a preselected" imagery

What are the characteristics of those reactions and how are they related to the syndrome? It is only possible to answer those questions when psychological considerations are related to physiological data

Disturbance from Biochemical Changes

Analysis of the case histories under review shows that in the great majority the ideational pattern of the affective states is already deeply grooved in the nervous system prior to the onset of asthma Around a primary nucleus of fear is developed a diffuse background of "oversensitiveness" or apprehension Clinically this is evidenced by the fact that stimuli which impinge closely on the emotional life of these children appear to excite a diffuse wave of psychic radiation The normal reciprocal inhibition is hereditarily faulty The resultant loss of localization of stimuli widens the horizon of apprehension The decision about what is to be done becomes momentous the nature of the child's psychic endowment will be the ultimate guide to that decision A failure in adaptation or a tendency to false compensation will enhance a potential overflow into autonomic channels But, in my opinion at this early stage rarely can emotion pervert the machinery of the lower centres until something of a purely physical nature impairs the integrity of cortico thalamic control All the evidence suggests that this disturbance is brought about by biochemical changes ushered in by allergy In 98 per cent of my cases I have not been able to determine a purely psychogenic cause for the onset of asthma in the absence of other factors It must how-

* A Review of 300 Cases of Asthma in General Practice" (Sir Charles Hastings Prize 1936)

radical fashion than has hitherto been attempted So long as the importation of infected animals and the mixing of animals in open markets are permitted, and so long as financial assistance to encourage the farmer to rid his herd not only of diseased but also of infected animals is lacking, so long will any attempt to control tuberculosis in animals and contagious abortion be merely touching the fringe of the problem

SURGICAL APPROACH TO ENDOCRINE INSUFFICIENCY

Most investigators, in considering the syndrome of an endocrine hypofunction will in general associate it with a loss of power of the gland to synthesize the necessary hormone and refer this to some more or less defined structural defect But the demonstration of structural changes at necropsy is by no means a proof that the onset of the disease was due to such changes Although some cases may be the result of an original insufficiency of the secreting epithelium it seems probable, as pointed out by R Leriche,[1] that a more fruitful hypothesis is that the glandular elements do not receive in quantity or in quality the substrata necessary for their activity The problem of glandular insufficiency on such a view becomes one of vascular supply or of the composition of the supplied blood Such a hypothesis also opens the way for surgical attempts at reactivation Leriche, in the absence of full knowledge of all the factors concerned in endocrine activity lays down two objects of surgical approach (1) to discover if the circulatory activity of a gland can be increased by surgical intervention, and to observe if such an increase, when produced remains permanent and (2) to attempt, to influence the activity of an endocrine gland by modifications of the secretory or excretory activity of a gland in another situation He and his collaborators applied these ideas mainly in work upon the parathyroids It was found that removal of the upper part of the cervical sympathetic chain in the dog led to marked histological changes in the parathyroids In twenty-four hours after the operation there appeared a marked oedema between the sinusoidal capillaries and the parenchymatous cells followed by congestion and increased volume of the secreting cells, it was found that this state continued even after ten months Concluding from such findings that a state of increased activity in the glands had been established Leriche and his co-workers tried to produce clinically demonstrable effects by cervical sympathectomy in a child of 11 years who had severe tetany and pylorospasm and in whom the administration of calcium and parathormone had been of no avail Resection of the middle region of the cervical chain was carried out and the attacks of tetany disappeared so that two and a half years after the operation the child is developing normally and has had no further attacks The level of blood calcium is now over 10 mg per 100 c cm and hypocalcaemia has ceased to appear Two further cases of tetany similarly treated also did well The application of this method of re-activation of the parathyroids was extended to cases of polyarthritis, and results were obtained which strengthened the view held by Leriche that frequently these cases are really due to hypoparathyroidism On this hypothesis the benefits sometimes recorded as having resulted from removal of one of the parathyroids are attributable not to diminution of the amount of active parathyroid tissue but to the local hyperaemia produced by operation, since as often as not the tissue removed is not parathyroid but fat Leriche and his collaborators also claim to have benefited some cases of Paget's disease by ablation of the middle cervical ganglion The possible application of sympathectomy to cases of otosclerosis is also indicated by the good results obtained in fourteen cases at the Strasbourg clinic but it is considered that the effect was on the parathyroids rather than on the circulation in the ear How far similar measures would be useful in other glandular insufficiencies remains to be seen, but as the pituitary innervation is from the cervical sympathetic such procedures as removal of the superior cervical ganglion might perhaps be of value in those cases of pituitary insufficiency which are resistant to pituitrin or in cases of hypofunction of endocrines regulated by the pituitary The whole subject, as emphasized by Leriche, is in its infancy, but it will well repay investigation since it offers an attack on endocrine disorder in a way more fundamental than replacement therapy

[1] *Rev Chir* Paris 1937, 56 75

DEFORMITY OF THE DENTAL ARCHES

We have received from the Medical Research Council a report on investigations into the nature and characteristic features of post-normal occlusion[1] The work involved statistical consideration of a large number of measurements of selected samples of living children of different ages which the investigators hoped would settle the vexed question of superior protrusion or inferior retrusion as the important factor in the production of deformity of the dental arches In concluding their report the investigators say that "the main result of the investigations is to provide very suggestive if not conclusive evidence that the origin of inferior post normal occlusion in the great majority of boys but in a smaller proportion of the girls examined is essentially dependent on the degree of forward growth or the position of the upper jaw and not on retrusion of the mandible" The main point, indeed remains unsettled, but a well-conducted attempt has been made to approach it from a statistical standpoint

The late Lord Rutherford, O M was one of the surviving two Honorary Fellows of the Royal College of Physicians of London He received that distinction in 1928 at the time of the Harvey tercentenary in company with Lord Balfour, Professor Pavlov and Professor Wenckebach

[1] Special Report Series No 225 M R C Investigations into the Nature and Characteristic Features of Post Normal Occlusion By Matthew Young, Elsa Johnson Corisande Smyth and Mildred Still H M Stationery Office, 1937 (1s 6d net)

The knowledge of my helplessness makes me an anarchistic enemy of society These feelings are very real indeed to me at the time and yet when the attack is over and I think of them I realize how foolish they have been

In the course of evolution the flight of anticipatory ideas associated with emotion has been submitted to cortical control in the best interests of the individual It is difficult to believe that the evolutionary progress could ever have been maintained without this toning down of impulse and emotion by the higher centres In the asthmatic however, clinical experience seems to show that this modifying apparatus is in a state of maladjustment

All the evidence points to the fact that the allergic factor is principally responsible for the onset of juvenile asthma and that the psychic factor is either mobilized or intensified by allergic states This conclusion applies only to the early stages of the syndrome When, however, the condition has continued for some time diffuse psychical reactions centring around the organ inferiority emphasize the pre-existing emotional fears

Organ Inferiority

The potential asthmatic child enters the world with both a somatic and a psychic handicap Not merely may it be the victim of an active or passive sensitization from the mother, but of a chromosomal inheritance from the father It is born into a keenly competitive world and early environmental influences begin to impinge upon a highly receptive sensorium with invidious insistence Frequently it is the eldest or only child, and domestic pampering by parents often themselves the victims of allergic imbalance with its concomitant psychic reactions directs attention to physical insecurity Not infrequently the position in the family widens the scope for overprotection Moreover every other incidental illness is a source of anxiety since by increasing the sense of constitutional weakness it tends progressively to undermine confidence

In asthma frequent autonomic hyperirritability, initiated by allergy is an ideal soil for the formation of fear complexes (Emerson)

The direction of attention to the condition lends it emphasis Physical defects confer on the victim an aura of invalidism and the psychopathic thinking of his parents may surround him with an almost pathological limelight Attention becomes focused upon a subject which is daily discussed In any situation that is potentially dangerous, fear is present if attention is given to its dangerous aspects (Rivers)

Fortunately indeed for asthmatic children though the playing fields may terrify them their scholastic achievements are of no mean order About 73 per cent were far above the average and seven were dux of their school Of the remaining 27 per cent with one exception all were of average mentality and in the quiescent periods voracious readers More and more do they tend to seek the company of much younger or much older people and gradually acquire an outlook in life far in advance of their years It is sometimes alarming to find a child of 7 discuss its condition with the matured fluency of an adult They find an outlet for their latent energies in an endeavour to outstrip in the class room those with whom they cannot compete in the playing fields The feeling of inferiority and isolation demands a compensation and the time spent by other children in play is utilized by these patients in reading It is very rare to find a purely autistic attitude to life except in that very small percentage of cases in which asthma occurs in the course of a psychosis

The Conditioned Reflex

Once the experience of bronchospasm is sufficiently repeated there can be no doubt that it acquires all the characteristics of a conditioned reflex and at this stage the memory of previous analogous stimuli is adequate to evoke it and eventually is sufficient cause for its persistence

Once established as a conditioned reflex the potential catalysts, somatic and endopsychic become numerous indeed On the somatic side the activity of almost every organ under the control of the vegetative nervous system can eventually be the trigger of vago sympathetic imbalance Thus it is that a loaded rectum a swollen midturbinate, or a distended stomach may initiate a spasm Correspondingly, the diffuse ramifications in the psyche centralized around the primary emotional nucleus of fear may at any point lead to an attack This is of great importance from the prognostic standpoint In some long-standing cases the ideas clustered around asthma may come to colour the whole outlook on life In such cases future security is to be found only in analysis and sublimation

Emotional shocks that are final cannot be forgotten Many associations recall them' (Kretschmer) Every remembrance may be the occasion for the renewal of the original stimulus through a sensitized set of responsive neurones Not merely so but owing to the amazing psychical diffuseness associated agencies may touch the agitating spot Anything that will influence a sense organ is convertible into an affective stimulus This explains why artificial flowers may provoke an attack in a sensitized subject

Case 6—A brilliant girl aged 20 had suffered from asthma from the age of 2 years. The patient did not exhibit allied allergic conditions and physical therapy proved unsuccessful The possibility of a psychological cause was examined and the patient was analysed every day for five months and had asthma every night Eventually it was discovered by hypno analysis that the cause of her asthma was centred around the terrifying emotions of fear and suffocation when she was assaulted by a negro at the age of 2 The negro threatened that he would cut out her tongue if ever she mentioned the incident This ghastly experience had been completely repressed for eighteen years Despite this discovery and the explanation to the patient she was not cured for it was found by further analysis that the ramification of this early terror had permeated almost every sphere of psychic activity Her dreams were hypno-analysed for the next sixty-two days and every occasion revealed that the starting point of bronchospasm returned to the original agitating spot" Eventually the negro became replaced by a man with a black beard he in turn by a white man with a swarthy complexion At a later stage as confidence was gained the figure only attempted to frighten her without assault In the later stages a form of *sublimation was attained when* in the dream fiction she developed sufficient courage to kill her assailant Once this psychic conquest over fear had been attained her asthma ceased to recur

Ultimately dependent on the conditioned reflex there emerge three other characteristics which we may find in the course of the syndrome (1) purposive simulation, (2) hysterical habituation (3) voluntary reinforcement

Purposive Simulation

It must be recognized that in a considerable proportion of cases simulation by arbitrary reflex reinforcement is capable of development In my opinion this is most frequently determined by parental reactions The more

tongue is pressed forward with the left forefinger so that the airway drops into place it is non-traumatic, in spite of being made of metal This airway can be inserted



Waters Pharyngeal Airway

even when the jaws are in spasm (see above) if the left forefinger is used as a wedge behind the last molar tooth

LARYNGEAL SPASM AND STRIDOR

These are two degrees of the same reflex The appearance of either during induction shows that the anaesthetic vapour is too strong, or that particles of mucus are directly irritating the vocal cords Surgical stimulation, especially of the peritoneum or perineal region, will set up these reflexes if the depth of anaesthesia is insufficient to dull them A low-pitched stridor usually passes off as anaesthesia is deepened With a high-pitched stridor, however, the cords practically close during inspiration and the respiratory exchange is seriously reduced If, when all surgical intervention is stopped, the cords relax the anaesthetist may be able to regain control As a rule, however the reflex—once thoroughly irritated—is likely to recur at the slightest provocation, even though anaesthesia is subsequently maintained at a much deeper level than would have been necessary had it been adequate in the first instance

Intubation as a cure for laryngeal stridor is a confession of failure, but it is better to do this than to allow he respiratory obstruction to remain throughout the operation A tube a little stiffer and smaller than usual should be employed, and it should be introduced—in contrast to the normal practice—during expiration Intubation at too light a depth of anaesthesia may make matters worse for a time, as the patient may hold his breath and keep his chest rigid and immobile long enough for his circulation to become embarrassed While on the subject of intubation, I must add that the anaesthetist will save himself needless worry if he makes certain before the operation starts that the tube and connexions cannot come adrift, and that there is no chance of the patient biting through the tube The lumen of a soft tube can easily be obliterated by kinking or by pressure from a throat pack Finally, care must be taken not to introduce the tube so far that its end stretches beyond the bifurcation of the trachea into one bronchus

Primary Cardiac Failure

Although I have never seen the condition, many cases have been reported in which the combination of light anaesthesia and excess of adrenaline in the blood stream as a result of fear, excitement, or the introduction of the drug itself, together with the stimulation of operative intervention has resulted in ventricular fibrillation In my opinion the commonest cause of cardiac arrest under chloroform anaesthesia is a relative overdose following the sudden inspiration of a large quantity of the anaesthetic For example, this might occur during the deep breaths following a period of apnoea or shallow breathing, the deep breaths of the second stage of anaesthesia (especially if the heart is already embarrassed by some degree of asphyxia), and those following a cough or, if anaesthesia is incomplete, the first incision In such an emergency a child may be held up by his feet, or in the case of an adult the table may be tilted into the full Trendelenburg position at once Artificial respiration must be started by rhythmical squeezing of a bag filled with oxygen Local stimulation, in the form of hot cloths, may be applied to the praecordium If the patient's condition does not improve in a minute or two cardiac puncture through the third right intercostal space, followed by cardiac massage, must be resorted to, artificial respiration being carried on the whole time

Circulatory Depression

Collapse from cerebral anaemia may be brought about by a sudden change from the Trendelenburg to the horizontal position, or by allowing a patient who is deeply anaesthetized, or under the influence of a spinal anaesthetic, to be propped up Many factors embarrass the circulation and contribute to its exhaustion during operation The adoption of unnatural postures, the introduction of abdominal packs, the presence of respiratory obstruction, the inadequacy of the anaesthesia for the operative procedure in hand, the loss of muscle tone, the abolition of normal chest movements, and the toxic effects of the anaesthetic agent in prolonged deep anaesthesia, surgical trauma to muscle and nervous tissue, and loss of body temperature and fluids may all play a part in the production of shock It is a good practice to introduce rectal or subcutaneous salines throughout long operations which are known to be associated with shock A pause for recovery in the middle of a severe operation will often enable a patient to rally and then withstand a fresh onslaught The patient usually "compensates" for a time when haemorrhage occurs and circulatory failure sets in later if this compensation is overtaxed All degrees of circulatory depression are met with The onset of true shock is insidious, and the classical signs are well known If repeated observations of the blood pressure and pulse rate are made treatment can be started before this advanced state is reached, and results will be much more satisfactory

The table should be slightly tilted head downwards, the patency of the airway should be verified, and an adequate respiratory exchange kept up with an atmosphere rich in oxygen The lightest possible level of anaesthesia should be maintained—if an inadequate depth of anaesthesia was primarily responsible, it is too late to do any good by increasing the depth after the appearance of true shock A 5 per cent solution of glucose should be given intravenously in sufficient quantity to bring the systolic blood pressure up to 90 per cent of the patient s normal figure A blood transfusion may be advisable After operation the patient must be kept warm but not over heated Oxygen should be delivered at a rate of six to eight litres a minute through a nasal catheter, the perforated tip of which should protrude as deeply into the oropharynx as possible without giving rise to swallowing movements, this is especially indicated if there is any restlessness Although morphine by lowering metabolism, reduces the patient s requirements of oxygen, it also reduces his oxygen-intake by decreasing his respiratory exchange at the same time Unless the patient s need is urgent fluid is best introduced by mouth or rectum, because among other reasons, he can then reject any excess

Convulsions

"Jactitations under nitrous oxide are asphyxial in origin and call for the introduction of air or oxygen So-called 'ether' convulsions usually occur when the temperature is high in patients with some infection

ing effects in autonomic activity' and the first undue prolongation of the normal bronchiolar ripples may be registered in the psyche with a potency denied it at other times The autonomic centres may have freer play by the dulling of cortical consciousness Bray suggests that since a child may sleep through a 'wheezy' turn the psychological factor cannot play any part in its production In this connexion the following case is of interest

Case 11—A girl aged 5 had had asthma for three years and developed an attack which was alleged to have followed a reprimand at school The attack lasted for the remainder of the day, and the child was put to bed and fell asleep with the asthma unabated I saw her asleep the wheezing could be heard in the next room. Going quietly up to the child I whispered the suggestion that she would not awake that her breathing was becoming quiet and that she would pass into a normal restful sleep Similar suggestions were repeated at intervals of a minute The laboured respirations began to fade away the breathing became less audible and within ten minutes the spasm had completely abated and the child was sleeping peacefully

The relation of dreams to nocturnal asthma affords much valuable information in this respect Many psychologists believe that mental mechanisms may be manifested as a purely endopsychic autonomy while others subscribe to the view that their impetus and direction are initiated by physiogenic disturbance From my investigations I believe that in asthma both conditions may apply at different times Thus hypno analysis showed that in the early stages of treatment somatic disturbance usually stimulated the dream pattern In later stages the dream-fiction was more frequently endopsychic The reason for this fact may depend upon the progressive stabilization of the vago sympathetic balance Thus McDowell concludes that when the body is at rest vagus activity is maximal Pottinger asserts that potassium and to a lesser extent, sodium are associated with vagus activity whereas calcium is identified with sympathetic stimulation

Undue departures from normal values place the asthmatic in a potentially spastic state It is so frequently forgotten that cerebral tissue whereby the psyche is made manifest must correspondingly share in any biochemical disturbance It is therefore a diagnostic fallacy to look in the early stages of treatment except in a few cases for a purely insulated endopsychic interpretation Simon states If during sleep an organic apparatus is in a state of activity stimulation, or disturbance the dream will present ideas which correspond with the nature of the organic function performed by that apparatus

In asthma these stimuli are wont to travel along certain established paths Reaching the autonomic stations in the mid brain they are freed from the inhibitory influence of the cortico thalamic fibres A great deal more careful work requires to be done before we have positive evidence that the disinhibitory action of the higher centres in the asthmatic is dependent on a lack of synaptic buffering due to calcium deficiency but it would almost appear that some such interpretation is feasible The dreams associated with asthma are almost pre selected Whatever be the artistic imagery woven into them they frequently return to the agitating spot

Investigation of nocturnal attacks shows that they fall into three main groups (*a*) those of purely endopsychic origin (*b*) the expectation of an attack on going to bed (affective unrest) (*c*) the arousal of the dream pattern by somatic changes Hypno analysis of nearly a hundred dreams was carried out By this method it was believed that it might be possible to assess with extreme accuracy the onset and nature of the primary stimulus of the attack In many instances the fear of suffocation or strangling was woven into the dream pattern with amazing insistence

(*a*) ENDOPSYCHIC STIMULUS

Case 12—This patient's dream commenced at 2.15 a.m. and she states "I was in a long, dark room The windows were very small and high Cobwebs were everywhere The door was locked on the outside A man came from behind a piano in a corner He put his hands round my throat and began to choke me I struggled to escape I remembered I had a knife in my pocket I clutched it and wriggled round and stabbed him He fell to the floor dying. I rushed to the door and beat on it and shouted Everything seemed to go tight and taut I couldn't breathe I felt I was suffocating I couldn't get out I awoke with an attack of asthma Questioned as to somatic sensations the patient described that prior to the dream she was lying comfortably on her right side There was no visceral disturbance and no cough I interpret this having respect to all the factors of the case as a purely endopsychic stimulus

(*b*) AFFECTIVE UNREST

The 'occasion apparatus' suggested by Bleuler continues to function automatically once it is set in motion provided an adequate stimulus is supplied Many nocturnal attacks suggest that affective unrest on going to bed is apparently capable of determining the onset of an attack Adler suggests that

> This tendency is observed in early childhood where there is organic inferiority it is of excessive growth Very often this feeling occurs at the time immediately preceding sleep and then it is not remarkable that a dream fiction spurs further this effort of anticipation in a form to cause fear

The following dream is of interest

Case 13— I went to bed worried about the death of my sister I didn't sleep for a long time I fell asleep at 12.7 a.m. At 37 minutes after 1 I was conscious that my stomach seemed swollen I coughed twice and turned from my left side to lie on my back I remembered that coughing often brought on an attack I began to dream that I was alone in an empty house Plaster was falling from the walls The roof began to sink in I tried to escape but couldn't find a way out I heard my heart thumping louder and louder Breathing was difficult The dust made me cough more and more I was being suffocated and I awoke with asthma

(*c*) SOMATIC CHANGES

The following is a dream illustrative of these

> "I was aware that I was wheezing at 2.5 a.m. I began to dream that I was bathing in the sea I felt myself sinking and began to struggle My breathing was difficult and I felt myself choking I attempted to fight to the surface and woke sitting up in bed with asthma

Summary

Summarizing the psychic factor in juvenile asthma we may accept the following features as common in a varying degree to nearly every case

1 Intensification of emotion as an integral part of autonomic disharmony by allergic or biochemical factors

2 In a certain proportion of cases the psychological phenomena in asthma are entirely dependent on a disordered biochemistry

3 If the latter factor is not adequately treated there tends to be a perpetuation of an intense emotional life maximal when the allergic imbalance is upset and the establishment of an habituation reflex the primary nuclei of which are grouped around fear

glands after irradiation for carcinoma The series of fifty cases has now been completed, and the results are summarized in the following table

TABLE II—*Number of Cases Showing Cancer Cells 70 Days After Irradiation in the Breast and Axillary Glands (50 Cases)*

Total number of cases investigated	50
Carcinoma cells found in breast	34
„ not found in breast	16
Axillary glands palpable before irradiation	
Carcinoma cells found	15
„ not found	16
Axillary glands not palpable before irradiation	
Carcinoma cells found	10
not found	9

"Of the fifty specimens which have been studied histologically seventy days after irradiation, thirty four contain carcinoma cells, but it must be pointed out that in at least half of the positive cases the cells show signs of gross degeneration, and in many they look as though they were about to disintegrate and become absorbed In order to clear up this doubtful point it was decided to carry out a further series of investigations in which the tumour will be left for a period of six months before it is excised for histological examination Nine cases have been irradiated and one excised in this new series In addition to the radium series cases of advanced carcinoma treated by deep x rays are being similarly examined So far eleven cases have been recorded in this manner"

Cancer of the Cervix Uteri

The Birmingham General Hospital decided in 1936, after a trial of both methods, to adopt the Stockholm in preference to the Paris technique In principle the former is by three applications of 110 to 160 mg of radium element of fourteen to eighteen hours each, the latter by continuous irradiation by 67 mg for five days It was found that the Stockholm method was better tolerated by the patients, and was easier to manage from the nursing point of view It is hoped at a later period to give a comparative analysis of the results obtained by both methods

Since 1935 it has been the practice to give a full course of high-voltage *x* rays, beginning one month after the last Stockholm treatment From the diagnostic point of view parametric invasion is best detected by rectal examination, which has also been found valuable in assessing the limits of a cervical tumour Biopsy and bacterial examination are carried out in every case, in the former it is important that the operation should be one of avulsion rather than cutting, and it is essential that a portion of the endocervical region should be included in any section of suspected carcinoma of the cervix

Lacassagne's view that the general health of a patient when first seen only rarely furnishes a contraindication to radiotherapy is borne out by the experience of the Birmingham school as is also the view that the blood count—except for changes due to bacterial infection—is not a safe guide either to prognosis or treatment In support of this the details of an interesting case are given, which is so instructive that we quote it in full

The patient aged 52, was first seen in March, 1932, complaining of intermittent bleeding for a year very profuse for six weeks immediately before, recently the bleeding had been accompanied by considerable foul discharge The cervix was replaced by a high cavity with irregular friable walls extending as high as the internal os All fornices were obliterated but the cavity seemed to burrow rather more towards the right than the left The body was small and was anteverted and the walls were covered with fragments of necrotic material which had undergone mucous degeneration The general condition was very poor The blood count was red cells, 1 090,000 white cells 16 000, haemoglobin 13 per cent

A blood transfusion was given on March 21 1932, and on March 31 radium was introduced in accordance with the Paris technique—*that is 8 000 mg. hours* spread over five days The pathologist's report was Adenomatous tissues with irregular epithelial proliferation and many abnormal mitoses The appearances are those of a malignant adenoma showing *mucoid* degeneration By April 13 the blood count had risen to red cells, 2,940,000, white cells, 2 800, haemoglobin, 36 per cent.

The cavity in the cervix was much cleaner and all bleeding had stopped The general health improved, but by November 23, 1932, there was a large ulcer, with necrotic floor, on the cervix and involving the anterior vaginal wall A further dose identical with the first, was given, and after this progress was uninterrupted She was seen a week before the date of writing this report, and is in perfect good health with no sign of recurrence

As it had been found at the Marie Curie Hospital that after treatment of carcinoma of the cervix by radium later recurrences were usually situated high up in the pelvis, it was decided that external irradiation, by x rays or tele radium, was desirable either as a preliminary or a sequel to the intracavitary application of radium It is, however, only recently that facilities have been available for carrying this out The technique now adopted is to give preliminary *x*-ray therapy up to one half or two thirds of the dose which would be given if *x* rays alone were used The dosage given was approximately 2,000 *r* to 2,500 *r* at *10 cm depth* If the patient's condition is satisfactory this is followed by intracavitary radium, the dose under these conditions being from one half to two thirds of that normally applicable to the individual case

Although not enough time has elapsed to allow of a final opinion being given, the impression received has been that even these moderate preliminary doses of radiation produce more fibrotic contraction than is found when radium is given first, and that the contraction of the vaginal vault interferes with the efficient distribution of the radium Beyond this difficulty, the immediate results, as regards both the general condition and the state of the neoplasm itself, appear to be satisfactory

In all cases the *x*-ray therapy has been conducted by Coutard's low-intensity method In biopsy material taken after irradiation there was considerable diversity of effects Definite effects on cancer cells were observed in material removed during the second week of the low intensity x-radiation In later stages the predominant picture was one of advanced fibrosis with small islands of irradiated, but still probably viable, cells In a few cases there was only fibrotic tissue with occasional and doubtfully viable degenerated cancer cells The radiation was always arranged so as to give a calculated and even distribution throughout the pelvis External radiation appeared much less effective in cancer of the endocervix and corpus uteri, and curettage specimens removed after a dosage as high as could be tolerated showed actively growing carcinoma cells Cancer in these situations requires the local high intensity of dosage given only by intracavitary radium

Histological examinations of material removed at intervals during the course of radiation treatment has been a special feature of research at the Marie Curie Hospital Although the specimens taken are small, the information obtained from them provides an index of the effects of radiation on the tumour cells, and may serve as a guide to further treatment as regards both dosage and distribution For *instance, histological examination* of tissue removed from the cervix or vagina has sometimes demonstrated that the primary site was the corpus, although there was no clinical evidence that this was the case

Cancer of the Mouth, Nasopharynx, Larynx, and Oesophagus

The Birmingham General Hospital contributes a valuable and interesting report on these conditions With regard to the mouth, it was found that the best results were obtained when the buccal aspect of the cheek, the lip, and the palate were the site of growth the floor of

[1] Medical Research Council's report for 1930

Table of Blood Bromide Levels (Expressed in mg per 100 c cm Blood)

Case	Age	Before Detoxic	1 Month After Detoxic	3 Months After Detoxic	No of Fits 3 Months Before Detoxic	No of Fits 3 Months After Detoxic
		mg.	mg	mg		
1	59	125	25	under 10	1 major	2 major
2	52	75	20	"	3 major 1 minor	nil
3	28	100	25		2 major 1 minor	1 major 12 minor
4	57	100	25	"	2 major 1 minor	1 minor
5	37	100	25	" "	1 major 1 minor	2 major 3 minor
6	23	100	20	"	10 major 1 minor	15 major 6 minor
7	45	125	25	"	nil	nil
8	30	150	50	" "	2 major	10 major
9	54	75	25	" "	2 major 1 minor	1 minor nil
10	25	150	25	"	nil	2 minor
11	37	150	20		4 major	10 major
12	37	150	30		4 major	6 major
13	33	200	50	"	nil	4 major
14	32	225	50	" "	9 major	24 major 4 minor
15	50	175	25	" "	7 major 2 minor	16 major 9 minor
16	38	175	20		3 major 6 minor	7 major 4 minor
17	24	150	50	"	18 major 4 minor	18 major
18	56	175	50	" "	nil	13 major 72 minor
19	39	175	25		7 major 3 minor	7 major 5 minor
20	33	100	75		9 minor	1 major 12 minor
21	37	200	20	"	1 major 1 minor	nil
22	52	75	20	"	25 major 15 minor	10 major 9 minor
23	24	150	50	"	25 major	27 major
24	38	175	75	"	nil	4 minor
25	52	150	20	" "	nil	nil
26	29	25	10		19 major 1 minor	21 major
27	68	125	50	" "	4 major 2 minor	2 major 2 minor
28	33	25	10	"	23 major 10 minor	16 major 10 minor
29	39	75	50		5 major	1 major 1 minor
30	62	275	75	" "	7 major	7 major
31	64	150	50		2 major	4 major
32	59	200	75	"	2 major 3 minor	47 major 23 minor

Comments

Considering the large amount of bromide ingested the blood bromide levels could not be regarded as being unusually high In fact in several cases—Nos 9 22 and 28—the levels were surprisingly low seeing that the patients had been taking 60 grains of bromide daily for seven ten and five years respectively In order to rule out any error the estimations were repeated and agreed each time and as has already been stated the chloride intake of all patients was fairly constant

When the blood bromide levels had been reduced to normal the patients mental states were re-examined No marked change was found and it was presumed that the deterioration was organic in type due to the epilepsy and did not appear to be increased by the bromide One patient (Case 21) spontaneously stated that she felt better and did not feel so dull and lethargic while the nurses in charge of several patients said that they were less sluggish and slow and did small tasks more readily than previously Where hallucinations and disorientation had been present before they still persisted, and in only two patients (Nos 5 and 12) were attacks of violence more marked One patient (No 11) who previously had frequent attacks of violence preceding his fits, had been much more docile since the bromide was discontinued Those patients who were paranoid before detoxication still remained so

Regarding the number of fits in three cases (Nos 2, 9, and 21) they have ceased altogether, and up to date—namely, six months since the bromide was discontinued—there has been no recurrence In two other cases (Nos 7 and 25) where there had been no fits for three months prior to the bromide being omitted there have been no fits since In none of these five cases have the patients become more irritable or difficult to manage

Of the remaining twenty-seven patients, ten showed a slight increase in the number of fits, eight a definite increase (of the minor type in some cases) five showed a decrease, and four remained as before In only a few cases where the fits showed a definite increase in number was it necessary to administer luminal to try and reduce their frequency and in no case did status epilepticus occur Various other drugs, such as prominal, benzedrine, amytal and ephedrine, were tried so as to reduce the number of fits, but with a varying degree of success

Conclusions

The blood bromides of thirty two chronic epileptic psychotic patients were estimated, and although comparatively high levels were found in many cases no obvious instances of true bromide intoxication showing delirious or confusional reactions were discovered

Reduction in the bromide level produced no appreciable change in the mental state, and no marked increase in the number of fits, which were definitely reduced in eight cases

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At the annual general meeting of the People's League of Health with Dr C O Hawthorne the chairman of council presiding Miss Olga Nethersole presented the annual report The first national appeal launched by the League had realized some £5 000 A campaign for safe milk which was begun in February 1930 had been continued as had many other activities of the League Dr W G Savage moved and Sir Walter Langdon Brown seconded the adoption of the report Professor James Young proposed the re-election of members of the governing council and all official members of the League and Sir Frederick Hobday reported on the council's scheme for the eradication of tuberculosis from the herds of the country New members elected at the meeting to the medical council were Professor L S P Davidson Dr R G Gillespie Mr W T Munro Sir StClair Thomson Professor J A Ryle and Dr G Carmichael Low Sir Leonard Rogers was elected a member of the advisory council

F Sheppard chairman of the committee Their health was proposed by Dr P Watson-Williams, consulting surgeon to the ear nose, and throat department and Mr Eric Watson-Williams, surgeon in charge of that department, acted as honorary secretary of the celebrations

At the Royal Infirmary the guests had the opportunity of seeing not only recent improvements and installations, but also the historical treasures and records of the foundation Few hospitals have been as fortunate in their chroniclers Before the eighteenth century was out Richard Smith, a surgeon of the Infirmary, collected innumerable details about persons and things relating to its early years, and in more modern times another surgeon, Munro Smith, completed the account in a published history

The subscription list for the new Infirmary (the word "Royal" was a much later prefix) was opened on November 22, 1736, out-patients were attended first on June 30 of the following year, and in December the building was opened for in-patients, the opening taking the form of a service at St James's Church, attended by the mayor and corporation and the medical staff, followed by a royal dinner at the Nag s Head It is believed that it was the first provincial hospital in which in patients were received Their number in the first year was 194 and that of out-patients 234, contrasting with 10,300 and 70,500 respectively last year The first year's expenditure was £434, the annual expenditure is now £72 000 Two names specially associated with the beginning of the institution are those of John Elbridge, a controller of Customs, who erected and furnished the original building at his sole expense, and John Bonython, the first physician

Then and Now

At the banquet in celebration of the bicentenary a very interesting speech, historically flavoured was made by Professor A Rendle Short, senior surgeon to the Infirmary At the time the Infirmary was opened, he said, the condition of the sick poor in Bristol, as in other towns, was deplorable There was indeed a hospital (St Peter s), but it provided only for those who were very ill and also destitute, the generality of the sick poor merely had the services of apothecaries, often ignorant men, and these had to give their services almost gratuitously Then the medical men and business men of Bristol came together and blazed a trail

The hospital, of course, dated back to long before the days of chloroform anaesthesia Operations were then a formidable business They were, indeed, few and far between, and were reckoned great occasions One entry in the hospital records ran "Mr Richard Smith cut for stone in the presence of the Mayor and several gentlemen" Great advances like the introduction of chloroform were not welcomed with open arms Nearly every such advance saw the resignation of one or more members of the staff who could not adjust themselves to the new scheme of things A strange story was told, said Professor Short, of one of the first cases in which chloroform was administered at the Infirmary, when probably the anaesthetist, the surgeon, and the patient were equally terrified of the drug It was an operation on an adult for hare-lip The anaesthetic was given on a sponge, but there was not nearly enough of it, and the patient leapt from the table and raced round the building with the anaesthetist in pursuit Many more years elapsed before antiseptic methods were established In the surgeon's record book for 1875 was a dreary catalogue of operation after operation leading to disaster, blood poisoning sometimes following upon the most trivial procedures, and small wonder when the ligatures were pulled out of the pocket of a dirty dressing gown On the medical side, Professor Short continued the physicians of the Infirmary shared the views of their time A good deal of their treatment, especially in febrile cases was bleeding, cupping, and purgation Of J C Prichard, a great name on the honorary staff, a patient wrote

> 'He leaves his patients full of sorrow
> They re cupp d to-day and bled to morrow'

One physician used to prescribe as his favourite remedy cobwebs and the cellars of Bristol were scoured to provide them Infirmary dinners in the old days were rough affairs frequently ending in broken heads and bleeding noses and none dare attend them without a stout cane As for the nurses, it was related that a senior resident officer at one time had to stand in the lodge at night to see that the night nurse was sober enough to come on duty

Pioneer Work

Yet in such a school, said Professor Short, great pioneer work was done One servant of the Infirmary was Dr William Budd, who saw in the villages of Devonshire the way in which epidemics like typhoid fever spread, and recognized the particulate nature of infectious disease, thereby laying the foundation of modern epidemiology Another Bristol pioneer was Greig Smith one of the fathers of abdominal surgery Bristol remained abreast of modern developments, especially in team work It was not possible nowadays for a man to be highly proficient in every branch of medicine, but if the whole of those responsible for the medical service of a community worked together as a team there was enough skill and experience to provide absolutely first-class service in every branch To bring that about they in Bristol had a vision of one medical centre and one medical service, comprising alike the voluntary and the municipal hospitals, though this would take some time to achieve

Meanwhile the President, Colonel P G Robinson, described a more immediate project on the way to accomplishment—namely, the amalgamation of the Royal Infirmary with the Bristol General Hospital itself an old institution, though it cannot boast a double century He said that this fusion was one of the steps which had been made necessary if the best resources were to be available and the fullest use made of them He would not say whether the "marriage' was a love match or a marriage of convenience, or whether the Royal Infirmary was in the position of the wooer or the wooed but everyone concerned was confident of a happy outcome Those who had been in close touch with the arrangements necessary to bring about the amalgamation had been struck by the way in which individuals and groups had put aside private interests and had united to make the new order of things a success Some years might elapse before the full benefits of amalgamation were seen, but it was certain that they would be forthcoming in the shape of a more specialized and therefore a better service for the public

Historical Exhibition

A prominent feature of the reception by the Lord Mayor and Lady Mayoress (Councillor A F Moon and Miss Kathleen Moon) in the Bristol Museum and Art Gallery was an exhibition in Gallery VI of paintings, drawings, engravings, etc, of persons and buildings connected with the history of the Royal Infirmary This exhibition was arranged by the Museum and Art Gallery Committee and its director, Mr H W Maxwell Detailed labels were attached to the exhibits, and a historical note giving further particulars about the Infirmary was distributed with the programme One of the outstanding exhibits was a cup and saucer, part of a service made for Edmund Burke by his friend Richard Champion who was treasurer of the Infirmary and owner of the Bristol pottery where the famous Bristol china was made The exhibition remains open until to day, Saturday, October 30

At the close of the celebrations the President had the happiness to announce gifts totalling £3,550 from three benefactors

as the latter is too irritant Fifteen to twenty punctures are made with a triangular skin needle on the inner aspect of the lower part of the legs and the dorsum of the feet The needle is placed against the skin and quickly pressed into it and the point is pushed obliquely upwards into the subcutaneous tissue and withdrawn The whole movement should be done quite smartly, and is practically painless unless the needle is jabbed into the skin Veins can be felt and avoided, but bleeding if it occurs, is easily controlled by a little pressure Fluid will flow out from the punctures and collect in the receptacle placed under the feet In male patients the scrotum should be supported by means of a folded bed sheet placed across the thighs, this will help to reduce the size of the distended organ and render puncture of it unnecessary If the ascites tends to diminish rapidly it is advisable to apply an abdominal binder as after paracentesis Light massage of the limbs may be employed to promote drainage and overcome the stiffness of joints When it is decided to stop the drainage all that is necessary is to put the patient to bed and wrap the legs and feet in an absorbent dressing for two or three days while some oozing from the punctures remains

Summary

1 Mechanical removal of oedema fluid by acupuncture is a useful addition to the therapeutic measures available for the treatment of obstinate oedema

2 This method possesses several advantages over the use of Southey's tubes

3 Certain precautions are necessary to avoid complications these are stressed

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A report of the proceedings of the Sixth Joint Conference of Cemetery and Crematorium Authorities held at Torquay from June 28 to July 1 has now been published The report includes the addresses and papers read and can be obtained from the publishers the National Association of Cemetery and Crematorium Superintendents and the Federation of Cremation Authorities in Great Britain 4 Nottingham Place London W 1 at the price of 2s

Clinical Memoranda

Tricuspid Stenosis and Pulmonary Tuberculosis

A combination of pulmonary tuberculosis and a congenital heart lesion is sufficiently unusual to make it worth while recording the following case

A youth aged 19 was admitted to the Hull Royal Infirmary on April 3 1937 on account of a severe haemoptysis There had been numerous smaller haemorrhages during the previous year but he had paid little attention to them He suffered from a slight cough

He was born during an air raid and was three months premature He had always been rather blue in the face and at the age of 13 had been diagnosed as a case of congenital heart disease At that time he was not expected to live much longer The patient, however was very cheerful and refused to lead a life of invalidism He actually played football till quite shortly before his admission There was no history of any illness suggesting rheumatic fever or bacterial endocarditis

On admission the patient's temperature was 97 , with an evening rise to 99 , pulse rapid but of good volume respirations 24 per minute His cheeks and lips were very cyanosed while the fingers showed marked clubbing. The apex beat of the heart was in the anterior axillary line in the sixth space The sounds were heard loudly all over the chest and there was a diastolic murmur with a presystolic crescendo audible particularly well over the mitral area The percussion note was resonant all over the lungs but the breath sounds were faint No clinical evidence of pulmonary tuberculosis was discovered although he was examined carefully several times No other abnormal signs were elicited Three days after admission the patient had a further large haemoptysis and died

Post mortem examination revealed evidence of active tuberculosis at the apices of both lungs which contained several small cavities with ragged walls The pleura in these situations was thickened and adherent. The bronchi and trachea contained much fresh blood and the tracheo bronchial glands were enlarged The heart also was grossly enlarged particularly the right side which was much thicker than the left The tricuspid valve was stenosed and incompetent being covered with numerous firm granulations but all the other valves were quite normal There was a patent foramen ovale which admitted the tip of the little finger with ease The spleen was three times larger than normal but all the other viscera appeared natural except for congestion

Discussion

Congenital tricuspid stenosis is a very rare abnormality and when present is usually associated with pulmonary stenosis and/or a patent foramen ovale Although in this case the history suggested that the condition was in the nature of a congenital malformation the presence of granulations indicates that it must almost certainly have been of inflammatory origin and reference to the literature on this subject shows that it is so in a large proportion of the reported cases Thus in the sixteen cases collected by Rachfuss (cf Osler and McCrae 1927) five were due to imperfect development five were definitely inflammatory and six were of doubtful origin

A persistent communication between the auricles is relatively common the figures varying between 30 5 per cent. (Herxheimer) to 1 5 per cent (Adami) (Rokitansky 1855) but the opening is usually only in the form of a valvular slit and a definite foramen is much rarer It has been suggested that a cause of the patency may be a rise of

Zealand The College had added to its select company of Honorary Fellows Mahfouz Pasha of Cairo, and Dr George Gray Ward of New York whom they welcomed that evening Among the honours received by Fellows Sir Ewen referred in particular to the presidency of the British Medical Association, now held by Professor R J Johnstone, and the distinctions conferred by the King on Sir Harold Beckwith Whitehouse and Mr William Gilliatt Lastly he mentioned the co operation of the Central Midwives Board in the investigation into analgesia in midwifery, the link between them being Sir Comyns Berkeley the work of Mr Donald Roy, as librarian and secretary of the College at its headquarters in Queen Anne Street, and the services to the library of Dr Arnold Chaplin Harveian Librarian of the Royal College of Physicians

Mr EARDLEY HOLLAND proposing the health of the guests welcomed twelve presidents of sister colleges and societies, who included Sir Cuthbert Wallace P R C S Eng, Dr W T Ritchie, P R C.P Ed, and Miss Louisa Martindale President of the International Medical Women s Federation He said that the College had enjoyed throughout the friendship and support of Lord Dawson and Sir Cuthbert Wallace, and that of Lord Horder who had been its adviser from the beginning Lord HORDER in a brief reply, said that all the guests, with their varied outlooks and interests were united as well-wishers of the College Sir GEORGE CHRYSTAL Secretary of the Ministry of Health, who also responded to the toast spoke of his long acquaintance with doctors during his career at the Ministry of Pensions and the respect and admiration he felt for the work of the medical profession The Ministry of Health recognized the enormous advances made in obstetrics and gynaecology since the bad old days and knew it could rely on the help of the College in dealing with the problems of this restless age

Reports of Societies

THE FUTURE OF PHYSICAL MEDICINE

At the meeting of the Section of Physical Medicine of the Royal Society of Medicine on October 15, Dr F D HOWITT in a brief presidential address, said that as long as the view was allowed to exist that physical medicine was purely a treatment specialty its status must remain ancillary to medicine No one sent a case to a dermatologist with the request for the application of a certain ointment, or to a cardiologist for the prescription of a certain drug It was the duty of the physician whatever his specialty, to examine the patient from every aspect, to review the remedies at his disposal, and to prescribe and alter his treatment according to the reactions which took place There was an army of qualified technicians thoroughly competent to carry out electrical, hydrological and gymnastic prescriptions ordered by medical men, and they faithfully kept within the boundaries of their status The application of physical treatment was the province of these technicians, the prescription was the province of the physician It was not helpful to the prestige of physical medicine to suggest that the technical application of treatments was a matter of great difficulty, although the correct selection and prescription required a wide and comprehensive knowledge, not only of physiotherapy but of clinical medicine Physical treatments were no more their monopoly than was the blood pressure apparatus the monopoly of the cardiologist or the knee-jerk hammer that of the neurologist But in difficult cases the opinion of the expert must be sought and it was the duty of the leaders and investigators of physical medicine to direct and advise upon the various methods which might most advantageously be employed

Dr Howitt also touched on the systematized teaching of physical medicine Certain of the Examination Boards now recognized the subject officially, but little provision was as yet made for it in their teaching syllabus or examination papers, with the result that the young doctor went into practice and was immediately confronted by a demand for physical treatments in which he had no training or experience whatever It was a pity that the demand for physical treatments had come so forcibly from the lay public before the profession had had time to train its members efficiently The result had been that the practitioner had been faced with the ignominious dilemma of either ordering electrical or radiation treatments to be carried out by a qualified masseuse or of installing apparatus himself without having learned even the rudimentary principles The student must be instructed in the prescription of physical treatments as a matter of precision, such prescription only to be made after an exhaustive review of the clinical condition, the findings with the various aids to correct diagnosis and in conjunction with such specific remedies as the nature of the individual case demanded Lastly the student must be instructed in the correct assessment of the importance of psychology, both in the aetiology of chronic ill health and also in its particular influence in physiotherapy He concluded with a remark of the late Sir Alfred Fripp that the student in the choice of his career might decide either to be a big fish in a little pool or a little fish in a big pool, Physical medicine was a big pool, constantly replenished from many streams it was a pity, with such opportunities, to remain in the shallow waters of restricted endeavour

Sir ROBERT STANTON WOODS said that there were physical agents which either had been so long in use or were so well understood that their administration might with safety be entrusted to the technician and at any rate without fear of active harm, be prescribed by the majority of medical men but there were others which, perhaps from newness were potentially dangerous and therefore needed the control of special skill or of such experience as their novelty permitted With it all the mental outlook must be based broadly upon a knowledge of medicine Dr C W BUCKLEY agreed with the President that the foundation of physical medicine must be a sound clinical training Unless a man was a good physician he was likely to be an indifferent practitioner in the specialty he represented

Dr C B HEALD touched on the question of a post graduate diploma He had doubted whether this was feasible, partly because he could not see a suitable ring fence round the syllabus, and partly because the lack of keenness in the subject made him wonder from what source the potential panel of examiners would come But if the Section decided that it was its business to sponsor on the medical side the new national move for the assessment of physical welfare and physical education, not only would it be possible to make the syllabus of the postgraduate diploma of real value, but a field of new recruits would be opened up Recruits for whom a diploma in physical medicine would be valuable were examiners for insurance companies, medical officers for schools medical officers of the services associated with recruiting and medical officers in firms concerned with over-sea personnel or employees welfare

Dr F G THOMSON said that, while there were certain physicians who practised physical medicine and certain surgeons who practised what might be called physical surgery the general physician and surgeon had the most elementary knowledge of what was required, and though he might send his patient to someone representing one or other branch of physical medicine yet if one branch only were practised the criticism would be made at once that practitioners of physical medicine treated all diseases by the same method Dr G B BATTEN mentioned the need for research If as much research had been done in physical medicine especially in bio electrology as had been done in radiology the position would be very different

other diseases often terminate life and these latter not the former are stated in the records There is some discussion over the cardiac effects and this would have been aided by fuller reference to the extensive animal experiments which have been carried out under oxygen pressures lower than those which exist at the altitudes considered It is obvious that in such a case full information of what is really happening can only be obtained with the aid of animal experiment in which the severity of the conditions is somewhat increased the pathological effects are then more easily revealed and suspicion that the heart is at a disadvantage becomes certainty

The arrangement of the book is neat and handy and the information will be of great use for future reference

DEXTROSE THERAPY

Dextrose Therapy in Everyday Practice A Survey of the Literature 1900 1936 on the Experimental and Clinical Studies Applicable to Medicine and Surgery By E Martin Sc D With forewords by W N Haworth F R S and Bernard Fantus M D (Pp 451 44 illustrations 3 dollars) New York and London Paul B Hoeber Inc 1937

In this book an attempt has been made to survey dextrose therapy from all its aspects The author begins with a short account of the chemistry of dextrose This is followed by a review of the physiological role of this substance and then the author discusses both the theoretical and practical bases for the use of dextrose in diseases involving each system of the body Finally an account is given of the various methods of administration References in profusion are quoted in each section

The discussion of the chemistry of dextrose is lucid and brief and it is clear that in this field Dr Martin understands his subject but it is impossible to read the rest of the book without receiving the impression that the author has only a second hand or at most a superficial acquaintance with the conditions he discusses Perhaps the desire to make the work comprehensive accounts for the uncritical accumulation and discussion of references but it hardly accounts for the correlations which have been made It is disconcerting to find the action of pituitrin on carbohydrate metabolism contrasted with the effects of hypophysectomy and no mention made of the action of the diabetogenic hormones of the anterior pituitary gland How it is possible to read over 2 000 references concerning the role of dextrose in the body without encountering the numerous publications of Houssay and his colleagues concerning the action of the anterior hypophysis or the work of Verzar in connexion with the absorption of glucose, is a matter for speculation

The most serious fault of this book however is its lack of proportion In an attempt to ascribe importance to dextrose in so many diseases the author has ransacked the literature for evidence in support of his conviction The result is that a largely erroneous idea is given of many conditions in which dextrose is concerned either secondarily or not at all In the discussion of dehydration Addison's disease stoker's cramp alkalosis intestinal obstruction and shock justification of dextrose therapy involves such special pleading that the fundamental pathology of these conditions is obscured and attention distracted from essential therapeutics

It is difficult to see to what type of reader the book can be of use To the student it will be rendered obscure by the mass of references and the failure to indicate which work is good which bad and which trivial to the practitioner the absence of precise instructions when and where to do what in the relatively rare conditions it describes will rob it of most of its useful claims to the specialist whether physiologist or clinician the errors in the book will appear so numerous as to debar it from serious consideration

ANATOMICAL NOMENCLATURE

Die Nomina Anatomica des Jahres 1895 (B N A) nach der Buchstabenreiche geordnet und gegenübergestellt den Nomina Anatomica des Jahres 1935 (I N A) By Dr Fr Kopsch (Pp 103 M 2.50) Leipzig Georg Thieme 1937

In this treatise the nomina anatomica of 1895 (B N A) are arranged alphabetically and placed opposite the nomina anatomica of 1935 (I N A) After forty years the Basle *Nomina Anatomica* has been amended and brought up to date certain new names have been added and others omitted We owe to Professor Kopsch and his collaborators this clear and concise comparison of the new with the older nomenclature which enables the reader to see at a glance the numerous alterations that have been adopted Asterisks and double asterisks have been employed to denote respectively minor and major alterations These are chiefly concerned with (1) linguistic corrections (2) substitution of such terms as "cephalic or caudal for superior or inferior" (3) the elimination of names of individuals with the exception of certain celebrities of classical renown who for the time have escaped the axe—for example Achilles Burdach Goll Gowers and Flechsig whose names enclosed in brackets follow the descriptive term Thus tendo m tricipitis surae (Achillis) The fresh names belong chiefly to the nervous system and include those of many of the nerve tracts which have come into common use since the publication of the B N A in 1895 These names now indicate besides the position of the tract the direction in which nerve impulses are conveyed Moreover the nuclei of nerves receiving afferent fibres are distinguished from the nuclei of origin of efferent fibres Thus the N terminalis nervi trigemini is distinguished from the N originis nervi trigemini Also the long overdue change with respect to the name N acusticus has now been accomplished and it is called the N statoacusticus and the otoconia and maculae acusticae are termed 'statoconia and maculae staticae

Some changes however we think will not meet with universal approval In some cases the craze for obtaining absolute uniformity has led to obscurity in meaning or to quite unnecessary alterations For instance the vertical and horizontal parts of the palate bone have respectively been rendered lamina palatina and lamina maxillaris We also note that the cumbersome and incorrect name epistropheus for the axis vertebra has been retained notwithstanding the criticisms which were made in 1895 The Greek word *επιστροφεύς* signifies the object which is turned rather than the pivot around which the movement takes place hence rightly, the first vertebra of the neck The name *επιστροφή* denotes a wheeling or turning movement such as is made in military exercises Some alterations which are not actually incorrect are nevertheless awkward and not likely to be generally adopted—for example in place of the comprehensive term tunica vaginalis testis the double name periorchium + epiorchium is suggested

Incidentally it may be mentioned that the I N A nomenclature is limited with few exceptions to the gross anatomy of the human subject, names applying to microscopical structure and embryology being excluded There is however a distinct need for accuracy and unanimity with respect to these two branches of human anatomy

of one type into those of another In each single epidemic certain types predominated—for example, in one epidemic the lethargic ophthalmoplegic type prevailed, in another the bulbar paralytic, amyostatic, or hyperkinetic These might seem to be different diseases were it not for their simultaneous appearance in one and the same epidemic In spite of the protean aspect of encephalitis lethargica there was overwhelming evidence from the clinical, pathological, and epidemiological standpoints that it was an independent disease, and distinguishable from the other forms of epidemic encephalitis which were occurring and which were being identified

The disease had been notifiable in England and Wales since 1919 The year of highest incidence was 1924, when 5,039 cases were notified with 1,407 deaths Since that year the incidence had gradually declined, and from 1930 onwards the deaths as aftermaths of the severe epidemic incidence had exceeded the notifications In 1936 269 cases were notified and there were 686 deaths The epidemiologist could not dogmatize upon the future behaviour of this malady He could only hope that the declining incidence meant that it would become rare enough again to disappear from the records

THE CONTRIBUTION OF ADLER TO PSYCHOLOGICAL MEDICINE

The Medical Society of Individual Psychology held its inaugural meeting of the session on October 14 The Society s programme for the winter includes a symposium on the contribution of Alfred Adler (who died last June) to psychological medicine This will take the form of four papers, the first of which was read by Dr H C Squires on October 14 The other three will be "Organ Inferiority, by Dr Cuthbert Dukes on November 11, "The Contribution of Adler to General Medicine," by Sir Walter Langdon-Brown, on December 9, and "The Relation of the Sexes," by Dr O H Woodcock on February 10, 1938

In his address Dr H C SQUIRES after drawing a picture of Adler s impressive personality as an original thinker, an uncompromising fighter, a dominant leader, a wise and sympathetic teacher with a ready wit and a keen and discerning flair, referred briefly to the circumstances of his day and generation Pre-war complacency in medicine had given way to many spectacular advances, especially in the domains of biochemistry and psychology, and in psychological medicine attempts were now being made to consolidate the positions won and to secure where necessary modifications in their alignment Psychological medicine seemed to be aiming not so much at a correlation of the views of the founders of the three main schools of psychological thought as at an attempt to create a presentation that was more comprehensive than any one of them Adler s contribution on the theoretical side was a study of the personality as a purposive, controlling activity On the question of treatment Adler always stated that his objective was the increase of social interest in the individual It was emphasized that the effective use of such a method was an art that could only be acquired by different individuals in different degrees Adler regarded dreams as a symbolic representation of problems which the individual felt inadequate to solve in a realistic fashion, and he laid stress upon the importance of the effect or feeling that the dreams might generate In respect to the prevention of neurosis and delinquency, Adler advocated co-operation with the teaching profession for the recognition of potentially neurotic and delinquent children who could then by appropriate treatment be helped towards a socially adjusted life

Adler had been adversely criticized for popularizing psychology He certainly believed that the approach to life problems that he had to offer was in the nature of an educative process, in which many could participate—especially members of those professions and callings which were concerned mainly with the human element But he would have the medical profession, as the guardian of the public health, control medical treatment in all its forms, though at the same time it should not disdain the help that others outside the profession could give in an ordered and prescribed fashion

HEALTH AND EXERCISE

At the first meeting of the session of the West London Medico Chirurgical Society, held at the West London Hospital on October 8, Dr D G RICE-OXLEY in a presidential address on health and exercise, said that the object of physical culture was to maintain a high standard of physical and mental efficiency To this end games were important, but they were, after all, only the specialized ends of physical training and the proper development of the body The basis of physical education was to train the body to acquire correct carriage when standing or sitting, good style in running and walking, and the habit of correct breathing, while modern physical exercises aimed at producing normal mobility, strength, control, and agility Dr Rice-Oxley spoke in particular of the importance of maintaining the normal mobility of the back Reduced mobility was the beginning of deformity which led to ill-health The real strength lay in the muscles of the trunk, and not of the limbs, especially in the condition of the large muscles of the back and abdomen, and many of these deformities were due to the fact that in the past physical training tended to develop arms shoulders, and legs at the expense of the development of the back, which had been injured by burdens to which the limbs subjected it

Local News

ENGLAND AND WALES

Chelsea Clinical Society

The annual dinner of the Chelsea Clinical Society was held at the Rembrandt Hotel on October 19, under the presidency of Dr T A Butcher The toast of "The Society, with which was coupled the name of the president, was proposed by the guest of honour, the Earl of Athlone Lord Athlone sketched briefly the history of the society, which was founded in 1897 by the general practitioners of Chelsea Its meetings were held at a general dispensary and there were only thirty four members Since that time the influence and the prestige of the society had grown steadily, and its membership was now over 200 In replying to the toast Dr Butcher pointed out that this was perhaps the first time in the history of the society that they had had the privilege of entertaining at one and the same time the Chancellor, the Principal and the Member of Parliament for London University He gave some account of the activities of the society at its monthly dinner-meetings, at which discussions were held on all aspects of medicine The programme for the coming session included topics as diverse as medicine and surgery in ancient Egypt and modern methods of crime detection Dr Butcher paid tribute to the work of the two secretaries, Mr A Rugg Gunn and Mr H Paxton Baylis, and to Dr K E Eckenstein, who had been treasurer for a period of twenty six years He then presented Dr Eckenstein with a silver cigarette box as a token of the society s esteem Dr Eckenstein responded briefly and thanked the president and the society for their good wishes The toast of The Guests was proposed by Mr F J McCann, who

Preparations and Appliances

THE MULTIPLE SEDIMENTOMETER

Dr TERENCE LEE (London S W 18) writes Since the publica tion of my article on the sedimentometer (*British Medical Journal* 1936 2 809) the manufacturers have produced a satisfactory type of multiple tube sedimentometer (Fig 1) The working principles of this new apparatus are unchanged in that an image of each tube is focused through a vertical slot on to a moving light sensitive surface The advantages of the single tube machine are thus retained and the meniscus is seen as a thin white line above the millimetre graduations on the tubes are recorded and however fast the sedimentation rate the margin between the supernatant plasma layer and the settling red cell layer below is always sharply defined Furthermore the mechanical parts (stage motor etc) are essentially the same The apparatus thus retains its com pactness, while economy has been achieved in the cost of production

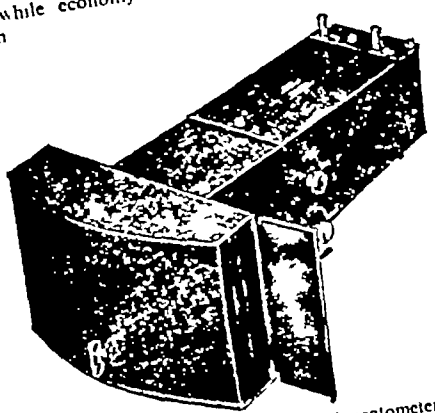


FIG 1—The multiple type sedimentometer

The multiple sedimentometer differs from the original apparatus in that four separate tube images are focused on a single negative (quarter plate) The magnification has been reduced to one, but although the pictures are smaller the actual height of the supernatant plasma column can be read off direct from the photograph by using an ordinary milli metre scale This same scale may be used for measuring off time intervals as 30 mm on the ordinate in each picture represents a period of one hour In addition the sedimenta tion curves or sedigraphs obtained conform to the well established standards set up by Cutler

The method of loading and working the multiple tube sedimentometer differs but slightly from that of the single model Ordinary plate holders are loaded with either films or bromide paper One of these is then inserted through the side door into the moving stage at the back of the apparatus and while the covering slide of the plate holder is being with drawn the stage with the holder is held securely by a locking pin which is automatically released on closing the side door This ensures that the film is always in the same position at the commencement of exposure and is an important point if time markers are to be recorded on the photograph coincident with exposure of the sedimentation tubes (see below) The sedimentometer is then left until the specimens of blood are taken and run into the tubes These are placed in the holder behind the exposure window the lens shutters opened and the clockwork set in motion by pulling out the stop pin above its mechanism

It is not necessary to expose all tubes simultaneously (although this is preferable) other tubes may be added during a reasonable period after beginning exposure of the first tube Furthermore as separate lens shutters are pro vided tube slots that have not been exposed may be used later after resetting the stage After exposure at a time convenient to the operator the lens shutters are closed the motor stopped and the stage returned to its original position by rewinding the clock The covering slide is reinserted into the plate holder which is then ready for unloading Means are provided for identifying each of the sedigraphs by numbers engraved on the holder After development dupli cates are made by photographic printing or by visual copying on to graph paper The prints can be cut up and pasted like large postage stamps on to the case sheets of the patients In using both single and multiple type sedimentometers time intervals represented by vertical white lines on the negative are recorded on the sedigraphs by placing in front of the unexposed film or paper a transparent celluloid sheet marked with thin vertical lines so arranged that each passes the light slot at ten minute intervals (Fig 2)

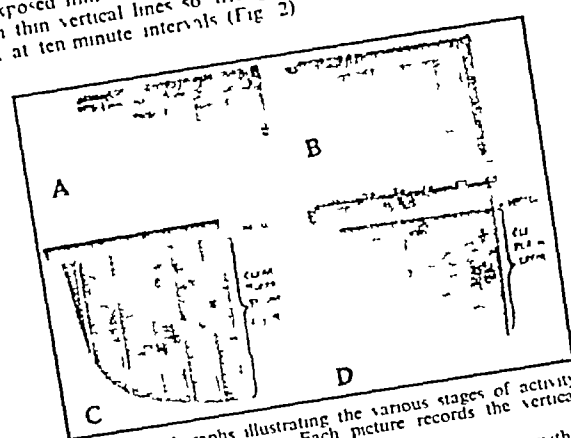


FIG 2—Sedigraphs illustrating the various stages of activity in pulmonary tuberculosis Each picture records the vertical time markings referred to in the text

(A) Sedimentation index = 7 mm (A sedigraph just within the upper normal limits for men)

(B) Sedimentation index = 16 mm (A mild "diagonal curve" sedigraph indicating low grade activity)

(C) Sedimentation index = 28 mm Cutler sedimentation time = 30 minutes (Very active disease)

(D) Sedimentation index = 21 mm Vertical curve indicates markedly active disease

A brief reference to the scope of the multiple sedimento meter would not be out of place It only requires a quarter plate sheet of paper for four recordings and the method of daylight loading is simple It does not need any special lighting for exposure and will fit into any odd corner After the medical officer has obtained the blood specimens an attendant can be trusted to complete the process as any carelessness such as inaccuracy in filling tubes can be detected in the photographs No special time need be set apart for the sedimentation tests nor is it necessary to wait until enough cases have accumulated before recording their sedimentation rates On the contrary the test can be made during routine clinical examinations or at any other con venient time Finally several readings of a sedimentation rate are more valuable than a single one These are provided by the sedigraphs which give a more vivid impression of the variations of the sedimentation phenomena than a series of numerical readings taken at different intervals

Besides the helpful suggestions of many friends my thanks are due to the manufacturers The Ellis Optical Co of Croydon and to Messrs Hawksley and Sons Ltd of 17 New Cavendish Street London W 1 who are prepared to supply the sedimentometer or any further information on the subject

Correspondence

Pharmacology in the Curriculum

SIR,—Professor B N Ghosh in the *Journal* of September 11 (p 552) deals very clearly with the present-day defective system of teaching pharmacology When I was a student pharmacology was taught in the pre clinical period, and by the time we reached the final year it was mostly forgotten Therapeutics were taught by physicians in the wards, who gave scanty attention to the subject, so that we began to regard the treatment of disease as of secondary importance Even the leading textbooks of medicine dealt very meagrely with the subject The result was that a newly qualified physician experienced a good deal of difficulty in practice when patients demanded more than the mere diagnosis of their ailments

The incorporation of pharmacology with therapeutics was a distinct step forward, but it is still far from ideal, simply because the teaching of therapeutics in the pre-clinical period is a sheer waste of time In my opinion applied pharmacology should be taught in the wards by a pharmacologist, who should be in charge of clinical beds Systematic lectures should be fewer in number, and there should be more demonstrations of the actions of drugs on patients in the wards The student should be trained in observation and in the use of his critical and reasoning faculties If real progress in the teaching of pharmacology is to be made, the sooner we discard the older methods of teaching the better, otherwise we will go on producing more and more stereotyped parrots instead of scientific physicians—I am etc

Lahore Oct 18 ILAHI BAKHSH M D,
Captain I M S,
Professor of Pharmacology and Therapeutics
King Edward Medical College

Adult Serum in Measles

SIR,—Sir Kaye Le Fleming (*Journal*, September 25, p 612) is to be congratulated on having taken the opportunity of using "adult" serum in a measles epidemic in a public school If there have been previous similar attempts in other public schools it is to be regretted that details have not been published, as the subject is of very great importance to them No one doubts the efficacy of "convalescent" serum treatment properly applied The [illegible] in the L C C reports of 1933 and 1936 [illegible]ure that all medical officers of [illegible] make use of serum [illegible]requently discussed [illegible]of Schools Associa- [illegible]d a supply of con- [illegible]ing a public school [illegible] the right procedure [illegible]nciple may be beyond [illegible]ling with large masses [illegible]t undesirable [illegible]g convalescent serum [illegible]ual cases The second [illegible]ue of adult serum has [illegible]fficulty lies in deciding Since, I imagine, most [illegible]ider it quite unjustifiable apart from most excep- [illegible]enuation is the essential [illegible]f convalescent serum by the rather general and wholesale method adopted by Sir Kaye Le Fleming would be inadmissible, because it would "prevent" a certain number of cases, which might subsequently be affected, thereby discrediting the treatment and the doctor But the great value of his experience lies in his statement that the use of adult serum does attenuate an attack, to some extent at least, during a school term, whether given in the early incubation stage or before exposure It may be true that the mere statistical results he gives are not very convincing—for example, in the comparative number of complications and length of the period of pyrexia in the various groups—and we all know that measles epidemics in schools vary considerably in virulence, but his conviction of the clinical evidence of attenuation must carry great weight

It is a common experience that the first batch of cases after the original one always includes more than the known and probable close contacts The conclusion to be drawn from this seems to be that we should advise parents that all susceptibles should be given adult serum within a week of the onset of the first case, without, however, making too extravagant claims as to what adult serum given in this way can accomplish No doubt the opportunity will be given to many public school medical officers to corroborate Sir Kaye Le Fleming s observations next term if adult serum can be obtained in sufficient quantity Is not this question of an adequate supply of serum a matter of national importance? The public schools are only a fraction of the population which would benefit by this treatment—I am, etc,

L R LEMPRIERE
Oct 20 Medical Officer Haileybury College.

Adult Whole Blood in Measles

SIR,—In the last measles epidemic I had to face the problem of protecting young and often weakly contacts in an impecunious neighbourhood I used 5 to 8 c cm of whole blood taken from one or other of the parents and injected immediately after it had been withdrawn Of ten children so treated one had a moderate attack, four or five had attacks so slight that the diagnosis at another time might have been in doubt, and either five or four children had no attack at all For convenience, promptness, and cheapness the method is obviously excellent

Its disadvantages include the risk that the parent s memory of having had measles may be at fault, and the possibility of the parent having contracted syphilis after the birth of the particular child The latter possibility can be minimized by tactful questioning I should welcome the views of other readers as to whether the method is justifiable or can be improved on Has anyone else been using it?—I am, etc,

Woodford Green Oct 20 E B GROGONO

Tuberculosis of the Cervical Lymphatic Glands

SIR—In the valuable article by Mr Reid and Dr Wilkinson in the *Journal* of October 16 (p 740) on tuberculosis of the cervical lymphatic glands, there are certain statements in the section dealing with pathology which invite comment and which would appear to require further investigation

The authors state that in the series of 119 cases, in no instance were "secondary" lesions found elsewhere How far is this true in other parts of the country? Our experience in this area would suggest that a combination of cervical gland tuberculosis with pulmonary disease is

for them whether it is the milk in the schools, the services of the doctors the care of the welfare centres, or whatever is applicable to the Joneses case

Economic Factors in Hygiene

It is quite clear to me that as I have more than once pointed out you cannot separate the health problem from the economic problem The doctor cannot do this in his private consulting room and surgery and the Ministry cannot do it in the nation at large For the simple reason that in the last resort it is the individual unit or perhaps even more important the *family* unit that presents the problem in each case Now it is not the business of us doctors to solve the economic problems of the nation but it *is* our job to know about health And if we are not quacks it is the duty of statesmen to listen to what we have to say

The Prime Minister told us at Scarborough a week ago that he could not promise any reforms until we had got further on with our preparations for the defence of the nation The suggestion is that we must see to it that our boot is strong enough to make our kick effective if and when the mad dog attacks us We cannot escape the stern logic of this argument I take Mr Chamberlain's statement to mean that he sees no chance of paying out money for those specific measures which might adjust the lag that exists between economics and national health questions This lag is most marked in the matter of food Until the right foods are made more readily accessible to the people one of the main factors in national fitness will not have been dealt with

Food and Fitness

I use the word food rather than the word nutrition We doctors know a good deal more to day about the principles governing nutrition than we did even a few years ago But the medium through which the principles of nutrition operate is *food* Not food chosen by experts and weighed out by chemists but a good supply of mixed fresh food Make the mixed diet accessible and nutrition will look after itself Food first, and then some plain homely instruction upon what to do with it, and how to cook it and how not to waste it Here is work for energetic and trained women women who can organize and who can teach And there are such women available

I know the Ministry of Health cannot perform a miracle and feed the multitude by an edict from Whitehall But when such a miracle did once happen you will remember that a dozen men picked up the fragments of bread and fish that remained, and no doubt fed still more hungry people with them We throw our herrings back into the sea, or, nearly as wasteful, we dig them into the earth as manure The problem of food distribution does not seem to be solved so well to-day as it was 2 000 years ago But then life has become much more complicated since that time We must not blame the Minister of Health for these things It is only because we are accustomed in this country to face the whole issue and not merely a part of it that I draw attention to them But certain it is that if we are going to face up to the whole position then at some time or other we must close the gap that now exists between the economic and the hygienic parts of our task

Extension of Medical Benefits

But even if we only look at the hygienic part still taking the broad view of this matter of national health—as we doctors do—there is a whole heap of things that must come and if they can only come slowly let us hope it will not be too slowly!

There is to begin with the extension of medical insurance benefits to all dependants of the worker not merely between the ages of 14 and 16 as we are promised Let us hope that that very British phrase, the inevitability of gradualness' may not be applicable to this most desirable step forward If this step were taken the doctor would be put on his honour to keep the worker's children well not merely to get them well when they fall ill We should in this way recruit every panel doctor into the ranks of preventive medicine, and interest him much more than is the case to day in activating the health services for the use of the whole family Health services have been so planned that the term family doctor' has become in many parts of the country, a farce The doctor should be paid to keep the family fit not paid at the rate of so much a year to attend the head of it when he is ill The doctor then becomes a real link between the health services and the family for whom they exist He can plead on their behalf, nay if necessary he can *demand* the services they specially require

The Doctor's Work in the Future

And if it be advanced that the doctor's training has not, up to now, fitted him for work of this sort then the sooner it does so fit him the better Inevitably the doctor's work in the future will be more and more educational and less and less curative More and more will he deal with physiology and psychology less and less with pathology He will spend his time keeping the fit fit rather than trying to make the unfit fit And we must make it worth his while to do this work This reorientation of his education, and of his work, is overdue, and it will remain overdue until reorientation takes place in the attitude of the health authorities towards him and towards his sphere of usefulness And we must not think his education is finished for all time when he becomes qualified It is a duty we owe to every doctor to enable him to get back now and again to the stimulating and informing atmosphere of the wards and the laboratories and no less helpful, to the atmosphere created by his colleagues and teachers

This means spending more money, of course, but I cannot conceive how money could be better spent and, as a long time investment, I believe it would pay over and over again For to repeat, it is at the periphery and not only at the centre, where energy and knowledge are required The doctor is the expert who makes contact with the individual and acts as the conducting medium between the individual and the facilities afforded by the health services through the local authorities And not only the health services There is this important matter of physical training and recreation Grants are good and sergeant majors are useful but the doctor's training is essential to a proper use of physical methods in the production of national fitness And so also in the equally important teaching of the proper selection and the proper preparation, of food

If economics has let us down—and it seems as though it has—medicine must do what it can to hold the fort until economics comes once more to its help

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The sessions of the fifteenth International Congress of Ophthalmology will be held in the Semiramis Hotel Cairo from December 8 to 14 the subscription fee for members being fifty Swiss francs and for ladies and other associate members twenty five francs Residence will be available in the hotel which will be specially opened for this congress three weeks before the usual time—namely, on December 1 *En pension* or bed and breakfast terms as desired are obtainable A summary of the scientific communications will be distributed before the meetings of the congress Arrangements are being made for visits to historical monuments and museums in Egypt for various excursions, and for special social functions Details of these may be obtained from the general secretary of the congress, Dr M Tewfik P O B 2001, Cairo, Egypt

unaffected by the drug In view of these five relapses it was thought that perhaps the astringent effect of the potassium permanganate was protecting areas of infection from the action of sulphanilamide, and in consequence treatment without irrigations has now been adopted as a routine No relapses have occurred among the cases so treated With regard to the two cases which were unaffected by the drug it seems possible that sulphanilamide may only be effective between a certain range of *p*H values This would appear to be a subject for investigation Blood examinations showed, in a few cases, a slight haemoglobin reduction and a small increase in lymphocytes was also noted, but otherwise no important variation in the white cell count occurred The patients suffered from no obvious ill effects

Treatment was also carried out in twenty-six other cases, with histories of infection ranging from one to five months The dosage varied from 15 grains, three times a day, to the larger amounts described above All these cases have cleared up in a most satisfactory manner, and I have now none of them remaining in my wards, all having been discharged as cured In addition to the administration of sulphanilamide the usual routine treatment for gonorrhoea was carried out in these cases Sulphanilamide appeared to have a most favourable action on cases complicated by arthritis, acute posterior urethritis, and epididymitis So far as can be judged from early results on a small number of cases, it would appear that sulphanilamide has a definite action on the gonococcus and will prove of great value in the treatment of infections due to it—I am, etc,

O J O'Hanlon,
Major R.A.M.C

Connaught Hospital, Aldershot, Oct 17

Brown Bread versus White

Sir,—I have been very much interested in the leading article in the *Journal* of October 16 on the question of brown bread, which sums up very admirably the state of medical opinion with regard to the deficiencies of white bread I spoke on this matter at a maternity and child welfare conference held in Liverpool in 1936, and then made a suggestion that in order to get any practical advantage from modern knowledge it is essential that some person or body of persons in authority should give an informed statement as to how brown bread can be prepared in such a way that the vitamins are not removed This in effect means that there should be a milling prescription which a miller could use in the preparation of a standard brand of flour A person desiring brown bread with its appropriate complement of vitamins could therefore demand bread made from flour milled in accordance with this prescription With such a safeguard he would be enabled to obtain what he needs at the present time but which he is unable to obtain

It is time that the Ministry of Health, the Medical Research Council, or some other authoritative body took up this matter and gave an official pronouncement—I am, etc,

C O Stallybrass

Liverpool, Oct 25

Physiology of the Stomach

Sir—The comparative figures of carcinoma of the stomach in a London and an Amsterdam hospital, given by Sir Arthur Hurst in his Harveian Oration (*Journal* October 23, p 783), interest me very much, because of confirmatory observations made by my wife and myself over a period of ten years It happens for various reasons, that we have visited many families in Holland, and that they have visited us here We have both commented upon the speed with which our Dutch friends swallow their food At many a dinner table we have found ourselves hopelessly behind in the race, and have guessed at the urgent signals (in Dutch) sent out by our hostess for the family to hold back In the same way, when we have been the hosts in London, we have found ourselves finishing in a hurry in order not to delay our guests Now, this observation of ours of eating habits in Dutch families, most of whom are moderately well to-do, complements the figures given about 500 people, presumably having rather small incomes, seen at the Wilhelmina Gasthuis It would seem, then, that both rich and poor in Holland are quick eaters

Some interesting international comparisons on these lines are possible Did not an Australian physician, whose name I cannot remember, recently offer evidence that the decline of Rome had been due to malaria? What about the diet and decline of the Roman Empire—or, indeed, of several other empires?—I am, etc,

Reginald Hodder

London, S E, Oct 23

Magnesium Trisilicate

Sir—Dr N Mutch in his article on magnesium trisilicate (*Journal* October 16, p 735) quotes the *Pharmaceutical Journal* (1936, **136**, 721) as a reference to the paper on this subject which I read at the British Pharmaceutical Conference in 1936 This paper was reported in full in the *Quarterly Journal of Pharmacy and Pharmacology* (1936, **9**, 445), whereas a brief extract only appears in the *Pharmaceutical Journal*

Had Dr Mutch read the official report quoted in the *Quarterly Journal of Pharmacy and Pharmacology* he would probably have modified certain of his statements

In the same sense, the reference made by Dr Mutch to comments by Mr Ragg is misleading in so far as Mr Ragg raised certain points in the verbal discussion which followed my paper, which points were, with others, dealt with satisfactorily at the time (*Quarterly Journal of Pharmacy and Pharmacology* 1936, **9**, 545) I am sure that Mr Ragg would be the first to agree that his remarks hardly justified the special place given to them in Dr Mutch's list of references

As was explained in my paper and amplified at the meeting of the British Pharmaceutical Conference, I am well aware of the limitations of the analytical methods I use, but as applied to the magnesium trisilicate of commerce they are rapid and of sufficient accuracy They enable the analyst to discriminate between good and indifferent material, and they enabled me to make a preparation in every way equal to that championed by Dr Mutch Furthermore, in spite of the analytical work being "carried out with meticulous care," the table now given by Dr Mutch shows the same vagaries and inconsistencies which I myself found and commented upon For example, the full 100 per cent of the material is not accounted for, and the bases found do not quite agree with the antacid values, while the ratios are calculated on the unwarranted assumption that the iron, calcium and aluminium are uncombined with silica and that the magnesium alone is so attached

But none of these points detracts from the practical value of Dr Mutch's confirmation at the British Medical Association meeting this year of the principle laid down at the British Pharmaceutical Conference in 1936, that it is essential that only the true substance, as originally used by Dr Mutch, should be employed I am therefore grateful that he now gives the matter further publicity and at the same time I regret the necessity for these observations,

and still longer in bone, particularly in the vertebrae, where a chronic osteomyelitis may lead to paraplegia A rabbit may develop this lesion in spite of vigorous humoral immunity, such that a small dose of its serum will fully protect another rabbit against a lethal dose of culture Here in a clear-cut form is the experimental parallel to a frequent clinical anomaly In spite of procedures which should raise the concentration of serum antibodies to the highest possible level, infection often persists We cannot complacently assume that humoral immunity is the whole story we are forced, in fact, to conclude that it is not That it is necessary there is no doubt but something else of which we have scarcely an inkling takes part in disposing of the invader, and the study of this infection—and indeed of infection generally—will have taken a great step forward when the nature of this other factor is brought to light

MEDICAL USES OF RADIUM

The latest radium report issued by the Medical Research Council is the fifteenth of a most valuable and useful series, in which are summarized year by year the results obtained at some twenty centres holding radium on loan from the Council Here both clinical and experimental work is controlled by the Radiology Committee which has been largely instrumental in advancing radiotherapy in this country from a more or less crude empiricism to its present position of an established branch of medical practice based upon definite scientific principles This has largely been effected by the cordial and loyal co-operation of the Radium Commission and the British Empire Cancer Campaign both of which have consistently supported the Council's policy of concentrating their supplies of radium at a limited number of institutions in different parts of the country Centralization of this type has been eminently successful, since it not only places adequate means of treatment and research in competent hands but also ensures the provision of suitable laboratory facilities without which further progress would be impossible Careful attention is also given to the standardization of records which is one of the most important factors in assessing the values of different forms of radium treatment

A new feature of the report for 1936 of which an account will be found at page 867 is the inclusion of a section dealing with the use of massive radium units So far as can be seen at present the results have been highly satisfactory but of course time is necessary before a final judgement can be passed upon the permanence of the curative effects so far obtained, the outlook, however, promises well for the future The experimental work has been mainly concerned with the important questions of radiosensitivity, dosage, and the administration of lethal doses of radiation to neoplasms with a minimum damage to healthy tissues It has long been known from clinical experience that the skin possesses great powers of recovery from the effects of radiation and also that damage can be materially reduced by dividing the dose The investigation of the most advantageous intervals between treatment as well as the exact details of suitable individual doses is thus a matter of urgent importance, and to this a large amount of attention is being given Information upon the methods of action of radiation on living tissues, both normal and malignant, is constantly accumulating, and the experimental results continually find their application in practice

The whole series of reports on the medical uses of radium forms such a valuable and interesting record that we venture the suggestion that a comprehensive index to their contents would be of the greatest assistance to those who are engaged in serious research work, either of a literary or an experimental character The preparation of these reports for the Press is not the least among the many notable services which Professor Russ, the secretary of the Radiology Committee has rendered to the cause of British radiotherapy

PSORIASIS

The problem of psoriasis still continues to exercise the dermatologists and recently Lane and Crawford[1] have approached it from the statistical side deriving their material from the patients of the Massachusetts General Hospital while Rosen Rosenfeld and Krasnow[2] have examined the theory recently put forward that this disease is associated with faulty lipoid metabolism The test adopted was the estimation of cholesterol in the blood, the normal figure being given by these authors as 228±26 mg per 100 c cm of serum They found that the value for patients with chronic localized psoriasis and for those with psoriasis affecting the nails only were comparatively low and seldom exceeded the normal quantity they also observed that the more extensive the psoriasis and the more active the scaling the lower the cholesterol content of the serum The greatest tendency to the reduction of cholesterol in the serum was found among persons suffering from lesions of the nails only They concluded that psoriasis is associated rather with hypocholesterolaemia than with hypercholesterolaemia and they suggest that this is because the cholesterol of the serum is removed to the affected areas Other observers have claimed that when cholesterol is administered to psoriatic subjects there is no increase in the cholesterol of the serum whereas in normal individuals an increase can be detected For

[1] *Arch Derm Syph* Chicago, 1937 35 1051
[2] Ibid., p 1093

Coramine, 3 7 c cm., was given intravenously, as was one pint of saline, which improved the patient s condition He was taken back to bed with an intratracheal tube passing continuous oxygen, but, in spite of this and a blood transfusion, died seven hours later, his temperature having risen to 107° F The blood pressure half an hour before death was 55/30 mm Hg A post-mortem examination showed osteomyelitis of the frontal bone, early meningitis, and multiple lung abscesses There was no odour of ether detectable in the lungs

The second case, occurring seven days later, was that of a man aged 58 His temperature was 98 4° F and his pulse rate 80 He had a chronic suppurative otitis media, for which a radical mastoidectomy was being performed The anaesthesia was induced and maintained as in the previous case but more ether was used, as the operation took some time Clonic spasms started at the end of the operation, when the skin incision was being sutured and ether was not being used The convulsions were controlled with 4 c cm of evipan and the patient sent back to bed, the head of the bed being raised and an intravenous saline given The temperature rose to 103° F the blood pressure was 130/90 mm Hg This patient rapidly recovered, and next morning was remarkably well

In both cases the ether in the bottle on the Boyle's machine was used for other patients with no ill effects, and the same machine had been used, and the details of the administration of the anaesthetic were the same, as in 257 other patients anaesthetized during the last two months —I am, etc,

Central London Throat Nose and Ear Hospital, Oct 12 H G Earnshaw

Pubertas Praecox

Sir,—Dr Shapiro does not appear to have read my note on a case of pubertas praecox completely I should like to draw his attention to this quotation from it "The cervix uteri is well developed and the uterus on bimanual examination was found to be almost adult size No enlargement of the uterine appendages could be detected" As one would not determine this by vaginal examination the only other way is per rectum I should also refer him to a similar case under the care of Drs Park and Novak at Johns Hopkins Hospital (1932) The child was operated on for a granulosa-cell carcinoma A minute granulosa-cell adenoma was removed from one ovary at operation and confirmed on section The child, however, continued to menstruate quite regularly after this In a condition so little understood it would be wiser to adopt a less dogmatic opinion —I am, etc,

Southampton, Oct 17 W L Kerr, M B, B S

"The Tonic Pupil"

Sir,—James Ware was the first English surgeon to describe hypermetropia He did so in a famous paper, published in the *Philosophical Transactions of the Royal Society of London* in 1813, on "Observations relative to the Near and Distant Sight of Different Persons," in which the following passage occurs

If has also been commonly believed that the size of the pupil is influenced by the distance of the object to which the attention is directed, this aperture being enlarged when the object is far off, and becoming more and more contracted as it is brought near But though the activity of the fibres of the iris is sometimes sufficient to be visibly influenced by this circumstance, yet in the greater number even of those cases where the dilatation and contraction of the pupil are powerfully influenced by a difference in the strength of the light the distance of the object considered alone produces so little effect upon it as to be scarcely perceived That it has however, in general some degree of power on the pupil is highly probable and an extraordinary instance of this kind exists, at the present time in a lady between thirty and forty years of age, the pupil of whose right eye, when she is not engaged in reading or in working with her needle, is always dilated very nearly to the rim of the cornea, but when she looks at a small object nine inches from the eye it contracts within less than a minute to a size as small as the head of a pin Her left pupil is not affected like the right, but in every degree of light and distance it is contracted rather more than is usual in other persons The vision is not precisely alike in the two eyes, the right being in a small degree near sighted and receiving assistance from the first number of a concave glass, whereas the left eye derives no benefit from it. This remarkable dilatation of the pupil of the right eye was first noticed about twenty years ago, and a variety of remedies have been employed at different times with a view to correct it, but none of them have made any alteration It should be mentioned that, in order to produce the contraction of the pupil, the object looked at must be placed exactly nine inches from the eye, and if it is brought nearer it has no more power to produce the contraction than if it were placed at a remoter distance It should also be mentioned that the continuance of the contraction of the pupil depends, in some degree, on the state of the lady s health, since, though its contraction never remains long after the attention is withdrawn from a near object, yet whenever she is debilitated by a temporary ailment the contraction is of much shorter duration than when her health is entire'

It is possible that this nervous and anisometropic lady suffered from a tonic pupil in her left eye —I am, etc,

Glasgow Oct 23 W J B Riddell.

Indications for Induction of Abortion

Sir —Reduced to simple terms two things emerge from Dr Percy Hardy s letter in the *Journal* of October 23 (p 827) First, it is suggested that abortion should be legalized if three, or perhaps four, doctors, preferably general practitioners, with a wide knowledge "of the environment of women of the poorer classes who are ill," agree that pregnancy should be terminated Secondly, these doctors, 'not necessarily consultants'—this suggests that the medical problem is not the prime consideration—are to consider what the effects of pregnancy and child birth would be on the patient in question These are wide and vague terms of reference The decision arrived at would constitute a fiat for an operation for abortion The elastic terms of such a reference would make doctors a law unto themselves, and in fact would place them above the common law of England What would the lawyers have to say about it?—I am, etc,

London, S W 1, Oct 23 Redmond Roche

Sir —I am in complete accord with the pleas put forward for the legal recognition of abortion in cases of genuine rape, but I wonder what your readers opinions would be in relation to the following "eugenic" case

A young lady was engaged to be married On the eve of the wedding it was for the first time disclosed to her and her parents that her fiancé's father had committed suicide while of unsound mind This naturally upset them very much, but the wedding was allowed to proceed on the understanding that there must be no children as the outcome So far, so good—or bad After a short time the husband himself became mentally affected, in what manner I do not know, but at any rate sufficiently to cause him to be admitted to an institution for several months Shortly after his release, and in a spirit apparently of sheer irresponsibility and bravado, he threw precautions to the winds and impregnated his wife This was the story of the girl and her mother when they presented themselves to me in the hope that "something could be done" They were both in a dreadful state of apprehension, and I think with reason I am no mental expert, but I take it that the risk of the offspring (and the girl was undoubtedly pregnant) developing some psychosis

countries Before giving advice to the Spanish Government the mission decided to convene a larger body of experts at Geneva including all those who had introduced methods of typhus vaccination—namely, Professor Weigl Director of the University Biological Institute at Lwow, Hans Zinsser Professor of Bacteriology at the Harvard Medical School and Professor L Anigstein of the State Health Institute Warsaw The meetings which were held on February 8 to 10 were presided over by Professors E Sergent and Ciuca, who had had considerable experience of typhus in Algeria and Rumania respectively and Dr M T Morgan of the Ministry of Health The resolutions adopted were as follows In the case of a threatened epidemic the following measures should be taken (1) organization and operation of a systematic and periodical delousing service among the troops and civilian population (2) organization of a service for the early detection of typhus cases (3) preparation of a plan for isolation and hospital treatment of the patients (4) preparation of a plan for isolation of infected localities (5) formation of stocks of serum of immunized animals and (6) vaccination with a killed vaccine of all the medical sanitary and auxiliary staff When an epidemic occurred the following steps should be taken (1) the measures for delousing and detection should be intensified (2) measures for the isolation of patients and of typhus foci should be applied (3) the serum of convalescents should be collected and used for protection of the staff and other contacts except persons immunized with killed vaccine for more than one month and less than twelve months previously and (4) mass vaccination of the military and civilian population of infected localities should be carried out

AUSTRALIAN CANCER CAMPAIGN

The report has now been issued of the eighth Australia Cancer Conference which was held at Canberra from April 13 to 16 under the chairmanship of Dr J H L Cumpston Director General of Health for the Commonwealth In addition to an account of the proceedings and of the resolutions passed there is included in it a review by Dr C E Eddy of recent developments in radiological physics a review of the activities of the Commonwealth x ray and radium laboratory of the University of Melbourne during 1936 and an account of the developments in that year in connexion with cancer control in Australia It was urged by the Conference that the Commonwealth Government should become a member of the International Union against Cancer that State organizations formed for the control of cancer should become affiliated with the British Empire Cancer Campaign and that more active steps should be taken in regard to educational and publicity work throughout the Commonwealth Most of the clinical papers read at the Conference are being published in the *Medical Journal of Australia* a paper by Dr J S MacMahon on epithelioma of the lip will appear in the *Australian and New Zealand Journal of Surgery* The Conference supported the recommendation of the National Health and Medical Research Council that an annual sum of £30 000 should be made available to establish a permanent and reliable system of medical research A committee will report to the next conference on the better organization of cancer investigation in Australia particularly on developments in biochemical research in relation to cancer problems and of biochemical science in relation to treatment

ERADICATION OF CONTAGIOUS ABORTION IN NORWAY

Norway was one of the first countries to undertake a serious campaign against tuberculosis in cattle As far back as 1895 the tuberculin test was introduced for the detection of infected animals By a programme directed towards the eradication of the disease which includes regulations forbidding the importation of reacting animals and the sale of reacting animals except for slaughter it has proved possible to reduce the extent of tuberculous infection to the extremely low level of 0 18 per cent Undoubtedly the anti tuberculosis campaign has been helped by the small size of the average herd and the absence of overcrowding but even so the achievement is one to be proud of Attention is now being given to the control of contagious abortion This disease though less important than tuberculosis from the standpoint of human hygiene is nevertheless of greater economic importance to the farmer by reason of the loss of calves the frequent sterility of the infected animals and the diminution in quantity of the milk supply that are so often associated with it By a law dated June 29 1934 regulations were introduced with the twofold object of preventing the spread of infection from one herd to another and the elimination of infection from herds already infected The State provides free blood testing and affords compensation for the slaughter of reacting animals Special control is exercised over the movement of infected animals over the sale of pregnant animals, and over common grazing grounds The scheme is partly voluntary but is apparently meeting with widespread acceptance According to the Chief Veterinary Officer Mr N Thorshaug[1] 119 587 samples of blood were examined at the expense of the State in 1935 in addition to 14 000 special samples taken from animals destined for sale Altogether 10 500 animals were found to react positively of which 8 655 were slaughtered with indemnity from the State Records were at hand in 1935 of 2 278 infected herds No fewer than 636 of these had been successfully freed from the disease by October 1936 787 no longer contained any reacting animals but were still waiting for their final agglutination test before being declared free 647 had not more than two reactors while only 208 had more than two reactors There is reason to believe that in a short time contagious abortion will be practically eradicated from the majority of the herds in Norway We in this country may well look with envy on this success The difficulties with which we are faced are very considerable but it is to be hoped that a serious attempt will now be made by the Government to deal with animal disease in a more

[1] *Bull Off int Hyg publ* 1937 29 956

"Mediaeval Conceptions of the Anatomy and Physiology of the Central Nervous System" and "Galen on the Eye" respectively His last contribution, the Cavendish Lecture in 1936, was his demonstration, based on the relation between ossification and age, of the true identity of the bones of the Princes murdered in the Tower *

In 1903 Arthur Keith was appointed Curator at the Royal College of Surgeons of England, and Leonard Hill, who was at that time teaching physiology at the London Hospital, asked Wright to come to the London to take Keith's place Wright readily accepted this invitation, and generations of London Hospital students are, therefore, indebted to his teaching Not only was he a brilliant lecturer with a ready command of the English language, but he could draw on the blackboard with consummate skill Wright, indeed, could make the dry bones live!

Naturally he gained many academic distinctions He became a D Sc of the University of Birmingham He was Harveian Society Lecturer in 1933 In 1912 he was president of the Anatomical Section of the British Medical Association, having been secretary in 1904 and vice president in 1910 Wright was the first treasurer, and then president, of the Anatomical Society, and was a member of the editorial committee of the *Journal of Anatomy* He made many contributions to the society's meetings and to the Journal Typical of these were his "Reports on Teratological Literature" prepared for many successive years for the Journal Wright was joint author with Parsons of a handbook on practical anatomy designed especially for the primary fellowship examination this book survives in a different form in the *Six Teachers Anatomy* and the *Six Teachers Anatomy for Dental Students* In addition to examining for the London University and for the Royal College of Surgeons, he examined at different times for the Universities of Oxford, Glasgow, Liverpool, St Andrews, Leeds, Bristol, and Aberdeen He flew to India with Buckmaster in 1935 as a representative of the Royal College of Surgeons

Soon after his appointment as lecturer in anatomy at the London Hospital, Munro Scott, late Warden of the Medical School, died, and Wright was appointed Dean of the Medical College in 1910, a position he was destined to hold for no less than twenty-seven years Thus, for the first time, the affairs of the Medical School were directed not only by a member of the medical profession and a Fellow of the Royal College of Surgeons, but by a man whose administration and teaching were coloured by a background of culture and classical learning It is, perhaps, difficult for the younger generations to realize how much the Medical School owes to Wright for his guidance in these early years Knutsford and E W Morris were making the London Hospital Wright took charge of the Medical School Wright was largely responsible for the appointment of James Mackenzie to the staff of the hospital in 1911, and taking a great interest in the better education of dental students he was responsible for the foundation of the School of Dentistry at the London Hospital in October, 1911 Always conscious of the needs of the students, and realizing the particular difficulty confronting men working in the East End in those days, he was responsible for the opening of the old students' hostel in 1911 But this was merely a beginning, and in 1934 he had the satisfaction of seeing the opening of the present fine building by H M Queen Mary

To all who knew him—and they were many—Wright was a great figure To a wide circle of men he was a personal friend Among his closer friends he reckoned Arthur Keith, William Bulloch, Leonard Hill, Gordon-Taylor, Marlborough Pryor, George Northcroft, and Buckmaster Wright lived life to the full and enjoyed the society of men He was a member of the Athenaeum, Burlington Fine Arts, and Savage Clubs, and a delightful companion at dinner He was particularly fond of the Savage Club, where his long association resulted in his election as an honorary member His spare time was devoted to books and pictures Botany, geology, and gardening were among his hobbies He was a life member of the Zoological Society and of the Zoological Club His chief hobby was probably archaeology, and he was an active member of the Royal Archaeological Society He spent his holidays visiting castles and churches, and happy were those who were privileged to accompany him on these expeditions His house was made beautiful by a collection of lovely things, particularly paintings by the Japanese artist, Ishibashi, and among his most treasured possessions was the head of a Greek girl picked up on a rockery in the West of England, which had been sculptured during the best period of Athenian art

Wright lived the greater part of his adult life with his close friend and companion, Gwynne-Jones, at Gerrards Cross But Gwynne-Jones died in 1933 Only a few months ago, when he was already suffering from the long and ultimately fatal illness which he bore so patiently, he married Gwladys Gwynne-Jones, widow of his former friend In 1912 he had caused the words "Amara-Lento-Tempera Risu" from Horace to be inscribed over the entrance to the Medical College This phrase Wright liked to translate "Temper bitter things with a quiet smile To this he remained faithful to the last

[The photograph reproduced is by Elliott and Fry Ltd]

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T A GOODFELLOW, C B E, M D

Lecturer in Medical Ethics, Victoria University of Manchester

Dr Thomas Ashton Goodfellow, one of the best known general practitioners in Lancashire, died at his home on October 24, at the age of 72 Dr Goodfellow was a student at Owen's College, Manchester, and qualified in 1888 with the M R C S, L R C P In 1889 he took the M B of London, proceeding in 1891 to the M D His first period of hospital residence was as a house physician at the Manchester Royal Infirmary Later he acted as house surgeon at the Salford Hospital, after which he was appointed resident medical officer at the Infirmary It was after concluding this appointment that he went into general practice, and gradually built up a reputation as one of the most outstanding men in general practice in the North of England He joined the British Medical Association in 1893, and always took the keenest interest in both local and national medical organizations He was a member of the Manchester committee which had to administer the National Health Insurance Act when it came into force, and he later joined the Panel Committee, becoming in due course its chairman He was also for many years associated with the small consultative committee of medical and allied services which was set up by the Ministry of Health to adjudicate and report on complaints of irregularity in carrying out the terms of service under the Act During the war he acted as chairman of the Manchester Medical War Committee, which was entrusted with arranging for the supply of qualified men to the R.A M C and looking after their practices during their absence on active service He was also medical officer in charge of the auxiliary military hospital at Lawnhurst and Didsbury Lodge

ANAESTHESIA IN GENERAL PRACTICE

This is one of a series of articles, contributed by invitation

RISKS OF ANAESTHESIA—II

BY

M D NOSWORTHY, M D, B Ch, D A

Respiratory Obstruction

The maintenance of a free and adequate respiratory exchange is of the first importance Respiratory obstruction occurs when the patient s respiratory efforts do not run parallel with the gaseous interchange An obstructed airway dams back carbon dioxide in the lungs hampers the entry of oxygen, exhausts the patient through his muscular efforts to get air in, embarrasses the circulation, and may precipitate a vascular accident When examining the patient beforehand the anaesthetist can often foresee whether he may have obstructive or other difficulties Questioning the patient about his normal activities —does he get out of breath after climbing stairs etc ?—is a better guide to his physical fitness than any formula The presence of anaemia or dehydration should also be looked for it is obviously of advantage to know in advance whether fluids are likely to be required during the operation The full blooded, short necked type of individual is prone to become congested and obstructed during induction The condition of the teeth and the patency of the nostrils are worthy of examination Both the pharynx and the larynx of the heavy smoker are very irritable, and it is useful to remember that when morphine and basal hypnotics depress the sensitivity of the respiratory centre they do not decrease the sensitivity of the larynx to the same extent This combination of circumstances does not facilitate induction with irritant anaesthetic agents

It is most important to be certain that the stomach is empty before induction, and it must be borne in mind that fear markedly prolongs its emptying time At a depth of anaesthesia sufficiently light for the occurrence of active vomiting the laryngeal reflex is intact so that the glottis will close The patient, however, can only hold his breath until the alveolar content of carbon dioxide has risen to a level which, as it were breaks through this reflex and if aspiration is to be avoided it is imperative that the head should be lowered and any vomit in the pharynx removed before this breath is taken Gastric and obstetrical emergency cases should have a preliminary wash out if there is any likelihood of the stomach not being empty The manipulations of the obstetrician during an external version may well express gastric contents and at the depth of anaesthesia necessary for this manœuvre the laryngeal reflex will have been abolished Should vomiting occur there must be no delay in tipping the patient head downwards and removing the vomit preferably with suction The anaesthetist must also remember the possibility of reversed peristalsis A patient suffering from intestinal obstruction must be expected to regurgitate copious quantities of intestinal contents at any moment

SPECIAL CONSIDERATIONS

Before embarking on an operation on the nose, mouth or throat the anaesthetist must decide which of the various methods he is going to adopt to safeguard the patient from the aspiration of blood or pus Apparatus must be tested before being used to see that there is no possibility of blowing liquid ether into the patient's lungs During and after operation the anaesthetist must bear in mind the possibility of a foreign body, such as a forgotten swab, obstructing the air passages, a suitable posture must also be maintained during recovery Some oedema of the glottis may be expected as a result of inflammatory processes in the pharynx or neck This will become much worse if any asphyxia accompanies induction Tracheotomy may be advisable before the induction of anaesthesia, and this is the last resort for any complete obstruction situated in or above the glottis It is inadvisable to give any general anaesthetic before opening a quinsy It is to be expected that a patient with carcinoma of the oesophagus will regurgitate a quantity of mucus

Thyroid patients with obstruction should be given little premedication unless the anaesthetist is on the spot, as their obstruction often becomes worse when they go to sleep When the obstruction is very severe intubation under local anaesthesia is a wise precaution Bilateral abductor paralysis of the cords or tracheal collapse will necessitate immediate intubation The presence of emphysema or of secretion in the tracheo bronchial tree interferes with free gaseous interchange, it takes longer to get oxygen and anaesthetic agents into these patients, and, what is equally important it takes longer than usual to get carbon dioxide and the anaesthetic out again

The consequences of opening the pleural cavity require the anaesthetist s attention if both cavities are opened artificial respiration with positive pressure is essential The changing of the position of a patient too lightly anaesthetized or the presenting of too concentrated an anaesthetic vapour may also upset the respiratory rhythm The angle of his head in relation to his neck and the position in which he lies during operation may interfere with normal respiratory exchange Other points which may not be appreciated are that the use of either the kidney rest or the gall bladder bridge is conducive to pulmonary collapse, and that the prone position and the weight of the abdominal contents on the diaphragm in the full Trendelenburg position hamper respiration

CONGESTED ASPHYXIAL OBSTRUCTION

This may occur during induction A rubber naso pharyngeal tube is useful if attempts to push the jaw forward fail The tube must not be too large and it must be passed before the congestion becomes marked otherwise bleeding will follow and make matters far worse The insertion of the usual pharyngeal airway when the spasm is fully developed is well nigh impossible As his alveolar content of carbon dioxide rises the patient s efforts to get air in are usually successful Oxygen is what he needs and an attempt must be made to force this in for unless the asphyxia is relieved the muscular spasm will not relax until shortly before death When this relaxation occurs there is nearly always time—*though it must not be counted upon*—to insert an airway quickly and inflate the lungs with oxygen

ATONIC OBSTRUCTION

For this type of respiratory obstruction, which develops when the muscles of the jaw tongue and pharynx have lost their tone, a pharyngeal airway is indicated Waters pattern is superior to any other, and if the base of the

he began practice in that city thirty years ago, and was appointed to the honorary surgical staff of the hospital During the war he served in France with the temporary rank of major R A M C, and after his return to Wakefield he published a number of papers on surgical subjects in the *Lancet* and the *British Journal of Surgery* When ill-health led to his retirement from active work the governors of the Clayton Hospital elected him honorary consulting surgeon in recognition of the important part he took in the planning, building, and equipment of extensions, and of his services as chairman of the medical board Mr Thomson has also been for many years medical officer to the White Rose County Hospital in Park Lodge Lane The Mayor of Wakefield attended the funeral on October 12, taking with him the silver casket and scroll, symbols of the City's Freedom, which Mr Thomson was prevented by ill-health from receiving in person when it was conferred upon him some months ago

We have to announce the death, at the age of 63, of Dr Annie Florence Theobalds consulting physician to the Devonshire Royal Hospital, Buxton She studied medicine at Edinburgh, graduating M B, Ch B in 1905, and proceeded M D in 1911 Before going to Buxton she held successively two appointments in Yorkshire—pathologist and assistant medical officer to the West Riding Asylum, Wakefield, and resident assistant medical officer at the Halifax Poor Law Institution She had also been clinical assistant at the Birmingham City Asylum Dr Florence Theobalds settled in practice in Buxton in 1909, and for many years was the only woman practitioner in the town She was appointed to the staff of the Buxton District Hospital as honorary anaesthetist in 1912, and until the time of her death was closely associated with it and was a valued member of the executive and the house committee In 1917 she was elected to the staff of the Devonshire Royal Hospital for Rheumatic Diseases, retiring recently under the age limit She was intensely conscientious in the performance of her professional work, and will long be remembered by the patients who came under her care for her deep sympathy and kindliness She was a member of the committee of the local district nursing association and for many years its chairman, and was also a member of the committee of the Cavendish High School for Girls She was very reserved in disposition and shunned social life, while devoting herself to her patients and her public work without stint Her sudden death will be deeply regretted by those who enjoyed the privilege of her friendship and the advantage of her professional skill She had been a member of the Buxton Division of the British Medical Association since 1909

The death of Dr Walter Sansom has removed from Barrow one of its oldest and best-known practitioners, who was a native of the borough and spent almost the whole of his working life there He was born on October 29, 1868, and studied medicine at the University of Edinburgh, graduating M B, C M in 1890 and proceeding M.D in 1898 After a short period of practice at Hadfield he returned to Barrow, and was honorary surgeon to the North Lonsdale Hospital from 1909 until his retirement in 1936, when he was appointed consulting surgeon Dr Sansom joined the British Medical Association in 1898, and was present at the first meeting in connexion with the formation of the Furness Division in 1903 He served on the executive committee in 1908–10, and was chairman of the Division in 1912 During the war he held a commission as captain in the R.A M C 'W R B writes Having been associated with the late Dr Sansom as his partner in general practice for nearly a quarter of a century I am glad to have the opportunity of adding a few remarks concerning my old friend I have had an unbroken friendship with him all these years He possessed a charming personality an unfailing kindness of disposition, and he has given long and faithful service in the best interests of his profession It can be truly said of him that those who knew him best loved him most, and he has left behind him in the hearts of most of us a very sweet memory of a true friend He was laid to rest in Barrow recently, attended by a large number of those who had been associated with him during his professional life and who were anxious to pay their last tribute to one who was regarded with deep affection by all My very deepest sympathy goes out to his son and his family in their sad bereavement

By the death of Dr Douglas McKissock Ross aged 85 years, on October 9, Brighton has lost a veteran of the medical profession He had been a member of the British Medical Association for fifty-six years, a period not equalled by any other member of the Brighton Division Dr Ross received his medical education at Edinburgh University and was dresser to Lord Lister, then professor of clinical surgery at the University He took his M.D at Edinburgh and the diploma of M R C S Eng, and started practice in Brighton in 1874 He held the offices of police surgeon, physician to the Queen's Road Dispensary, and medical officer to the Poor Law institution He was also visitor to the private licensed houses for lunatics in Brighton His connexion with the latter lasted till his retirement from practice, when he was presented with many gifts from those associated with the institution, including a silver loving cup, a touching souvenir from the inmates, and an illuminated address from the guardians, expressing their appreciation of his long service —forty-two years in duration—and wishing him happiness in his retirement Dr Ross celebrated his golden wedding last year, when a group of Freemasons and doctors some of whom had attended his wedding, waited on him to offer their congratulations to Mrs Ross and the doctor He was a Freemason of many years' standing, and was Master of the Royal Clarence Lodge Six years ago he was presented with a silver salver to commemorate his fifty years of membership Dr Ross lost two sons in the war He was a man of quiet and unassuming personality, loved and respected by all those with whom he came in contact His funeral took place on October 12 at Christ Church, Brighton, followed by his burial in Hove Cemetery It was attended by many of his friends and fellow practitioners, who wished to pay a tribute to a loyal and faithful colleague who had dwelt among them for over fifty years in friendship and agreement

We regret to announce the sudden death on October 11 at Blairgowrie of Dr William Hunter Howat who formerly practised at Dalmellington, Ayr He studied medicine at the Universities of Glasgow and Edinburgh, and graduated M B, Ch B of the former in 1915 During the war he served with a temporary commission as Captain R A M C, and he was for some time physician superintendent of the Lightburn Fever Hospital, Lanark Dr Howat joined the British Medical Association immediately after graduation, and acted as representative at the Annual Meetings of 1925 and 1935, and was chairman of the Ayrshire Division in 1935–6

A familiar figure in the Crumpsall district of Manchester has passed away in the person of Dr Thomas Henry Wignall. Having graduated at Manchester in 1898, he secured an apprenticeship in general practice as an assistant, and then settled in the Blackley-Crumpsall district, where he pursued his life-work He carried out in a characteristically thoughtful way the rigorous duties of his profession For some years he acted as radiologist to the Crumpsall and Booth Hall Infirmaries, gaining in this capacity a profound knowledge of the local population, and when, in 1918, he took up industrial work he brought to it a wealth of experience of the conditions of life among the workers Later in the same year he joined the medical service of the British Dyestuffs Corporation Ltd, and remained there until his death As the

—for example, a sick child with acute appendicitis They begin with twitchings in the muscles of the face, and may soon spread and become generalized The breathing has usually been depressed or somewhat obstructed, and it is thought that the raised alveolar content of carbon dioxide is the factor which determines the onset of the convulsions in most cases In support of this hypothesis it may be mentioned that convulsions have begun upon the addition of carbon dioxide to facilitate blind intubation stopping when the gas was turned off and not returning although ether was used throughout the operation Whatever the stage of the operation the anaesthetic must be discontinued until the convulsions are controlled The respiratory exchange must be increased by rhythmical squeezing of a bag filled with oxygen, though this may be difficult to carry out on account of the respiratory obstruction If no improvement follows lowering the alveolar content of carbon dioxide sufficient evipan or pentothal should be injected intravenously to control the convulsions, the artificial respiration being meanwhile continued

Convulsions—and circulatory collapse—are the most serious manifestations of poisoning by cocaine or allied drugs Other symptoms and signs of toxicity have as a rule been missed or unheeded These convulsions will be stopped by the intravenous injection of a barbiturate, but, as these patients all die of oxygen want, it is the anaesthetist's duty to start artificial respiration without delay and to maintain an efficient respiratory exchange while the barbiturate solution is being prepared and injected

Other Risks

Damage to the Eyes—Precautions must be taken to avoid any anaesthetic agent getting into the eyes The face piece or gamgee tissue and the anaesthetist's fingers must not rub them The eyes should be kept closed throughout the operation If they tend to open they must be repeatedly moistened by the moving up and down of the upper lids If the reflexes have not returned by the end of the operation and the eyes tend to remain partly open a drop of castor oil should be instilled into each eye and the patient should be so arranged in bed that he cannot rub his eyes on the pillow during recovery

Explosions—Sources of explosion are the cautery, naked flames and fires diathermy machines and electric motors faulty electrical connexions and static electricity In the concentrations used during anaesthesia the only agents which are non explosive are basal hypnotics local anaesthetics nitrous-oxide oxygen carbon dioxide and chloroform The quarter from which any draught in the theatre is coming and the relative weights of the anaesthetic and air will determine in which direction the vapour will travel Appreciation of these points may in certain circumstances permit the use of the diathermy needle in the presence of explosive mixtures Static electricity is fortunately an uncommon factor in this country a possible explanation for this being the high relative humidity of the atmosphere A wise precaution is to damp the inside of the bag rubber tubing and face piece with water before induction thereby reducing friction and the risk of electric sparks Soon after the anaesthetic is begun complete saturation of the atmosphere takes place in a closed system with carbon dioxide absorption making the risk of explosion from this cause for practical purposes negligible In the absence of leakage from such a closed system in which the anaesthetic mixture is explosive the diathermy needle may be used with safety except in the vicinity of the lungs or air passages

MEDICAL USES OF RADIUM

REPORT BY MEDICAL RESEARCH COUNCIL

The report of the Medical Research Council on the medical uses of radium during the year 1936[1] illustrates very strikingly the increased use of radiotherapeutic measures in the treatment of malignant disease When the annual figures contributed by the various centres during the years 1930–6 are added together a total of 18,496 cases of malignant disease is reached of which 5,452 (29 5 per cent) were treated by surgery alone, and 7,355 (39 8 per cent) by radium alone

The numbers of cases treated by different methods during the year 1936 are shown in the accompanying table

TABLE I—*Relative Frequency of Surgical and Radiotherapeutic Treatments in 1936*

	Number Treated in 1936	Percentage
By all methods	4 419	100 0
surgery alone	1 365	30.6
„ radium alone*	1 426	32.3
x rays alone	858	19.5
„ surgery + radium	224	5 1
„ „ + *x* rays	285	6.5
radium + *x* rays	215	4 8
surgery + radium + x rays	46	1 0

* Treatment by radium alone may involve surgery of access.

Cancer of the Breast

The Birmingham General Hospital presents a very full account of the work done in this condition during the past year There has been a slight diminution in the number of cases treated by radium which is attributable to the more extended use of high voltage x-ray therapy in operable and border line cases and subsequent amputation, whenever this is practicable When treatment by radium has been carried out the exact position of the needles with respect to each other to the tumour and to the skin has received careful attention and in addition to clinical measurements made at the time of insertion valuable assistance has been afforded by combined radioscopy radiography and stereoscopy The value of the last named method is greatly increased with practice but it is pointed out that these methods still leave a good deal to be desired and some improved technique would be of great value though it would have to be simple in application and at the same time suitable to the large numbers of needles used for treating carcinoma of the breast

In treating axillary lymph glands it is found that especially in stout patients many receive an inadequate dose owing to the difficulty of securing even distribution of dosage Attempts have therefore been made to use barrages from three or more planes of needles without placing any in the axilla itself Stainless steel wire has entirely replaced silkworm gut for securing the needles and the filtration has been increased to 0 9 mm platinum by the use of additional sheaths At Birmingham as elsewhere surgery is advocated in all early cases and the radiotherapist treats only such as are unsuitable for surgery owing to some accompanying general condition such as advanced age diabetes pulmonary or cardiac disease of long standing and refusal of the patient to submit to operation At the Marie Curie Hospital cases at the time unsuitable for operation have been treated during the past year by the low intensity method of x ray therapy

St Bartholomew's Hospital reports on the results of a routine histological examination of the breast and axillary

[1] *Medical Uses of Radium* Summary of Reports from Research Centres for 1936 Medical Research Council Special Report Series No 226 H M Stationery Office (1s)

D St B F Nunan J H Tyrrell Moira M Mallagh E R Coetzee H J F Draffin E F Keating G S Sheill T N Arthur, J R A Martin Miriam A Bryant Annie Dowds, S F H Haughton

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS—J N Sengupta S Bandyopadhyay

* First-class honours † Second-class honours

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh held on October 19, with Mr Henry Wade President, in the chair, the following successful candidates were admitted Fellows P C Barkla J Benson B D Best M D Black, W A Browne S R Chandra P N Chaudhuri J V Clark A Conway W C J Cooper D H Craig Lydia M Duff, I M D N Farquharson G N Findlay, B P Funder H W Gordon H M Grant H J Green P W Ingram E S Lawrie H Macmillan I P J MacNaughton H C Maling H V Morgan S K Sen C L E L Sheppard E W Thomas N J Townsley R Walkingshaw E W Watts A J Webster, R Whittaker T I Wilson, J G Youngman

At the annual meeting of the Royal College of Surgeons of Edinburgh held on October 20 the following officers were elected for the ensuing year *President* Mr W J Stuart *Vice president* Mr Henry Wade *Secretary and Treasurer* Mr J W Struthers *Representative on the General Medical Council* Mr Alex Miles *Convener of Museum Committee* Mr A Logan Turner *Librarian* Mr H M Traquair *Conservator of Museum* Mr C F W Illingworth

ROYAL COLLEGE OF PHYSICIANS OF LONDON

The Bradshaw Lecture on The Genetics of Transposition of the Viscera will be delivered by Dr E A Cockayne at the College, Pall Mall East S W on Thursday November 4 at 5 p m and the Fitzpatrick Lectures on Conquest of Disease in the Tropics by Dr Harold Scott on Tuesday and Thursday November 9 and 11, at 5 p m

Medical Notes in Parliament

The second session of the present Parliament was prorogued on October 22 after the Lord Chancellor had read a King's Speech which reviewed the work done The Speech hoped that the fullest possible use would be made of the Physical Training and Recreation Act It went on "The national health services have been further developed and improved The rate of progress in the clearance and replacement of slums has been satisfactorily maintained, the abatement of overcrowding is proceeding and house building has continued at a high rate The Speech also referred to the Factories Act, whereby greatly improved provision had been made for securing the safety and health of factory workers and to the measure for the development and improvement of maternity services in Scotland

The King opened the new session in the House of Lords on October 26 In the course of the King's Speech it was stated

My Ministers are anxious that energetic steps shall be taken to complete the measures for the protection of the civilian population against air raids A Bill to put the necessary arrangements on a statutory basis will be brought forward for your consideration

My Government have announced their intention to assist the production and to increase the consumption of milk, and to facilitate the improvement of milk distribution A Bill to this end and further proposals for the welfare of agriculture will be submitted to you

A comprehensive publicity campaign is being undertaken to ensure the fullest use of the public health services and to encourage their expansion The policy of improving housing conditions will be energetically pursued

"My Government will further develop their social policy by introducing legislation to enable meals to be supplied to boys and girls attending junior instruction centres to provide medical care for young persons who have left school and entered employment to reduce the age limit for the award of pensions to blind persons to enable further information to be obtained for the study of the population problem to amend the financial provision for slum clearance and the abatement of overcrowding and to make further provision for the improvement of agricultural housing.

A measure will be laid before you to amend the penal law and to enable improved arrangements to be made for dealing with offenders, including juveniles and those who commit repeated offences

Legislation on the subject of rural housing in Scotland and on other matters of Scottish interest will be submitted to you

During the subsequent debate on the same day in the House of Commons Sir John Simon said that legislation would be introduced in due course for the assistance and development of the milk industry The guiding principle would be that an increase in the consumption of liquid milk would result in advantage both to the national health and to the producers This could best be secured by creating greater confidence in the safety and cleanliness of the milk supply Measures designed to raise the standard of our dairy herds were also proposed

League of Nations Nutrition Report

Asked by Mr Keeling on October 21, what action he proposed to give effect to the recommendation of the League of Nations Mixed Committee on Nutrition that every Government should conduct a vigorous policy of education on nutrition for the instruction of the general public Sir KINGSLEY WOOD said Earl Stanhope and he recognized the importance of education on this subject This would be dealt with in the course of the national health campaign now in progress

Investigation into Incapacitating Sickness

Sir Kingsley Wood is considering the general question of a comprehensive investigation into the extent and incidence of various forms of incapacitating sickness among insured persons, but is not yet in a position to say in what form the results of any such investigation would be made generally available

Vaccination Deaths—Mr T GROVES asked, on October 21 whether taking the averages for the last thirty years although less than half the babies born in this country were vaccinated the deaths caused by vaccination to children under 5 were more than twice as many as those caused by small pox Sir KINGSLEY WOOD in reply said Mr Groves's conclusions seemed to have been arrived at by including among the deaths caused by vaccination all cases in which vaccination was mentioned on the death certificate although in many of these the death was assigned by the Registrar-General to some other cause Sir Kingsley further told Mr Groves that he did not propose to take steps for the discontinuance of vaccination

Inoculation against Influenza in the Army—Mr GROVES asked on October 21 whether the arrangements made in December, 1936, to inoculate against influenza 500 men from five corps were carried out if so, whether any of them and how many subsequently developed influenza and what was the interval in each case between the inoculation and development of influenza? Mr HORE BELISHA replied that 678 men who volunteered were inoculated against influenza of these eighteen developed illnesses diagnosed as influenza" ten during the first two during the second and six more than two weeks after inoculation The inoculations were carried out at the time when the influenza epidemic was at its height Before any beneficial effects of inoculation could have had

the mouth and the alveolus gave the worst, as the growth spreads rapidly into the cellular tissues of the floor of the mouth and also invades the bone In addition to this epitheliomata in these situations are less radiosensitive than in the more favourable sites If the bony tissues are invaded it is impossible to destroy the neoplastic cells without producing necrosis of the bone itself, it is therefore necessary after preliminary irradiation of the growth in the soft tissues to await the subsidence of all reaction and then to treat any affected bone by surgical excision

Intrinsic carcinoma of the larynx treated by the thyroid fenestration method has given good results and usually the normal speaking voice has been regained With extrinsic laryngeal growths and those beginning in the hypopharynx the case is very different and surgical treatment although admittedly involving serious and extensive mutilation, still offers more chance of success than radiotherapy Carcinoma of the oesophagus still remains an almost insuperable' problem Diagnosis is almost invariably late and radiation treatment only palliative

Teleradium Therapy

Teleradium therapy—or the external application of the radiation from a large quantity of radium—is still in its experimental stage The 1 gramme unit at the Middlesex Hospital has been in constant use since 1932 and is soon to be replaced by a 4 gramme unit It has mainly been employed in the treatment of neoplasms in the mouth, pharynx and larynx, not because its use is regarded as unsuitable in other sites but because it was required for the whole time in the treatment of these particular conditions Since the installation of the 1 gramme unit it has been the first method of treatment adopted for the conditions mentioned and in some cases no further treatment has been necessary It was however often found that additional treatment was essential This of course varied according to the condition of the patient implantation of radium needles in residual growths of the tonsil and tongue surface application of radium needles mounted on dental applicators in carcinoma of the floor of the mouth, and block dissections of the glands of the neck were all used as circumstances dictated

A detailed account of teleradium application may be of interest

Two sessions of two hours each in twenty four hours are given with at least a six hour interval between In certain cases—*for example orbital tumours*—two areas are sufficient to cover the involved region In the mouth pharynx and larynx up to ten areas are used in order to cover adequately the whole field of suspected involvement both primary and secondary with a margin of healthy tissue These areas are drawn on the patient with an aniline pencil guided by a circular ruler of the same diameter as the aperture of the unit and a corresponding chart is kept When both sides of the face or neck are being irradiated alternate sides are treated in rotation in order to obtain uniform saturation The margins of adjacent areas are allowed to touch and no ill effect from overlapping has been observed If only two areas are used a total of twenty four hours treatment on each area can be given but with multiple areas a total of twenty hours is the maximum the healthy tissues can stand Treatment is given daily and is continuous for ten to thirty days without an interval depending on the number of areas. When only two areas are used treatment is given only once daily in order to prolong the total duration

Experience has proved that the slightest inaccuracy in application may make all the difference between success and failure and it is necessary for each treatment to be supervised by a specially trained medical officer In most cases the treatment is followed by a skin reaction which normally proceeds from an erythema to a desquamative epithelitis which heals rapidly but sometimes the skin reaction is severe and in these cases ambrine dressings have been found useful It has often been noticed that when the skin shows only a slight erythema a mucosal lesion is covered by a fibrinous membrane

Special attention must be paid to nursing, and in mouth and throat cases the mouth should be irrigated with bicarbonate solution after each meal Abundant fluids are necessary and the patient is made to drink at least five pints daily During the four years in which the 1 gramme unit has been in use in only two cases has a tracheotomy been necessary in consequence of the severity of the reaction in the mucosa

Non malignant Conditions

At the Marie Curie Hospital 1,265 patients suffering from simple metrorrhagia have been treated by radium Of these 869 were menopausal cases all over 40 years of age the remaining 396 were aged 40 years or under It was observed that a number of patients admitted as simple cases of non malignant haemorrhage were found on histological examination of biopsy material to have early cancer of the cervix or corpus Myomata usually of small size, were found in 138 of the haemorrhage cases

An investigation of non malignant haemorrhagic uterine cases is being carried out from a histological point of view It is hoped that it may be possible to determine whether any correlation exists between histological type with its possible aetiological significance and the response to radium treatment.

The clinical section of the Medical Research Council's report is preceded by a brief summary of the more purely experimental work in physics and radiology Dr Mayneord at the Royal Cancer Hospital has completed his researches on the standardization of gamma ray dosage which confirm the previous estimate that the ionization produced in one hour by a point source of radium element at one centimetre distance and filtered with 0 5 mm of platinum is equivalent to 8 3 *r* Problems connected with the control of cell division by radiation are discussed by Dr Spear and Dr Glücksmann of the Strangeways Laboratory Cambridge and Dr Lea deals with the action of radiations on bacteria Dr Mottram at the Mount Vernon Hospital records experimental work on radiosensitivity as do also Dr Colwell and Dr Gladstone at the Middlesex Hospital At the latter hospital Professor Russ and Miss Scott report upon some biological effects of continuous gamma irradiation, while Professor Paneth Dr Tillman and Dr Moon at the Imperial College of Science and Technology have been engaged in the investigation of neutrons and some of the physico-chemical effects produced by neutron bombardment

BRISTOL ROYAL INFIRMARY

200th ANNIVERSARY FESTIVAL

The two hundredth anniversary of Bristol Royal Infirmary was celebrated on October 21 and 22 by three outstanding events—a reception by the Lord Mayor at the city Art Gallery attended by 900 people a reception of a more domestic kind at the hospital itself for past and present staff and students and a dinner at the University Union with over 300 guests The Church in the person of the Bishop and Dean the City in the person of the Lord Mayor and Sheriff the University in the person of the Vice Chancellor and the members of the medical faculty the local medical profession and representatives of nursing all assembled in honour of this ancient charity Delegates also attended from the Royal Infirmaries of Birmingham Cardiff Leeds and Liverpool the Sheffield United Hospital, and Guy's and St Thomas's One of the delegates from Guy's was its matron Miss MacManus formerly matron at Bristol

The guests were received by Lieut Colonel P G Robinson, President of the Royal Infirmary, and Alderman

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to The EDITOR British Medical Journal B M.A House Tavistock Square W C 1

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QUERIES AND ANSWERS

Treatment of B Coli Pyelitis

'Abu writes Could any colleague suggest a line of treatment for the following case? A girl, aged 6, suffers periodically from attacks of abdominal pain and vomiting, followed by haematuria and albuminuria The last attack *six months ago* responded rapidly to the usual urinary sedatives and antiseptics The present attack is not responding to treatment, and the urine now contains not only blood and albumin but also *B coli* I take it the condition is one of *B coli* pyelitis

Nocturnal Twitching of Lower Limbs

'Wilts has a patient aged 39, who is much troubled with spasmodic movements and twitchings of the lower limbs in the late evening particularly in bed She describes the condition as the fidgets' Physical examination is entirely negative, and, apart from this distressing condition, the patient is perfectly well Suggestions as to aetiology and treatment would be appreciated

Income Tax

Change in Partnership

Y explains that X and Y were in partnership on a half-share basis up to March 31 1937 when Z took over X.'s share The assessment for 1936-7 was based on the earnings of the practice for 1935, and tax thereon was paid in January and July, 1937 What is the position of X and Z. with regard to the July instalment?

*** The tax is in respect of the income of the practice for the year ended April 5, 1937, and—ignoring the five days March 31 to April 5—Z has no share in the income of that year and is not concerned in the July instalment in any way That payment should be shared between X and Y, as if the change in partnership had not taken place

Proportion of Rent etc as Expense

G P lives in a neighbourhood which has greatly deteriorated residentially The whole of the ground floor is used for purposes of the practice but the local inspector of taxes will allow only two-fifths of the rent etc as against one half which G P claims Should he appeal against that decision?

*** G.P would be well advised to write to the inspector—or call and see *him*—and say that unless he can reconsider his decision a formal appeal will be made Notice should be given when the formal notice of assessment is received G P can appeal either to the Special Commissioners in which case the hearing will be in London, or to the General Commissioners in which case the hearing would be somewhere in the neighbourhood In either case the proceedings are entirely confidential "G P would be asked to explain why he claims one half instead of two fifths of the rent etc and the Commissioners would give their decision immediately

LETTERS, NOTES, ETC

Cysts in Upper Incisor Region

Mr H T Roper-Hall, M B B D S (43A, Calthorpe Road, Five Ways, Birmingham, 15) writes In connexion with a paper which I am preparing upon the cysts which occur in the upper incisor region, I shall be grateful if readers will be kind enough to let me have details of any of their cases, preferably of non-dental origin, such as those of the incisive canal etc Radiographs and models or diagrams of this area will be very welcome

An American Medical Publisher

Dr Walter R Bett sends from New York the following appreciation of Paul B Hoeber who died on August 20 One of the best known medical publishers in the English speaking world Hoeber was a puzzling blend of sophistication and simplicity of aggressiveness and generosity, of cynicism and ideals Though he lacked the accepted attributes of the successful business man, he possessed a shrewd insight into human character and excelled in diplomacy when occasion demanded Small alert impatient excitable, enlivening his conversation with telling bits of *German slang and jumping from one topic to another*, the invariable cigar between his lips even when telephoning—so he impressed himself upon the casual visitor Those who knew him more intimately penetrated below his impulsive and fidgety make up and learnt to respect his sympathy disinterestedness and courage At the age of 18 Hoeber started a medical bookstore on East 59th Street New York City, throwing himself wholeheartedly into this venture Not content with supplying the books which were asked for he made a point of knowing the subjects in which his customers were interested so that he could show them any new publication in their line of work As business flourished he moved to Fifth Avenue in 1926 Meanwhile he had begun to publish books under the name of his firm Paul B Hoeber, Inc Among the journals which he issued the *Annals of Medical History* deserves to be singled out for special mention While admittedly filling an intellectual need, commercially this was a risky undertaking at any time, especially in the days of the war Hoeber not only launched this magazine but for twenty years took a legitimate pride in its reputation as the aristocrat of medical journals' *sparing no expense in the service of its type and illustrations Until quite recently* advertisements had been rigidly excluded *from its numbers* Himself keenly interested in medical history he published many valuable monographs in that field such as the *Clio Medica* series The walls of his Fifth Avenue office were covered with signed photographs of medical historians throughout the world—a remarkable and fascinating collection But he had set *himself too high* a standard in excellence not caring sufficiently whether he made any material profit if only his intellectual children were proudly attired To escape inevitable results in 1935 he wisely decided to join forces with Harper and Brothers of New York. His publications *continued to retain the name of his firm* 'Paul B Hoeber, Inc Medical Book Department of Harper and Brothers"—a concession which gave him great pleasure

Rural Hygiene in the Far East

In our notice of the report of the Inter governmental Conference of Far-Eastern Countries on Rural Hygiene published on October 23 at page *815*, the name of the publishers of the report (Messrs. George Allen and Unwin Ltd 40 Museum Street W C 1) and the price (2s 6d) were *omitted*

Medical Golf

A meeting of the London Irish Medical Golfing Society was held at Princes, Sandwich on October 16 and 17, with the following results O Malley Cup J Ambrose, 2 up Lett Cup P A Smyth E Goggin Canny Ryall Cup P Nyhan (18) 66 E. Goggin (11) 68 B Doyle (14) 70 President's Prize (scratch) R H Jones (4) 155 Captain's Prize R H Jones (4) 5 up Cahill Trophy R H Jones (4) 146 Mannix Cup J Herbert 314 M J Smyth 315 Junior Prize F L M Laughlin Veteran's Prize J Grace Best scratch score on October 17 J A Flaherty, 71 + 1 = 72

DISORDERS OF THE LIVER

CONGRESS AT VICHY

The International Congress on Hepatic Insufficiency held at Vichy from September 16 to 18 proved an unprecedented success The inaugural meeting in the theatre of the Grand Casino was presided over by M. MARC RUCART Minister of Public Health The president of the Congress Professor M LOEPER presented his opening address, and Dr L BINET president of the Society of Medical Sciences of Vichy officially welcomed the delegates from different countries After the various international delegates had replied M Marc Rucart declared the Congress open

Functional Tests

Professor K GLAESSNER in a paper on the functional tests for liver insufficiency, concluded that they were not yet precise enough for a diagnosis to be made on them alone In the major forms of hepatic insufficiency functional tests were *superfluous* and *clinical facts* usually sufficed In latent *mild* and *incipient forms they did* prove of value not only in diagnosis but also in prognosis and treatment Professor M R CASTEX and Dr L GARCIA dealt with the subject of pigmentary hepatic insufficiency and described two forms—one dependent on canalicular involvement and the other on functional hepatic insufficiency Professor L BINET pointed out that sulphur in the hepatic tissues had long been recognized and that a sulphur compound taurocholic acid, existed in the bile Dr E URBACH dealt with the relation between skin and liver diseases and Professor C I. PARHON with the complex subject of the liver and endocrine glands Dr N HAMILTON FAIRLEY in a paper on hepatic insufficiency in malaria said that jaundice might be haemolytic in type due to blood destruction or toxic in origin due to hepatitis but the latter did not result in cirrhosis Pigment stones sometimes resulted

In the Medical Section MM R DEBRE G SEMELAIGNE and E GILBRIN discussing idiopathic polycholia in children due to excessive storage of glycogen and fat stressed its congenital origin and early onset and regarded hepatomegaly and retarded growth as its two most important manifestations Dr M J OLMER reviewed the hepatic and extrahepatic factors concerned in oedema in diseases of the liver and Drs A L CRANDALL C IVY W N ELTON A BASSLER and H I GOLDSTEIN considered the relations of the liver and of nutrition to special aspects of the nervous system MM N PENDE and M BUFANO held that all conditions of hepatic vagotonia insured a good storage of hepatic glycogen and mobilization of fat whereas in hepatic sympathicotonia hepatic storage of glycogen was decreased the combustion of fats increased disassimilation of cholesterol resulted, and there was acetonaemia and lactacidaemia

In the Section of Therapeutics Professor B O PRIBRAM said that pre operative and post operative hepatic insufficiency was generally due to hepatitis In mild cases only hepatic oedema was present but in the more severe inflammatory exudate ensued Ether was the only general anaesthetic permissible while in cholaemia spinal and local anaesthesia were advocated In cholaemic haemorrhage vitamins C and D were sometimes effective Dr F GALLART MONÈS considered dietary and MM M PIERY and M MILHAUD the role of hydro-mineral therapy in relation to hepatic insufficiency In their opinion Gilbert's old view solidly supported by Geraudel that hepatic insufficiency might result from either hypo hepatism or hyper hepatism had been unduly neglected and should be revived Mineral waters activating the hepatic functions generally contained sodium bicarbonate as a principal component, whereas those capable of moderating the hepatic function included calcium and magnesium sulphate

THE TUBERCULOSIS ASSOCIATION

VISIT TO PARIS

On the initiative of Dr R H Hazemann recently principal medical officer to the French Ministry of Health and Dr F R G Heaf Secretary to the Tuberculosis Association the association this year paid a visit to Paris staying there from *October 14 to 16 In the absence of Dr Roodhouse Gloyne* Dr L. S T Burrell acted as president supported by Sir StClair Thomson A reception by the Comité National de Défense contre la Tuberculose was held at the Cité Universitaire—a hostel accommodating 3 000 students of all nationalities The reception was followed by a banquet at one of the restaurants of the International Exhibition given by the Ministry of Health and the Reception Committee of the Exhibition The Minister of Health in his speech of welcome stressed the pioneer work of this country in public health administration that of Sir Robert Philip in tuberculosis control and of the Brompton School in thoracic surgery On the two following days the members were received by the Mayor in the Hôtel de Ville and visits were paid to the Hôpital Laënnec and Dispensaire Léon Bourgeoise the Pasteur Institute and BCG laboratories the well organized medical and social services of the Caisse Interdépartementale d Assurances Sociales the Ecole de Puériculture the neighbouring city of Suresnes with its unique open air school and other social buildings and the sanatorium of Francon ville an institution of 540 beds equipped with a first class surgical unit under the direction of Dr Monod The visitors were also given opportunities of seeing the International Exhibition under most favourable conditions The warm welcome and generous hospitality accorded to the members of the Tuberculosis Association will leave a lasting impression among those who were present at what proved to be an instructive and enjoyable meeting the success of which was in no small part due to Dr Godard in whose hands the arrangements of the visit were placed

OBSTETRICIANS AND GYNAECOLOGISTS

COLLEGE DINNER IN LONDON

The seventh dinner of the British College of Obstetricians and Gynaecologists was held at Claridge s on October 22 with the President Sir EWEN MACLEAN in the chair

After the loyal toasts had been honoured the health of "The College was proposed by the Chancellor of the Exchequer Sir JOHN SIMON The influence of the College he said was of much value in raising the standard of obstetrical treatment and would surely take a large part in reducing the maternal mortality figures Its diplomas were recognized throughout the world as representing the highest standard of efficiency The Midwives Act of 1936 was a great achievement in public health legislation Nearly all the local authorities had now completed schemes under this new Act for the establishment of a service of midwives and the concentrated co ordinated effort to which the College and the voluntary nursing associations were contributing should bear fruit in the next few years Sir John Simon expressed his pleasure at knowing that the *College had also turned its attention to the improvement of maternity care in India and held out the hope that* it might receive a Royal Charter

The Year s Work

Sir EWEN MACLEAN prefaced his remarks with messages *of good will from colleagues over seas and also from* Lord Dawson P R C P Lond regretting his unavoidable absence In the past year the College had added a hundred new members and twenty five new Fellows and within the next year the total would reach 600 including ninety women Of the total 250 lived over seas—75 in Australia 60 in India, 40 in Canada and 15 in New

when there is a rupture of the gut the pain increases in intensity, and becomes generalized all over the abdomen, peritoneal symptoms developing shortly afterwards Diagnosis between a simple contusion and a rupture of the intestine is impossible at first, but the patient must be kept under constant observation, and if pain persists and does not vary in its intensity operation should be performed

343 Reflex Anuria

According to P Deuticke (*Zbl Chir* August 21, 1937, p 1975) it is recognized that reflex anuria may occur in various diseases or injuries of the urinary tract, female genital organs, or other abdominal organs, or as a skin-organ reflex after sudden immersion in cold water Its production in the contralateral kidney from kidney lesions has been doubted owing to the rarity of such a condition, the lack of experimental support, and the difficulty of excluding the possibility of there being small concretions or parenchymatous lesions in the secondarily anuric organ Deuticke records a case in proof of the existence of uretero renal crossed reflex anuria His patient had right pyonephrosis and ureteral obstruction due to carcinomatous metastases, followed by cessation of function of the left kidney This began to secrete again after a right nephrostomy ceased when the tube had been displaced, and returned to action after a second operation had been done for drainage of the right ureter Some therapeutic significance attaches to this case if it is compared with the one reported by Gotting, in which the anatomical conditions, again following cancer of the cervix were similar, and a decapsulation done on the reflexly anuric (unobstructed) kidney was ineffective, death following from persistent anuria

Therapeutics

344 Eupaverine in Embolism

P Valdoni (*Policlinico* Sez Prat, August 16, 1937, p 1557) states that eupaverine was introduced by Denk in 1933 for the treatment of embolism in the limbs and the pulmonary artery Out of his twenty five cases of embolism in the limbs, seventeen were cured, three were improved and five were failures The site of the embolus in the seventeen successful cases was the axillary artery in one, the brachial artery in four, the aorta in one, the femoral artery in one, and the popliteal artery in ten In seven out of nine cases of pulmonary embolism complete success was obtained The drug was given intravenously in doses of 30 mg for peripheral embolism and 60 mg for pulmonary embolism According to Denk, the effect of the injection is almost immediate in pulmonary embolism, and in peripheral embolism it appears in about half an hour and lasts for about three hours, after which it is necessary to repeat the dose Valdoni records six cases of pulmonary embolism, of which four died, and two cases of peripheral embolism, of which one died He concludes that eupaverine should only be used when immediate embolectomy is impossible

345 Pellagra

S Petri *et al* (*Hospitalstidende* July 13, 1937, p 817) give an account of work undertaken in two Danish hospitals, which dealt with six cases of pellagra All these women patients suffered from depressive psychoses, and had developed secondary pellagra in spite of an apparently adequate dietary They were treated with ventriculin, which is a dried, defatted, pulverized preparation of pig's stomach It was given by the mouth in water, with the addition of hydrochloric acid in certain cases in which achylia was demonstrable Though it had no uniformly beneficial effect on the course of the psychoses, its administration was invariably followed within two months by the disappearance of all the signs of pellagra Discussing the aetiology and pathology of pellagra and allied diseases in the light of these experiences the authors conclude that pernicious anaemia, pellagra, and polyneuritis have so many characteristic features in common that it is justifiable to regard as a common denominator disease of the stomach It gives rise, in their opinion, to a gastrogenic neuro cutaneous symptom-complex Clinical experience suggests that, in this group of diseases, preparations of pig's pylorus are less potent than are stomach preparations

346 Short-wave Diathermy

D Kobak (*Arch phys Ther* July, 1937, p 396) discusses the physical characteristics, the biological effects, and the clinical applications of short-wave diathermy He believes that short-wave diathermy—with wave-lengths of from 30 to 6 metres—differs from long-wave or ordinary diathermy in the distribution of the heat and in the biological effects produced He deprecates the term "short wave diathermy,' and suggests instead "radiathermy" because of its inclusiveness and simplicity Short waves are capable of overcoming the resistance offered to other currents by tissues of great density, and are therefore of value in the treatment of inflammatory lesions in bones, joints, and deep-seated viscera In spite of the therapeutic superiority of short-wave diathermy over conventional diathermy, its field is limited to the management of inflammatory, suppurative, and degenerative processes, and to the alleviation of chronic pain Even in this restricted field it is neither a panacea nor a specific, but merely a valuable adjunct to classic therapy

Diseases of Children

347 Empyema in Children

R S Aguirre (*Rev méd lat-amer* May, 1937, p 863) maintains that the causes and mode of production of empyema in children differ according to the age of the patient In the newborn and during the first few months of life empyema is often of septicaemic origin or secondary to suppurative foci such as tonsillitis otitis, impetigo or boils In older children, on the other hand, it is generally secondary to pneumonia or bronchopneumonia The prognosis varies with the age of the child, being gravest in the infant Of 159 cases treated in the children's hospital at Buenos Aires, 108 were over 2 years of age and 51 were below that age In children over 2 the recovery rate was 86 per cent and the mortality 14 per cent, while in infants the death rate was 65 per cent and the recovery rate 35 per cent

348 Exophthalmic Goitre in Children

I Bram (*Arch Pediat* July, 1937, p 419) records a series of 128 cases of exophthalmic goitre in children below the age of 12 Although most commonly observed in adult life Graves's disease may occur at almost any age The sex factor is important only eight cases in this series occurred in males The exciting cause in children was often a focal or general infection, and in 50 per cent of the cases the teeth or tonsils were found to be infected Enlargement of the thyroid and exophthalmos were present in every case, and tachycardia was well marked In many cases the circulatory disturbances caused much concern, and nervousness and tremor were also exaggerated Vomiting and diarrhoea were present in many cases The basal metabolism was difficult to estimate accurately and generally of little value Treatment should be conservative when possible All infectious foci should be removed and the child given an ample low protein diet Prolonged rest in bed is essential, but the child must be kept contented and occupied The author thinks that Lugol's solution may be harmful in many cases, and he states that an occasional case of simple goitre became exophthalmic in type when too much iodine was given The drugs found most valuable were the quinine salts, eserine salicylate, and the barbiturates

Dr J B Burt said that as long as doctors casually sent their patients to a masseuse regardless of prescription practitioners of physical medicine must lose caste He did not mind being a small fish in a large pool, but he did object to being a worm! Dr A R Neligan remarked that with the increasing demand for practitioners of physical medicine the specialist in this field must be developed by postgraduate study Dr E B Clayton also suggested that the teaching of physical medicine would have to be much more a postgraduate subject Dr C L Estrange Orme thought that the prescription of physical medicine was an art, and it was important to have a choice of suitable measures To assess the treatment of sciatica by ionization without regard to massage or manipulation was rather like asking the cardiologist to assess the treatment of rheumatic heart disease by salicylates alone

EPIDEMIOLOGY OF ENCEPHALITIS LETHARGICA

At a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine, on October 22, Sir Arthur MacNalty Chief Medical Officer of the Ministry of Health, delivered his presidential address, taking as his subject the epidemiology of encephalitis lethargica

He said that when encephalitis lethargica appeared in this country in 1918 it was a ' blast from the stars, as Willis might have termed it It was to all intents and purposes, a new disease, the pathology, clinical features, and epidemiology of which had to be worked out from the beginning Later the description given by von Economo of the disease as it had prevailed in the previous year in Vienna became known Medical observers afterwards discovered other examples from the past Some considered that the first account of an epidemic of encephalitis lethargica was Sydenham s account of an epidemic, which he called *febris comatosa* in London in 1673–5, the symptoms resembling those of encephalitis lethargica with hiccup among them Why did encephalitis lethargica reappear in an epidemic form in 1918 and rapidly become so prevalent that in a short time outbreaks were reported from all quarters of the globe? One reason was the increased subjection of the central nervous system to attacks of epidemic disease Modern methods of transport facilitated the spread of infection and increased urbanization of the population and the movements of troops to different parts of the world helped to account for the increased frequency of epidemic nervous diseases The possibility of such diseases occurring in epidemic cycles as influenza did, had also to be considered Again, in considering the seed it was well not to forget the soil The nervous system to-day was subjected to more frequent and urgent stimuli than formerly, and fatigued or overworked tissues might thereby be rendered more susceptible to the attacks of invading organisms Another consideration was the possibility of the evolution of new organisms affecting the central nervous system owing to the assumption of inimical characteristics by originally harmless parasites, organisms usually causing catarrh of the naso pharynx or gastro intestinal tract tending to affect the brain and spinal cord None of the speculations advanced as to the advent of encephalitis lethargica was capable of scientific proof and much had still to be learned about the laws under which outbreaks of epidemic disease were initiated

The Virus of Encephalitis Lethargica

There seemed little doubt Sir Arthur MacNalty continued that encephalitis lethargica was due to a filterable virus He recalled the experiments by McIntosh and Turnbull (1920) in this connexion As with cerebrospinal fever and acute poliomyelitis it seemed a fair assumption that the virus first affected the upper respiratory passages, here it might either lurk and give rise to the carrier phase in the person affected or pass on to attack the brain There was no definite catarrhal stage associated with the early manifestations, but sore throat was a frequent concomitant In view of the frequency of initial conjunctivitis, the virus might possibly reach the brain by the orbital route, infection by the gastro-intestinal route was also a possibility

The evidence for regarding encephalitis lethargica as an epidemic disease was next considered The chief factors relating to the spread of encephalitis lethargica by personal contagion were summarized as follows (1) The restricted topographical distribution of cases, a tendency for examples to clump in certain areas of towns had been noted in Sheffield, Bristol, and elsewhere (2) Examples of multiple cases in families and localized outbreaks in small communities He mentioned an institutional outbreak in a home for girls at Derby in 1919 when twelve out of twenty two inmates were attacked (3) Examples of case-to-case infection in which infection from a common source was apparently excluded had been reported (4) The association of mild and ambulant cases with declared cases had been shown and through the medium of the former the conveyance of infection from one person to another appeared more than probable The epidemiological concept of encephalitis lethargica was therefore similar to that of various epidemic diseases of the central nervous system thus while associated groups of cases or definite epidemics sometimes came to light, the ordinary train of evidence was that only here and there did the widespread infecting agent find an individual who reacted with an unmistakable illness manifested by a characteristic syndrome Alternatively, the agent might infect the individual with such a massive dose or in such a special manner that the characteristic disease was produced In other words, for every definite and characteristic case of encephalitis lethargica there was a large and indeterminate number of people who received and carried the infection without themselves suffering noticeably, or indeed at all

Other Forms of Epidemic Encephalitis

Other forms of epidemic encephalitis existed During the past fifteen years Sir Arthur MacNalty said he had seen a number of sporadic cases of polio encephalitis in addition to the examples occurring in epidemics of poliomyelitis along with the spinal form of the disease There could be little doubt as was evident in the Broadstairs and other recent outbreaks that the virus of poliomyelitis in some instances displayed a tendency to attack the brain rather than the spinal cord This cerebral type of poliomyelitis had to be distinguished from encephalitis lethargica In Japan several outbreaks of encephalitis had occurred during the past hundred years the most recent epidemic, in 1935, causing about 5 000 deaths The disease was due to a filterable virus transmissible to monkeys and rabbits, and was distinguishable both clinically and pathologically from encephalitis lethargica He related other instances from Australia and America to indicate that the epidemiologist must not accept every outbreak of epidemic encephalitis as one of encephalitis lethargica Equally this term should not be given as the description of every case of encephalomyelitis of unknown origin

One of the characteristic features of epidemics of encephalitis lethargica was the different types of nervous manifestations which they presented From a clinical point of view three types were broadly distinguished (1) general disturbance of the functions of the central nervous system but without localization (2) various localizations in the central nervous system, (3) mild or so-called abortive cases The characteristics of one clinical type were often shared by another and it was sometimes difficult to say which characteristic predominated The various types in an epidemic showed signs of a common identity not only by their general symptomatology, but by the gradual merging of the cases

and disappears after surgical treatment It is not a result of the effusion of blood, being well shown when that is minimal, and Klaften concludes that it is due chiefly to oedema and hyperaemia of the belly-wall It does not occur in uterine pregnancy The second "colpodiaphanoscopic" sign, the 'lateral lighting phenomenon," appears to be less constantly present and is due to serosanguineous effusions It consists in a lighting up of the lateral abdominal wall, which is less intense than in the first sign It points to the side of the effusion, but sometimes ectopic pregnancy may give a contralateral effusion Klaften's evaluation of these signs is based on the investigation by transillumination of 358 suspected or known cases of tubal gestation

356 Trial Labour

J Rhenter *et al* (*Gynéc et Obstet* July, 1937 p 5), in a ten-year series of 12,700 confinements, of which 94 per cent followed ante-natal supervision, encountered 270 (2·12 per cent) cases of pelvic contraction Of these, about 8 per cent went into labour spontaneously ten days or more before term, about 37 per cent were subjected to induction of labour, and the remainder—over one half—were given the benefit of a trial labour In only seven out of 141 of these cases was Caesarean section necessary The effect of rupture of the membranes on the descent of the presenting part was carefully observed, as recommended by Commandeur Some 60 per cent of the trial labours ended in the spontaneous birth of a living child, without serious maternal morbidity, and in about 30 per cent artificial modes of vaginal delivery were necessary The 141 cases included six of prolapse of the cord and fourteen in which the foetus either died or showed signs of distress necessitating accelerated delivery The total foetal mortality was 14 per cent and there were three maternal deaths—from shock pregnancy toxaemia and septicaemia following late Caesarean section respectively In the same period the experience at Lyons included 100 cases of induction of labour with a foetal mortality of 13 per cent and only one maternal death The choice between a trial of labour on the one hand and premature induction on the other was generally determined by reserving the former method for (1) cases of apparently serious disproportion in which Caesarean section was thought likely to be necessary, (2) cases of slight disproportion and (3) intermediate cases in which the obstetric history suggested a better prognosis than that based on pelvimetric examination The general conclusion drawn is that premature induction in moderate degrees of pelvic contraction, still has an important place in treatment, and trial labour should not be advised in preference to induction as a routine

Pathology

357 Pneumococcal Infections

M Finland J W Brown and J M Ruegsegger (*Arch Pathol* June, 1937, p 801) have analysed the findings in 764 necropsies on cases of pneumococcal infections correlating the type of pneumococcus identified with the age and sex of the patient, the site and type of infection, the duration of the illness any complications, significant associated diseases and the bacteriological data Of 339 cases of lobar pneumonia, 243 were in males, 104 were due to the Type I pneumococcus eighty-one to Type III and forty-three to Type II seven types accounting for 91 per cent of the cases The age incidence of Type II and III infections was mainly above 50 years The right side alone was affected in 154 cases and both sides in 109 Of 290 cases of atypical pneumonia or bronchopneumonia, 185 were in males the incidence at the extremes of life was greater than was the case with lobar pneumonia, and both sides were affected in 185 cases Although the Type III pneumococcus was found in forty-seven cases, there was a wider distribution of the types of pneumococci than in lobar pneumonia, ten types being responsible for only 71 per cent of the cases Of fifty-five cases of mixed pneumonia thirty-five were males, and pneumococci of Types I and III were the most common individual types The complications most often found were fibrinous pleurisy, tracheobronchitis, empyema, bronchitis, lung abscess, and cardiac dilatation Of the associated conditions, chronic diseases of the lung were associated more often with bronchopneumonia than with lobar pneumonia, and usually with Type III pneumococci In chronic non pulmonary diseases, bronchopneumonia and lobar pneumonia occurred with about equal frequency In acute diseases in which the pneumonia was secondary, bronchopneumonia was present considerably more often than was lobar pneumonia In eighty non-pneumonic cases, pneumococci were found in sixty-two instances in exudates or heart blood, the Type III pneumococcus being most frequent and meningitis the most common lesion In the remaining eighteen cases the pneumococci isolated from the sputum or from the throat or lungs did not appear to be related to the pathological changes

358 Anthracosis

G Mottura (*Arch ital Anat Istol patol* December 1936, p 549) describes an investigation of the pathogenesis and development of anthracosis of the lymph glands, based on the study of more than 450 pulmonary and mediastinal glands He states that the first stage in the process of storage consists in a transient accumulation of the anthracotic particles in the interior of the reticulo endothelial cells of the lymph sinuses, particularly those of the peripheral sinuses Macroscopic anthracosis is due to a secondary and permanent deposit of pigment in the fixed 'anthracophore' cells outside the sinuses The position of these varies, but in the adult they are most commonly found in both the medulla and the capsule of the gland, less often in the medulla only, and least often only in the capsule These fixed anthracophore cells are probably the reticulo endothelial cells which originally took up the pigment granules, and their displacement is only apparent and is due to hyperplastic or atrophic changes in the lymph glands themselves Hyperplasia follows stimulation and subsequent proliferation of the lympho-reticular tissue surrounding the sinuses it affects principally those marginal reticulo endothelial cells which are free from pigment inclusions, so that the pigment-containing cells become gradually more and more deeply submerged under the layer of proliferating tissue and thus appear to move further and further away from the lymph stream Atrophy, on the other hand, leads to the disappearance of the young reticulocytes and lymphocytes, with consequent condensation of the fixed cells in the stroma Hence, if these fixed cells were originally anthracotic an area of pigmentation appears the intensity of which increases *pari passu* with the tissue condensation and the fibrous contraction which accompany the atrophic process Atrophy may affect either the medulla, especially in the neighbourhood of the hilum or the cortex of the gland Cortical atrophy often brings about a displacement of the peripheral sinuses towards the centre, so that the stroma of the sinuses forms a part of the capsular stroma, which becomes correspondingly thicker and incorporates any pigment-containing cells there may be, giving rise to the appearance of capsular anthracosis Fatty infiltration often supervenes, both in the atrophied areas of the medulla near the hilum and in the thickened capsule if the affected areas were already anthracotic, the cortex or the medulla or both will begin to show anthracotic fat' The various combinations of capsular and medullary anthracosis which may be observed in the adult are probably due to the combined effects of the lympho reticular hyperplastic and atrophic processes, which commonly take place during the life cycle of a lymph gland

referred to the distinguished career of Lord Athlone and particularly to the work he had done in South Africa during his long tenure of the office of Governor General, and also as chairman of the council of the Middlesex Hospital and as Chancellor of the University of London Sir Ernest Graham Little, M P, Mr J E H. Roberts, the president of the Medical Society of London, Mr H L. Eason, Principal of the University of London, and the presidents of the West London Medico Chirurgical Society and of the Hunterian Society were among the other distinguished guests present In replying to this toast on behalf of the guests Sir Ernest Graham-Little pointed out that more and more students of the medical schools of London were entering for the University of London s examinations The University was soon to have completed "a visible habitation,' and it was to have the honour of conferring an honorary degree on Her Majesty the Queen

The London Medical Exhibition

Although the Royal Horticultural Society s new hall at Westminster is one of the most spacious (and incidentally one of the most pleasing) exhibition interiors in London it was taxed to capacity for the London Medical Exhibition which was held there during the third week in October Many firms with a multitude of products had to learn the technique of compression The exhibitors numbered 120, and between them staged a comprehensive display of medicinal preparations, foods, and instruments It was a testimony to the thoroughness skill, and ingenuity in laboratory, workshop, and showroom which are enlisted in the service of the medical profession One felt increasing admiration for the way in which medical material and accessories are made to appear attractive with pleasant colours flavours, and scents The general impression was of elegant pharmacy and highly polished and efficient instrumentation Most of the stands were occupied with chemical and pharmaceutical products The visitor was faced on entrance by five large stands of leading drug houses Burroughs Wellcome and Co gave evidence of their continual research, among their recently introduced products being sulphonamide P for use in streptococcal and other infections and their protamine insulin (with zinc) suspension Parke, Davis and Co had a comprehensive exhibit, prominent in which were highly potent concentrates of vitamins in convenient capsule form British Drug Houses made a feature of anahaemin, sex hormone, and vitamin products and a pleasantly flavoured preparation of calcium mandelate Allen and Hanburys, among several new preparations called attention to ascorbic acid (vitamin C) in bottles of twenty five tablets and Boots Pure Drug Co had a range of preparations for the treatment of anaemias and a similar range of antiseptics At other stands, among the preparations which were stated to have been brought out since the exhibition was held in the same hall a year ago were vitamin B, in pure form for injection purposes by the Crookes Laboratories and from the same house, a new non poisonous non irritant antiseptic, introducing the principle of broadened specificity and giving clear dilutions and a liver extract, shown by Glaxo Laboratories representing one of the highest concentrations ever achieved in large scale manufacture The British Oxygen Company had on view eleven models of portable gas-analgesia machines with an inexpensive type of flow-meter and humidifier shown for the first time The use of carbon dioxide in general practice and dental treatment was demonstrated by Sparklets Limited A newly designed electrocardiograph was shown by the Victor X Ray Corporation Radiological apparatus was not greatly in evidence, but the Medical Supply Association had a portable machine with an output of 15 milliamperes at 90 kilovolts

Among many neat devices was a "pocket laboratory" for complete blood and urine analysis the contents being sufficient for 2,500 tests at a cost of one farthing a test. A display of cosmetic artificial features—so-called "aesthetic prosthesis —designed for sufferers from facial and other disfigurements, called attention to itself Another stand proclaimed that it had the most comprehensive and varied range of contraceptives yet exhibited First aid dressings with a non fravable edge were commended There was a photographic outfit for automatically recording the blood sedimentation rate Another exhibitor demonstrated a moulding process for making replicas of skin diseases and wounds in order to facilitate study of the progress of healing and scar formation Indeed the list of interesting devices could be indefinitely extended The stands of Bath Buxton and Harrogate, and those of half a dozen publishers came as pleasant variants to the manufacturing side of the exhibition

The Caldecott Community for Children

A meeting in aid of the Caldecott Community for children from abnormal homes was held at the Mansion House London, on October 19, under the presidency of the Lord Mayor, with the Archbishop of Canterbury and the Earl of Lytton as the principal speakers The Caldecott Community is a new social experiment It exists for the benefit of normal children from abnormal or broken homes, and its purpose is to ensure that such children shall not be permanently affected by the unhappy or unsuitable conditions of their home life but shall have the same chance as more fortunate children of growing up into good citizens Under the term 'broken home' are included homes in which severe friction exists between the parents where the parents are separated or divorced where one parent is dead and the other incapable of looking after the child where there is chronic illness of a parent or a state of drunkenness or crime, where the child is illegitimate and therefore devalued or where there is an unkind step-parent In a large Georgian house named the Mote in the middle of a park at Maidstone Kent, the eighty-two children of this community, of ages ranging from 1 year to 16, are sheltered The average payment made on behalf of each child by the parents or from other sources is £36 a year but the cost per child, including everything—medical attention education, and so forth—cannot be kept below £68 hence a public appeal for endowment for an institution such as society must ultimately recognize to be an essential part of its structure

The Archbishop of Canterbury referred to the pathetic situation of children from homes—unhappily increasing in number—where one or other parent had been divorced or from homes which for other reasons moral or physical were unstable He said that the children and staff in the Caldecott Community worked together as members of one family and every effort was made to discover develop and perfect the personality of the child Lord Lytton quoted the remark of a six year old girl a member of the community who had never known a real home We like it here we feel very safe Miss L M Rendel one of the honorary directors of the community said that the children were of a very intelligent type and with the serene background of the home an endeavour was made to ensure for them an atmosphere rich in culture with discipline hard work good conditions of living and good food The children in the community are divided into five interdependent groups There is first the nursery child under 6 years of age then—one of the most difficult and restless groups—the child just above nursery age then the pre grammar school child from the mental age of 7 to 11 or 13 and then the senior There is also a small group of children of varying ages—intelligent children presenting special difficulties some of them sent by child guidance clinics It is held to be very important to detect the earliest signs of instability and coming that the individual is readjusted to life But the after the purpose of this movement is preventive—to nip relapsed bud what might lead to juvenile delinquency or the remaining disorder in later life ere apparently

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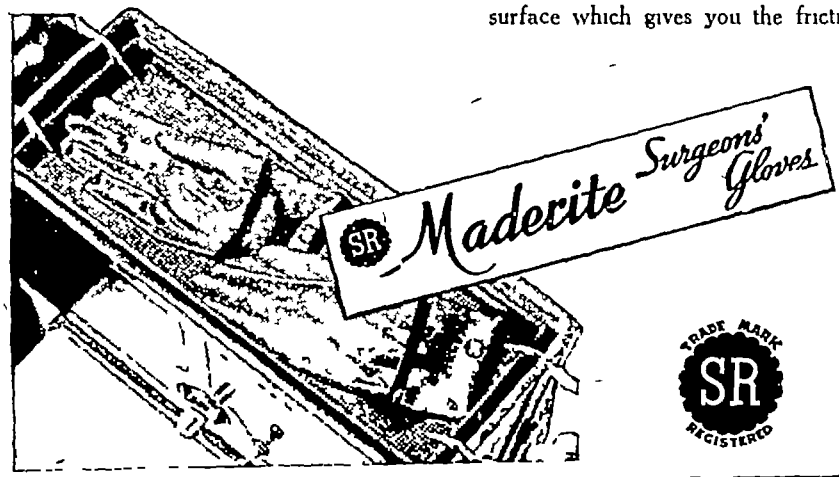
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not uncommon Again, it is surmised that cervical gland infection may successfully protect the individual throughout life against tuberculosis This of course, is the old teaching How far is it indeed now true? Looking through some of the admissions to the Osler Pavilion in the past ten years we are not satisfied that it is by any means always so

It would be instructive to hear the views of others engaged in tuberculosis work, or, better still, to have other series of cases in detail —I am, etc.,

Oxford Oct 18 WILLIAM STOBIE.

Local Treatment of Coryza

SIR,—I have been struck by the remarkable therapeutic effects of the instillation of lipiodol into the lung when carried out as a diagnostic procedure in cases of bronchiectasis or chronic bronchitis A number of patients on whom I had performed a diagnostic lipiodol bronchography have come back after a time asking for another instillation of the oil from which they had obtained much relief The therapeutic results might be explained by the oil forming a thin layer on the bronchial mucosa This cuts off the supply of oxygen to the micro organisms responsible for the inflammatory changes, causing them to be asphyxiated and thus giving the mucous membrane a chance to recover These considerations led me to adopt a treatment based on similar principles in dealing with coryza

The virus responsible for coryza seems to require plenty of oxygen, and for this reason it thrives in the upper respiratory passages Nature's cure for coryza is swelling of the nasal mucous membrane with consequent blocking of the passages resulting in asphyxiation of the virus On this hypothesis it is wrong to try to decongest the swollen mucous membrane by the use of preparations such as ephedrine etc An imitation of Nature's cure would be the coating of the mucous membrane with a thin layer of oil which would cut off the supply of oxygen to the virus At the same time it might be advantageous to incorporate some mild non irritant antiseptic in the oil The coating with oil is best achieved by means of an atomizer Provided the treatment is begun early enough and repeated at frequent intervals coryza does not develop This at least has been my own personal experience In cases in which the coryza is already far advanced the flow of the secretion washes away the layer of oil and the treatment is ineffective —I am etc

London W 1 Oct 20 A ORLEY

Aetiology of Erythema Nodosum

SIR —In view of recent correspondence in the *Journal* may I offer a few remarks on the aetiology of erythema nodosum? On the one hand erythema nodosum is related to tuberculous lesions of the skin including Bazin's disease or erythema induratum and the papulo necrotic tuberculids of Darier Erythema nodosum of tuberculous nature presents small multiple lesions of subacute course Sometimes they pass directly into an indurated state Secondly erythema nodosum may be allergic and especially associated with streptococcal lesions In such cases the nodes are not numerous but are large and shiny They readily disappear and never suppurate or indurate

The old notion that erythema nodosum may be the rash of an acute specific fever (nodal fever) was revived by Dr Lendon of Adelaide in 1905 and again in 1923 by Professor Maxwell Telling of Leeds The alleged association between erythema nodosum and rheumatism can be traced to a paper by Mackenzie in the Clinical Society Transactions of 1886 This paper has been incessantly quoted since it was written but it is merely a review of material collected by the author from other sources and it contains information such as 'father rheumatic and heart sounds murmurish —I am etc,

Sunderland Oct 18 G F WALKER, M D, M.R C.P

Idiosyncrasy to Prontosil

SIR —The explanation offered by Dr Hugh Woods (*Journal*, October 23 p 828) that the febrile reaction provoked in certain patients by the oral administration of prontosil is due to the destruction of large numbers of bacteria, was the one that occurred to me when I first observed these reactions particularly as in one case mentioned to me by Dr D Erskine, the fever was accompanied by a scarlatiniform erythema But three patients —one of whom was not referred to in my previous letter—have told me that when at my suggestion, they took *the prontosil again one tablet sufficed to cause a* recurrence of the fever with its accompanying symptoms If this is true it is I think, more likely that the question is one of idiosyncrasy to the drug and, as my colleague Dr Forman has pointed out, similar febrile reactions may occur in certain persons following the administration of luminal or medinal Moreover, if prontosil causes such reactions in cases of chronic focal infection owing to the direct action of the drug on the bacteria with the consequent liberation of toxins one would surely expect far more severe reactions with possible fatal results in patients with acute infections, such as erysipelas or septicaemia —I am, etc,

London W 1 Oct 22 H W BARBER.

Sulphanilamide in Gonococcal Infections

SIR —An investigation was recently begun at this hospital on the treatment of gonorrhoea in the male with sulphanilamide and the results, so far as can be judged at this early date are most satisfactory All cases considered in this communication were treated as in patients and were not discharged from hospital till they could be regarded as cured Considerable difficulty was experienced in finding an effective dosage for early acute cases and it was only when large doses were used that good results were obtained

Most of the twenty one early acute cases to be reported on have been treated with 90 grains of sulphanilamide daily for four days this being followed by a daily reduction in the dose of 20 grains Other cases received slightly smaller doses Fifteen of these twenty one cases were irrigated with potassium permanganate 1 in 12 000 twice daily during and for three days after the sulphanilamide treatment but the remaining six received no irrigations All the patients were kept in bed and were given an alkaline mixture during the seven day course of sulphanilamide treatment In fourteen of these twenty-one cases the urethral discharge had ceased and the urine was free from pus in forty-eight to seventy two hours and in only two cases were gonococci seen after twenty four hours had elapsed from beginning treatment These cases made uninterrupted recoveries without complications and their average stay in hospital was three weeks after which time they were discharged as cured none has since relapsed

The remaining seven cases were failures—five behaved at first as did the previously described successful cases becoming dry in forty-eight hours etc—but a few days after the cessation of potassium permanganate irrigations they relapsed showing gonococci in their urethral smears The remaining two patients one of whom was not irrigated were apparently

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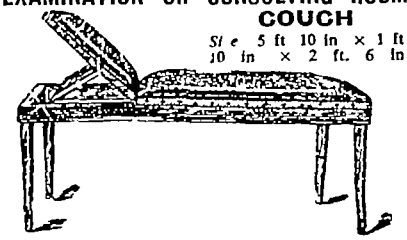
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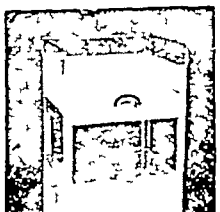
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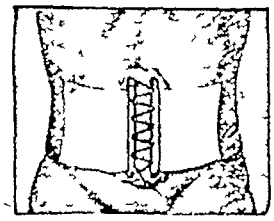
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the occasion for which would have been avoided had Dr Mutch referred to my original paper and the discussion thereon as officially reported in the *Quarterly Journal of Pharmacy and Pharmacology*—I am, etc,

Runcorn Oct 19 NORMAN GLASS

Spinal Anaesthesia

SIR—I read with great interest Dr H K Ashworth's excellent article on spinal anaesthesia (*Journal* October 2, p 671) May one venture to question the rationale of some of the generally accepted essentials of the technique, which are invariably recommended in any article on this subject?

It is a common experience that morphine and hyoscine alone are often not sufficient to steady the anxiety of the normal patient My practice in premedication is to give morphine 1/8 to 1/4 grain hyoscine 1/100 grain, atropine 1/100 grain (to counteract the respiratory-depressant action of morphine), together with a rectal injection of paraldehyde in 4 oz. of saline the dose being 1 drachm per stone body weight, maximum 8 drachms With this treatment patients sleep comfortably throughout the whole proceeding, and in four cases out of every five there resulted a total amnesia not only of the operation but also of the transport to and from the theatre and of the actual spinal injection In a series of over fifty cases I have never had any anxiety caused by this admittedly heavy premedication

Light percaine was used in doses varying from 14 c cm for females to 20 c cm for males No ill effects were seen from this dosage which is considerably higher than that advised by many authors One recalls that 100 c cm of 1 in 1 000 percaine may safely be injected for local analgesia the limiting factor in intrathecal injection is not the toxicity or the rate of absorption but sheer volume

I have found also that one may safely dispense with the Trendelenburg position so often urged as essential in the use of light percaine I have sometimes injected light percaine into a patient in the sitting posture One would question the ability of a large bulk of anaesthetic solution to diffuse freely through the cobweb like mesh of the subarachnoid space, seeing that the difference between the specific gravity of light percaine (1 004) and that of cerebrospinal fluid (1 006) is only two parts in 1 000 The upward spread of solution appears to be by bulk displacement at the time of injection rather than by subsequent diffusion with the aid of gravity The upper level of anaesthesia is higher if the solution is injected rapidly

On the other hand with heavy percaine (specific gravity 1 026) gravity is of importance there is a difference of specific gravity of twenty two in 1 000 and only a small bulk of fluid to move

For similar reasons I am sceptical of the value of the prone position assumed immediately after injection For the acute abdominal case and for the obese this is impracticable as it is for a heavily doped and helpless patient The total volume of cerebrospinal fluid is 100 c cm or more of which about 30 c cm lie in the vertebral canal An injection of 16 to 20 c cm of anaesthetic solution will displace the whole of the natural fluid surrounding the lower half of the cord and will in its course envelop both anterior and posterior nerve roots alike

The practice of withdrawing prior to injection a volume of cerebrospinal fluid equal to that of the solution to be introduced is still often recommended though less often than formerly This habit is I believe responsible for some of the cases of intractable headache that have been associated with spinal anaesthesia It is unfortunately necessary to drain away a certain volume of cerebrospinal fluid if a vein has been punctured, and it is these patients who suffer most from post-operative headache The sudden release of pressure following the withdrawal of a considerable percentage of available fluid is to risk damage to the delicate tissues of the choroid plexus which is responsible for the selective filtration of the cerebrospinal fluid from the blood serum The headache which follows is due I surmise to increased intracranial pressure from defective filtration I am without experimental confirmation of this theory, but clinically one notices that headaches are more frequent and more severe in proportion to the amount of cerebrospinal fluid lost or withdrawn—I am, etc,

Hayle Cornwall Oct 13 D STANLEY JONES M B B.S B.Sc F R C S

Spinal Anaesthesia for Caesarean Section

SIR—Dr Herbert Spencer (*Journal* October 9 p 723) uttered a timely warning against the practice of using spinal anaesthesia for Caesarean sections and I think the majority of British obstetricians are in agreement with him though the authorities he quoted were Continental surgeons While I have done several hundred general surgical operations under spinal anaesthesia without an anaesthetic death I had using the same technique two deaths in a series of eighteen Caesarean sections Both patients were in good condition before the anaesthesia, and both collapsed and died a few minutes after its introduction and before the operation was begun In one case spinocain was used and in the other percaine I have now abandoned the use of spinal anaesthesia for this operation

Dr Gordon Luker (October 16 p 775) does not state how many cases he has done but if his statement that he has never yet found a fall in blood pressure is literally correct then either he has not taken the pressure during the operation or he has a truly remarkable and unique technique of which it would be interesting to have further details While experienced obstetricians may have evolved a special technique I think that surgeons who only perform this operation occasionally should bear in mind the fact that there is an increased risk in the use of spinal anaesthesia in advanced pregnancy—I am etc

Surrey County Hospital Oct 20 HENRY A KIDD

Ether Convulsions

SIR—The following two cases of ether convulsions may be of interest

The first patient was a boy aged 19 with acute osteomyelitis of the frontal bone his temperature was 102 F his pulse rate 94 Induction was begun with nitrous oxide oxygen and ether and a Magill's intratracheal tube was passed by the mouth Boyle's apparatus was used Anaesthesia was maintained by gas and oxygen passing over ether until the 3in incision was completed and haemostasis secured then by gas and oxygen only Almost immediately after switching over to gas and oxygen facial twitching began and was soon followed by general clonic convulsions which rapidly became violent The convulsions were synchronous with inspiration and less severe with expiration The peripheral circulation failed but the apex beat remained forcible A few breaths of chloroform were given with oxygen and 4 c cm of cardiazol was injected intravenously This controlled the convulsions and the radial pulse returned The operation was continued under gas and oxygen till the circulation began to fail once more and the operation was then discontinued

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sooner or later was a very real one I felt that there was every moral justification for the induction of abortion but at the same time the girl being in perfect health (apart from her own mental state which would also certainly react on her physically) the legal position was equivocal I therefore referred her to an eminent gynaecologist who saw her in consultation with an equally eminent alienist and a third physician This triumvirate I am happy to say, decided in favour of induction The pity of it was to my mind that the husband was not sterilised at the same time It seems a lamentable thing in a civilised and enlightened age that persons of unsound mind even if cured" should be permitted any potentialities for parenthood

They say that hard cases make bad law, but why need there be any hard cases in this connexion? Why cannot each case be decided on its merits—by a proper tribunal, of course I am no advocate of any general relaxation of the law relating to abortion I have no patience with healthy married couples who refuse to have children and who go off the deep end should pregnancy occur I deplore the prospect of a falling birth rate though I think (this by the way) that the very great difficulty of obtaining domestic help is the largest factor to-day in the decline of the middle-class family

In the circumstances I prefer to remain anonymous and sign myself—

Oct 18 PRO PATRIA

Prostigmine in Paralytic Ileus

SIR,—May I have a line or two in order to clarify the short report in the *Journal* of September 18 on the action of prostigmine in paralytic ileus? As it appears the impression might be gained that the drug was used on the third day whereas the remarkable point in the case was the effective emptying of the bowel on the eighth day after all other measures—including in lying gastric tube and continuous intravenous saline for the whole period—had failed and a fatal ending seemed almost inevitable—I am etc

Johannesburg Oct 15 R CAMPBELL BEGG

Expulsion of Placenta Praevia in Advance of the Foetus

SIR,—This condition is certainly not as rare as it would seem from the note published by Mr J W Nankivell (*Journal* September 11 p 527) In my practice I have had two cases of this type—one in 1925 of which I have no record and another in 1930

This second patient a 10-para was first seen by me on September 15 1930 when she had a severe haemorrhage On examination the os was one finger dilated and there was an obvious placenta praevia She was then six and a half months pregnant and refused to have the pregnancy terminated On September 30 she had another haemorrhage I again suggested termination of the pregnancy but the patient again refused Four hours later three-quarters of the placenta had been expelled and this was followed by the birth of the child Then I suggested that the remains of the placenta should be removed manually but the patient again refused interference and the remaining portion of the placenta was expelled spontaneously after six hours The patient made an uninterrupted recovery

Though the bleeding on both occasions was fairly severe the patient was not collapsed though very anaemic On the second occasion I gave her an injection of pituitrin to encourage uterine contractions but apart from this she had no other treatment at all—I am etc

Member of the Corps Oct 11 S D KARVE

Obituary

WILLIAM WRIGHT, M B, D Sc., F R C S

Professor of Anatomy and former Dean of the London Hospital Medical College

The death of William Wright on October 21 will be regretted not only by many generations of old London Hospital students, but also by a large number of friends outside the ranks of medicine Wright was born in Wigan in 1874 the second son of Joseph Wright an able and astute Scotsman Despite the fact that he came of Scotch stock and was brought up in a family where the Scottish accent was marked his speech showed no trace of this origin in fact he acquired a slight Lancashire accent which persisted to the end of his life



Wright was educated at Wigan Grammar School and at Owen's College Manchester where he graduated in medicine For a short time he was in general practice but disliking this work and perhaps being temperamentally unfitted to it he returned to Manchester where he became demonstrator in anatomy Thus began his life's work From Manchester he moved to Birmingham as lecturer in anatomy in the University under the late Sir Bertram Windle There he at once came to the fore by brilliant and elegant teaching of his subject It was at Birmingham also that Wright began to develop those diverse interests which ever since have delighted and astonished his many friends In music in literature both classical and modern and in art he took a keen interest and in thus interesting himself he was enabled to acquire that fastidious taste in these subjects which characterized his later years It was in Birmingham in fact that the man grew to his proper intellectual stature and to that city and to his time there he always looked back with affection

Wright left Birmingham to become lecturer in anatomy at the Middlesex Hospital in 1905 During the years he was there he acted as subdean and lived in the residents' college along with Lakin Douty and Gordon Taylor His anthropological interest had been aroused by his association with Windle at Birmingham but it was at the Middlesex that he did his work on the prehistoric inhabitants of Britain that formed the subject matter of his Hunterian Lectures before the Royal College of Surgeons in 1907 and his work on the morphology and variation of the human skull which culminated in his Hunterian Lectures of 1909 Later he made careful dissections of certain animals and his Hunterian Lectures of 1913 were devoted to the comparative anatomy of the elephant While at the Middlesex he continued his interest in classical literature and began the study of modern Italian This was to bear fruit in later years in an intense interest in the historical aspects of anatomy His two Arris and Gale Lectures in 1919 dealt with the anatomical work of Leonardo da Vinci and it was for work in this field that he was made a Knight of the Order of S O of H by Victor Emanuel Lectures in 1925 and 1934 were devoted to the



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It was in 1919 as a representative of the general practitioners of the county of Lancashire, that he joined a medical consultative council set up by the Ministry of Health to consider the systematized provision of medical and kindred services for different areas throughout the country, the chairman of which council was the then Sir Bertrand Dawson In 1920 Dr Goodfellow was awarded the C B E in recognition of his many public services He was a member of Council of the British Medical Association for the three years 1914–16 and as recently as last year he was elected president of the Lancashire and Cheshire Branch He was always an active member of both the medical and pathological societies of Manchester and was at different times president of each body It was his long experience and the reputation he had built up as a man of wide vision and unimpeachable integrity that led to his appointment in 1933 as a lecturer in the University of Manchester He delivered then and in subsequent years a short course of lectures to final year students on medical ethics and the conditions of medical practice lectures which rapidly enhanced his already great popularity in Manchester As to the man himself a distinguished Manchester surgeon who was his close friend for over forty years writes

The passing over of Tom Goodfellow after a long and painful illness most patiently borne will be deeply regretted by a wide circle of his colleagues his patients and his many other friends Knowing of his brilliant early medical career many of us were surprised that at the conclusion of his twelve months as resident medical officer to the Manchester Royal Infirmary he elected to enter general practice as hitherto this office had always been regarded as a step towards becoming a consultant physician He accepted a partnership with the late Dr Massiah of Didsbury and surely and steadily his professional skill his old world courtesy his dignity alike of appearance manner and expression his straightforwardness and intolerance of anything in the nature of shams trickery or injustice his kindly generosity and lovable personality his innate modesty and the entire absence of any self seeking, his usually unruffled temper and his large heartedness all combined towards our recognition of him as one of the leading and most respected of practitioners Though intensely interested in the scientific aspects of disease he never failed to visualize the human element behind it and this humanity caused him to be consulted by his patients not only for their medical ailments but often for advice on their domestic and other troubles Since they ever found in him a most sympathetic friend and wise counsellor His undoubted powers of organization led to his election to councils and committees of the Ministry of Health the British Medical Association and many local bodies Only a few days before his death he received in his bedroom a deputation conveying a presentation from the Manchester Panel Committee for his services as chairman Always a strong upholder of the ethics of his profession he told me that of all the appointments he had ever held the one which pleased him most was that of lecturer in medical ethics at the University he was the first to hold this office and relinquished it only a few months ago on account of failing health Although himself holding strong views on most matters of medical controversy he was ever willing to give the fullest consideration to the other side of the question His recreations included bridge billiards chess and golf in 1909 he was elected captain of the Didsbury golf club and more recently its president A lover of classical operatic music he was for many years a regular attendant at the Halle concerts while he was himself a cellist and, in his younger days a vocalist of no mean order In every respect a model husband and father it was a great relief to him that he was spared to see his three sons so well established in their careers two of them in the medical profession and his only daughter happily married to a medical officer in His Majesty's Navy

F W BURTON FANNING M.D., F.R.C.P.

Consulting Physician Norfolk and Norwich Hospital

Dr Frederick William Burton Fanning of Norwich died on October 23 after an illness of three months duration He was born in 1863 the son of the late E F Burton at one time president of the Incorporated Law Society He was educated at Winchester and at University College Hospital becoming M R C.S L R C P in 1885 He won the gold medal in medicine and became house physician to Dr Wilson Fox at University College Hospital After three years residence as house physician at Addenbrooke's hospital he became M B and later M D of Cambridge In 1891 he was appointed physician to the Norfolk and Norwich Hospital becoming consulting physician at the age of 65 In 1931 he was chairman of the board of management of the hospital He was also consulting physician to several district and cottage hospitals in Norfolk

A visit to a relative at Davos in the early nineties and the influence of the late Dr Huggard aroused interest in consumption and this disease continued to be the chief professional study of his life Thus in 1895 he began the Open air Treatment of Pulmonary Tuberculosis at the Fletcher Convalescent Home at Cromer and in 1899 with his cousin the late Dr W J Fanning he started the sanatorium at Mundesley In 1902 the generosity of some friends enabled the Kelling Sanatorium to be built for the treatment of patients of the poorer classes and the medical direction was undertaken by Dr Burton Fanning and Dr W J Fanning Commencing with ten beds this sanatorium of which Dr Burton Fanning has continued to act as consulting physician now contains 150 beds It was there that the revolving shelter was designed and introduced In 1898 his first account of "open air treatment" appeared in the *Lancet* and in 1905 his book on *Open Air Treatment of Pulmonary Tuberculosis* was published by Cassells He was elected a Fellow of the Royal College of Physicians of London in the following year

Dr Burton Fanning had been a member of the British Medical Association for exactly half a century he was honorary secretary of the Section of Medicine at the Ipswich meeting in 1900 and vice president of the same Section at the Cambridge meeting twenty years later In August 1914 he was called up for service as major R.A.M.C.T in the 1st Eastern General Hospital at Cambridge Subsequently when No 55 General Hospital was organized at Cambridge he went out with it to France to Ambleleuse as officer in charge of the medical division being promoted lieutenant-colonel He leaves a widow and a son and daughter His eldest daughter died in tragic circumstances as the result of burns while nursing as a V.A.D at Cambridge during the war and his eldest son was killed while serving with the Marine Division in France

Mr John William Thomson M.B. C.M., formerly senior surgeon to the Clayton Hospital Wakefield died at Sidmouth on October 5. A native of Scotland Mr Thomson studied at the University of Aberdeen graduating in arts in 1891 and in medicine and surgery in 1[illegible] After acting as house surgeon at the Wakefield Hospital

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On completion of 3 years—£400
On completion of 5 years—£1,000

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, also form of application, may be obtained on application from —

The Secretary,
Air Ministry (D M S),
Adastral House,
Kingsway, W C 2

Completed applications from intending candidates for the vacancies in January, 1938, must be received in the Air Ministry not later than the 15th of November, 1937

ROYAL NAVAL MEDICAL SERVICE.

Vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in January, 1938

Candidates below the age of 28 years are preferred, and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career Officers transferred to the permanent list will receive a gratuity of £1,000 (less Income Tax)

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post-Graduate study

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director-General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than November 22nd, 1937.

years passed he devoted more and more time to the manifold problems involved in the hazards of chemical industry, until in recent years he had practically abandoned private practice In days when the study of industrial disease was still in its infancy he investigated many of the conditions which result from exposure to toxic substances and was instrumental in bringing about the establishment of improvements in plant and the introduction of measures which rendered the working conditions of men in the chemical industry much safer His endearing personality made him a *persona grata* among workers at a time when they regarded medical service in industry as a matter for suspicion and his passing will be almost as keenly felt by them as by his more intimate associates As a member of the later-established I C I Medical Service he endeared himself to his colleagues and his wealth of experience and knowledge of works organization and of men was of a sort not easily to be replaced

Dr HARRY SWIFT well known as a physician in South Australia died on September 30 at North Adelaide at the age of 79 He was a son of John Swift of Woodhouse Ely Cambridgeshire and his elder brother Dr W J C Swift, practised for many years in Gordon Square Bloomsbury, and was medical officer to the Foundling Hospital Harry Swift studied medicine at the University of Cambridge and St George's Hospital qualifying as M R C S in 1882 and taking his M B in the following year, he proceeded M D in 1887 In Adelaide he was for many years physician to the Children's Hospital and dean of the faculty of medicine in the University He joined the British Medical Association in 1888 and served as Representative of South Australia at the Annual Meeting at Exeter in 1907 and at Aberdeen in 1914 It was in the latter year that his name came before the profession generally through his report on cases of pink disease which he described under the name of erythroedema

Dr THOMAS ARTHUR FRANK HOOD of Blairgowrie Perthshire, who died on September 20 at his residence at Rattray had been a member of the British Medical Association since 1895 Having received his medical education at Edinburgh he graduated M B C M in 1884 and for fifty years had energetically conducted a large practice in East Perthshire Dr Hood was one of the earliest practitioners in the midlands of Scotland to take to motoring his first car having been obtained in 1901 He was for many years parochial medical officer of Rattray, and joint medical superintendent of the Strathmore Infectious Diseases Hospital During the war he was joint medical officer of the V.A D Hospital in Rattray and in medical charge of the troops stationed at Blairgowrie He was always a strong supporter of local philanthropic work, took an active part in the management of the cottage hospital, the Blairgowrie and Rattray Nursing Association, and the Strathardle and Glenshee Nursing Association For a quarter of a century he was medical adviser to the Blairgowrie Lodge of Ancient Shepherds this appointment terminating only with the introduction of the National Health Insurance Act Dr Hood is survived by his widow, his only son having died from wounds in France in 1916

We much regret to announce the death of Dr J S MANSON of Warrington, who was for many years an indefatigable worker for the British Medical Association both in his own Division and at headquarters We hope to publish an account of his career next week

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In the obituary notice of Sir John William Moore published last week it should have been mentioned that he was a member of the Council of the British Medical Association on two occasions—1899–1900 and again in 1902–3

Universities and Colleges

UNIVERSITY OF OXFORD

Dr F Mallam has been appointed Litchfield Lecturer in Medicine and Mr R H Rose Innes Litchfield Lecturer in Surgery

In Convocation on October 19 the University decreed that there shall be established until October 1 1941 a second May Fellowship in Medicine tenable under the same conditions as the May Fellowship and Readership in Medicine established by Decree (1) of April 8 1933 with the following exceptions (1) The holder of the Fellowship shall be styled the Second May Reader in Medicine and shall not hold office later than October 1 1941 (2) The stipend attached to the Fellowship shall be £300 a year

The Curators of the University Chest were authorized to receive from the Rockefeller Foundation in the year beginning October 1 1937 a sum not exceeding 3 000 dollars as a contribution towards scientific apparatus, laboratory material and special cages for primates required for research in the Department of Human Anatomy

Professor J Boeke of Utrecht will deliver a lecture on The Innervation of the Skin Spinal and Sympathetic in *Degeneration and Regeneration*" in the lecture theatre of the Physiology Department on Friday November 5 at 12 noon

UNIVERSITY OF LONDON

Dr C M Wilson has been appointed as a representative of the general medical schools on the Senate for the remainder of the period 1936 40 in place of Professor T B Johnston resigned

A R Todd D.Sc D Phil has been appointed from October 1 to the University Readership in Biochemistry tenable at the Lister Institute of Preventive Medicine

At a meeting of the Senate held on October 20 with the Vice Chancellor in the chair Dr T C Stamp was appointed to the University Readership in Bacteriology tenable at the British Postgraduate Medical School

An offer by Mr A Chester Beatty to provide a Scholarship in Radiology of £400 a year for two years was accepted with the cordial thanks of the University This scholarship will enable a student of radiology after obtaining the Academic Diploma in Medical Radiology to spend a year in one of the great radiological clinics of the United States

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examination indicated

DIPLOMA IN PUBLIC HEALTH—J A Bentham G R Griffith S M Laird

UNIVERSITY OF MANCHESTER

Dr H W Dalton has been appointed Demonstrator in Pathology

The resignation of Mr H B May of the post of Assistant Lecturer in Bacteriology as from December 25 has been accepted

UNIVERSITY OF WALES

The following candidates have satisfied the examiners in the examination indicated

DIPLOMA IN PUBLIC HEALTH—*Part II* W J M Evans G E. Phillips D T Richards B A Thomas D A O Wilson

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M B., B Ch have satisfied the examiners in the subject indicated

HYGIENE.—D W Absé O D Beresford S W Beswick R T Bevan *D C Brown Alice Davies Miriam E Davies D G Evans M Lewis W G Miles A H Millard, Mary D Owen *Enid M Powell W L Ll Rees R Tipple *Emily K Williams H O C Williams Mary Williams

* With distinction

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examinations indicated

FINAL MEDICAL EXAMINATION—*Part I Materia Medica and Therapeutics Pathology and Bacteriology* *P M Goodwolk *H H Balch *G O Atkinson †D W M'Carthy †P H Rubenstein †S Tennenbaum †G F N Anderson W E Bamford J P Condon E. N O Sodeinde R F G Lyons, M Shreider

CITY OF BIRMINGHAM
ROMSLEY HILL SANATORIUM
(120 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for a Resident Assistant Medical Officer Candidates must be unmarried and have held a *resident hospital appointment* since qualifying Experience in the diagnosis and treatment of tuberculosis will be a recommendation

The appointment will be limited in the first instance to six months and subject to satisfactory service may be extended for a further six months *The salary will be at the rate of £240 p.a for the* first six months and £275 p a for the second six months with board and residence in each case

Forms of application may be obtained from the Medical Superintendent Romsley Hill Sanatorium Halesowen near Birmingham and should be *returned to him not later than Wednesday Novem* ber 3rd 1937

F H C WILTSHIRE
Town Clerk

BOROUGH OF TWICKENHAM
ASSISTANT MEDICAL OFFICER

Applications are invited for th appointment of an ASSISTANT MEDICAL OFFICER whole time at a *salary of £600 rising subject to approved* service by annual increments of £25 to £750 p a

Special experience in Maternity and Child *Welfare and in School Medical work is essential* and the possession of a Diploma in Public Health will be an added recommendation

The post will be designated under the Local Government and Other Officers Superannuation Act and the officer appointed must pass a medical examination

Forms of application are obtainable from Dr G H Dupont Medical Officer of Health Health Department Elmfield House Teddington to whom they should be returned not later than Tuesday November 9th 1937

EDWIN G STRAY
Town Clerk

Municipal Offices Twickenham
October 1937

LANCASHIRE COUNTY COUNCIL
JUNIOR ASSISTANT MEDICAL OFFICER
Wrightington Hospital Appley Bridge

Applications are invited for the post of Junior Assistant *Medical Officer (male unmarried)* for the Wrightington Hospital which contains 206 Beds for non pulmonary tuberculosis (adults and children and 20 Beds for combined pulmonary and non-pulmonary cases Salary £250 p.a together with board residence and laundry

The appointment will be for six months or for 12 months as may be agreed upon

The medical staff consists of medical superintendent two assistants two consultant orthopaedic surgeons and other visiting surgeons There are excellent facilities for reading for M D

Forms of application and conditions of appoint ment obtainable from Central Tuberculosis Officer County Offices Preston Letters to be marked Wrightington M O

Closing date November 12th 1937

GEORGE ETHERTON
Clerk of the County Council

County Offices Preston

NORTHUMBERLAND COUNTY COUNCIL

Applications are invited for the appointment of a TEMPORARY ASSISTANT MEDICAL OFFICER whose duties will consist of work under the School Medical and Maternity and Child Wel *fare Services*

The salary will commence at the rate of £500 rising by annual increments of £25 to £700 per annum with reasonable travelling expenses Candi dates should hold the D P.H and will be required to pass medical examination before appointment

Forms of application may be obtained from the undersigned to whom they should be returned completed together with copies of three recent testimonials as soon as possible

WILLIAM F J WHITLEY
County and School Medical Officer

County Hall
Newcastle-upon Tyne 1
October 23rd 1937

DUNDEE ROYAL LUNATIC ASYLUM

Applications are invited for the appointment of LADY SUPERINTENDENT at Gowrie House Liff by Dundee

Applicants should be fully qualified and certificated in general and mental nursing and preference will be given to candidates who have a certain amount of administrative experience

Commencing salary £200 p.a

Applications should be lodged with the Secre tary to the Directors J Murray Wilkie Solicitor 27 Bank Street *Dundee not later than Novem* ber 6th 1937 should state age, experience quali fications and the date when duties could be com menced and *should* be accompanied by copies of three recent testimonials.

COUNTY BOROUGH OF SMETHWICK
St Chad s Hospital

RESIDENT OBSTETRICAL OFFICER

Applications are invited for the post of RESI DENT OBSTETRICAL OFFICER in the Council s Municipal Hospital

The Officer appointed will be responsible in conjunction with a fellow officer of the same grade for the proper conduct of and the treatment of patients in the Maternity and Gynaecological wards in the Hospital and also for the conduct of Ante natal Post natal Clinics and Infant Clinics. The *Officer will* work under the direction of the visiting consulting obstetricians and will also be required to assist in the general medical and surgical work at the Hospital under the direction of the Medical Superintendent Candidates should have held previous resident appointments in a Maternity Hospital and have had experience in ante-natal and post natal work Preference will be given to those candidates who hold or who are reading for membership of the College of Obstetrics and *Gynaecology*

The salary will be at the rate of £350 p a rising by annual increments of £25 to £450 p a with emoluments valued at £150 p.a The appointment will be terminable by three months notice on either side.

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and the selected candidate will be required to pass a medical examination

Forms of application may be obtained from the Medical Superintendent St Chad s Hospital Hagley Road Birmingham 16 and must be returned to him accompanied by copies of three recent testimonials not later than the first post on November 15th 1937 *Canvassing directly or* indirectly will disqualify

Council House FRANK CHAPMAN
Smethwick *Town Clerk*
October 26th 1937

NORTHUMBERLAND COUNTY COUNCIL
DEPARTMENT OF COUNTY MEDICAL OFFICER

The County Council invite applications for the appointment of MATERNITY and CHILD WEL FARE OFFICER AND CHIEF SUPERVISOR OF *MIDWIVES whose work will comprise the super*intendence of the whole of the Maternity and Child Welfare services of the County and the investi gation of maternal deaths

The Officer appointed must have held a respon sible resident appointment in a Maternity Hospital have had experience in Maternity and Child Welfare work including the organisation of clinics and be a person of high qualifications and professional attainments The Council s scheme under the Mid wives Act 1936 is largely administered through the agency of the County Nursing Association The appointment offers considerable scope but it is necessary that the Officer appointed should be a skilled administrator Applications, accompanied by copies of three recent testimonials to be made on a form to be obtained from the undersigned and returned to him not later than November 10th 1937 The salary offered is £750 per annum rising by biennial increments of £50 to £937 10s The Officer appointed will be required to pass a medical examination and to subscribe to the Super annuation Fund of the Council In accordance with the terms of the Local Government and other Officers Superannuation Acts of 1922 and 1936

WILLIAM F J WHITLEY
County Hall County Medical Officer
Newcastle upon-Tyne 1

HULL CORPORATION HEALTH *DEPARTMENT*
Hull City Hospitals

RESIDENT MEDICAL OFFICER

Applications are invited for the appointment of a *Resident* Medical Officer at the Hull City Hospital for Infectious Diseases Cottingham

The appointment is open to registered medical *practitioners* of either sex who must be single not more than 40 years of age and have had experience in general hospital work Possession of the *Diploma* in Public Health or similar qualification and previous experience in a fever hospital will be regarded as additional qualifications

The appointment is for a period of one year and the salary is £350 per annum together with board laundry and residence The appointment may be *extended for more than one year* in which case the salary subject to satisfactory service will be increased by annual increments of £25 to a maximum of £450 per annum

The appointment is not designated under the Local Government and Other Officers Super *annuation Act 1922*

Applications on forms to be obtained from the undersigned with copies of not more than three *recent testimonials* are returnable not later than noon on Thursday November 11th 1937

Health Department NICOLAS GEBBIE M D
Guildhall Hull Medical Officer of Health
October 1937

URBAN DISTRICT COUNCIL OF BOLDON
RURAL DISTRICT COUNCIL OF SUNDERLAND
APPOINTMENT OF MEDICAL OFFICER OF HEALTH

Applications are invited from duly registered Medical Practitioners (male) holding a Diploma in Sanitary Science Public Health or State Medicine for the whole time appointment of Medical Officer of Health of the Urban District of Boldon and *the Rural District of Sunderland*

Salary £800 p.a plus car allowance of £100 p a.

The appointment will be subject to the approval of the Minister of Health and *to the provisions* of the Local Government and Other Officers Superannuation Act 1922 and to the other statutory enactments *relating to the office* The successful candidate will be required to pass a medical examination

Particulars of the *appointment together with a* form of application will be sent by the under signed on receipt of a stamped addressed foolscap envelope

Dated this 26th day of October 1937

JOHN OWEN Clerk
Boldon Urban District Council
Council Offices East Boldon
County Durham

J C WILSON *Clerk*
Sunderland Rural District Council
Council Offices 1 The Esplanade,
Sunderland

EAST HAM CORPORATION
ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the appointment of an Assistant Medical Officer of Health (woman) at a salary of £500 rising annually by £25 to a maximum of £700 per annum subject to 5 per cent deduction for superannuation Age not to exceed 45 years

The successful candidate will be required under the supervision and direction of the Medical Officer of Health to undertake primarily duties in connec tion with School Medical Inspection and Clinics, together with such other duties as may be allocated by the Medical Officer of Health from time to time She will be required to reside in the district.

A diploma in Public Health is desirable and candidates must have had *previous experience of* similar work. She must be prepared if called upon to act as a locum tenen to other members of the Staff The appointment will terminate on marriage.

The person appointed must devote the whole of her time to do duties of the office and not engage in private practice she will be required to pass a medical examination

Application forms obtainable from the under signed on receipt of stamped addressed foolscap envelope must be returned with copies of not more than three testimonials not later than 9 a.m *on Monday November 15th 1937* Canvassing either directly or indirectly will disqualify

Town Hall By Order
East Ham E 6 E W JOSLIN
October 29th 1937 Town Clerk

COUNTY OF KENT
ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are *invited for the above-mentioned* whole-time appointment on the central staff of the Public Health Department

The duties of the post *will be mainly* administrative and it is desirable that candidates should have had previous experience in the administrative work of a *Public Health Department.*

The salary is at the rate of £700 a year with subsistence and travelling allowances according to *the County Council s scale*

The post is designated as an established post under the Local Government and Other Officers *Superannuation Act 1922* and is terminable by three months notice on either side The successful candidate will be required to pass a medical *examination*

Forms of application and if required further details of the appointment can be obtained from *the County Medical Officer Sessions House* Maidstone and completed application forms must be returned to him not later than November 10th 1937

W L PLATTS
Clerk of the County Council

Sessions House Maidstone
October 23rd 1937

LEEDS MATERNITY HOSPITAL
(140 Beds)

Applications are invited for the post of HONORARY ANAESTHETIST *The duties will* comprise principally the giving of lectures and demonstrations to Pupil Midwives in the adminis tration of anaesthetics and analgesics *Honorarium* —30 guineas p a

Applications giving full particulars of qualifica tions and experience to be sent *to the undersigned* on or before November 8th 1937

D W CURRIE
Hon Secretary to the *Medical Staff Committee*

time to operate the general influenza incidence had become so low that no conclusions as to the efficacy of the inoculations can be drawn

Surgical Catgut—Mr Rhys Davies asked on October 22 whether the Minister of Health was aware that at a recent inquest it was disclosed that the patient operated upon in hospital had died from tetanus brought about through the use of diseased gut and he asked the Minister to take steps to ensure that in future all gut used in this way should be free from dangerous bacilli Sir Kingsley Wood replied that he did not know of the inquest to which Mr Davies referred Regulations had recently been issued with the object of securing the sterilization of surgical catgut

The Services

HONORARY SURGEON TO THE VICEROY

Lieut-Colonel J A S Phillips C.I.E. I.M.S has been appointed Honorary Surgeon to the Viceroy and Governor General of India

DEATHS IN THE SERVICES

Lieut.-Colonel Eric Edward Doyle C.I.E. D.S.O. Indian Medical Service died at Torquay on September 29 aged 51 He was born on September 18 1886 was educated in the Bombay Medical College and joined the I.M.D. as an assistant surgeon on October 1 1906 He resigned that service on November 10 1909 and going to Europe took the triple qualification at Edinburgh in 1911 and entered the I.M.S. as lieutenant on July 29 1911 He got a brevet majority for war services on June 3 1919 became major on January 29 1923 and lieutenant-colonel on January 29 1931 He served in the war of 1914-18 and in Afghanistan in 1920 when he was mentioned in dispatches in the *London Gazette* of August 3 1920 and received the D.S.O. on January 1 1920 He also received the C.I.E. on January 1 1931 His appointment in India was that of Inspector General of Prisons in the Bombay Presidency

Medical News

Sir Arthur MacNalty K.C.B. Chief Medical Officer of the Ministry of Health and the Board of Education opened on October 18 the Hammersmith Health Week and Exhibition In the course of his address Sir Arthur referred to the work of the local authorities in producing a healthy environment and in providing facilities to secure so far as possible that the future citizen shall be a healthy individual But progress in national health could not be made without public support, and without the co operation of the medical practitioner who should be in close touch with the medical officer of health and kept fully informed of the health services in his area

Dr W A Lethem will deliver the Benjamin Ward Richardson Lecture at the Royal Sanitary Institute 90 Buckingham Palace Road, S.W. on Tuesday, November 9 at 5.30 p.m. His subject is Slaughterhouse Practice at Home and Abroad A sessional meeting of the Institute will be held at Grimsby Town Hall on Friday, November 12, at 5 p.m., when papers will be read by Mr W R Barnaby on Artesian Wells in North East Lincolnshire ' and by Mr H Parkinson on Youth and Public Health Career or Vocation?

The next course of lectures on tropical hygiene for men and women outside the medical profession proceeding to the Tropics will be given by Dr H B Newham Professor R T Leiper F.R.S. and Mr H H Clay at the London School of Hygiene and Tropical Medicine Keppel Street, Gower Street, W.C., from Monday, November 29, to Friday, December 10 (Saturday and Sunday excepted), from 4 to 5 p.m. Applications for admission to the course the fee for which is £1 1s should be made to the secretary of the London School of Hygiene and Tropical Medicine

An Argentine Congress of School Hygiene will be held on November 19 and 20 at La Plata under the presidency of Dr Carlos S Concetto when the following subjects will be discussed the campaign against tuberculosis in schools defective nourishment in school children holiday colonies instruction of abnormal children during the school age compulsory medical examination of teachers and the means of securing medical and dental attention for school children in the country

A meeting of the Hunterian Society will be held at Apothecaries Hall Water Lane, E.C., on Monday, November 1 at 9 p.m. when a discussion will take place on That the General Practitioner should not be Excluded from the Practice of Midwifery to be opened by Dame Louise McIlroy Dr W H F Oxley, and Professor J M Munro Kerr

The annual dinner of the Harrogate Medical Society on October 23 was attended by a large and representative gathering with the president Dr Sinclair Miller, in the chair The chief guest of the evening was Dr Donald Hunter of the London Hospital who earlier on had delivered the annual oration of the society choosing as his subject diagnosis Dr W Yeoman proposed the toast of the Mayor and Corporation of Harrogate He reviewed the progress of the town and paid tribute to the wisdom of the corporation in embarking on the erection of the New Royal Baths Dr Curtis Bain proposed the health of the guests and the coroner Colonel Innes Ware, the Harrogate Medical Society

The annual dinner of the Society of Medical Officers of Health will be held at the Piccadilly Hotel on Friday, November 19, at 7.15 for 7.30 p.m.

Lieut General Sir Harold Fawcus Director General of the British Red Cross Society left London on October 17 for Geneva to join the commission of experts convened by the International Red Cross Committee, meeting there this week The revision and extension of the Geneva Convention of 1929 made necessary by the increasing problems of aerial warfare is the most important item on the agenda, which may also include discussion on Red Cross activities in China and Spain

The bequests to medical institutions by the late Sir Frederick Gardiner, some of which are payable on the death of his wife and include an obligation to the University of Glasgow are £5 000 towards the building of the Gardiner Medical Institute Glasgow University, and £2 000 towards the equipment of the institute £3,000 to the Glasgow Cancer Hospital for purposes of research, and £1,500 to the Western Infirmary

Dr Arthur Holdsworth Davis of Bournemouth who died on July 28 leaving estate of the gross value of £27 485 bequeathed £1 000 to St Bartholomew s Hospital to endow a bed in memory of his wife £1 000 to St Bartholomew s Hospital Medical College in memory of his wife his residence and effects to the Royal Medical Benevolent Fund and smaller legacies to other charitable institutions and the residue of his property to the Royal Medical Benevolent Fund

At its meeting in Paris last July the International Hospital Association decided to hold its 1939 congress at Toronto the time and place to be decided later

Professor P Mühlens has been elected president, and Geheimrat Professor Nocht president of honour, of the German Society of Tropical Medicine

Professor Charles Du Bois director of the Dermatological Clinic at Geneva has been elected president and Dr E H Hermans of Rotterdam vice president of the International Union against the Venereal Peril

LONDON COUNTY COUNCIL

Applications invited from MEDICAL PRACTITIONERS of at least one year's standing to undermentioned positions Candidates must have held resident appointment in a general hospital for at least six months Married quarters not available

ASSISTANT MEDICAL OFFICERS (Grade I) —Salary £350-£25-£425 with board lodging and washing

*(a) LEWISHAM HOSPITAL Lewisham S E 13 —Surgical duties urological experience desirable

(b) PADDINGTON HOSPITAL Harrow Road W 9 —Duties mainly medical experience in pediatrics and anaesthetics desirable

(c) ST LEONARD'S HOSPITAL Nuttall Street Kingsland Road N 1 —Duties mainly medical experience in obstetrics desirable

(d) ST PETER'S HOSPITAL Fulbourne Street Whitechapel E 1 —Duties mainly medical experience in emergency surgery desirable

ASSISTANT MEDICAL OFFICERS (Grade II) —Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions)

*(e) QUEEN MARY'S HOSPITAL Sidcup Kent —General duties in a male convalescent hospital

*(f) ST PANCRAS HOSPITAL, Pancras Road N W 1 —Duties mainly medical experience in anaesthetics desirable

* *No accommodation for a woman*

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A County Hall S E 1 returnable by November 15th Canvassing disqualifies

ROYAL FREE HOSPITAL

LONDON (R F H) SCHOOL OF MEDICINE FOR WOMEN

Applications are invited from registered medical practitioners for the following post —

THIRD ASSISTANT (woman) in the Obstetrical and Gynaecological Unit. Salary £270 Resident Full-time. The appointment is for one year from January 1st 1938

Applications must reach one of the undersigned who will supply further particulars by first post on Friday November 12th 1937

RICHARD T BARTLEY Secretary
Royal Free Hospital Gray's Inn Road W C 1
NANCIE MOLLER Warden and Secretary
London (R F H) School of Medicine for Women
Hunter Street W C 1

WINSLEY SANATORIUM

near Bath

The Governors invite applications for the appointment of a whole-time ASSISTANT RESIDENT MEDICAL OFFICER (male) Salary £250 with apartments board laundry etc

The appointment will be made for a period of twelve months (subject however to termination during such period by one calendar month's notice on either side)

Applicants should state age qualifications experience etc and submit three testimonials by November 9th

T A W CARLISLE Secretary
Winsley Sanatorium
Near Bath October 25th 1937

NORTH STAFFORDSHIRE ROYAL INFIRMARY

Stoke-on-Trent (390 Beds)

RESIDENT ANAESTHETIST

The Committee invite applications for the above post Salary at the rate of *£150 p a with board* residence and laundry

The appointment will be made for six months renewable. Previous hospital anaesthetic experience essential

Applications stating age and experience with copies of two recent testimonials to be sent to the undersigned immediately

By Order
W STEVENSON
Secretary and House Governor
October 25th 1937

ANCOATS HOSPITAL MANCHESTER

ASSISTANT PATHOLOGIST lady or gentleman whole time appointment no private work allowed Salary £350 to £400 p a according to experience live out Luncheon and tea provided *During the first six months a certain amount of* research will be conducted

Applications stating age experience and full particulars together with three recent testimonials to be forwarded to the undersigned not later than *November 10th next.*

By order of the Board
HERBERT J DAFFORNE,
General Superintendent and Secretary

BURGH OF KILMARNOCK

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the post of Assistant Medical Officer of Health from duly qualified and registered male medical practitioners not exceed*ing 35 years of age holding the Diploma in Public* Health or an equivalent qualification

The person appointed will be required to carry out all the duties assigned to him by the Medical Officer of Health under whose direction and supervision he will act He will be required to devote the whole of his time to the duties of the office and to reside in the Burgh He will not be allowed to engage in private practice

Preference will be given to those applicants having experience in the treatment of Tuberculosis and Venereal Diseases and in school medical work

The salary will be £500 p a rising subject to satisfactory service by annual increments of £25 to a maximum of £675 p.a The appointment which will be a designated post under the Local Government and Other Officers Superannuation Act 1922 will be terminable by three months notice on either side The successful candidate will require to undergo a medical examination.

Applications stating age experience and when at liberty to commence work accompanied by one copy of each of three recent testimonials enclosed in envelopes endorsed Assistant Medical Officer of Health must be lodged with the Subscriber by November 10th 1937

N J CAMPBELL
Town Clerk.
Council Chambers Kilmarnock.
October 26th 1937

THE PRINCE OF WALES'S HOSPITAL

Devonport Plymouth
(Formerly Royal Albert Hospital Devonport)
(64 Beds)

Applications are invited for the post of SENIOR HOUSE SURGEON Salary £130 p a with board *residence and laundry*

Duties to commence December 1st Appointment is tenable for six months and is subject to renewal Applicants must be registered under the Medical Acts

The Hospital is officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons of England

Applications stating age and qualifications with copies of three recent testimonials must reach the undersigned by November 12th

FRANK ROWE,
Secretary
October 25th 1937

WESTON SUPER MARE HOSPITAL

(80 Beds)

HOUSE SURGEON

Applications are invited for the post of RESIDENT HOUSE SURGEON at this Hospital Salary at the rate of £150 p a with board rooms and laundry Duties commencing December 20th

Applications stating age qualifications and enclosing copies of testimonials should be addressed to the undersigned

LESLIE J TURSLAND
Secretary
General Hospital
Boulevard Weston-super Mare

CITY OF LEEDS PUBLIC HEALTH DEPARTMENT

ST JAMES HOSPITAL (1 300 Beds)

Required two HOUSE PHYSICIANS (male) for the above Hospital The appointments are for six months but may be renewed Salary £150 per annum with board residence and laundry Candidates must be qualified registered and unmarried

Applications stating age qualifications, etc together with copies of three recent testimonials to be forwarded to the Medical Officer of Health 12 Market Buildings Vicar Lane Leeds, not later than 10 a m. November 6th

THE BUCHANAN HOSPITAL

St Leonards-on Sea (103 Beds)

JUNIOR HOUSE SURGEON (female) required to commence duties immediately Salary at the rate of £125 p a

Candidates must be duly registered Medical Practitioners, and applications should include three copies of recent testimonials

FRANK HART
Secretary

ROTHERHAM HOSPITAL

Wanted SENIOR HOUSE SURGEON (male) qualified Salary £200 with board residence and laundry 130 Beds Excellent experience to be gained

Applications with copies of recent testimonials to be sent to the Secretary G W Roberts 8 Moorgate Street Rotherham

THE ROYAL HOSPITAL,

Wolverhampton
(Incorporated under Charter)

RESIDENT ANAESTHETIST

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W H HARPER
House Governor
Wolverhampton
October 25th 1937

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Hastings

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Successful candidates will have to be prepared to deputise for any other members of the Honorary Staff in the *event of their temporary* absence through illness, holidays etc

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Applications should be received by the Secretary Royal East Sussex Hospital Hastings by November 20th 1937 WILFRID G KEMSLEY
Secretary

WINFORD ORTHOPAEDIC AND HEART HOSPITAL near Bristol (110 Beds)

Applications are invited from registered Medical Practitioners (either sex) for the post of MEDICAL OFFICER (non-resident full-time) Duties to commence November 15th 1937 for a period of two years with the option of a third year Previous experience in Orthopaedic work an advantage Salary at the rate of £325 p a The appointment will be determinable at any time by three months notice on either side

Applications giving particulars of age qualifications and experience accompanied by copies of three testimonials should be forwarded as *soon as* possible to the undersigned (from whom further particulars may be obtained)

E R HARVEY RACE Secretary
Winford Orthopaedic Hospital
46 Park Street Bristol 1
October 23rd 1937

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Applications stating age qualifications and full details of experience *should* be accompanied by copies of three recent testimonials and addressed to C M Power Esq Secretary Hospital Convalescent Home c/o Westminster Hospital London S W 1 on or before Friday November 12th 1937

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The Guildhall Portsmouth
October 20th 1937

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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

338 Immunity to Tuberculosis

C A BLUME (*Acta tuberc scand* 1937, **11** 2 p 162) has made a special study of so called 'closed' tuberculosis Patients with a dry cough were made to expectorate on to glass plates and laryngeal swabs were taken for culture As a result of his investigations Blume takes exception to such commonly used expressions as open tuberculosis non-contagious tuberculosis reinfection (whether endogenous or exogenous), super infection and 'mass infection' He thinks that most of the phenomena to which these phrases apply can be explained in terms of the varying susceptibility of individuals and races to tuberculosis This may be largely due to a kind of immunity which can be inherited, but which does not obey Mendelian laws Thus in Denmark where every person between the ages of 40 and 45 gives a positive tuberculin reaction the death rate from tuberculosis is one of the lowest in the world Blume stresses the value of tuberculin both in prophylaxis and in diagnosis and urges the study of immunity in all forms of tuberculosis

339 Ya Yan Tzu for Amoebic Dysentery

H L LIU (*Chin med J* July 1937 p 89) has been treating cases of amoebic dysentery for more than a year with the seeds of the plant known in China as Ya Yan Tzu—that is *Brucea sumatrana* or *B javanica* The seeds Ya Yan Tzu were described in the *Pen Tsao* the ancient Chinese pharmacopoeia in 1765 A.D. at which time they were used in the treatment of diarrhoea haemorrhoids and chronic dysentery The active principle of the seed is not definitely known but it has an amoebicidal action both *in vitro* and *in vivo* Nineteen cases of acute and chronic amoebic dysentery were treated by this method, and over 80 per cent of the patients benefited, disappearance of amoebae from the stools occurring on the average in 2·6 days after the administration of the seed Toxic symptoms produced by it were nausea, vomiting abdominal pain and purging, but they were not severe and did not appear when the seed was given in divided doses The adult dose was from 20 to 50 seeds the shells being removed but the seeds themselves remaining unbroken They were given in capsule form in divided doses throughout one day and a larger dose was given two or three days afterwards if amoebae were still present in the stools The cost of treating one patient was only half a cent

340 Malignant Paroxysmal Tachycardia

E GÉRAUDEL and M MOUQUIN (*Arch Mal Cœur* July 1937 p 453) describe a case of paroxysmal tachycardia in a man aged 59, who was a heavy pipe smoker and beer-drinker He complained of lassitude palpitations dyspnoea and insomnia and was found to have a regular pulse rate of 190 a respiration rate of 30 a minute and a blood pressure of 110/90 mm Hg There was no oedema of the legs slight congestion at the bases of the lungs slight enlargement and tenderness of the liver and oliguria *X*-ray examination showed a moderate hypertrophic dilatation of the left ventricle The tachycardia persisted in spite of treatment by rest in bed and the prescribing of a milk diet and the administration at different times of digitalis quinine quinidine and acetyl methylcholine The condition became slowly worse and a *bruit de galop* appeared On the forty second day after admission however an injection of morphine given to relieve the dyspnoea suddenly arrested the tachycardia the pulse rate came down to 60 and the dyspnoea and the *bruit de galop* disappeared Six days later a second attack started and lasted for thirty six days in the course of which oedema of the ankles and a pleural effusion developed Four further attacks followed lasting twenty-eight twenty five ten and thirty two days respectively, with never more than a week elapsing between successive attacks The patient died finally having had altogether six attacks in six and a half months The electrocardiograph showed a series of regular ventricular complexes at the rate of 188 a minute a series of regular auricular complexes (P) at the same rate a second regular series of waves (P^1) at 122 a minute which must therefore have originated from a different focus and a third and irregular series (P^2) of auricular complexes unrelated to the other auricular or ventricular complexes and therefore presumably originating from a third focus The writers regard these last waves as being interpolated auricular extrasystoles They suggest that such a paroxysmal tachycardia with multiple foci may be the result of a breaking up (*morcellement*) of the vestibule of the sinus which implies a profound disorder of the myocardium and would fit in with the malignant nature of this case which incidentally would appear to be one of the only two on record

Surgery

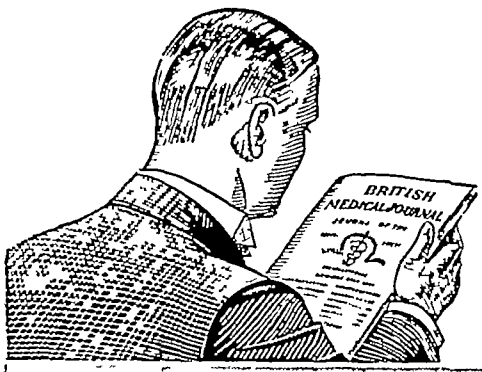
341 Injuries to the Crucial Ligaments

I PALMER (*Acta chir scand* 1937 **79** 4 p 391) considers that injuries to the crucial ligaments have become more common of recent years on account of the increased number of athletic and traffic accidents It has been found that rotation and abduction or adduction trauma may give rise to injuries to the crucial ligaments in combination with other lesions The diagnostic features are hyperextension increased passive inward rotation and the drawer sign—namely ability to shift the tibia backwards and forwards on the femur with the knee flexed *X* ray examination is often useful as an aid to diagnosis Injuries of the crucial ligaments include overstretching threadbareness total or partial rupture of the ligamentous substance and rupture at the femoral or tibial attachment with or without the detachment of bony fragments Early operative treatment is recommended as in cases of recent injury to the crucial ligaments direct suture may be possible In later or chronic cases some plastic operation with tendons or fascia is necessary In cases in which operation has been delayed subluxation may take place, with the development of a secondary arthritis deformans which renders operative treatment impossible In these cases an artificial jointed knee-cap helps the patient The operative procedure is described and ten cases are reported in most of which recovery was complete after treatment by either suture or grafting

342 Contusions in Hernias

J S MIGUEL (*Arch argent Enferm Apar digest* June–July 1937 p 534), who records two illustrative cases in men aged 50 and 65 states that contusions in hernias are relatively frequent owing to their superficial position They may occur in any form of hernia but are commonest in the inguinal variety In the case of pure epiplocele the pain and shock are alarming and give rise to syncope The lesions consist of small haemorrhages and oedema of the epiploon followed by paralytic ileus The symptoms gradually subside however and recovery takes place the only treatment necessary being the application of an ice bag In enterocele the condition is more serious the lesion varying from a simple contusion to a rupture of the intestine In the case of a simple contusion the pain gradually decreases and then disappears entirely but

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349 Tuberculosis in Children

According to J L Rothstein (*Amer J Dis Child* July 1937, p 47) the finding of tubercle bacilli in the gastric contents as determined by the production of tuberculosis in a guinea pig inoculated with the sediment obtained from the gastric washings, is indicative of the presence of an active tuberculous focus This lesion is usually in the lung or in a hilar or tracheobronchial lymph node which has ulcerated into the bronchus Tubercle bacilli were found in the gastric washings of a series of infants and children with positive cutaneous reactions to tuberculin in whom no recognizable evidence of tuberculosis had been discovered by either physical or x-ray examination The results obtained are of diagnostic prognostic, and therapeutic value and the method is useful in dealing with infants and children, and also in all cases in which it is difficult to obtain sputum

350 M Nathan (*Ugeskr Laeg* July 22, 1937 p 788) reports from a Danish coast hospital observations over a period of five years, on the possibility of Pirquet negative children becoming infected by Pirquet positive children while in hospital On admission the children were tested for Pirquet's and Moro's reactions and if these were found to be negative the Pirquet reaction was repeated When it was again negative the children were tested by Mantoux's intracutaneous tuberculin method The children found to be tuberculin negative on admission were again tested by the Pirquet method before their discharge Of the 1 301 cases —*the actual number of patients was smaller as there were* some readmissions—41 per cent (535 cases) were tuberculin negative on admission These 535 cases included thirty five children who had been resident in hospital for less than sixty days and 121 cases in which the precaution of repeating the Pirquet reaction before discharge was not taken None of these latter cases showed any clinical evidence of tuberculosis There remained 379 cases in only one of which did the originally negative Pirquet reaction become positive during a residence in hospital lasting sixty days or more In this one case there was much evidence to suggest that the child was already tuberculous on admission to hospital The author concludes that though recent investigations have demonstrated the presence of tubercle bacilli in the stomachs of children showing little evidence of tuberculosis other than a positive Pirquet reaction yet the chances of Pirquet negative children contracting primary tuberculous infections in a well-conducted institution are very small indeed

351 Endocrine Disorders

A W Jacobsen and A J Cramer (*J Amer med Ass* July 10 1937 p 101) discuss the clinical results of pituitary therapy in children Ten selected cases of children who had received anterior pituitary extract are described and illustrate the results which may be obtained in dwarfism, infantilism, hypogonadism and in certain types of obesity Experience shows that desiccated thyroid administered in conjunction with anterior pituitary extract usually produces more rapid improvement than when the latter is administered alone The average dose was 1 c.cm of anterior pituitary extract given once or twice a week over a period of twelve months In some cases a readjustment of endocrine balance apparently occurred, and the patients required no further treatment Considerable psychological benefit accrued to some patients Some who had failed to respond when thyroid alone was given improved rapidly when thyroid and anterior pituitary extract were given simultaneously

352 Vulvo vaginitis Treated by Folliculin

B Streitmann (*Wien klin Wschr* August 27, 1937, p 1231) states that until the introduction of folliculin in the treatment of gonococcal vulvo vaginitis in children no advance on the silver therapy had been made Some authors believe that folliculin produces a cornification of the vaginal epithelium resulting in a greater resistance to the gonococci others that it makes the vaginal secretion acid and thus inimical to the gonococci The author has used folliculin in the treatment of twelve patients with excellent results in all but one ten cases were acute and two chronic In the one failure folliculin was given in large doses subcutaneously in the remainder it was administered in tablet form in doses of from 2 000 to 6 000 units daily The condition cleared up in from ten to twenty two days and no remissions were observed after six weeks In eight cases no other treatment was given except daily sitz baths of potassium permanganate In children the vulva and vagina are primarily affected the urethra secondarily Reinfection of the vagina from the urethra was not seen and the secondary urethritis was cured by silver preparations

353 Meningococcal Infection in Children

J Avrilleaud (*These Paris* 1937 No 533) who records four illustrative cases in children aged from 4 to 12 *maintains that meningococcal septicaemia is far from* exceptional in children and presents the same clinical features as in adults and the same difficulties in diagnosis Every *case of intermittent fever in a child should at once* suggest the presence of the meningococcus and prompt an examination for other characteristic signs especially erythema *and arthralgia which may however not appear* until a later stage The results of a blood culture cannot be relied on in diagnosis for even when carried out under *the most favourable conditions they are often negative* and have to be repeated several times The prognosis depends on the possibility of a secondary meningeal *involvement but recovery is common in spite of the pro*longed course of the disease The results of specific serotherapy were disappointing in the writer's experience

354 Paradoxical Faecal Incontinence

K Schwartzer (*Med Klinik* June 30 1937, p 1027) points out that although faecal incontinence apart from *organic nervous disease, in childhood is usually compared* to enuresis and treated as a functional disorder it may have a *mechanical origin in a retention overflow* He describes an example of such a condition which is said to be more common in Norway and Austria than in *Germany A girl aged 11 had had periods of faecal* incontinence for two years and had been treated by a bland diet, calcium pancreatic extract and astringents, the condition being regarded as due to food sensitivity in a psychically labile subject Faecal accumulations were detected on abdominal examination and cure resulted after an enema had evacuated the scybala A vicious circle had been established in this case measures directed against the diarrhoea increasing the constipation which had caused it

Obstetrics and Gynaecology

355 Transillumination Tests for Ectopic Pregnancy

E Klaften (*Zbl Gynäk* August 21 1937 p 1986) who has previously described cystodiaphanoscopic distinctions between intraperitoneal and abdominal wall tumours as seen by *transillumination from the bladder now* reports two signs which he has found valuable in the diagnosis of ectopic pregnancy and which are obtained by transillumination from the rectum or *preferably the* vaginal fornix a suitable water-cooling device being employed The first sign, the abdominal wall phenomenon *consists in a suprasymphyseal zone, somewhat* to one side of intense dark red illumination above and adjoining which a smaller segment of less intense lighting is often seen This sign is absent in inflammatory conditions of the abdomen and pelvic organs or tissue and in intact tubal pregnancy It develops speedily after rupture regresses with long continuance of a pelvic haematocele,

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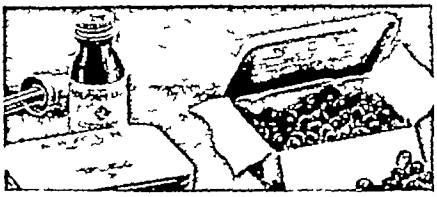
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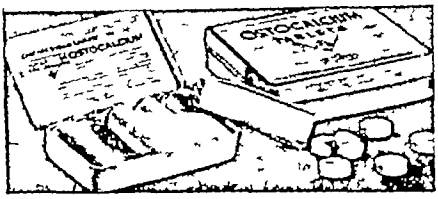
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NUCLEUS SURREY — £160 P.A Panel 54 Small house to rent Any offer Another near Bournemouth Death Vacancy About £140 and scope Panel 140 Offers —4

DERBYSHIRE — COUNTRY UNOPPOSED Nearly £1 100 p.a Panel 960 Appts. £200 p a Premium only 1¼ years purchase Good house 6 bed etc £1,500 freehold —5

LONDON W—RESIDENTIAL £700 p.a Panel 500 Ill-health cause of sale. Goodwill £950 Corner family house for sale at £1 150 —6

SUSSEX — COUNTRY PRACTICE. About £700 p.a Panel over 500 increasing. Appts £20 p a Visits 5/- up Small house, nice garden garage etc to rent —7

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SURREY—TOWN NEAR LONDON Nearly £1,300 p.a Panel 800 Good house on rental Premium £2 000 —9

LONDON N W 1—LOCK-UP AVERAGE £450 p a Panel 700 Visits 3/6 Surgery 2/6 Net Rent £95 p a Premium £700 including drugs and fittings —10

WEST COUNTRY — CONSULTING PRACTICE Excellent opening £500 p.a at present with ample scope M R C P essential —11

LONDON, S W—£400 P.A SMALL PANEL Vendor lives away Good scope if resident Price of practice and house, £1 600 Part of house let at 30/ —12

WEST COUNTRY—OLD EST., UNOPPOSED country PRACTICE £850 p.a Panel 500 and appts Nice house garden and garage rent £80 p.a Premium 2 years purchase —13

HANTS—COUNTRY PRACTICE, over £800 p.a Panel 470 Appts £150 p.a Charming compact house ¼ acre garden and garage Rent £55 p a Premium £1 250 —14

LANCS TOWN—OLD EST £1,100 p.a Panel 325 not encouraged good scope. Nice house large garden and garage for sale or let. Premium 1¼ years purchase —15

ISLE OF WIGHT — TWO FIFTHS SHARE in well-est PRACTICE of about £7 600 p a Panel 1 200 and appts Nice house garden and garage. Social and sporting facilities *Premium* 2 years purchase —16

LONDON N—ABOUT £1 000 P A Panel 1 050 Fees 3/ to 5/ Lock-up Premises. House available if required —17

MANCHESTER — PLEASANT DISTRICT About £1 200 p.a Panel 750 Ample scope. Well-built detached house 5 bed., garden and tennis lawn etc —18

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LONDON S E—RESIDL AVERAGE £700 p a Panel 600 Old-estd Fees 3/6 to 10/6 Premium 1¼ years purchase Corner house 5 bed etc £1 200 or offer —21

KENT—*WITHIN EASY REACH OF* town Nucleus nearly £700 with ample scope. Estd only 20 months Panel now 220 Premium only £700 incl equipment Suitable house to rent —22.

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2 HOME COUNTY—PARTNERSHIP in Practice averaging over £3,500 p a in beautifully situated country town, within easy reach of coast Panel about 1 350 Fees 3/6 to £1 1s Partner must be experienced and aged about 35/40 Premium one half share two years purchase Hospital

3 SEASIDE TOWN, under an hour from London—PARTNERSHIP (one half share) in chiefly middle-class Practice over £4 000 p.a Panel 650 Corner house (5 bed and dressing rooms), on main road for sale Scope for increase Premium two years purchase

4 MIDLANDS — Old-established non-dispensing PRACTICE averaging £1 640 p a in first rate residential town Small panel House (6 bedrooms) garage for sale Scope Premium £2 850 Hospital

5 LONDON, E 15—PRACTICE, averaging £1,670 p.a, in populous suburban district Panel nearly 2 000 Small house to rent Good scope Premium two and a-quarter years purchase

6 E MIDLANDS—Country PRACTICE, averaging nearly £650 p.a, in pleasant village Panel 500 Charming stone built house (6 bedrooms) central heating electric light, power and main water garage and garden about one and a half acres for sale Scope Premium two years purchase

7 LONDON, S W—Medical Woman s PRACTICE, averaging £489 p.a in suburban district—run as a Lock Up Surgery premises to rent Good scope for increase Premium £750

8 LONDON S W — Well-established Medical Woman s PRACTICE in outlying suburban district Receipts average £960 p a No panel Purchaser could have use of surgery premises living accommodation and services by arrangement Premium one and three-quarter years purchase

9 S W OF ENGLAND—PARTNERSHIP in old-established Practice £6 600 p a in beautiful country district Valuable appointments and panel of 4,500 Centrally situated house (5 bedrooms) for sale Premium one fifth share £2 750

10 EASTERN COUNTIES—PARTNERSHIP in good middle-class Practice, £2 450 p.a in county town Panel 1 200 Good house (5 bedrooms) in perfect condition to rent Premium one half share two years purchase

11 HOME COUNTY—PARTNERSHIP in old-established Practice in pleasant growing suburban district on the Thames Applicant should preferably be English and aged about 30 Share worth between £1,200/£1 300 at two years purchase after preliminary Assistantship

12 N E COAST—PARTNERSHIP in Practice, between £2 000/£2,200 p.a in fashionable watering place Panel 1 700 Applicant should be English or Scottish aged about 30 and experienced in general practice and surgery Two fifths share at two years purchase after about ten months Assistantship

13 MIDLANDS—Old-established PRACTICE in beautiful country district Cash receipts last year £1,280 including appointments worth about £60 and a panel between 650 and 700 Visits 2/6 to £1 1s without medicine Nicely situated house (4 bedrooms dressing room, etc) with nice garden and two garages Rent about £80 p.a Premium two years purchase

14 N WALES BORDER—PARTNERSHIP (with early succession) in old-established County Practice about £2 500 p a, in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one half would be sold at first with early succession Premium two years purchase

15 S MIDLANDS—PARTNERSHIP in steadily increasing Practice, about £3,000 p.a, in good town Panel 1,846 Good house with garage and small garden to rent Partner should be aged about 35, experienced in gynaecology, and hold F R C.S or M C O G Hospital and appointment on staff One third share at two years purchase and to one half later

16 ESSEX—PRACTICE doing about £1,650 a year in growing town Panel over 1 960 Visits 3/6 to 6/6 About 50 midwiferies annually Small house for sale at £850 Premium £3 300

17 MIDLANDS—PARTNERSHIP in Practice about £2 400, in manufacturing town Appointments worth about £250 p.a and panel 1,250 Suitable accommodation available One third share at first at two years purchase Good scope for medicine Vendor on hospital staff

18 N W ENGLAND—Popular holiday resort in attractive part ASSISTANTSHIP with view to PARTNERSHIP and early SUCCESSION Mixed Practice about £650 p a capable of much expansion Panel over 300 Cottage hospital Good opening for surgeon House available

19 KENT—Very old established mixed-class PRACTICE in growing district within 15 miles of London Cash receipts last year £1 540, including appointments about £230 and panel 1 700 Good detached double fronted house (6 bedrooms), with garage and garden, for sale Scope for increase Premium two years purchase Cottage hospital

20 SURREY—PARTNERSHIP in Practice, averaging £5 000 p a in residential district about 10 miles from London Panel 3 000 Fees 3/6 to £1 1s Suitable house obtainable One fifth share (after preliminary Assistantship) at two years purchase

21 S W OF ENGLAND—PARTNERSHIP in steadily increasing Practice, averaging over £1 800, in beautiful country district near coast Panel 1 050 Nice house (7/8 bedrooms) garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

22 BUCKS—PARTNERSHIP in old established country Practice about £3 200 Small panel Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent One fourth share at two years purchase

23 LONDON, W 2, and W 6—Non dispensing and non panel PRACTICE run by two men in partnership Receipts about £1 300 and £700 respectively Premium two years and one and a half years' purchase respectively Or either would be sold separately

24 S COAST—PARTNERSHIP in Practice, about £1,500 p.a in health resort Panel 1 150 Visits mostly 5/ Modern semi-detached house (3 bedrooms) with garage to rent District rapidly growing offering good scope Premium two-fifths share £1 250 to include share of drugs, etc

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2 KENT —LARGE TOWN —PARTNERSHIP —A ONE THIRD SHARE (with increase later) is for disposal in old-established steadily developing Practice producing at the rate of over £2,400 p a Panel of 980 and appoint ments worth over £200 p a *Suitable house with 3 bedrooms, etc* on rental Premium £1 600

3 NORTH LONDON —Good middle and better working-class PRACTICE, producing about £2,800 p.a with large panel House can be rented containing 2 reception 4 bedrooms, etc. small garden.

4 EASTERN COUNTIES —Mixed-class PRACTICE in pleasant agricultural district producing for last twelve months over £1,300 p.a Fees 3/6 to 21/ Nice house in good position with 2 reception 4 bedrooms, dressing room etc. Separate professional accommodation. Modern conveniences. Garden garage Price for freehold £1 300 Sport of all kinds and schools within reach. *Premium £1 685*

5 CROYDON AREA.—*Recently established PRACTICE Receipts for last* 12 months over £650 including panel of 350 House with 3 bedrooms, etc. garden and garage. Can be rented at £85 p a Reasonable premium for *quick sale owing to ill health*

6 EASTERN COUNTY MARKET TOWN —HALF SHARE PARTNER SHIP in Practice established some 100 years owing to retiral of junior partner Gross cash receipts average over £2 400 p a including over £700 p a from Panel and P.A C Suitable house available on rental Ingoing partner should be young and have had hospital experience Premium 2 years purchase

7 CHISWICK —Old-established producing about £700 p.a., including a panel of about 500 patients Receipts have declined owing to illness of vendor and it is believed there is scope for increase Well-situated corner house available Premium for Practice and house £2,100

8 LONDON EAST —Established 30 years and producing £1 400 p a approxi *mately Panel of about 1 800 and appointments worth about £236 p a.* including in total gross cash receipts Small house on rental at £60 p a Accommodation apart from surgery etc consists of 1 sitting room and 2 bedrooms. Premium 2 years purchase

9 ESSEX —Well-established PRACTICE producing for past 12 months about £1 500 including a Panel of over 1 800 patients. Expenses are small Fees 2/6 and visits 3/6 The Practice is stated to be increasing steadily Good house containing surgery waiting room and dispensary 2 reception and 4 bedrooms, for disposal Garage and garden. Price £2,000 Premium £3 000

10 SURGICAL PARTNERSHIP in delightful district within easy reach of London. *A fifth partner is required in an old-established Practice* There is little visiting done under 10/6 although the patients come from all classes. Ingoing partner who must hold the English Fellowship would do all the surgery for the firm but must be prepared to do general practice as well Choice of houses

11 CROYDON AREA —Rapidly increasing PRACTICE producing about £1 800 p.a. Panel of about 1 100 *Fees 1/6 to 3/ with visits from 2/6 to 5/* Practically all cash Vendor specialising in midwifery Suitable house available on rental Premium £3 200

12. LONDON S E.—Old-established mixed-class *PRACTICE* producing about £800 p a Receipts have declined owing to illness Panel of 750 patients. Large house with very good garden can be rented

13 SUSSEX COUNTRY —Good NUCLEUS with scope for further increase Receipts 1935 £467 1936, £628 1937 for 7 months, £452. Panel produces about £267 included in above Good house on rental

14 MIDLANDS — COUNTY TOWN — HALF-SHARE PARTNERSHIP available in a well-established Practice producing about £2,500 p.a Including a panel of 3 046 patients Suitable house for disposal Premium £2,400

15 HOME COUNTIES —RESIDENTIAL TOWN —PARTNERSHIP —A one-fourth share with increase later is for disposal (after a preliminary assistantship of 6 months if wished), *in a particularly sound mixed-class* Practice offering good surgical scope Gross cash receipts for last 12 months stated to be approximately £4 800 Panel of about 2 000 and good appoint ments worth about £360 p a *Visits 3/6 to 21/ Choice of houses. Ingoing* partner mus have the Fellowship have had hospital surgical experience, and be accustomed to better-class work preferably married and not over 34 years of age

16 HOME COUNTIES —Mixed-class PRACTICE in residential district established many years. Average gross cash receipts for last 3 years £1,356 p.a. Panel of 750 and appointments worth over £100 p a. Nice house with good garden, containing 2 reception 5 bedrooms, dressing room etc. Professional rooms with separate entrance can be rented at £95 p.a Sport of all kinds and good educational facilities Premium 2 years purchase

17 NORTH LONDON —Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant. Gross cash receipts for last 12 months £1 681 Panel of 320 appointments worth about £70 p a Visits 5/- to 7/6. Good house with reception 5 bedrooms, etc Professional rooms, small garden garage. Freehold for sale or might be rented Premium 2 years purchase or near offer

18 OUTLYING EASTERN SUBURB —Non-panel PRACTICE established upwards of 45 years and held by vendor for past 15 years Gross cash receipts for last 12 months £2,236 p.a Very moderate expenses. Very nice detached corner house with garden back and front, side entrance containing 2 recep tion 6 bedrooms, etc. Price £1 000 Premium 2 years purchase

19 PARTNERSHIP.—LONDON, EAST —A HALF-SHARE of middle and working-class Practice producing for immediate past 12 months £4 567 p.a. Panel of over 5 000 Suitable house can be obtained.

20 NORTHERN SUBURB WITHIN 10 MILES OF HYDE PARK —Middle class PRACTICE offering very good scope for increase producing for imme diate past 12 *months* £829 Panel of about 560 and appointments worth £50 p.a *plus private fees.* Good house containing 1 reception, 4 bedrooms, Professional rooms, good garden and garage Price freehold £1 300 or can be rented at £90 p.a Premium £1,200

21 RESIDENTIAL TOWN WITHIN 35 MILES OF LONDON —Old-established non panel PRACTICE producing over £2,800 p.a Good house with 3 reception 4 bedrooms, etc good Professional rooms, garden, garage Can be rented on lease at £63 p a. Moderate expenses Good educational and sporting facilities. Premium 1½ years purchase

22. SURREY —PLEASANT RESIDENTIAL TOWN.—*PRACTICE* produced for last 12 months approximately £1,280 Panel of 800 Fees 3/6 upwards. Midwifery 3 to 10 gns. Suitable house available and surgery premises on rental Vendor relinquishing *on account of ill health. Premium* £2,000

23 NORTH EAST COAST —Old-established PRACTICE, producing about £900 p a but stated to be capable of considerable increase Choice of suitable *houses Partnership introduction will be given.* Vendor retiring.

24 SOUTH WEST LONDON —PRACTICE has been established over 40 years and has been held by vendor (who wishes to return abroad) about ten years. Gross cash receipts for last 12 months over £900 including Panel of about 350 which could be increased Suitable house with 5 bedrooms on rental Moderate premium for quick sale

25 WEST MIDLANDS —PLEASANT RESIDENTIAL TOWN —PRACTICE producing about £1 600 p.a. including a selected Panel of about 560 patients. *Mostly better-class and non-dispensing.* Consultations 3/6 to 10/6 Visits 5/ to 1 guinea. Freehold house for disposal, contains 3 reception 3 large and 3 smaller bedrooms with separate servant s quarters. Excellent consulting *rooms,* garage for 2 cars.

26 HAMPSHIRE NUCLEUS—stated to be producing now at the rate of £5 per week and to offer considerable scope for an energetic worker

27 COAST TOWN —Old-established, held by Vendor past 3½ years and now for disposal as he wishes to specialise Gross earnings for year ending 31/3/37, approximately £2,183 Panel of about 770 patients producing about £425 p.a., and appointments producing about £100 p.a. Fees 3/6 and 5/ Visits from 5/ Good house available freehold £1 100 Accommo dation consists *of consulting room,* 7 bedrooms, 2 reception rooms etc. Premium 2 years purchase or near offer

28 LANCS —High-class Seaside and Residential Town.—Easily worked old established PRACTICE for sale Gross cash receipts about £1,100 p.a., including a panel of about 325 patients. Fees 3/6 to 10/6 Visits 5/- to 21/ Midwifery about 12 cases p a. Minimum 5 guineas rising to 15 guineas. Mostly non-dispensing. Low expenses. Suitable house available with consulting and waiting rooms, 2 reception, 3 bedrooms and a maid s room and box room. Large garden and garage Leasehold for sale or would be rented Premium 1½ years purchase. There is stated to be good scope for increase for an energetic man.

29 OPHTHALMIC PRACTICE for sale in a cap tal Australian City —Gross cash receipts approximately £2,000 (Australian) Good consulting rooms can be rented at £180 p.a Further details on application.

30. *SOUTH COAST —PARTNERSHIP —A TWO FIFTHS SHARE* in good middle and upper-class practice producing about £2,550 p.a. Panel of 1,300. Fees 3/6 to 21/ Suitable house can be rented at £65 p.a. Easily worked, and scope for increase. *Premium 2 years purchase*

31 DEVON SOUTH COAST—A well-established good-class entirely private PRACTICE producing for the past 12 months about £1 000 Panel could be had if desired. Fees 2/6 3/6, 5/ and 7/6, with a few visits up to 21/ Non-dispensing. Suitable house containing consulting room 2 reception rooms, 6 bedrooms, for sale Freehold £1 400 Partnership introduction. Would be suitable for ex I M.S or similar

32. DEVELOPING NORTHERN SUBURB —A 3/8TH SHARE is offered in a well-established and growing Practice Receipts for 12 months to 1/4/37 amounted to about £5,200 including about £80 from appointments and a Panel of some 5 300 patients There is a choice of houses available.

33 *LONDON E.2 —Lock-up PRACTICE established 80 years* for disposal Income about £800-£900 p.a with Panel of about 1 150 patients. Fees 2/6 and 3/6. Visits from 3/6. Suitable accommodation available consisting of consulting room dispensary *waiting room the remainder* being sub-let for £280 p.a Rent and rates £230 p.a. Premium 2 years purchase to include about £150 fittings, fixtures drugs etc.

34 CITY PRACTICE.—Lock up hours 10-1 and 5.30-6 30 *producing about* £1 000 p.a , including £200 from Panel and appointments. Suitable accommo dation available

35 LONDON S W —Old-established PRACTICE producing £1 500 p.a with panel of 1,266 patients for disposal. Appointment and small club bring in *about* £85 p a House available contains Professional accommodation reception room and 3 bedrooms and maids room, bathroom For sale or might be rented Premium £3 000

36 *HAMPSHIRE.—COUNTRY PRACTICE.*—Old-established PRACTICE held by vendor for past 7 years Gross cash receipts stated to average £740 p a. Panel of 472 *Appointments worth* about £130 p a. Fees 3/6 *upwards Pleasant house containing 2 reception* 5 bedrooms etc., Profes sional accommodation Good garden and garage. Rent £55 p.a. Prem £1 250.

ASSISTANTS REQUIRED —HANTS —Indoor for 6 months—7 gns. p w all found plus car allowance EAST YORKS —Outdoor *£400 p.a., with view* LINCS —Outdoor £300 p.a all found S WALES —*Indoor* £300 p.a NOTTS —Outdoor £400 p.a. plus £50 car allowance with view NORFOLK —Outdoor £400 p.a KENT —£350 all found *plus £50 car allowance* To live at Branch surgery GLOS —Indoor for 6 months, £25 p m., all found YORKS —Indoor 7 gns. p w with view HERTS —*Indoor* £300 p.a. with view S WALES —Outdoor £400 p.a *plus £50 car* allowance HANTS —Outdoor £425 p a and many others details on application

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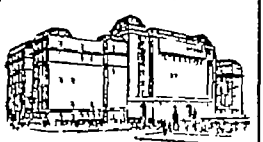
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Applications are invited for a FELLOWSHIP under the above Fund The Fellow selected will receive a salary of £500 p.a and must devote his whole time to clinical research in a Metropolitan Hospital He will be eligible for re election annually up to five years

Further particulars and form of application which should be returned by November 8th may be obtained from the Hon Secretary 68 Great Cumberland Place W 1

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Applications are invited from medical graduates for the post of SENIOR PATHOLOGIST of Sydney Hospital at a salary of £900 rising by yearly increments of £50 to £1 000 p.a (Australian currency) The successful applicant will work under Dr J C Eccles the Director of the Institute and will be responsible for the post mortem work and morbid histology of the Hospital In addition he will be required to engage in the informal instruction of students and there will be ample opportunity for pursuing original investigations

The appointment will be for a period of five years and the successful applicant will be eligible for re-appointment at the completion of this term

Applications (12 copies) together with detail of experience in Morbid Anatomy a list of publications, a medical certificate of health and a recent photograph should be forwarded to the Secretary Sydney Hospital and reach him by January 31st 1938 on which date the applications will close The successful applicant will be expected to commence his duties not later than July 1st, 1938 Travelling expenses up to a maximum of £150 sterling will be allowed Further information concerning the appointment may be obtained from THE SECRETARY Universities Bureau of the British Empire, 88a, Gower Street, London W C 1

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Applications stating age qualifications and experience, with copies of testimonials should be addressed to the undersigned immediately

ARTHUR L. BOURNE,
Secretary Superintendent

October 22nd 1937



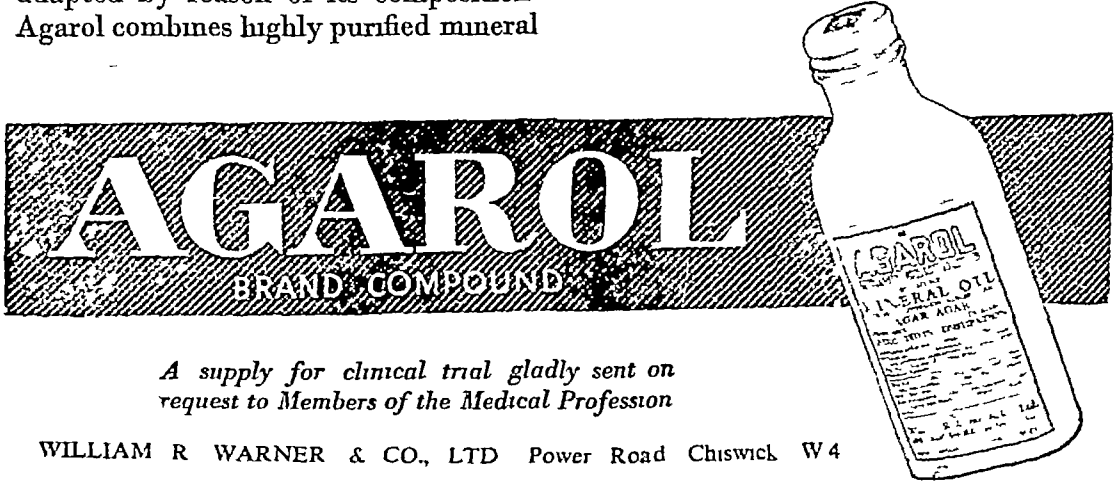
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NORTHAMPTONSHIRE COUNTY COUNCIL.

ASSISTANT MEDICAL OFFICER (Woman)

The above Council invite applications from fully qualified medical women for the appointment of Assistant Medical Officer for Maternity and Child Welfare and School Medical Inspection

The inclusive salary will be at the rate of £600 p.a. rising by increments of £25 to a maximum of £700 subject to a deduction of 5 per cent. for superannuation under the Local Government and Other Officers Superannuation Act, 1922. Travelling and subsistence allowances will be on the scale from time to time approved by the County Council

Applicants should have had at least three years experience in the practice of their profession and (1) be registered in the Medical Register as the holder of a diploma in sanitary science public health or State medicine (2) have held the appointment of resident Medical Officer in a maternity department for a period of not less than six months and (3) within the last two years, have had not less than one year's continuous experience in some branch of obstetric work

The officer appointed will work under the direction and control of the County Medical Officer of Health and while the principal duties will be in connexion with maternity and child welfare and school medical inspection she will also be required to perform such other duties as may be assigned to her by the County Council and the County Medical Officer of Health

The officer will be required to devote her whole time to the duties of the office and to reside in a place approved by the Council

The candidate appointed will be required to pass a medical examination

The appointment will be determinable upon three months' notice on either side.

Applications stating age qualifications and experience together with copies of not more than three recent testimonials should reach the undersigned not later than November 8th 1937 Canvassing will disqualify

H. S. MARTIN
County Hall, Clerk of the County Council
Northampton
October 18th 1937

BOROUGH OF REIGATE.

ASSISTANT MEDICAL OFFICER (Part-time.)

Applications are invited from qualified and registered Medical Practitioners (Female) for the above-named appointment. Applicants must possess a qualification in Public Health and have had experience in the Medical Inspection of school children in Maternity and Child Welfare and in the examination and certification of mentally defective children The officer appointed will work under the direction of the Medical Officer of Health and will be required to devote five mornings and three afternoons each week to the work. Salary £450 p.a.

The appointment will be subject to the approval of the Ministry of Health and of the Board of Education and to the successful candidate passing a medical examination The appointment may be determined at any time by two months' notice

Applications should be made on forms obtainable from the undersigned to whom the completed forms should be returned together with copies of three recent testimonials not later than noon on Saturday November 6th 1937

Canvassing in any form will be a disqualification

Town Hall HEBER DAVIES
Reigate Town Clerk
October 14th 1937

CITY AND COUNTY OF BRISTOL.

ASSISTANT MEDICAL OFFICER OF HEALTH

The Corporation of Bristol invite applications for the post of Assistant Medical Officer of Health

The gentleman appointed must possess the Diploma in Public Health or a similar qualification in State Medicine He will be required to devote the whole of his time to his duties and will not be allowed to engage in private practice. He will work under the direction of the Medical Officer of Health in the City Health Department and in the Port, and also in the Inspection of Aliens if appointed to do so by the Ministry of Health Preference will be given to candidates with special experience in tuberculosis and venereal disease

The appointment will be subject to two months' notice on either side and to the provisions of the Local Government and Other Officers Superannuation Act 19 for which purpose the selected candidate will be required to pass a medical examination

The salary will be £600 rising to £700 by annual increments of £50

Applications must be made on a prescribed form which may be obtained from the undersigned and must be delivered at the Council House Bristol 1 not later than Monday November 8th 193 Envelopes should be endorsed Assistant Medical Officer of Health" Canvassing of members of the Council either directly or indirectly will disqualify

JOSIAH GLEN
Town Clerk
The Council House Bristol 1
October 1937

CITY AND PORT OF PLYMOUTH

ASSISTANT MEDICAL OFFICER OF HEALTH.

Applications are invited from duly qualified medical men for the post of Assistant Medical Officer of Health to the City and Port of Plymouth

Applicants should not be more than 35 years of age, and must possess a Diploma in Public Health or a qualification in State Medicine or a Diploma in Tropical Medicine.

The person appointed will be required to act as Boarding Medical Officer at the Port and he will also assist in the General Public Health work in the City Preference will be given to applicants having experience in Tuberculosis and Venereal Diseases The successful applicant will be required to act under the general supervision of the Medical Officer of Health and to carry out any duties delegated to him from time to time

The salary will be at the rate of £500 p.a. rising by annual increments of £25 to £700 p.a.

The appointment is whole time and the person *appointed will be required to refund to the Council* any fees received by him in respect of any work where such work is undertaken by virtue of his office or is in consequence of his being a medical officer of the Corporation

The post will be subject to the provisions of the Local Government and Other Officers' Superannuation Act, and will be terminable by two months notice on either side

The person appointed will be required to pass a medical examination

Forms of application may be obtained from the undersigned and should be returned together with copies of not more than three recent testimonials on or before Wednesday November 10th 1937 Envelopes must be endorsed Assistant Medical Officer of Health

T. PEIRSON
Town Hall Medical Officer of Health
Stonehouse City and Port of Plymouth
Plymouth
October 16th 1937

COUNTY BOROUGH OF HALIFAX

HOSPITAL FOR INFECTIOUS DISEASES

RESIDENT MEDICAL OFFICER (MALE UNMARRIED)

Applications are invited for the appointment of Resident Medical Officer at the Corporation's Isolation Hospital

Salary £350 per annum rising by annual increments of £25 to £450 together with board residence and laundry

Applications must be made on a prescribed form which may be obtained from the undersigned and should be sent, together with copies of not more than three recent testimonials endorsed Resident Medical Officer—Isolation Hospital to the undersigned so as to be received not later than the first post on November 8th 1937

The Council has no superannuation scheme

Canvassing directly or indirectly will be a disqualification.

Town Hall Halifax PERCY SAUNDERS
October 19th 1937 Town Clerk.

STAFFORDSHIRE WOLVERHAMPTON AND DUDLEY JOINT BOARD FOR TUBERCULOSIS

PRESTWOOD SANATORIUM (200 Beds)

Applications are invited for the post of JUNIOR ASSISTANT MEDICAL OFFICER (male) at the above-named Sanatorium which is approximately nine miles from Wolverhampton The successful candidate may also have opportunities of experience in the work of a Dispensary The appointment will be for six months in the first instance renewable for a further maximum period of six months

Salary at the rate of £300 p.a. with board residence and laundry

Forms of application may be obtained from the undersigned and should be returned by first post on November 4th 1937 together with copies of not more than three recent testimonials

H. L. UNDERWOOD
Clerk of the Joint Board
County Buildings Stafford
October 19th 1937

THE ROYAL INFIRMARY SHEFFIELD

(600 Beds)

The Board of Management invite applications for the undermentioned post —

HOUSE SURGEON TO THE EAR NOSE AND THROAT DEPARTMENT
OPHTHALMIC HOUSE SURGEON

The salary attached to (1) is £80 p.a. increasing after six months' service to £100 p.a. and (2) £1 0 p.a. with board and residence in each case

These appointments will be tenable for the period of six months commencing November 1st 193

The Ophthalmic Department contains 60 beds and an Out Patient Department which is open daily

Applications, with copies of testimonials to be sent to the General Superintendent and Secretary October 23rd 193

COUNTY BOROUGH OF BRIGHTON

BRIGHTON MUNICIPAL HOSPITAL

Applications are invited from duly qualified men for the post of SECOND RESIDENT ASSISTANT MEDICAL OFFICER at the Brighton Municipal Hospital

Candidates must be single men and preference will be given to those holding an F.R.C.S. or who produce evidence of having had practical surgical experience in a recognized Hospital as the appointment is primarily for Surgical work, although not entirely so

The appointment is for one year only but the person appointed will be eligible for further appointment from year to year

Salary £375 p.a. together with residential allowances, valued for the purposes of Superannuation at £150 p.a.

The post is designated under the Local Government and Other Officers' Superannuation Act 1922

Forms of application conditions of appointment and list of duties may be obtained from the undersigned which forms duly completed and accompanied by copies of testimonials must be returned to the Medical Superintendent not later than Friday November 5th

Canvassing the Committee either personally or *by letter will be considered a disqualification* for appointment S. J. FIRTH
Medical Superintendent.
Brighton Municipal Hospital
Elm Grove Brighton 7
October 1937

SURREY COUNTY COUNCIL.

RICHMOND INSTITUTION (280 Beds.)

APPOINTMENT OF RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from Registered Medical Practitioners for the appointment of Resident Assistant Medical Officer at the Grove Road Institution Richmond The Institution is administered by the Public Assistance Committee of the Council

Applicants should have had experience as a House Surgeon or Physician The appointment is for a period of six months renewable for a further period of six months and the salary is at the rate of £375 p.a. less a deduction at the rate of £125 p.a. in respect of board lodging and laundry

The successful applicant will be required to commence duty early in December 1937

Applications stating age qualifications and experience and enclosing copies of not more than *three recent testimonials should be endorsed* Resident Assistant Medical Officer and sent to the County Medical Officer County Hall Kingston-upon-Thames so as to reach him not later than November 3rd 1937

DUDLEY AUKLAND
County Hall Clerk of the Council.
Kingston-upon-Thames.
October 19th 1937

COUNTY BOROUGH OF WARRINGTON

TEMPORARY ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOLS MEDICAL OFFICER

Applications are invited from Registered Medical *Practitioners for the above appointment for the* period January 1st 1938 to April 30th 1938 Salary £500 p.a.

Applicants must hold the Diploma of Public Health and have had experience in infectious disease work Experience in School Medical and Child Welfare work will be an advantage

The post offers an opportunity for experience in all the usual Public Health duties

Forms of application may be obtained from the undersigned to whom applications together with copies of three recent testimonials enclosed in an envelope endorsed Temporary Assistant Medical Officer of Health must be delivered not later than Thursday November 11th 1937

STUART F. ALLISON M.B. Ch.B. D.P.H.
Medical Officer of Health
Health Department
Sankey Street Warrington

ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY

Wigan

(110 Beds including Private Patients' Home)

HONORARY ASSISTANT OPHTHALMIC SURGEON

The Board of Management invite applications for the above appointment from Surgeons specialising in this work Honorarium £100 per annum

Applications in duplicate stating age, qualifications, together with copies of three testimonials should be addressed to the undersigned as soon as possible from whom further particulars of the duties of the office can be obtained Canvassing will be a disqualification

A. STANLEY BRUNT
October 18th 1937 General Supt. and Secretary

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WEST LONDON HOSPITAL
Hammersmith W 6 (239 Beds)

There is a vacancy for the post of NEUROLOGIST for which one of the Honorary Physicians will be a candidate In the event of his election there will be a vacancy for the post of PHYSICIAN for which one of the Honorary Assistant Physicians will be a candidate In the event of his election there will be a vacancy for the post of ASSISTANT PHYSICIAN, for which post applications are also now invited Candidates must have degrees from one of the Universities recognized by the General Medical Council and must be Fellows or Members of the Royal College of Physicians of London The successful candidate will be required in addition to other duties periodically to deliver courses of lectures to the nurses and to undertake such teaching for the Post graduate College as the Board may approve.

Applications with copies—only of testimonials must reach me not later than Thursday November 18th. Candidates must attend the meeting of the Medical Council at 4 30 p m on Friday November 19th and prior to that date call upon and send copies of their application and testimonials to each member thereof They must not canvass members of the Board but nevertheless must send copies of their application and testimonials to each member thereof, and if so notified attend a meeting of the Board at 5 p m on Tuesday November 23rd when the election will be made.

H A MADGE
Secretary

THE ROYAL CANCER HOSPITAL (FREE)
(Incorporated under Royal Charter)
Fulham Road London S W 3

Applications are invited for the post of HOUSE SURGEON to commence duties on January 1st, 1938

Salary at the rate of £100 p.a

The appointment is for six months and subject to rules, a copy of which may be obtained from the Secretary

Applications, to be made on a form which will be supplied by the Secretary together with three (copies only) testimonials to be sent to the undersigned not later than first post on Wednesday November 10th 1937

CLEMENT COBBOLD
Secretary

ST BARTHOLOMEWS HOSPITAL
OFFICE OF ASSISTANT OPHTHALMIC SURGEON

Notice is hereby given that a Meeting of the Election Committee will be held on Tuesday November 30th 1937 at 4 o clock in the afternoon to elect an Assistant Ophthalmic Surgeon to the Hospital

Candidates who must be Fellows of The Royal College of Surgeons of England are required to lodge fifty copies of their applications and testimonials with the undersigned on or before Saturday November 13th 1937

C C CARUS-WILSON
Acting Clerk to the Governors.

October 19th 1937

ROYAL NORTHERN HOSPITAL,
Holloway N

Applications are invited for the office of EAR NOSE and THROAT SURGEON (Second) to the Hospital

Candidates must possess the degree of M D or M B obtained by examination at a British University and be Fellows of the Royal College of Surgeons of England

Full particulars of the appointment and details with regard to the submission of testimonials, etc may be obtained from the undersigned to whom applications should be returned not later than November 5th 1937

GILBERT G PANTER
Secretary

ROYAL NORTHERN HOSPITAL,
Holloway

Applications are invited for the post of FRACTURE OFFICER AND ORTHOPAEDIC REGISTRAR (Honorarium £50 p.a)

Full particulars of the office may be obtained from the undersigned to whom applications should be sent by November 5th 1937

GILBERT G PANTER
Secretary

KING EDWARD MEMORIAL HOSPITAL,
Ealing (145 Beds)
APPOINTMENT OF CONSULTING ORTHOPAEDIC SURGEON

Applications are invited for the above appointment and they should be sent by November 8th 1937 to the undersigned from whom details may be obtained R A MICKELWRIGHT
House Governor

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W C.1

A part time SURGICAL REGISTRAR (Male) is required Duties to commence on November 8th 1937 Salary at the rate of £200 per annum

Candidates must be legally qualified to practise and must have held a responsible resident appointment at a General Hospital

The appointment is tenable for six months

Applications must be received by noon on Monday November 1st 1937 and candidates must be prepared to attend for interview by the Joint Committee at 4 45 p m on Wednesday November 3rd 1937

Further particulars and forms of application are obtainable from the undersigned

HERBERT F RUTHERFORD
October 1937 Secretary

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W C 1

A RESIDENT HOUSE SURGEON (Male) is required. Duties to commence on January 1st 1938

The appointment is tenable for six months Salary at the rate of £100 p a

Candidates must be unmarried possess a legal qualification to practise and have held a responsible resident appointment at a General Hospital

Applications must be received by noon on Monday November 22nd 1937 and Candidates must be prepared to attend for interview by the Joint Committee at 4 45 p.m on Wednesday December 1st, 1937

Further particulars and forms of application are obtainable from the undersigned

HERBERT F RUTHERFORD
Secretary

October 1937

ST MARK S HOSPITAL FOR CANCER FISTULA AND OTHER DISEASES OF THE RECTUM
City Road E.C 1

Applications are invited for the following posts —

RESIDENT SURGICAL OFFICER (male) Duties to commence on January 1st, 1938 Salary £150 p.a. and certain emoluments with board residence and laundry

HOUSE SURGEON (male) Duties to commence January 23rd 1938 Salary £1 0 p.a with board residence and laundry

The appointment are for a minimum of six months. Applications with copies of testimonials must reach the Secretary (from whom further particulars may be obtained) not later than Thursday November 11th 1937

ST MARK S HOSPITAL FOR CANCER FISTULA AND OTHER DISEASES OF THE RECTUM
City Road E C 1

Applications are invited for CLINICAL ASSISTANTSHIPS in the Out Patients Department on Tuesdays Wednesdays and Saturdays The appointments are for six months in the first instance and a fee of three guineas is payable on appointment

Applications to reach the Secretary (from whom further particulars may be obtained) at the Hospital by Thursday November 11th 1937

KING GEORGE HOSPITAL, ILFORD
(near London) (.07 Beds)

Required ASSISTANT CASUALTY OFFICER AND HOUSE SURGEON TO SPECIAL DEPARTMENTS (Male) Appointment for six months Salary at the rate of £100 p.a Forms of application may be obtained from the undersigned to whom they should be returned duly completed as soon as possible.

G AUSTIN HEPWORTH
Secretary and Superintendent

KING GEORGE HOSPITAL ILFORD
near London (.07 Beds)

Applications are invited for the posts of two CLINICAL ASSISTANTS to the ANAESTHETIC DEPARTMENT one to attend on Tuesday mornings and one on Friday mornings Allowance of £10 10s. p.a for travelling expenses. Applications should be sent to the undersigned not later than November 15th

G AUSTIN HEPWORTH
Secretary and Superintendent

THE INFANTS HOSPITAL,
Vincent Square Westminster

Applications are invited for the post of PATHOLOGIST The appointment will be a full-time one Salary at the rate of £700 per annum

An assistant will subsequently be appointed

Applications with copies of not more than three testimonials, should reach the undersigned not later than November 3rd.

ALFRED J SMALL,
Secretary

LONDON JEWISH HOSPITAL
Stepney Green E 1
General Hospital (109 Beds)

Candidates (male) for the following resident appointments which are for a period of six months commencing December 1st 1937 may obtain forms of application from the Secretary to whom applications, with copies of three recent testimonials must be sent on or before November 19th 1937

HOUSE SURGEON Salary at the rate of £100 p.a

CASUALTY OFFICER Salary at the rate of £100 p.a

BOLINGBROKE HOSPITAL
Wandsworth Common S W 11
(135 Beds)

CASUALTY OFFICER (male unmarried) required The appointment is for six months commencing on December 1st 1937 Salary £120 p.a with board residence and laundry Candidates must be fully qualified and registered

Applications stating age qualifications and experience with copies of not more than three testimonials, should be sent to the undersigned on or before November 10th 1937

W S RANDOLPH BISS
Secretary Superintendent

ROYAL CHEST HOSPITAL,
City Road E C 1
(Royal Northern Group of Hospitals)

Applications are invited for the following post RESIDENT MEDICAL OFFICER Vacant December 15th for a period of six months (subject to re-election) Salary at the rate of £150 p a with board residence and laundry

Applications with copies of testimonials should be sent by November 19th to the undersigned from whom forms of application and rules can be obtained GILBERT G PANTER
Royal Northern Hospital Secretary
Holloway London N 7

QUEEN CHARLOTTES MATERNITY HOSPITAL
Marylebone Road N W 1

RESIDENT MEDICAL OFFICER (male or female) required for the Isolation Hospital (for Puerperal Fever) at Ravenscourt Square Hammersmith W 6 to commence duty on December 1st 1937 Appointment for six months renewable for a further period of six months The salary is at the rate of £200 per annum with board residence and laundry allowance

Applications with copies of testimonials should be sent to the Secretary by November 20th 1937

DREADNOUGHT HOSPITAL GREENWICH
S E. 10 (Seamen s Hospital Society)

Two half time non-resident male RECEIVING ROOM OFFICERS required immediately for six months Morning or afternoon sessions with alternate Saturdays 9 a.m to 12 noon Salary at the rate of £100 p.a with meals

Applications stating age nationality and experience of House appointments accompanied by copies of testimonials, to be sent in to the undersigned F A LYON
Secretary

October 18th 1937

ISLINGTON DISPENSARY
(Founded 1821)
303 Upper Street N 1

Applications are invited for the post of ASSISTANT RESIDENT MEDICAL OFFICER (lady unmarried) Salary £150 per annum with furnished apartments Applicants must be registered medical practitioners

Applications not later than November 13th on printed forms to be obtained (by postcard) from the Secretary 1 St George s Road N 1

GOLDEN SQUARE THROAT NOSE AND EAR HOSPITAL London W 1

Applications are invited for the post of REGISTRAR Applications stating age qualifications and experience and with copies of three testimonials should be received on or before November 13th 1937 by the undersigned from whom further particulars may be obtained

F P CARROLL,
Secretary Superintendent.

GOLDEN SQUARE THROAT NOSE AND EAR HOSPITAL, London, W 1

Applications are invited for the post of CLINICAL ASSISTANT Applications stating age, qualifications and experience and with copies of three testimonials should be received on or before November 13th by the undersigned from whom further particulars may be obtained

F P CARROLL
Secretary Superintendent.

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B.M.A. House, Tavistock Square, W.C.1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District.	Town or District.
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA CLYDACH VALE PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OAKDALE, MON *(Medical Officer for Medical Aid Association)*
BLACKPOOL AND FYLDE FRIENDLY SOCIETIES COUNCIL *(Medical Officer)*	MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B.M.A. House, Tavistock Square, W.C.1

Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St. Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St. East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon. Sec. Western Australian Branch British Medical Association "Shell House" 205 St. George's Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon. Sec. Queensland Branch British Medical Association B.M.A. House 225 Wickham Terrace Brisbane. B 17				

October 27, 1937 By Order of the Council G. C. ANDERSON, *Secretary*

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION
Gloucester (125 Beds—Five Residents.)

Applications are invited for the post of HOUSE SURGEON (Male) to the Ear, Nose and Throat Department. Salary at the rate of £150 p.a. with board residence and laundry.

The Hospital is recognized for the D.L.O. and the F.R.C.S. final examinations.

The appointment is for six months which may be extended for similar periods by re-election from time to time.

Applications stating age, qualifications, experience and nationality with copies of not less than three recent testimonials, should be sent to the undersigned not later than Friday, November 5th.

The elected candidate will be required to enter upon his duties on December 1st.

F. J. SYMONS
October 21st 1937 Secretary

GENERAL INFIRMARY SALISBURY
(Voluntary Hospital 191 Beds now in course of extension to 225 Beds)

HOUSE PHYSICIAN (male) required to commence duty December 1st, 1937. The appointment is for six months, with the right of applying for re-appointment for a further period of six months. Candidates must be fully qualified unmarried and registered. Salary £125 per annum with board residence.

Applications with copies of testimonials to be sent to the House Governor and Secretary from whom a copy of the rules may be obtained.

NORTH ORMESBY HOSPITAL, MIDDLESBROUGH

HOUSE SURGEON (male and unmarried) required. Salary £170 p.a. with board residence and laundry.

Applications, stating age, qualifications, experience (if any), with copies of three recent testimonials, should be sent to the undersigned.

GEORGE WATTS,
Secretary Superintendent.

CHELTENHAM GENERAL AND EYE HOSPITALS

HON. PHYSICIAN

The Board of Management invite applications for the post of Hon. Physician.

Applications with copies of testimonials, should be sent in sealed envelopes endorsed "Hon. Physician" to the undersigned by November 12th 1937. Personal canvass of the Members of the Board is expressly forbidden.

J. CUMMING SMITH, F.C.I.S.
The General Hospital, Secretary
Cheltenham.

CHELTENHAM GENERAL AND EYE HOSPITALS

HON. ANAESTHETIST

The Board of Management invite applications for the post of Hon. Anaesthetist.

Applications with copies of testimonials should be sent in sealed envelopes endorsed "Anaesthetist" to the undersigned by November 12th 1937. Personal canvass of the Members of the Board is expressly forbidden.

J. CUMMING SMITH, F.C.I.S.
The General Hospital, Secretary
Cheltenham.

LEICESTERSHIRE AND RUTLAND MENTAL HOSPITAL,
Narborough, near Leicester

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Full details on application to the Medical Superintendent.

GREAT BARR PARK COLONY
(Certified Institution for Mental Defectives)

Applications are invited for the post of JUNIOR (Male) ASSISTANT RESIDENT MEDICAL OFFICER. Salary £175 p.a. with board residence and laundry. The appointment is for a period of twelve months and offers good experience in Mental Deficiency to a recently qualified Medical Practitioner entering the Public Health or Mental Services. Residence at this Colony is recognized for the D.P.M. of the Conjoint Board.

Applications with copies of not more than three recent testimonials should be sent to the Medical Superintendent, Great Barr Park Colony, near Birmingham not later than November 4th 1937.

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL

Applications are invited for the post of HONORARY PHYSICIAN at the above Hospital. Candidates must be members of the Royal College of Physicians of England and undertake not to engage in general practice.

Preference will be given to those willing to reside in the district.

Applications should be sent by November 13th to the undersigned from whom further particulars may be obtained.

JOSEPH E. SERJEANT, F.C.C.S.
House Governor and Secretary.

WEYMOUTH AND DISTRICT HOSPITAL
WEYMOUTH (92 Beds and Cots.)

Wanted November 15th HOUSE SURGEON male (European). Salary £150 p.a. with board residence and laundry. Applications stating age, qualifications and copies of testimonials to be sent to the undersigned not later than November 9th, 1937.

MORRIS LODGE
Honorary Secretary.

(Advertisements continued on p. 43)



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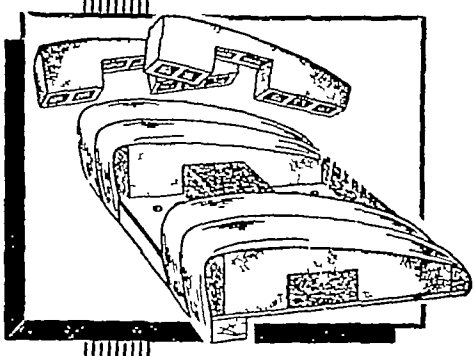
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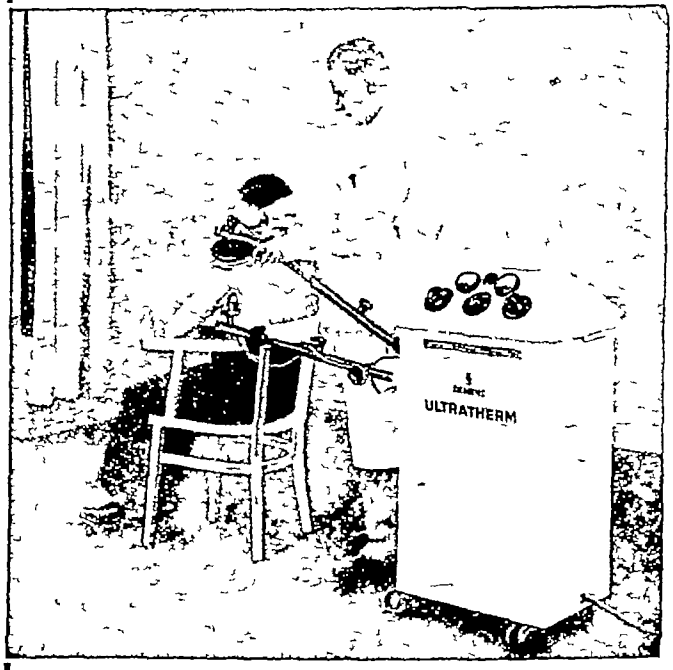
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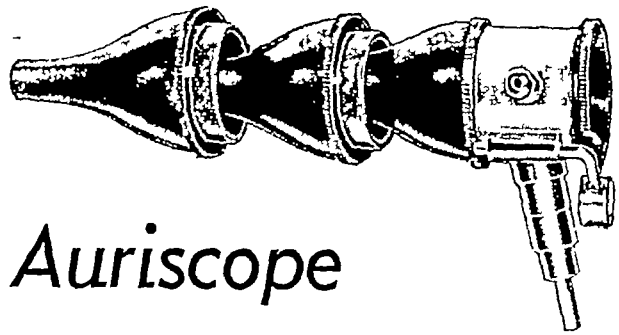
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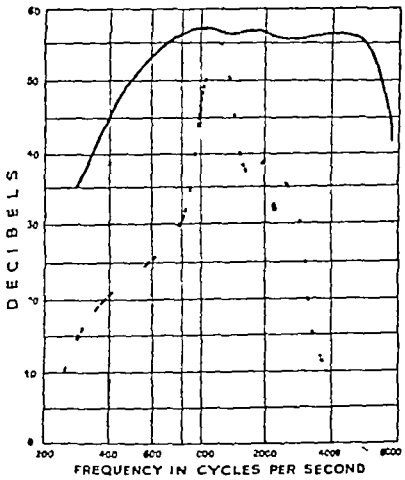
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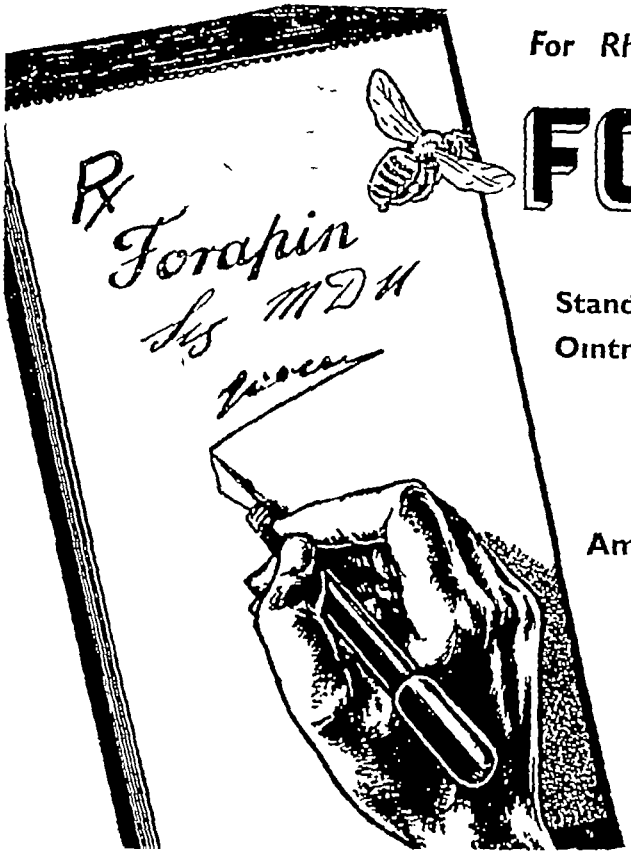
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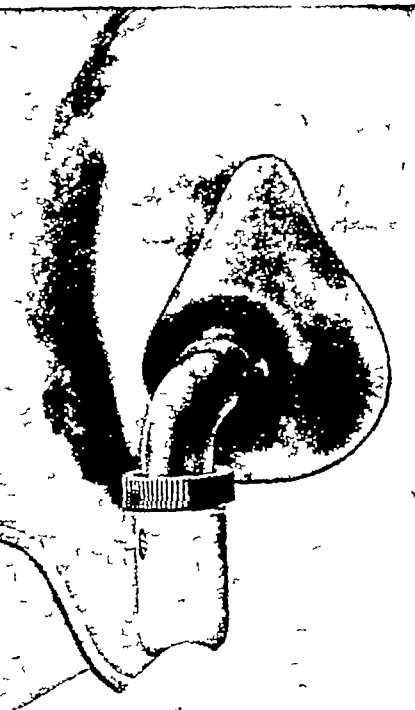
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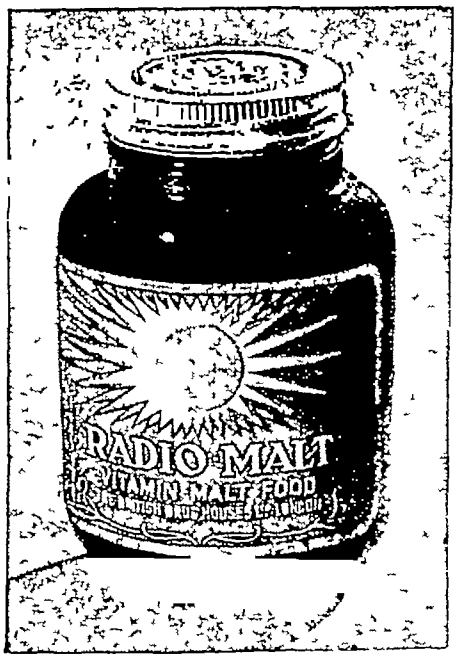
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Anomalies acquired defects endocrines parenteral infections enteral infections food environment

Diagnosis of Heart Disease in Children—by Dr William S Love, Jr, *University of Maryland*

Congenital heart disease acyanotic group cyanotic group rheumatic heart disease apical systolic murmur bacterial endocarditis pericarditis

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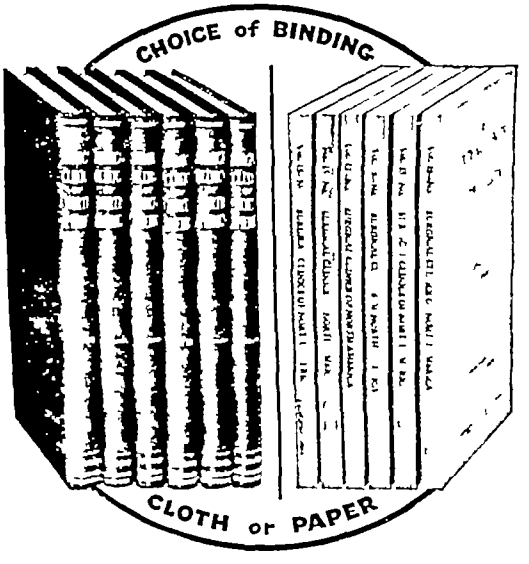
Examination of spinal fluid temperature and pulse use of para amino benzine sulfonamide dosage

Infection of Nasal Accessory Sinuses in Children—by Dr Edward A Looper, *Baltimore*

Diagnosis complications treatment sprays

Effect of Head Injury on Behaviour and Personality of Children A Study of 20 Cases—by Dr H Whitman Newell, *University of Maryland*

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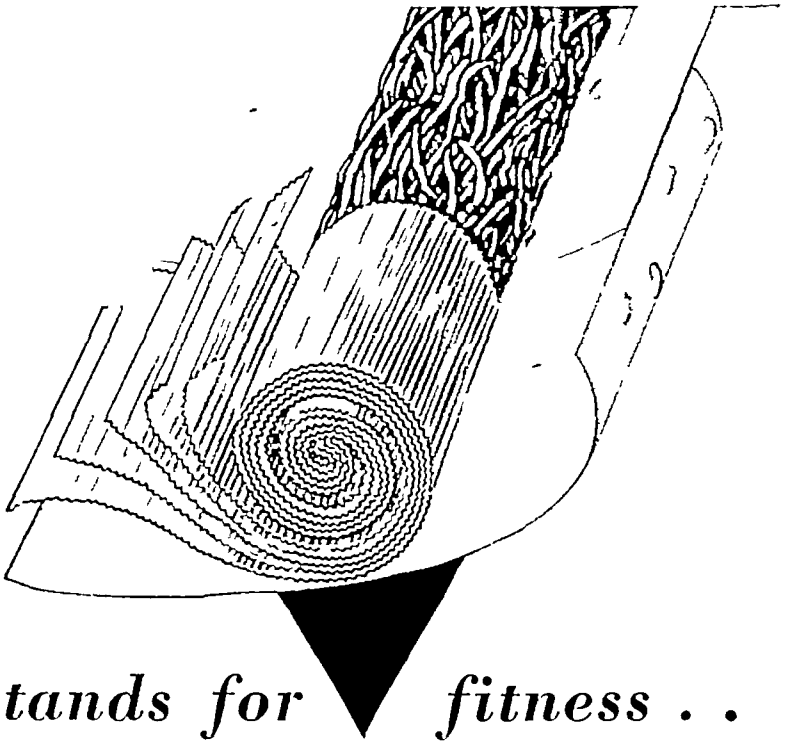
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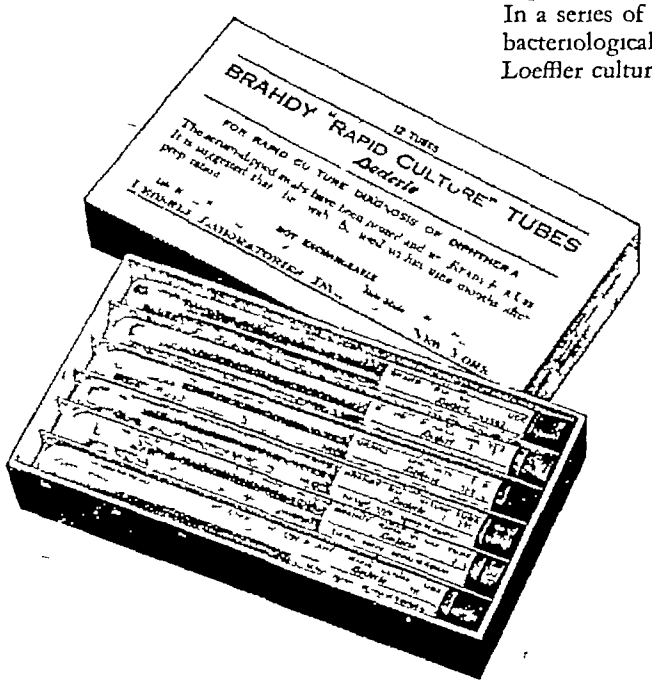
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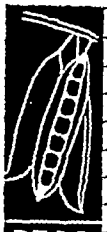
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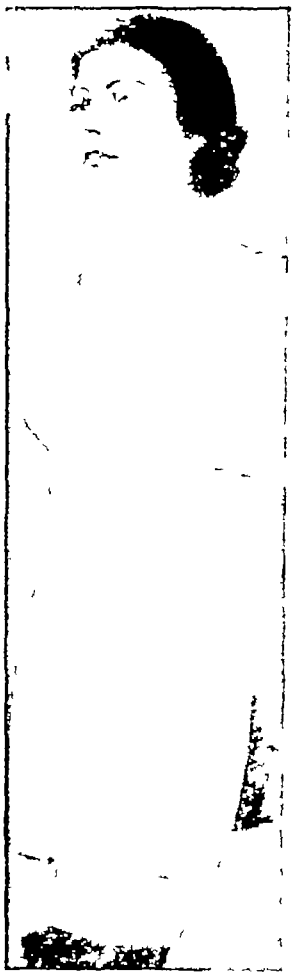
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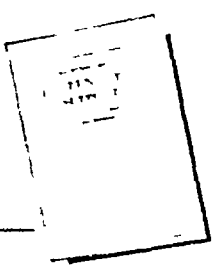


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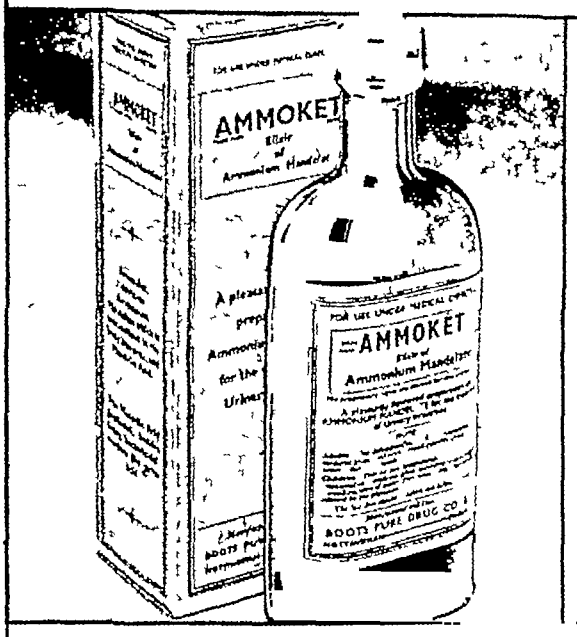
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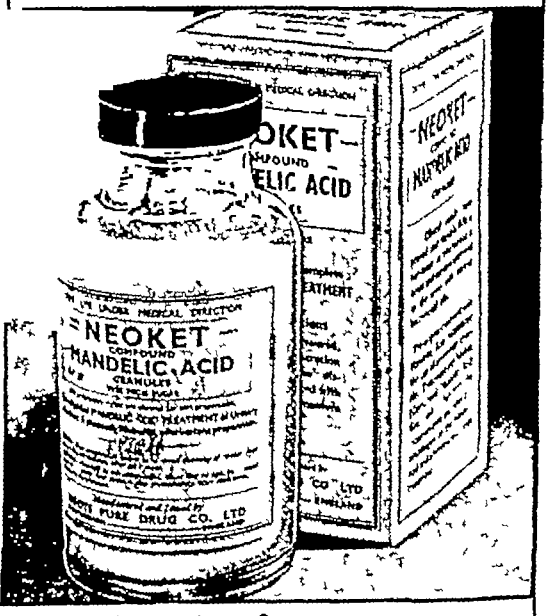
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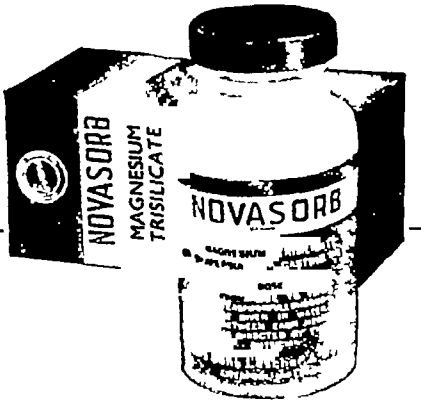
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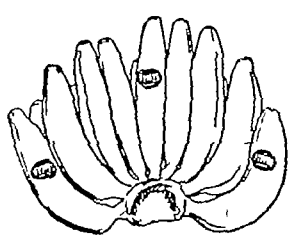
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(probably a mixed and partly undiagnosed category), and seventy-four cases of psychoneurosis Out of the 1,031 cases no fewer than 275 were submitted to craniotomy, either for diagnosis or because their condition seemed to need it

If this be the mixed character of so large a proportion of patients admitted as cases of suspected intracranial tumour to a neurosurgical clinic, the absolute necessity for the presence in such a clinic of a trained clinical neurologist admits no denial Further, the various applications of radiography could not have sufficed to make a diagnosis in any of these 1,031 cases All they could have provided would have been the label "tumour suspect unverified," and this, of course, is not a diagnosis

The Problem of Early Diagnosis

One more point remains to be made The subject of our discussion is the *early* diagnosis of intracranial tumour, and it is important that we should be clear as to the way in which the problem presents itself to the general practitioner When the patient who ultimately proves to have such a tumour first comes to his doctor, the latter has to ask himself, not 'Has this man got a tumour, and if so where is it?' but a much larger question What is the matter with this patient?" The specialist is apt to forget that this question has been partially answered before he sees the patient A number of diagnoses have been ruled out, and the case comes to the neurologist as a presumptive case of nervous disease By the time it is referred to the surgeon the diagnostic issue has been still further narrowed, and a diagnosis of tumour has been made or suggested The diagnosis of intracranial tumour may therefore come to seem deceptively easy in its final stages Thus I read in a surgical account of intracranial tumour "The diagnosis of a space-occupying lesion within the skull is usually an easy matter Headache is the characteristic symptom"

Now let us examine this statement from the general practitioner's point of view Headache must be the commonest of all the symptoms of bodily ill health, and one of the commonest expressions of neurosis Even in a neurological clinic, from which many cases of headache have already been filtered off by the family doctor, headache is a principal symptom with at least half the patients who attend Of these only a minority have any organic affection, the majority being cases of neurosis or of migraine Only a tiny residue prove to be cases of tumour Therefore, for the general practitioner, and almost equally for the neurologist, to jump to the conclusion that every patient who complains of headache is likely to have an intracranial tumour would land them in innumerable absurdities and their patients in a succession of unnecessary alarms and diagnostic ordeals This single example will suffice to indicate how vitally necessary to diagnosis is wide clinical knowledge and sound judgement No amount of technical ingenuity will allow us to do without them

The Clinical Course of Intracranial Tumour

Passing now from the general to the particular we may say that the clinical course of an intracranial tumour is likely to follow one or other of the following four main lines of development

1 RECURRENCE OF GENERALIZED EPILEPTIFORM FITS

Generalized epileptiform fits are clinically indistinguishable in most instances from those of what we call idiopathic epilepsy For weeks and even months physical examination of the patient in the interval between fits may fail to elicit the presence of any abnormal physical signs whatever, while the patient may be equally free from abnormal subjective symptoms, such as headache When such fits first make their appearance in a middle aged individual who has been previously free from them they should always give rise to a suspicion of tumour, for this is probably the commonest cause of fits occurring in these circumstances I believe that fits so caused are rarely, if ever, nocturnal, but I should be interested to hear what others may have to say on this point

Focal, or Jacksonian, fits may also occur as the first or as a later developing symptom in tumour, but I believe that generalized fits—contrary to what is often supposed—are more common Conversely, recurrent focal fits of uniform character are not invariably associated with a macroscopic cortical lesion, whether tumour or a lesion of some other order, and the exposure of the relevant area of the cerebral cortex in the hope of finding one of an operable character is frequently negative in result

2 RAISED INTRACRANIAL TENSION

A more common mode of onset is that in which the signs and symptoms of raised intracranial tension develop—namely, headache sickness, and papilloedema While this headache rarely has any localizing significance, it often has features which may put us on the track of tumour Thus it often wakes the patient in the early hours of the morning, and is most severe at this time. When at its worst it is apt to be accompanied by vomiting, which in turn aggravates the headache It is not usually continuous the patient may enjoy hours or days of complete freedom, though in the terminal stage of a rapidly growing glioma it may be present for several days, fluctuating in severity and rising to peaks of frightful severity I have never been impressed by what is spoken of as the "projectile character' of cerebral vomiting, except in young children, who in any case are apt to be sick with unheralded suddenness

Slowing of the pulse is by no means a common sign, except in rapidly growing glioma One may find indications of grave rise of intracranial tension, but even in the final stage of the case the pulse may not fall in rate I believe that the rate of rise of intracranial tension is an important factor in the production of bradycardia Thus it is in my experience more frequently seen in subdural haematoma than in tumour As far as I have been able to determine it has no localizing significance, but when present it indicates marked intracranial hypertension

It is important to remember that a high degree of papilloedema may coexist with normal vision, or perhaps it might be more accurate to say with a degree of visual acuity which appears normal to the patient, though it may prove less than this on testing In the end failure of vision may occur with startling rapidity

It is perhaps surprising how severe may be the signs of raised intracranial pressure and yet no indications of the situation of the underlying tumour be obtainable, at least by clinical methods Yet we have to remember that a large tumour may be clinically entirely latent, being occasionally found as an unexpected post-mortem discovery In a fatal case of cerebral thrombosis with hemiplegia of my own, a previously apparently healthy man had but a few days illness before death Yet necropsy revealed the presence of a meningioma over an inch in diameter near the middle line in the parietal region

3 SLOWLY PROGRESSIVE LOCAL BRAIN LESION

Yet another mode of evolution is that in which we see the indications of a slowly progressive local lesion of the

Pernicious Anæmia Treatment

A study of the blood picture in pernicious anæmia makes it possible for the physician to assess the value of any particular form of treatment Experience has shown that, as a general rule, average cases respond to an initial injection of 2 c c of Anahæmin followed by 1 c c injections at ten-day intervals until the blood count has remained normal for a month For maintenance one injection monthly of 2 c c is usually sufficient

In very severe cases, however, as, for example, that described below, a much higher dosage may be necessary, but the end results are almost invariably the same — there is a speedy return of the blood count to normal and the patient is maintained thereafter in the enjoyment of full health by monthly injections

CASE HISTORY

Female 68 *years*	pallor, lassitude, anorexia, nausea, vomiting, giddiness, weakness and numbness of the legs Sleeping badly Losing weight.
On admission	T 100 2 P 100 R 23 B P 110/70
Treatment	31 8 37 2 c c of Anahæmin 1 9 37, 3 9 37, 5 9 37 and 10 9 37 2 c c. of Anahæmin, then twice weekly
Blood counts	1 9 37 Hb 25% r b c =1 2 millions per c.mm C.I =1 0 20 9 37 (21st day of treatment) Hb 65% r b c =3 6 millions per c mm C I =0 9
SUMMARY	In 7 days, and after 8 c c of Anahæmin, hæmoglobin rose from 25% to 45% In 14 days, after 10 c c of Anahæmin, Hb rose to 55% and the red cells in the smear showed very little abnormality

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We are to consider the *early* diagnosis of intracranial tumours By this I judge that as clinicians we mean a diagnosis closely following the first apparent symptoms, and at a *stage when disability from the disease is but* slight Obviously 'early" in this significance is a relative term A slowly growing tumour may be diagnosed early in this sense when it is identified in the fifth or tenth year of its actual existence The diagnosis of a rapidly growing tumour may be late in the fifth or tenth week of its life history

I desire to associate myself with all that Dr Walshe, who opens this discussion, has said in relation to the necessity for a good training in general medicine and a special training in neurology and psychiatry on the part of the diagnostician The elicitation of the history of the illness by 'informed and intelligent interrogation" is, in my view, the part of the examination requiring the greatest clinical acuity and experience Here the diagnostician s ability to elicit useful information and to assess *what reliance and what significance can be placed upon* the patient's statements is of enormous importance The physical examination of the patient, although it requires special knowledge and experience, is relatively easier to attain proficiency in The final step in the clinical diagnosis—the analysis of the facts of the history and observed signs and their synthesis into a comprehensive story and picture of the disease process—requires all the knowledge, experience, and intelligence we can muster If we do not bring an element of reasonably controlled imagination to bear on it we shall often fail Frequently in diseases associated with increased intracranial pressure a major element in this final stage of the clinical diagnosis is the distinction of those symptoms and signs due to the local effects of the disease from a host of others due to the effects of increased intracranial pressure and of displacements, distortions, and compressions of various parts of the brain and cranial nerves at a distance from the lesion

Although with Dr Walshe, and with all experienced in the diagnosis of disease of the nervous system, I regard pure clinical investigation as the first and principal factor in diagnosis, it is my business in this paper to discuss some of the special accessory methods of diagnosis which are available to us From long established use the more valuable and generally applicable of these special methods tend to creep into the routine of examination Thus the use of the ophthalmoscope at one time constituted a special examination But what should we think of a neurologist at the bedside without his ophthalmoscope in these days? Perimetry, I judge, is still considered something of a "special examination" in some quarters Yet the investigation of the visual function is hardly less important and should be as routine as that of motor or sensory functions Radiography has become almost a routine in the examination of patients suspected of harbouring a brain tumour It is a comparatively recent development, and may perhaps still be included in the group of special accessory methods Of the several special accessory methods of diagnosis I propose to refer to the following radiography, the examination of the cerebrospinal fluid ventriculography and encephalography, cerebral arterial radiography, and cerebral biopsy puncture

Radiography

As noted above radiography of the skull is a routine procedure following the clinical examination in patients suspected of possible intracranial tumour In general the pictures should be stereoscopic The views to be taken are dictated by the clinical facts The interpretation of radiographic findings is to be made by the neurologist with full knowledge of the clinical facts at his disposal It should be appreciated that a majority of x ray examinations made in pursuance of the early diagnosis of brain tumour yield no useful information, but that in the *minority* where significant changes are found they are of great value, and of such value that we cannot afford to omit this examination Radiologic findings, like clinical findings, may be grouped into (1) those indicating local disease effects, (2) those indicating brain displacements, (3) those showing the effects of increased intracranial pressure

Of *local* significance are calcifications within the *tumour, as may occur in tuberculomas, in certain gliomas,* in pituitary epidermoid tumours, and occasionally in meningiomas, angiomas, and aneurysms It is usually possible in these cases, in addition to observing the site of the lesion, to deduce its exact pathologic type from its situation and the form and texture of the calcific deposit Where certain tumours, notably the meningiomas, make contact with the skull bones we may observe a localized erosion or hyperostosis and an enlargement of the diploic venous channels and meningeal vascular grooves in its vicinity Other tumours by their local pressure on contiguous bony structures reveal themselves radiologically, such are pituitary tumours which distend the sella turcica, acoustic tumours which distend the internal acoustic meatus, and tumours of the optic nerves which may enlarge the optic canal

Significant of *cerebral displacement* is the "pineal shift" In a majority of normal adults the pineal body contains sufficient calcific deposit to be seen in a good radiograph A shift of this structure from its normal median position indicates a space occupying lesion in one side of the skull Occasionally calcific plaques are present in the falx cerebri, and their shift from a median position is equally significant

The earliest radiological evidence of *increased intra cranial pressure* is decalcification of the posterior clinoid processes It is seen especially in connexion with slowly developing lesions It may proceed to enlargement of the sellar cavity and to complete decalcification of its outlines In children widening of the coronal, interparietal, and lambdoid sutures is an early sign of cranial distension Decalcification of the inner table of the skull generally with accentuation of its digital markings may be seen later

Examination of the Cerebrospinal Fluid

The fluid is usually obtained by lumbar puncture This procedure is safe enough in patients who do not show evidence of increased intracranial pressure In those who do there is a possibility of aggravating cerebral impaction in the foramen magnum or in the incisura tentorii—an accident which may rarely cause an alarming access of symptoms Such cases, therefore, should be lumbar-punctured only in circumstances where immediate operation could be proceeded with if necessary I think this risk, though real enough, has been somewhat overemphasized, and much useful information has been lost through fear of lumbar-puncturing The lumbar puncture should be done only by or under the direction of the neurologist those unfamiliar with nervous diseases will fail to obtain full value through lack of knowledge of the data to be sought from it Like radiographic examination, investigation of the cerebrospinal fluid often shows no departure from normal in early brain

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area of brain surface exposed on incising the dura may yield useful knowledge An unusually dry cortex will suggest underlying tumour A profuse discharge of fluid from the subarachnoid spaces over the brain surface will suggest chronic diffuse serous meningitis as opposed to tumour The consistence of the brain is noted as the cannulae are passed through it The experienced operator will appreciate enlargement of the ventricle by meeting it more superficially than normal or its displacement from its normal position He will note the character, quantity, and freedom of fluid flow from each ventricle Occasionally differential examination of the fluid from each ventricle for total protein, cell content, and colour may give information of value As the gas replacement is being carried out the freedom of communication between the ventricles will be noted As a rule, except in cases of very extensive hydrocephalus, the ventricular fluid is replaced by gas as completely as possible

Stereoscopic radiographs are taken with great care as to accurate positioning of the head In interpreting the radiographs it should be borne in mind that the dural partitions within the skull are relatively rigid and thus a tumour in one side of the head causing displacement of the brain to the opposite side tends to crowd it through the archway beneath the falx, and the ventricular displacement follows this trend A tumour within a ventricle or close to it may produce unmistakable shadows or local distortions Symmetrically distended lateral ventricles, with indentations of their floors over the third ventricle, and absence of air in the latter, may indicate a tumour within the third ventricle Equal distension of lateral ventricles and of the third ventricle indicates an obstructive lesion in the posterior fossa Symmetrical hydrocephalus with a well-filled fourth ventricle may indicate an adhesive blockage at the roof of the fourth ventricle as opposed to tumour Deformation of the fourth ventricle may indicate a tumour of the cerebellar vermis or a laterally situated tumour in the posterior fossa If in the presence of increased intracranial pressure the ventricles appear normal, and gas escapes freely from them and accumulates in excess in the subarachnoid spaces over the brain surface, a diagnosis of diffuse serous meningitis can be made with confidence Multiple tumours may produce appearances difficult of interpretation, though with experience and ingenuity their significance may be assessed Important fallacies in interpretation are asymmetry of the skull with associated anatomical asymmetry of the ventricles, and incomplete and apparently capricious filling of certain parts of the ventricles It requires familiarity with the method to evaluate these fallacies

It will be appreciated that while ventriculography is of the greatest value to the patient when judiciously made and assessed, it should be employed only by a competent neurological diagnostician after the most careful consideration and when arrangements actually exist to operate immediately afterwards It is only in these circumstances that its abuse can be avoided and that full value can be obtained from it for the patient

Media other than air or oxygen have been tried for ventriculography Gas, as such is not diffusible in fluid, and a diffusible substance has great advantages in better permeating throughout the ventricular spaces Thorotrast is the most promising diffusible substance so far advocated but we find the advantages of its diffusibility outweighed by its more irritative qualities and by the fear that its permanent contact with the brain tissues may be damaging, for it cannot always be removed completely and it is not absorbed by the tissues We have, however, used thorotrast with great advantage in outlining pathological cysts in the brain radiographically, and in the ventricles in specially selected cases

Encephalography

Encephalography consists in replacement of cerebrospinal fluid by air or oxygen by lumbar puncture With the patient sitting leaning forward, or lying prone with head well raised, the gas can often be caused to enter the ventricles in addition to the subarachnoid spaces of the head A reasonably constant filling of the ventricles can be obtained in cases without increased intracranial pressure, but in those with increased pressure the filling is often unsatisfactory by reason of compression at the foramen of Magendie Gas in the subarachnoid spaces causes much more discomfort than it does in the ventricles, and with encephalography a large proportion of the gas injected goes into the former Further, one has not the advantage of making the valuable observations incidental to ventricular puncture As encephalography is relatively unreliable and is more distressing to the patient, we employ it only in specially selected cases, and in general prefer ventriculography We occasionally supplement a ventriculography by gas injection into the theca if there has been difficulty in getting enough air to enter or remain in the ventricles by the former method alone

Cerebral Vascular Radiography

Cerebral vascular radiography implies the injection of the arteries of the brain with a radio opaque medium and the visualization of the arteries and veins by x ray photography Thorotrast* is the medium employed, and it is usually injected into the internal carotid artery in the neck on the side of the suspected lesion The vertebral artery and its branches have been similarly visualized A photograph taken in the early phase of the injection reveals the arteries only, while an exposure some seconds later shows the veins and dural sinuses It is necessary to expose the carotid artery in the neck by open operation Local anaesthesia is usually satisfactory In relation to tumours the displacement of arteries by the mass of the tumour yields information similar to that gained by ventriculography The arterial displacements around a tumour may yield fuller and more intimate information of its exact extent and relations The ventricular picture tends to give wider information of anatomical conditions within the head and less detail of the tumour itself Study of the veins may provide very valuable evidence Many tumours are surrounded by a plexus or capsule of venous channels, and the actual outline of one of these vascular tumours may thus be seen Further, the vascular architecture in and around certain tumours may be sufficiently characteristic of the particular type to justify an opinion as to the actual pathology of the tumour from the phlebogram Angiomatous tumours whose blood spaces are in communication with the circulation can be very well demonstrated Although, in most of these, clinical signs together with the characteristic systolic bruit furnish a diagnosis of the nature and general position of the lesion, it is often desirable to define its exact outline more accurately for the purpose of directing therapeutic x-radiation

* The possible later injurious effects of thorotrast from its persistent radio activity are borne in mind So far no ill effects have been noted from the quantities we are accustomed to use, after ten years experience Brain tumour is a serious condition and seems to justify its use though one still feels hesitant in employing it in a young subject with good life prospects

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THE BISEXUAL PROPERTIES AND CO-OPERATIVE ACTIVITY OF SEXUAL HORMONES AND THEIR EFFECTS ON FEMALES

BY

V. KORENCHEVSKY, M D

From the Lister Institute, London

Both female and male sexual hormones have been found in the female organism (Koch, 1936, Dingemanse, Borchardt, and Laqueur, 1937), and some have already been isolated in a pure form, while others, mostly those concerned in male activities, are as yet unidentified In the experiments we performed on rats two lines of inquiry were followed systematically—namely, examination of the bisexual properties of the sexual hormones and investigation of their co operative activity It is now possible to draw general conclusions Therefore in the present paper I propose to outline the results obtained at the Lister Institute in experiments some of which have already been published and some of which are unpublished, and also to discuss the possible clinical significance of these findings

The effects on the male and female sexual organs of the following pure sexual hormones and their derivatives were investigated androsterone (Korenchevsky, 1935, Korenchevsky and Dennison, 1935a, 1935c, and 1936, Korenchevsky, Dennison, and Levy Simpson 1935a) androstanediol and its water-soluble esters (Korenchevsky and Dennison, 1935b and 1936, Korenchevsky, Dennison, and Levy Simpson, 1935 and 1935a), testosterone (Korenchevsky, 1936, Korenchevsky and Dennison, 1936a, Korenchevsky, Dennison, and Browsin, 1936, Korenchevsky, Dennison, and Hall, 1937a), transdehydroandrosterone (Korenchevsky and Dennison, 1936b), Δ^4-androstenedione and Δ^5-androstenediol (Korenchevsky and Dennison, 1937, Korenchevsky, Dennison, and Eldridge, 1937 and 1937a), testosterone propionate (Korenchevsky and Dennison, 1937, Korenchevsky, Dennison, and Eldridge, 1937a, Korenchevsky, Dennison, and Hall, 1937 and 1937a), progesterone (Korenchevsky and Hall, 1937), and oestrone and oestradiol either alone or in combination with the hormones mentioned above (Korenchevsky and Dennison, 1934, 1934a, and 1935, and other references given above)

Of these hormones only androsterone transdehydroandrosterone, testosterone, and oestrone (Hausler, 1934, Girard,* 1937) have been found as such in the male, while dehydroandrosterone (Callow, 1936), progesterone (corpus luteum or pregnancy hormone), oestradiol, and oestrone have been found in the female Androstenedione and to a less extent androstenediol are regarded as possible intermediate links in the formation of the sexual hormones in the organism from cholesterol Testosterone propionate is of special interest and importance, since its activity is much greater than that of pure testosterone Some of the results obtained in our experiments were confirmed or independently obtained on rats or other animals by Collip and co workers (McEuen, Selye, and Collip 1936 and 1937, Selye McEuen, and Collip, 1936 Selye Browne and Collip, 1936), Ham (1937), Deanesly and Parkes (1936 and 1937), Klein and Parkes (1936) Robson (1936 and 1936a), and Zuckerman (1937)

* Personal communication

Technique of Investigation

The experiments were performed on 873 male and 437 female gonadectomized rats The individual effect of any sexual hormone injected can be demonstrated only in those animals in which the sexual glands have been removed, and in which, therefore, there is no interference or complication due to the action of the other sexual hormones secreted by the gonads The results obtained, however, were compared with those seen in 81 normal male and 109 normal female rats, though this comparison was made only in the case of some and not all of the hormones investigated In order to draw correct conclusions with regard to the atrophy, restoration to normal, or hypertrophy of the sexual organs the histological changes must be considered together with the changes in the weight of the organs For this reason the results obtained in our experiments were studied both by weighing the organs—that is by the "method of weights —and histologically The details of our technique have been given in previous publications (Korenchevsky, 1932, and in those mentioned above)

The hormones were dissolved in sesame oil, and injected subcutaneously twice a day for twenty to twenty-one days The daily doses, half of which was given at each injection, were as follows androsterone 450—3 600 γ, water-soluble androsterone, 13,600—27,000 γ androstanediol, 180—700 γ water-soluble androstanediol, 1,460—5,310 γ, testosterone 8—1,500 γ, testosterone propionate, 30—1,500 γ, dehydroandrosterone, 1,000—4 000 γ, androstenedione, 500—3,000 γ, androstenediol, 200—600 γ, and progesterone, 50—3,000 γ In most of the experiments oestrone and oestradiol were administered in doses of 1—30 γ three times a week, but in some experiments doses of 30 γ daily were injected In all the experiments in which progesterone and oestrone or oestradiol were combined, preliminary injections of 6 γ of oestrone were given on alternate days for ten to fourteen days before the combined hormones were injected

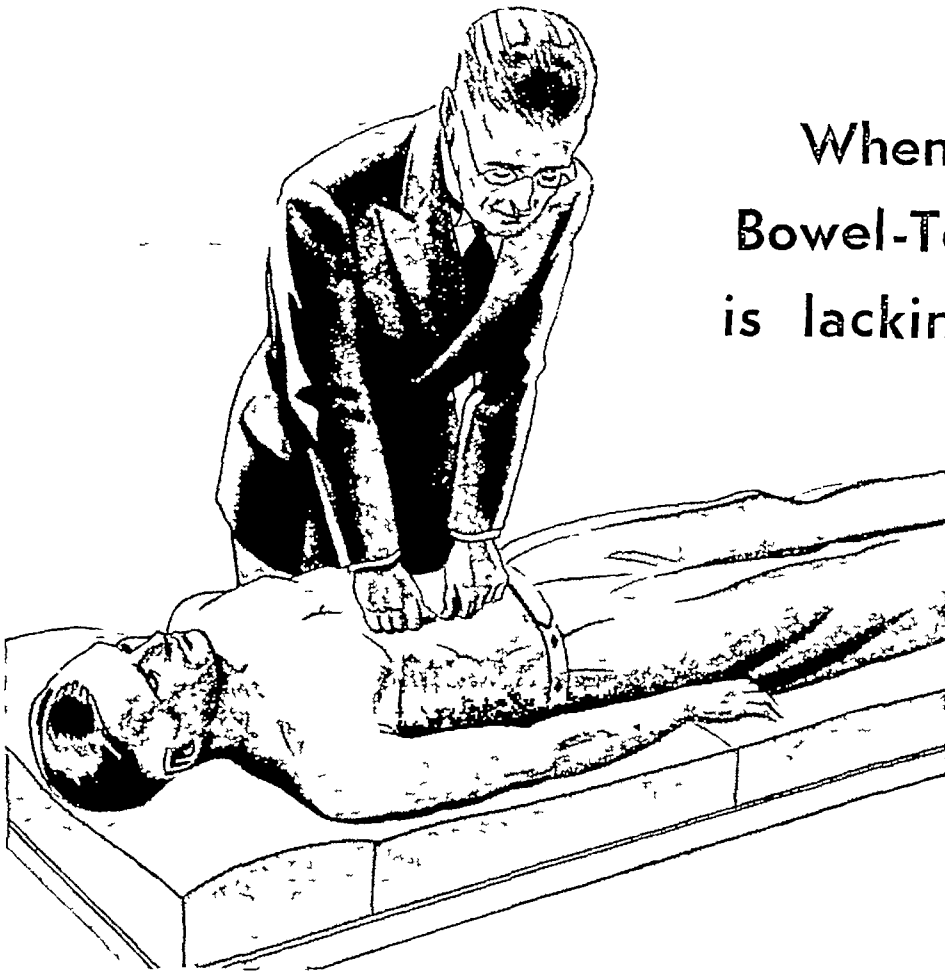
Bisexual Properties of the Hormones

These experiments on gonadectomized rats have established the fact that nearly all the sexual hormones investigated tend to a greater or less degree to restore to normal both the male and the female sexual organs which have atrophied as a result of gonadectomy a striking example is the most powerful of the male hormones, testosterone propionate This brings about a return to normal, or even to supernormal, of the atrophied sexual organs of castrated males The same hormone also restores the structure of the atrophied uterus and vagina of an ovariectomized female to a condition not far from normal while the weight of the vagina and the development of some of the tissues in this organ is even supernormal In normal rats it stimulates the development of the uterus and vagina to much above the normal size and weight

The sexual hormones investigated by us may be arranged in descending order of activity as stimulators of the development of the female sexual organs approximately as follows

1, 2. Oestradiol and oestrone
3. Testosterone propionate
4. Testosterone
5. Androstanediol
6. Androstenediol
7. Androstenedione
8. Transdehydroandrosterone
9. Androsterone
10. Progesterone

When these hormones are examined from the point of view of their co-operative activity this approximate order



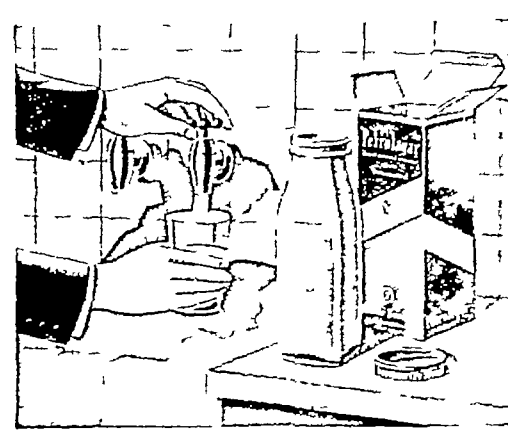
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week and 1,500 γ of progesterone daily Though the uterus and vagina showed typical histological progestational changes as a result of some of the combinations tried, both the size and the weight of these organs with all doses were considerably less than during pregnancy In fact, the uterus was much smaller even than that of the normal rat in dioestrus The bisexual hormones, especially testosterone and testosterone propionate, when combined with oestrone, produce progestation-like changes in the sexual organs of ovariectomized rats, while at the same time these organs hypertrophy considerably Taking these facts into consideration, various doses and combinations of testosterone, testosterone propionate, and androstenedione (150 γ to 500 γ daily) were added to the combination of progesterone and oestrone A greatly improved general development of the uterus and of the vagina resulted, as did progestational changes in the vagina approaching those seen in pregnant animals But while in the uterus the myometrium considerably increased, the progestational changes in the mucosa definitely decreased However, the degree of development of the uterus obtained in these experiments was still not identical with that of a natural "sterile pregnant" horn, and we are therefore continuing our experiments in an endeavour to reach this goal The degree of development of the vagina, on the other hand, was exactly similar to that of the normal 'pregnant' vagina

GROUP V

Group V comprised combinations of hormones producing normal oestrus In our previous papers and in our present experiments we have found that oestrone and oestradiol do not produce typical changes in the uterus (distension of the uterus) in ovariectomized rats, and that even in the vagina the changes obtained are not absolutely identical with those seen during natural oestrus in normal rats We concluded, therefore, that a combination of oestrone or oestradiol with one or more other hormones was responsible for the production of natural oestrus Up to the present we have failed to find such a hormone among those which we have examined Some approach to the 'oestrus' uterus" (considerable distension) was obtained when oestrone was combined with Δ^4-androstenedione, but this change was only obtained in some of the injected animals and the vaginal changes were atypical Kaufmann (1935) suggested that the co-operative activity of oestrone and progesterone was sufficient to produce normal menstruation in women, but this combination failed to produce typical oestrus in ovariectomized rats

Physiological and Pathological Properties

Among the actions of the "chiefly male" and the "true bisexual' hormones the more or less pronounced hypertrophy of, and the restoration changes in the structure of, the uterus and vagina atrophied as a result of ovariectomy must be regarded as physiological effects Another physiological feature of these hormones is their co-operative activity with oestrone and oestradiol Their pathological properties are evidenced by the deficient quantitative effect of the hormones (incomplete return of the atrophied organ to the normal weight, size, and structure), and by their deficient qualitative effects, in that the changes they produce do not correspond to those seen at any phase of a physiological sexual cycle In some instances the vagina would be typical of one period of the sexual cycle and the uterus typical of another In general it may be stated that with most of the hormones investigated both quantitative and qualitative pathological deficiencies were found more often and were more pronounced in respect of the changes produced in the uterus than of those in the vagina

Supernormal development of the sexual organs is also a pathological feature, and it was particularly striking in the uterus ('gigantic uterus") and to a less degree in the vagina when normal rats received injections of testosterone propionate The hypertrophy of the uterus greatly exceeded that seen in the sterile horn of a pregnant uterus The same superdevelopment was also seen in the vaginas of castrated rats injected with testosterone propionate either alone or in combination with oestrone or oestrone and progesterone The weights of these vaginas, however, were no greater than those of the vaginas of normal pregnant rats

Other pathological changes seen, more usually after the injection of large doses, were In the uterus, (1) irregular structure of the stroma of the mucosa, (2) vacuolation of the uterine epithelium, (3) mucous cystic enlargement of the glands, and (4) abnormally abundant development of the fibrous tissue of the myometrium In the vagina corresponding pathological changes were (1) deficient or more irregular mucification than that normally seen during pregnancy, (2) the persistence of a narrow epithelial layer in the otherwise normally developed progestational vagina, (3) the absence or only slight development of the cornification seen in normal oestrus and the presence of dropsical vacuolation with leucocytic invasion of the vacuoles and the spaces between the cells of the epithelial layer in some of the ovariectomized rats injected with oestrone or oestradiol

Great development of the clitoris (Korenchevsky, Dennison, and Eldridge, 1937 and 1937a), and of the prostate (Korenchevsky, 1935a and 1937, Korenchevsky and Dennison, 1936), in normal and ovariectomized rats injected with male hormones are features indicative of masculinization—that is, of a further pathological effect Hypertrophy of the female preputial glands (Korenchevsky and co workers, 1935–7) is also pathological

Clinical Significance

In the light of the facts given above an explanation may be advanced as to why treatment with oestrone or oestradiol alone often fails to give good therapeutic results when applied to diseases of the sexual organs and general endocrine sexual disturbances in women The activity of the corpus luteum hormone or hormones is not limited to the period of pregnancy, since false corpora lutea appear and persist for some time after each ovulation. Apart from pregnancy, therefore, this hormone (or perhaps hormones), although secreted in much smaller amount than is the case with the fully developed corpora lutea, should produce some special effect if it is combined with the oestrogenic and other hormones Kaufmann (1935) produced evidence of the successful treatment of some gynaecological cases by the combined administration of oestrone and progesterone

It is most improbable that the presence of male compounds in the female organism is without significance or without effect on the sexual and other organs and functions, there can be no doubt that they also play an important part in the general endocrinological co operative and antagonistic activities in the female organism It follows that the endocrine treatment of diseases of women cannot be perfected until (1) the male sexual hormones present in females have been isolated and identified, (2) a thorough experimental investigation of the physiological and pathological properties of these hormones, alone and

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from headaches, 39 per cent from giddiness, and r cent from nervous instability Obesity occurred per cent, while 23 per cent suffered from rheumatic ins, 10 3 per cent were incapacitated for a varying of time

Factors bearing on Menopausal Symptoms

The severity of menopausal symptoms would appear to depend upon several factors As in the case of other endocrine disturbances, such as those which occur at adolescence or during pregnancy, it would seem that those individuals who tend by nature to be "highly strung" are more prone to develop functional manifestations From the prognostic point of view it is wise to distinguish between symptoms which originate at the menopause and those accentuated by the menopause Thus of the first fifty patients treated by me eighteen had suffered from functional symptoms—that is, headaches, nervousness, dyspepsia, insomnia, muscular rheumatism, etc—in varying degree since adolescence Of these eighteen a hereditary tendency could be traced in fourteen To this constitutional factor is related the undoubted influence of race Fifteen of these fifty patients treated were Jews, and the oestrin dosage necessary to control their objective signs (tachycardia, hypertension, oedema, arthritis, etc), together with the duration of the treatment, was on the average nearly twice as great as in a similar group of English subjects

The duration of menopausal symptoms is subject to as much individual variation as their severity In the majority of cases compensation usually occurs in two years In many instances functional disturbances, such as flushes, may persist for as long as ten years, and in certain individuals these disturbances would appear to be permanent This latter conclusion is supported by the persistence in many individuals of a high gonadotropic urinary excretion into old age, and also by the successful response to oestrin therapy of symptoms which originated thirty years previously at the climacteric In several cases I have noticed the slow, insidious onset of typical menopausal symptoms in women between the ages of 55 and 60 who had apparently passed through a quiet menopause five to ten years previously Anxiety states and moderate hypertension are not uncommon in such subjects, and since these respond well to large doses of oestrin I am inclined to the belief that they may be late manifestations of the climacteric For the purpose of this review, however, no patients are included who were under 40 or over 55 at the commencement of treatment

The Complex Origin of Symptoms

The origin of menopausal symptoms would appear to be complex, and any detailed analysis would be irrelevant to the purpose of this paper A brief summary of my personal views is, however, necessary in order to justify the wide range of conditions which have received treatment In general I believe that any endocrine secretion possesses at least three distinct actions

1 A direct specific visceral effect, (In the case of oestrin, genital development)

2 Direct non specific effect upon the autonomic centres of the brain—Experimental and clinical observations suggest that the anterior pituitary the thyroid and adrenal medulla stimulate the sympathetic centres while the posterior pituitary, the parathyroids the islands of Langerhans and the secretions of the gonads stimulate the parasympathetic

3 The regulation of endocrine balance

For these reasons the effects produced by abnormal secretion of any individual gland must vary with the endocrine and psychic pattern of the individual Any reduction in oestrin secretion will be followed not only by local changes in the reproductive organs and a disturbance of endocrine equilibrium, but also by imbalance between the sympathetic and parasympathetic systems, leading to a predominant tonus of the former This latter manifests itself not only by psychic unrest and sleeplessness but also by disordered function of every organ and system

It is to be emphasized that no individual symptom so produced is specific for lack of oestrin Rather must they be regarded as the expression of a general neuro-endocrine disharmony, which may equally well result from a variety of endocrine, reflex, infective, metabolic, environmental, or other conditions The relative importance of oestrin lack in the production of symptoms—and hence the degree of improvement likely to follow oestrin administration—can only be judged when all such other factors have been evaluated or excluded In this connexion the subject of allergy deserves particular mention, since it is frequently acquired for the first time at the menopause, as in other states of neuro-endocrine disturbance Food allergy, particularly to egg albumen and milk, would appear to be especially common While suitable treatment, by exclusion or desensitization, must be given to any allergic state when present, it is my impression that tolerance for any particular allergen increases with the stabilization of the nervous state

During the last three years I have employed oestrin in ninety-four cases of menopausal disturbances, of whom fifty have now completed treatment Of these fifty the following were the principal complaints headache, 46 per cent, nervousness and depression, 46 per cent, insomnia, 38 per cent, abdominal pains, including mucous colitis, 26 per cent, flushes, 24 per cent, muscular rheumatism, 26 per cent, articular rheumatism, 18 per cent, vertigo and "falling," 20 per cent, palpitations, 18 per cent, oedema of ankles or arms, 10 per cent, petit mal, 6 per cent, grand mal, 4 per cent, pruritus vulvae, 6 per cent, leucorrhoea, 6 per cent, hypertension was found in 16 per cent While these figures cannot be regarded as representative, it is interesting to note the comparatively small number who complained of flushes

It will thus be seen that headaches, nervousness, insomnia, and abdominal pain are the commonest complaints Such symptoms, however, are only the grosser manifestations of the menopausal state Associated with them, or at times occurring independently, numerous other phenomena may occur which are remarkable for their great variety Some of these would appear to be due to autonomic discharge of central origin, others to peripheral or biochemical effects The close interdependence of the autonomic nervous system, endocrine glands, and circulating metabolites, however, clearly prohibits any clear-cut classification on such lines, and, moreover, is apt to stultify the effects of such symptomatic treatment as nerve section

The following is a brief description of some of the menopausal phenomena which have occurred in my series, together with specific case histories where relevant

1—*The Menopausal Psychoses*

These mostly take the form of irritability, depression, loss of confidence and mental exhaustion *In the severe states some pre existing and often hereditary tendency can often be demonstrated It is well, therefore, to emphasize* once again that oestrin treatment will only restore an individual to that state of health which was enjoyed before the onset of the menopause Tall, thin, hypo

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muscularly and 2 mg by mouth each week Digitalis and sedatives were then discontinued Her condition has since remained stable for nine months on 0 3 mg oestrone by mouth daily There is now slow auricular fibrillation at 76, but no oedema and no dyspnoea She is doing full housework for the first time for four years

The superficial resemblance between menopausal and cardiac symptoms is worth noting Dyspnoea, palpitations, vertigo, and oedema of the ankles are common to both conditions, and in the presence of a chronic carditis the correct interpretation of symptoms is occasionally difficult In similar fashion the combination of the menopausal symptoms of headache, hypertension, retinitis, oedema of face and extremities, with frequent micturition, is apt to be mistaken for chronic Bright's disease I have observed two cases of intermittent claudication of the legs commencing at the menopause, both of which responded to treatment It is my impression, however, that this symptom is more characteristic of the male climacteric

It would seem that the wide range of rheumatic manifestations which characterize the climacteric may also have a vascular origin Under this group may be mentioned diffuse muscular rheumatism, periarticular arthritis —which may or may not be combined with synovial proliferation—and neuritis In the absence of any secondary allergic cause these conditions, in particular the periarticular form of rheumatism, respond most satisfactorily to adequate oestrin replacement My experience has shown that comparatively large amounts are required and that these must be continued over a minimum period of six months before satisfactory improvement is obtained

Case 5—This patient, aged 55 had had amenorrhoea at 48, with insomnia depression, and leucorrhoea For five years she has been confined to the house with rheumatism and was unable to climb stairs She was treated unsuccessfully with massage, vaccines and gold On examination gross periarticular thickening of knees was present with much synovial proliferation and coarse crepitation, there was also osteoporosis and narrowing of the joint space

After twelve months weekly administration of 2 mg oestradiol benzoate intramuscularly and 2 mg oestrone by mouth, the joints have returned to normal size and fine crepitations only can be elicited The patient can now go upstairs and walk a mile in comfort, but her knees are still somewhat stiff on resting. She sleeps well, has no leucorrhoea, and is enjoying life

3—Visceral Spasm

In addition to the irritability of the vascular system there would also appear to be an increasing irritability of all smooth muscle throughout the body Clinically this visceral irritability occurs more often perhaps in the splanchnic area, particularly when there is local irritation For this reason gall-stones, uterine fibroids, or renal calculi, which undoubtedly in many cases have been present for many years, may first give rise to symptoms at the climacteric In my series two cases of repeated and severe gall-stone colic occurring for the first time at the menopause in bronchitic subjects have responded well to adequate oestrin therapy

4—Functional Disturbance of the Gastro-Intestinal Tract

These functional changes are characteristic of overaction of the sympathetic system with the suppression of parasympathetic functions At the menopause symptoms due to spasm of the various sphincters—superior oesophageal cardiac, pyloric ileo caecal—are extremely common together with this there is usually a contraction of the iliac colon and a muscular atony of the body of the stomach and caecum Similar secretory disturbances accompany these motor changes, thus there is an inhibition of gastric acid secretion with the occurrence in many cases of true achylia, and an active secretion of mucus not only by the stomach but also by the colon It seems possible that these functional disturbances, and in particular the alteration in gastric acidity, may be responsible for the microcytic and even macrocytic anaemia which often occurs at this age

Of the patients in this series fifteen complained of symptoms due to splanchnic discharge In these cases it was unusual for the pain to be limited strictly to any one particular portion of the intestinal tract thus epigastric pain was frequently associated with left iliac fossa pain and a condition of mucous colitis Relief was given to all these patients by a combination of dietetic and oestrin treatment

5—Glandular

No cases of menopausal glycosuria have received treatment True hyperthyroidism is occasionally an accompaniment of the menopausal nervous state, and in three cases not included in this series considerable improvement followed the administration of oestrin before operation

My connexion with the Manchester Royal Eye Hospital has enabled me to observe the frequent occurrence of certain ophthalmic conditions at the menopause Two cases of choroiditis have been treated with disappointing results, four cases of persistent or recurrent iridocyclitis have shown dramatic improvement, and two out of three cases of occlusion of the central retinal artery have ultimately regained 6/18 vision

Two cases of pin-point vision have responded to oestrin therapy, the perimeter records and history of one of these being here recorded

Case 6—This patient, a married woman of 48, had a history of amenorrhoea for twelve months headaches and dizziness for twelve months, and failing eyesight for three months The administration of 0 3 mg. of oestrone daily by mouth was begun on April 7, 1936 Vision on April 19 corrected, right, 6/9 J8, left, 6/9 J8 Retested October 6 corrected right, 6 5 J1 left, 6/12 J1 The patient took her discharge on January 11, 1937, but returned on August 8 with slight recurrence of nervous symptoms

Certain other conditions have also appeared to respond well to treatment, but no opinion can as yet be formed owing to the natural tendency of these to undergo spontaneous remission Among this group may be mentioned certain types of disseminated sclerosis and encephalitis which first showed at the menopause

Some conditions would seem to be very resistant to oestrin therapy No improvement has, for instance, been made in cases of menopausal asthma and bronchitis which have been treated solely by oestrin Here the allergic factor would appear to be of greater importance, though it would seem that the development of the allergic state was facilitated by the neuro endocrine disturbance Low backache is also a common symptom which at times is difficult to relieve In some cases its persistence may indicate that the oestrin dosage is inadequate In two cases relief has only been obtained by the additional administration of corpus luteum hormone, one international unit of which has been given on alternate days

Symptomatic treatment has been reduced to the minimum In the early stages some sedative, such as luminal, prominal, or ergotamine tartrate, has been necessary to induce sleep, but in all cases it has been possible materially to reduce the drug and in many to discontinue

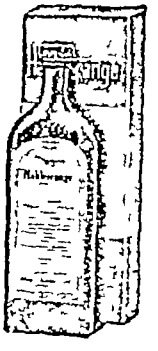


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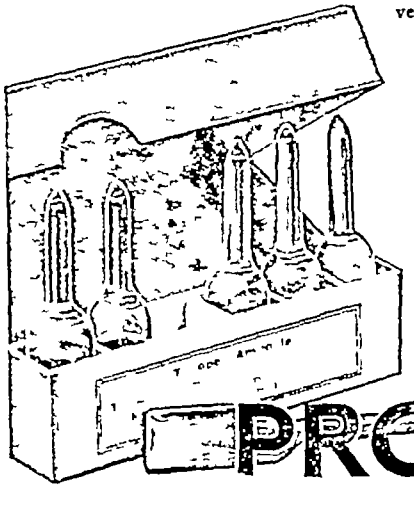
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In two cases the intramuscular injection of an oily solution was followed within twenty-four hours by the appearance of an urticarial eruption, one following 1,000 international units of menformon and the other following an injection of 10,000 international benzoate units of progynon In neither of these cases did any reaction follow the oral administration of oestrone, and it is possible that the cutaneous eruption was an expression of sensitiveness to oil rather than to the hormone

Of great practical importance in the treatment of menopausal disturbances is the question of cost The price and activity of commercial preparations of oestrin show considerable variation In the above series the Organon preparation of oestrone (menformon) has been employed in pills of 0 1 mg (1,000 I U) and in oil solution containing 1 mg (10,000 I U) to the cubic centimetre, while larger doses have been obtained with progynon (Schering), 1 mg of oestradial benzoate (10,000 I B U) being contained in 1 c cm of sesame oil

The cost of initial treatment works out at about seven shillings a week for private patients A reduction of some 30 per cent is obtainable by hospitals The treatment of a hospital case of average severity will therefore amount to approximately £1 per month in oestrin alone

Since the menopause is directly or indirectly responsible for a great amount of suffering in any community the question of the responsibility of the hospitals for the provision of this treatment is immediately raised On the one hand it is true that the wholesale use of this remedy at present prices will soon involve even a small hospital in considerable financial expenditure On the other hand it is equally true that the menopause, though a relatively innocuous phase in the life of the average woman, is undoubtedly responsible in about 5 per cent of women for the onset of chronic ill health, permanent disablement, or even sudden death If untreated many of these unfortunates ultimately swell the medical and surgical waiting lists of hospitals, in which the cost of their board and lodging alone will amount to between £5 and £6 a fortnight Quite apart from this consideration, however, it would seem illogical for any hospital to deny its patients the established benefits of oestrin therapy while permitting the expenditure of equal sums of money on the treatment of many less sinister conditions It is to be hoped that the ingenuity of the organic chemist will in the near future provide a solution to this problem

Summary

In this article I have endeavoured to emphasize the importance of the climacteric in the production of a wide range of morbid conditions, and the unique value of substitution therapy in their correction I sincerely hope that its publication will stimulate a more general practical interest in this gratifying subject To those who are not yet familiar with the employment of oestrogenic substances I would stress again the following points

1 Selection of Cases—The use of oestrin does not obviate the necessity for the search and removal of non-endocrine factors At its best oestrin can only restore an individual to that state of health which was enjoyed before the onset of the climacteric

2. As with other endocrine treatment, the dose must be adequate for the requirements of the patient and treatment must be prolonged

I wish to express my appreciation and thanks to the Board of Management of the Manchester Northern Hospital for sanctioning the heavy expenditure incurred in the running of my endocrine clinic.

TREATMENT OF MENSTRUAL IRREGULARITIES BY A NEW SEX HORMONE PREPARATION

PRELIMINARY NOTE

BY

KENNETH BOWES, M D., M S, F R C.S.

Obstetrician and Gynaecologist to Out patients, St Thomas s Hospital

Of recent years the advance of knowledge about the sex hormones has been immense, however, as Novak wrote, "the results of gynaecological organotherapy have been disappointing, while the accomplishments of gynaecological endocrinology have been numerous and brilliant" Kaufmann showed how, by large doses of oestrone and progesterone scientifically administered, a normal type of menstruation could be produced by substitution therapy The end-results of such treatment, because they depend on substitution, are in many cases disappointing, as menstruation fails to persist for long following cessation of injections It is therefore to the gonadotropic hormones that attention has now been focused with the aim of correcting menstrual irregularities from the regulator itself So far, whereas reliable luteinizing gonadotropic hormones have been made available for clinical use, there has been no corresponding follicle-stimulating hormone for therapeutic use Recently the opportunity has occurred to use a preparation called "antostab," which is claimed to have follicle stimulating properties

It is not within the scope of these notes derived from clinical material to discuss the experimental evidence in regard to the preparation, which is made from the serum of pregnant mares In animal experiments it has been shown to differ materially from the gonadotropic hormones derived from the urine during pregnancy, in that it produces follicle stimulation in immature rats to a very marked extent, thus corresponding more to the hormones of the hypophysis itself It is also capable of follicle stimulation in hypophysectomized rats, whereas the gonadotropic hormones of urine produce only luteinization The preparation has similar properties when injected in monkeys, producing marked increase in weight of ovaries Dosage is based on mouse units, one M U being the minimum quantity required to be injected to double the weight of the ovary of sexually immature three to four-weeks-old mice in three to four days In the following short series of cases two to three ampoules of antostab (100 M U per ampoule) were given weekly

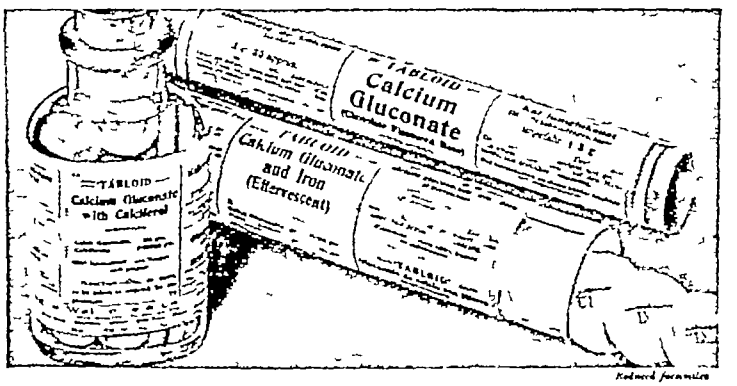
From its properties it would appear that the preparation would be of most use in the treatment of amenorrhoea, and six consecutive cases of amenorrhoea, hypomenorrhoea, and oligomenorrhoea were given injections of antostab One of these cases has been excluded from the notes as a small mole was found to be the cause of the amenorrhoea It was expelled spontaneously after injections of antostab, probably owing to oestrone stimulation

Notes of Cases

Case 1—An unmarried woman aged 28 who had not had a period for ten years The periods had started at 15 and continued irregularly for two years and then stopped On examination the uterus was small (1¼ inches in length by probe) Injections were started and after four had been given there was a period, loss being slight, injections were continued, and a month later there was a period lasting three days During the next cycle a curettage was done on the twenty second day which showed endometrial changes corresponding to about the sixteenth day Secretion was present in the cells, but there

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DATE From c. 550 B.C. The altar A.D. c. 130

weeks ago Commander Crean reports 100 cases, with only six failures and three relapses Dr Anwyl-Davies, who tested the effects of sulphanilamide on thirty-nine cases at the invitation of the Therapeutic Trials Committee of the Medical Research Council, writes that in the treatment of acute gonorrhoea the drug is ineffective and that it does not appear to act satisfactorily in combating the gonococcus

In the hope of clarifying this confused position and of giving other workers the benefit of our experience at St Mary's Hospital I am submitting this interim report of an intensive research which we are carrying out with sulphanilamide at the special (venereal) clinic The research was undertaken at the instigation of the director of the clinic, Dr Gerald McElligott, to whom I am deeply indebted for much inspiration, guidance, and encouragement At first small doses of sulphanilamide were tried on a group of cases of gonorrhoea, with inconclusive results Five weeks previously I started an intensive campaign on male patients (now totalling over 250), using larger doses and obtaining very different results We had hoped to postpone publication of this research until a large group of cases had been followed up for some months beyond their final tests of cure and until we were in a position to reach a decision based on a balanced analysis of final results But the obvious need to pool our experience of this potent drug, and especially to share our knowledge of its toxic effects and dangers, impels me to anticipate the issue of our final report with this preliminary article

First I must join issue with both Dr Anwyl-Davies and Surgeon Commander Crean I am quite certain that Dr Anwyl-Davies's pessimistic conclusions are wrong, and that his condemnation is based on inadequate evidence He used what we now consider to be only a moderately effective dosage in half his cases and less in the remainder A partial trial was therefore made in only twenty cases, and these are hardly sufficient to form an opinion on, particularly when dealing with a capricious drug But Surgeon Commander Crean's breezy optimism is almost equally off the mark One may be too fastidious, but it is difficult to accept cures based on final tests begun on the eleventh day and ended on the twelfth, or to agree that a vaccine dose of 50 million is provocative His conclusions, moreover, are not applicable to civilian patients, who cannot be kept in hospital and who do not compare with the average sailor in hardihood and therefore in tolerance The remarkable freedom of his cases from toxic symptoms (only two are reported to have had any) will never be approached by a civilian series Notwithstanding these points of criticism Commander Crean's article is a very valuable one, as it shows what can be done with proper organization I was particularly interested to notice that of his six complete failures four had acute prostatitis, as this agrees entirely with my own experience

Technique and Dosage

Our cases comprise every type of gonococcal infection in the male—recent acute, prolonged acute, chronic, and complicated—also a small group of non-gonococcal infections of the urethra, prostate, and bladder For purposes of therapeutic experimentation the patients are divided into four groups

1 A small group are treated with sulphanilamide only

2 A large group are given sulphanilamide and (for part of the time) a strongly alkaline mixture (30 grains each of potassium citrate and potassium bicarbonate, three times daily) As a control a few cases are taking an acid mixture

3 The largest group are treated with irrigations as well as sulphanilamide and alkalis

4 The smallest group are given a gonococcal or mixed vaccine in addition to the above

The sulphanilamide is given orally in 7½-gram (0·5 gramme) tablets (B.D.H.), taken after meals with a full glass of water Each patient receives a form setting out clear instructions on the taking of the tablets and on drinking large quantities of water, and emphasizing the importance of attending the clinic when told to do so (mostly every two to four days) It also instructs patients to avoid eggs in any form, and to take no aperients except such as we give them (with the object of cutting down the ingestion of sulphur) Apart from a few exceptions the patients continue at work Our actual dosage has varied within wide limits (from as little as 1 gramme to as much as 6 grammes a day), and I am not yet able to pronounce any hard and-fast rules on it There is a capricious element in the reaction of individual cases which makes standardization of dosage extremely difficult each case has to be treated as a separate problem Our experience, however, has taught us a number of important things which are guiding our present technique, and which I now tabulate

(*a*) To obtain optimum effects the sulphanilamide must be given in quantities which are potentially toxic

(*b*) The drug must be continued not only until all signs of the disease are gone but also for a further period if relapse is to be avoided The length of this second period varies with the lesion, but should not be less than one week or more than two

(*c*) The administration must be so spaced as to maintain a constant concentration of the drug in the blood and tissues. Sulphanilamide appears to be eliminated very rapidly and I believe that in as little as twelve hours the amount left in the body becomes subefficient For this reason we are now giving it in four doses (during the first stage of treatment)—three after the principal meals of the day, and the fourth last thing at night.

(*d*) A case of gonococcal infection either reacts to effective doses of sulphanilamide within a short period or it does not react at all It took us some time to recognize this fact, but I now believe it to be of supreme importance It is in resistant cases where one is tempted to persevere with the treatment for yet another week and to give larger and larger doses or to try another course after an interval, that the real danger of serious toxic effects lies For this reason it is now my practice when a patient fails to improve after a week or ten days on adequate dosage, to admit failure, and to give up the treatment at once

(*e*) The actual quantity of the drug (daily and total) must be kept within certain strict limits but its administration should vary with (i) the stage of the disease (ii) the presence or absence of complications (iii) the age, weight, and general condition of the patient (iv) the stage of the treatment, and (v) the patient's therapeutic and toxic reactions to it.

Guided by these principles, and subject to considerable individual variation, the sulphanilamide routine I am now employing is roughly as follows

1 *For Uncomplicated Acute Gonococcal Urethritis (Recent or Prolonged but with Positive Smears)*—Young men of good weight and condition take eight to ten tablets (4 to 5 grammes) daily, divided into four doses, until the discharge ceases (or becomes mucoid and free from gonococci) and the urine clears completely (except for an

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THE EARLY DIAGNOSIS OF INTRACRANIAL TUMOUR*

BY

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Perhaps the obvious way for me to deal with the subject would be to plunge at once into a description and discussion of those clinical features upon which we so largely depend for diagnosis and thus to make my remarks a simple summary of clinical information While this plan might be appropriate for an ordinary postgraduate lecture, I feel that the circumstances of our discussion call for some introductory remarks of a more general nature

With the steady increase of technical or instrumental aids to diagnosis it becomes more and more difficult for us to keep a firm grasp of those sound general principles which must always govern clinical diagnosis and to retain our faith in those methods which have been traditional in English medicine So much has been claimed for these newer technical methods that we are in danger of being led to suppose that they have rendered the careful physical examination of the patient superfluous In a word we are threatened with a triumph of technique over reason and the moment is apt for a brief restatement of principles which apply as nearly to the diagnosis of intracranial tumour as to that of any other of the ills that flesh is heir to

Principles in Diagnosis

Diagnosis has been defined as the identification of a disease by the investigation of its symptoms and history The method of informed and intelligent inquiry by which we elicit the story of an illness does not and cannot change in essence with advances in knowledge It is a task calling for and impossible of performance without a sound knowledge of general medicine Even the most intelligent patient does not relate complete and unaided the story of his illness He does not know always what is relevant and what is not The examiner must know what to ask for without putting the answer into the patient's mouth Indeed the taking of a history is an art calling not only for knowledge but for aptitude

The second stage in the identification of disease—namely the physical examination of the patient—demands no less in the way of qualifications It is one thing to elicit physical signs and a more difficult thing to assess their significance Here experience is essential—a fact which is daily borne home to the neurologist in his work Further it needs to be emphasized that the information gleaned by radiological studies and by blood and cerebrospinal fluid examinations can only be rightly assessed in connexion with the clinical findings They are additions to clinical examination and not substitutes for it This last is a point which certainly requires stressing It is painfully common now to have to make one's way through a barrage of pathological and other reports and through sheaves of *x* ray films before obtaining access to the patient and having at last done so we not rarely find that a large proportion of these expensive investigations have been unnecessary—they are merely recondite explorations of the irrelevant They have not been dictated by the exigencies of the situation but used as short cuts to diagnosis In short the attractive simplicity of these methods may easily tempt us to omit essential clinical investigation

Radiographic Methods

Now while no one will be disposed to dispute this general point of view many I fear, pay but lip service to it and no student of neurological literature can escape the conviction that in neurosurgical clinics especially, radiographic methods such as ventriculography encephalography and arteriography have come to take pride of place among diagnostic methods in the case of tumour and of such conditions as may be mistaken for tumour

The point of view that finds this technician's approach adequate receives passing reference in Cushing's final review of the 2000 cases of intracranial tumour which have passed through his hands In this review he remarks that "Dandy's ventriculography placed localization at a point where neurological studies seemed scarcely longer necessary Now it would not be right to regard this as expressing Cushing's own practice since the foundations of his renown as one of the pioneers in the diagnosis and treatment of intracranial tumour were laid long before this method was discovered yet it certainly indicates what is the eagerly accepted gospel of many younger surgeons whose all embracing faith in the radiograph is seen in their omission to equip themselves with that comprehensive knowledge of nervous diseases which can alone make neurological diagnosis efficient

In the circumstances it becomes of interest to see what in fact is the nature of the clinical material referred to the neurosurgical clinic when no neurological clearing house stands between it and the court of diagnostic first instance—namely the general practitioner Fortunately we do not have to speculate on the matter for Cushing's review already referred to gives the figures for what is perhaps the largest and most famous of such clinics In addition to the 2000 verified cases of tumours there came to his clinics no fewer than 1031 cases which proved not to be intracranial tumours—that is no less than one third of the total admissions This third included 157 cases of cerebral vascular disease fifty of encephalitis thirty eight of neurosyphilis thirty four of disseminated sclerosis 125 of epileptiform convulsions fifty four of headache eighty nine of arachnoiditis

* Portion of a discussion held by Section of Neurology and Psychological Medicine at the Annual Meeting of the British Medical Association in Bath 1937

Of the objective symptoms much the most frequent is a mild degree of cyanosis The cheeks, forehead, and neck are suffused with a rich pinkish colour, which is so common and characteristic that I have learned to regard it as almost an index of the patient who is taking his tablets This appearance is consistent with perfect health, and although I have examined the blood of many such patients not one has shown detectable quantities of methaemoglobin or sulphaemoglobin A few cases show a paler colour, approaching heliotrope, and these may have a positive spectrum (to the left of the D), but blue cyanosis has been definitely rare in our experience Perhaps the most interesting objective effect is a curious rash which I have now seen in ten patients It is a symmetrical urticaria-like eruption on the wrists, the flexor surfaces of the forearm, and (in two cases) on the legs and trunk The patients were all otherwise well, and the skin was normal again one or two days after discontinuing the sulphanilamide The actual eruption consists of pinkish, slightly raised papules, mostly small (but in two cases much larger), with an erythematous background which gives the rash a faintly morbilliform appearance I have also seen one case with a circular patch of simple erythema of the thigh

The most striking thing about this host of minor toxic symptoms is the rapidity with which most of them disappear, a few hours to a day or two after the sulphanilamide is stopped This rather supports the view that they are caused by absorption of the drug into the blood corpuscles, but it also appears to be an indication of the speed with which the drug is eliminated from the body Apart from a fading cyanosis in bad cases the only symptoms which tend to persist for a while are anorexia, nausea, and vomiting, but these may be gastric in origin Another very common phenomenon is the acquired tolerance which many susceptible patients develop if they persevere with safe amounts of the drug for a few days Again and again this acquired tolerance has come to our rescue when we were on the verge of stopping treatment owing to the lack of natural tolerance

An obvious consequence of these unpleasant if unimportant toxic effects is that some persuasion may be needed to make patients submit to the treatment Nothing can be done with the obstructive or non-co-operative type, while unintelligent people often drive one to the brink of distraction But in reasonable patients we ought to persevere with the drug along the lines I have indicated, unless the toxic effects become severe, a temporary halt is advisable in cases with severe gastric symptoms, intense headache, or skin rashes

The only toxic symptoms which might be attributable to the oral administration of the drug are anorexia, nausea, and vomiting In such cases it may be wise to try prontosil soluble by injections, although there will still be the chance of toxic vomiting

Early Results of Treatment

At this early stage of our work I am not prepared or able to give statistical figures, nor will I attempt to forecast the final results before the publication of the full report at the end of our research I can, however, make certain observations on the immediate experience of the 250 cases under my care at the present time It must first be pointed out that in a few of them the treatment has been abandoned owing to severe intolerance

1 Uncomplicated acute gonococcal urethritis clears up completely in a few days in a large majority of cases provided the sulphanilamide is taken in the quantities already referred to The discharge usually becomes scanty and mucoid after one or two days, and entirely ceases well before the end of the first week The urine becomes quite clear in two to six days, except for occasional mucous threads, which may persist for a few days longer A heavy phosphatic deposit is present in cases receiving the alkaline mixture, and large quantities of acetic acid are being used in examining the urines The mucoid fluid which can be expressed from the urethra in the first few days contains many epithelial cells, relatively few (sometimes very few) pus cells, and usually no organisms Occasionally a few scattered groups of gonococci can still be seen in the first smear (at the end of two days treatment), and even in the second (after two more days) but they are rarely found later than this By the end of the first week the urethra is quite dry and no smear can be obtained, prostatic beads and scrapings of the urethral walls show no organisms and no pus cells Furthermore, relapse does not occur if the sulphanilamide is continued for an adequate period

Such an experience, repeated scores of times and compared with numerous control cases on ordinary treatment which show crowds of gonococci in the discharge that persists day after day and usually week after week, soon convinces one that a potent destroyer of the gonococcus has at last been discovered A small minority of uncomplicated cases, however, do not clear up with sulphanilamide even if one modifies the technique or increases the dosage We now quickly recognize these resistant cases and write them off as failures, but not before we had wasted large quantities of an expensive and dangerous drug in a vain attempt to prove it an infallible remedy There is little difference in response to the treatment between recent acute cases and acute cases of some duration, although on the whole the early ones clear up a day or two sooner

2 In most of our cases treatment is still proceeding, but there is already a group of patients who have completed their full course of sulphanilamide and have been without treatment for one or two weeks Every one of these remains perfectly well, and quite a number have passed their tests of cure and are already on the follow up list

3 Cases of chronic gonococcal urethritis and prostatitis clear up at least as rapidly as the acute ones, and on smaller amounts of sulphanilamide The gleet ceases, the urine clears, and even the threads may disappear before the end of a week I cannot yet say what will happen to their complement-fixation test (usually very positive to begin with), but the proportion of clinical failures is very small

4 Non gonococcal cases react best of all A quite small quantity of the drug can effect a rapid cure, and I have not yet seen a failure

5 Some gonorrhoeal complications clear up with the technique used in uncomplicated cases and in roughly the same proportion But an unexpectedly large percentage of cases of acute prostato-vesiculitis, with or without an associated epididymitis, have proved extremely resistant to the drug Some of these have yielded to repeated short courses of intensive treatment, but the majority have had to be written off as failures A probable explanation is that we are dealing with a closed focus and that a staphylococcal secondary infection is added

6 I cannot yet say what part, if any, other methods of treatment used in conjunction with sulphanilamide, have played in our successful results but there can be no question that they have been completely dwarfed by it

brain These may precede the various signs and symptoms of raised intracranial tension In this case it is the time factor as much as the character of the signs that betrays the probable nature of the lesion But even such a mode of development of organic signs is not free from danger for the unwary Thus take the case of an elderly man who complains of a slowly developing weakness of the limbs of one side His tale may easily suggest the insidious onset of a hemiplegia and the presence of a tumour in the depths of one cerebral hemisphere Yet the commonest explanation of such a complaint in such a patient is the onset of paralysis agitans without tremor or with but infrequent tremor Of course an adequate examination of the nervous system would reveal the true nature of the situation yet I have known two patients submitted to exploratory craniotomy from a failure to recognize early paralysis agitans

Another symptom complex which has a localizing value is one in which somatic signs may long be wanting one in which a progressive temperamental change is the initial symptom Such a change may occur with tumours in other situations than in the frontal lobe but I believe that the opening of the clinical course by an increasing apathy and loss of initiative a tendency to unaccustomed reticence and to defective attention, and a poverty of ideas is pathognomonic of a frontal lobe tumour When added to this we find the unnoticed or perhaps it would be more accurate to say the unregarded incontinence of urine wherever the patient may happen to be when nature calls the picture is a characteristic one that cannot be mistaken It may exist and grow for months before any complaint of headache is made and in such a case papilloedema may be but a terminal symptom I have known such patients to be regarded and treated as primary depressives yet actually they are readily to be differentiated from this psychosis

4 SECONDARY CARCINOMA OF BRAIN

One other clinical picture calls for mention here—that of secondary carcinoma of the brain It cannot always be recognized but there are certain indications that it may provide It is perhaps most common in association with primary carcinoma of the lung and its incidence in this and other visceral carcinomas is probably greater than has been realized in the past It may become clinically evident before the primary growth—especially if this be in the lung—has been suspected and such peculiarities as it may present probably depend upon the fact that the secondary growths are multiple within the brain, and that the leptomeninges may be extensively infiltrated—sometimes in the absence of macroscopic nodules within the brain

The presence of very numerous secondary growths in the brain substance is probably responsible for the difficulty of making any localizing diagnosis and I believe too for the frequency with which mental disturbances—muttering delirium, gross defect of memory confusion and so on—are present in these cases The meningeal involvement leads to signs suggestive of meningitis neck and back rigidity Kernig's sign stupor and so on Very rarely carcinoma cells have been found in the cerebrospinal fluid

Years ago when meningeal infiltration by growth was unrecognized, Oppenheim discussed the late appearance of mental and cerebral symptoms in cases of visceral carcinoma and attributed these to a toxic action of the primary growth upon the nervous system When such a confused picture accompanied by signs of raised intracranial tension, is associated with progressive cachexia and loss of weight secondary carcinoma should always be suspected and the primary growth sought for before any question of surgical intervention is raised In fact I believe that progressive loss of weight in any case of suspected intracranial tumour should be carefully investigated as a possible case of primary visceral carcinoma

Conclusion

In conclusion it will be apparent from what I have said that the *early* diagnosis of tumour is in some instances though not the majority difficult and may even be impossible This is perhaps most often the case in elderly persons with some cerebral atheroma The presence of this not only blurs the picture of tumour but adds difficulties of differential diagnosis We have seen too that rarely a tumour may be clinically latent These facts will warn us not to expect invariable success in early diagnosis even though we employ every available technical addition to clinical investigation I know that some observers are more sanguine than this but they have not convinced me

Of the various technical methods which are from time to time necessary to amplify such information as may be obtained by purely clinical means it is not my province to speak Perhaps the one from which the clinician might reasonably hope most is arteriography after thorotrast injection according to the newer technique adopted in Germany but not yet in use here Unfortunately the suspicion that thorotrast is a carcinogenic substance must make us cautious of its use

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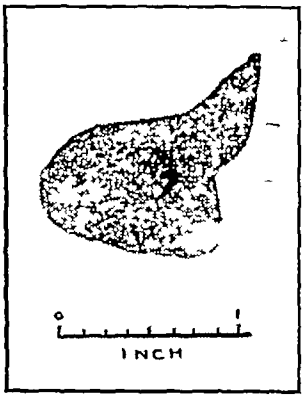
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In discussing the early diagnosis of intracranial tumours it may be well that we should consider tumour in its wider and etymological meaning of a swelling rather than restrict ourselves to the narrower significance of a neoplasm Thus we shall include in our survey lesions whose gross pathology or clinical behaviour simulates tumour of the brain We shall include in addition to neoplasm such conditions as chronic haemorrhagic collections certain types of hydrocephalus chronic abscess tuberculoma, aneurysm etc

We are to consider their *diagnosis* To be of clinical value the diagnosis must answer three questions Is there a tumour? Where is it located? What is its probable nature? It must answer these questions with a view to practical treatment It is important to realize that for the adequate direction of surgical or radiological treatment it is no longer sufficient to make a gross regional diagnosis such as right frontal tumour To treat it adequately we must know much more before we open the head or direct radiation to it We must, if possible (and with adequate investigation it often is possible) define its nature and histology We must know its exact outlines and boundaries its relation to important blood vessels, ventricular cavities, etc

* Read in opening a discussion in the Section of Neurology and Psychological Medicine at the Annual Meeting of the British Medical Association, Belfast, 1937

Shortly after admission the child developed attacks of severe dyspnoea with cyanosis and digital examination of the throat revealed a firm fleshy, slightly movable mass immediately behind the soft palate The tumour was easily shelled out by Mr W F Wilson consulting otolaryngologist and it was noted to be roughly ovoid in shape about 1¼ inches in its longest diameter, presenting at one point a short fleshy tongue (see figure) with which it appeared to have been attached high up to the nasopharynx The breathing was relieved immediately and the infant fell into a quiet sleep Very little epistaxis occurred Four days later she was discharged with normal respirations and taking her feeds well



Some weeks later the infant was stated to be gaining weight satisfactorily There was no further nasal discharge, nor had she any difficulty with feeding or breathing Beyond the pathological report of the tumour subsequent reports Wassermann (negative) and throat swab (negative to the Klebs Loeffler bacillus), are irrelevant.

The report by Dr J G Thomson, Pathological Department, Royal Victoria Infirmary, Newcastle-upon-Tyne, stated 'This flattened pedunculated tumour is covered by keratinizing squamous epithelium, ulcerated in places It has a stroma composed partly of adipose and partly of connective tissue, and scattered in this are very numerous hair follicles, with some sebaceous and sweat glands In the centre of the tumour is a nodule of cartilage The tumour is evidently a teratomatous one, and is quite benign"

I am indebted to Dr J A Charles medical officer of health Newcastle-upon Tyne for permission to publish this report.

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REFERENCE
Hankins and Harding (1932) *Arch Otolaryng* 16 46

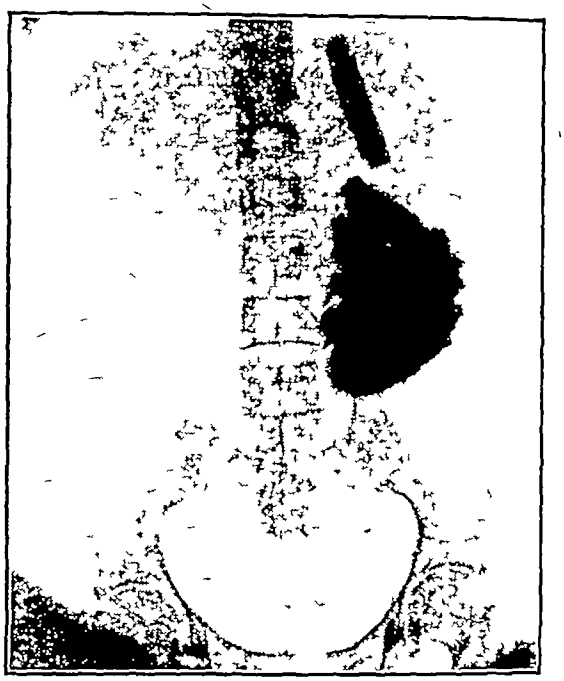
Multiple Foreign Bodies in the Stomach

This type of case occurs either in lunatics or professional swallowers, in this instance it was in an Indian conjurer

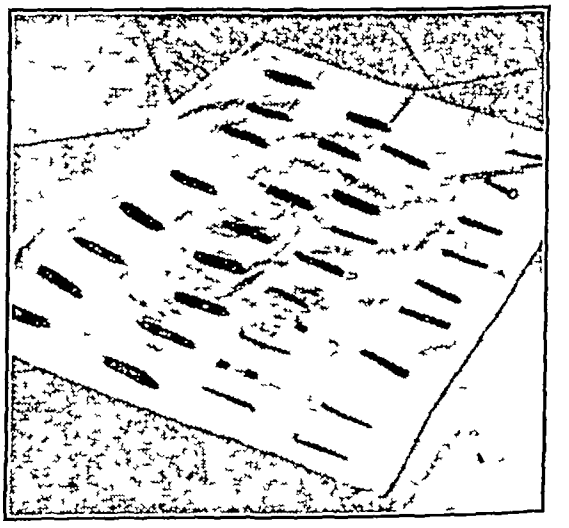
The man, a Hindu, an ex-sepoy, specialized in eating razor blades and penknives, and in biting off the heads of cobras After his act he used to drink a pint of water before sleeping, in the morning he swallowed about six yards of two-inch tape, keeping one end in his mouth, and performed some rhythmic exercises with his stomach and abdominal muscles—as he stated, a kind of yoga He would then withdraw the tape, swallow another pint of water, have a bowel action, and recover the properties of the day before

Three months ago he was unable to recover what he had swallowed at one night s performance Thinking they would appear he went on with his act for two more days but the articles did not appear, and so he accumulated quite a collection in his stomach At that time he was touring the Frontier, and from there was sent to me complaining of loss of appetite, the vomiting of dark brown fluid, and having black stools On examination a large mass could be felt to the left and below the umbilicus, this was quite mobile and could be pushed anywhere Radiographs were taken and the collection shown in the photograph was revealed

He was operated on under spinal anaesthesia, and nineteen penknives and pieces of about six others which had been acted on by the gastric juice and markedly corroded,



plus two keys, were removed from the stomach This was done through a vertical incision in line with the vessels on the stomach wall, the incision being afterwards reinforced with omentum The knives were quite



mobile, and their removal was facilitated by tilting the head of the patient up, when they literally poured into the incision He made an uninterrupted recovery, and within thirteen days gave a performance for the staff of the hospital Fig 1 s a reproduction of an *x* ray plate of the stomach, and Fig 2 that of a photograph of the articles removed

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tumour cases Again however the data when positive are often of great value and should be sought for as a routine

The pressure of the fluid in the theca should be measured with a manometer The manner of the flow of the fluid from the needle is not a reliable index of the pressure within the theca The patient should be placed in the lateral recumbent posture and must be quiet and fully relaxed when the pressure reading is taken The normal cerebrospinal fluid pressure varies within wide limits A pressure of over 200 mm of fluid is to be regarded as suggestive of pathologically increased intracranial pressure

The colour and translucency of the fluid are carefully noted Yellow fluid suggests a tumour in or near one of the ventricular cavities of the brain or extravasated blood in contact with the fluid Opacity of course suggests the presence of cellular elements

The total protein content of the fluid should be estimated and the cellular elements should be identified and counted An increase of protein or cells or both is significant of an active disease process in the central nervous system Generally an increase of protein alone and especially of its globulin fraction is significant of neoplasm while a notable increase of cells suggests an inflammatory disease Occasionally tumour cells are recognizable in the fluid and may furnish an accurate histologic diagnosis The presence of pathologically significant blood in the cerebrospinal fluid is distinguished from accidental contamination during the puncture by the yellow colour of the supernatant fluid on centrifuging and by the crenated appearance of the red corpuscles Rarely bleeding into the subarachnoid space may occur from a tumour Much more commonly it is due to leakage of blood from an intracranial aneurysm Often it will be desirable to have the chloride and sugar content of the fluid examined and the gold precipitation curve and the Wassermann reaction estimated when a differential diagnosis from certain forms of meningitis encephalitis or neurosyphilis is being considered

Having clinically examined *x* rayed and lumbar punctured his patient the diagnostician may well pause and take stock of the situation If he now feels that he has made a reasonably certain and accurate diagnosis he will proceed to construct his plan of campaign for the treatment of the disease If he cannot answer the three diagnostic questions—Is there a tumour? Where exactly is it located? What is its probable nature?—he must adopt further diagnostic procedures If the symptoms are of recent onset and mild character he may well decide on a period for further observation and clinical re examination If, however symptoms are severe and especially if papilloedema is present and vision is threatened thereby he must proceed forthwith to make his diagnosis by using further special investigations He may also incline to do so if the symptoms though mild, are strongly suggestive of tumour in order that he may gain the advantage of applying treatment as early as possible

Ventriculography

Ventriculography will usually be the next step Actually I have employed it for one reason or another in about 40 per cent of brain tumour cases In 60 per cent the diagnosis has seemed accurate enough for operative purposes without it

Here again I must stress the degree of accuracy necessary for the planning of modern brain surgery It is quite necessary that before beginning the operation we should visualize the detailed relations and exact extent of the tumour In twelve years experience of this work as a specialty I find myself employing ventriculography and arterial radiography in an increasing proportion of cases This is in spite of the fact that my clinical diagnostic ability has naturally improved with experience It is because operations have become more purposive and more radical in character and require more exact diagnostic guidance I feel certain that along with ever improving clinical diagnosis we shall in the future employ ventriculography arterial radiography and similar diagnostic additions and refinements in an increasing proportion of our tumour cases

Ventriculography implies the rendering of the ventricular cavities visible on the x ray film by filling them with a contrast medium Commonly the ventricular fluid is replaced by air or oxygen The procedure is to be regarded as a minor surgical operation It is done with local anæsthesia Small burr holes are made in the skull and the ventricles are tapped with suitable cannulæ By these means we are able to visualize the cerebral ventricles and to observe alterations in their size position and form Such alterations are necessarily present in practically all cases of brain tumour

Ventriculography may occasionally be employed to discover whether a brain tumour is present or not Thus it may be used in a case of focal epilepsy not exhibiting signs of intracranial pressure in order to assess whether the local cerebral symptoms are due to a space occupying lesion or not Most commonly it is used in cases in which increased intracranial pressure is already established but in which clinical and radiological examinations have failed to disclose the site and nature of the responsible disease It may often be employed advantageously in supplement to the preceding examinations for the more accurate delimitation of the boundaries and relationships of a tumour whose general situation is already known It may be necessary to resort to ventriculography when the patient is unable to co operate satisfactorily in clinical examination by reason of his cerebral disease or any other cause These are its principal indications Its contraindications are those of any operative procedure which is potentially dangerous Safe enough in cases without heightened intracranial pressure its dangers increase with the pressure The dangers are due to sudden cerebral displacements which ventricular tapping may permit and especially the impaction of the brain stem in the tentorial aperture when ventricular distension is suddenly released above a cerebellar tumour These dangers can be practically eliminated if the necessary operation is always carried out immediately following the ventriculography In cases with increased intracranial pressure, then ventriculography when necessary is to be regarded as the last step in diagnosis and is to be followed within an hour or two at the most by the operation for relief of the condition identified It should be appreciated that the dangers attendant on opening the skull in the wrong place in the presence of increased intracranial tension are very much greater than those of properly conducted ventriculography

Interpretation of Ventriculography

The adequate interpretation of ventriculography often requires much experience of the method The appearance of the dura exposed at the burr holes may at once suggest a diagnosis of subdural haematoma The tension of the dura is important to note The characters of the small

longus muscle needs correcting The most disappointing part of the work is the section on the treatment of injuries and diseases of the head This is far behind current neurosurgical practice Pictures of Chipaults' lines, metal rods for scalp haemostasis, Friedman s haemostatic safety-pins, etc , are only of historical interest to-day, while few surgeons now use scalp tourniquets Modern methods of controlling haemorrhage from the scalp are not mentioned Much the same criticism may be levelled at the section on the surgery of the spinal cord Chordotomy is not mentioned, and the resection of posterior roots from the third cervical to the third dorsal inclusive advocated for pain in the arm will surely produce an ataxic useless limb

These great systems are probably less popular and less common to day than they were some twenty or thirty years ago This one is a monument to the industry of its authors , but, while much in it is good and likely to be helpful to the practising surgeon seeking help in his library, much, we think, might well have been omitted and been better dealt with by reference to modern monographs on special branches of surgery

THE BART'S REPORTS

St Bartholomew s Hospital Reports Vol lxx (Pp 381 illustrated 21s. to subscribers, 15s) London John Murray 1937

The *St Bartholomew s Hospital Reports* edited by a committee of nine representing the main divisions of medical practice and science, contain fifteen original articles covering a wide field, sympathetic *in memoriam* notices of Professor E H Kettle and Mr T H Just, and records of the proceedings of the Abernethian Society and the Paget Club The treasurer of these *Reports* Mr W Girling Ball, whose initials are attached to the obituary of Mr Just, gives his personal experiences of the surgery of the gall-bladder, both as a patient (his gall-bladder, closely packed with small cholesterol calculi, forming the frontispiece to the article) and from his care and analysis of a hundred cases of gall-bladder disease This record of personal observation contains many points of interest, among which attention may be directed to the conclusion that gall-bladder disease occurs at an earlier age than is usually stated In his own case an attack of colic while he happened to be on the *x* ray table showed that the colon was spasmodically contracted

In an analysis of the students entering the school—on an average 106 annually—Mr Girling Ball shows that no fewer than 78 per cent enter for a university degree

In his account of the pre operative and post-operative treatment of congenital hypertrophic pyloric stenosis Dr Charles Harris discusses the comparative infrequency of cases at this large general hospital where in eight and a half years thirty-seven cases only were admitted, whereas at the Infants Hospital there were forty-six admissions in 1936 All the St Bartholomew s patients underwent Rammstedt s operation, described here by Mr G Keynes, and all but one survived The report of the cancer department, of which Mr Malcolm Donaldson is the director and Dr D G ff. Edward the registrar, contains much interesting information The significance of lympho-epithelioma tous tumours of the nasopharynx and jaws—tumours of epithelial syncytia separated by lymphocytes—their malignancy and radiosensitivity, are described by Mr F C W Capps

The activities of the laboratory workers are shown by Dr Wormall s paper on the chemical aspects of immunity , by notes on the value of biochemistry in the diagnosis of bone disease by Professor Paterson Ross, Mr Discombe, and Dr Robb-Smith , and by Dr Brewer s contribution on the titre of iso-haemagglutinins in human sera Two interesting papers—Dr Brodribb s essay on artificial fever produced by physical agents and Dr Clive Nicholson's analysis of thyrotoxic arrhythmias—are based on theses for the M.D degree The treatment of non expanding lung after spontaneous pneumothorax is explained by Dr Chandler, and Dr Maxwell writes on massive collapse in bronchitis and asthma Attention must also be drawn to the articles on suppurative arthritis of the hip by Mr J P Hosford and on treatment by manipulation as carried out in the years 1932–6 in the orthopaedic department by Mr H J Burrows and Mr W D Coltart

THE ORIGIN OF PUNISHMENT

Punishment Its Origin Purpose and Psychology By Hans von Hentig (Pp 239 12s 6d net) London William Hodge and Co 1937

Until quite recently most people, even those whose duty it was to administer punishment, inflicted fines, imprison ment, and death without questioning their efficacy or rightness Their theory, which is even now hardly begin ning to be shaken, is that persons who break the law, whether by homicide or by failing to take out one of a series of official licences, are nuisances to society, and must be treated in a manner sufficiently unpleasant to make it improbable that they will offend again The disconcerting discovery that lawbreakers do offend again in spite of punishment has caused an increasing number of intelligent and responsible persons to inquire into the nature of punish ment what it does to the offender and to society, why it should be inflicted, and whether fear is always the best instrument of correction

Professor von Hentig, who recently held the chair of penal law and criminology at Bonn University, regards punishment as the establishment of artificial danger, an impairment of life which society consciously uses to train humanity to avoid certain possible causes of action poten tially injurious to itself It is, he says, an imitation of precedents provided by real life If punishment always reached this ideal it would probably be nothing but bene ficial The history of real punishment, however, nearly always shows a lack of comprehension which deprives it of its potential value This book makes a useful contribu tion to this necessary understanding, especially the chapter on the mental classification of punishment The author s suggestions for the future lay stress on the examination of the offender and the matching of the punishment to his mentality rather than to the nature of the offence Im prisonment providing purely institutional life is, he points out, of little use the offender needs training in real life, with its constant demand for judgement and decision If the book has a fault it is a certain inconsequence of arrangement combined with a somewhat catalogue like rigidity

HUMORAL TRANSMISSION OF NERVE ACTION

Autonomic Neuro Effector Systems By Walter B Cannon, George Higginson and Arturo Rosenblueth (Pp 230 17s) New York The Macmillan Co 1937

The possibility that excitation may be transmitted by the mediation of chemical substances of high potency and unstable structure has been mooted for over thirty years, but remained a mere speculation until about 1921 In that year Loewi made his classical experiment on the frog s heart, which showed that on stimulating the vagus there was set free a chemical substance which produced

In cases of suspected aneurysm of the cerebral arteries we have found the arterial radiograph of great value In this connexion the method may be employed in order to prove or disprove the presence of an aneurysm as the cause of a suggestive clinical syndrome Again it is used to localize the precise site of an aneurysm already diagnosed as such on clinical grounds Exact localization may be quite impossible by other means when the aneurysm has declared itself by haemorrhage only, yet it may be of vital importance in guiding the appropriate treatment

Cerebral Biopsy Puncture

We may have knowledge of the presence and site of a tumour and be uncertain as to its nature Often we shall be satisfied to expose the tumour with these data and to learn its exact pathology after exposure There are cases however in which a diagnosis of the nature of the tumour is specially important before operation is decided on Such are the cases of rapidly developing tumours of the cerebral hemispheres and particularly those deeply situated in the brain Many of these are malignant glioblastomas and in them the results of operation are so poor that it is wiser not to operate if one can be certain that the tumour is of this type Our clinical suspicion is aroused by the rapid development of symptoms by the emaciated or toxic appearance of the patient and by drowsiness and elevations of temperature suggesting basal cerebral oedema Nevertheless all these signs can be simulated by the development and rapid filling of a cyst in relation to a benign tumour and we therefore desire to verify the pathological diagnosis before deciding against operation

To accomplish this a small burr hole is made in the overlying skull under local anaesthesia and an exploring cannula is gently passed to the site of the tumour through the brain The texture of the tumour is noted as the cannula encounters it and enters its substance Its vascularity may be estimated by the degree of oozing of blood from the track after withdrawal of the cannula Usually if the stylet is withdrawn from the cannula while it is in the tumour, and the cannula is gently rotated and then withdrawn a fragment of tumour will be found adherent in its eye If this fails to secure a fragment the same manipulation accompanied by gentle suction through the cannula will usually succeed The fragment is spread on a slide and examined fresh or appropriately fixed stained and mounted The microscope then reveals the histologic type of the tumour

Conclusion

I would chiefly emphasize that these various special accessory methods are available to us Between well conducted clinical diagnosis and the application of one or more of these special methods if and as required, a correct diagnosis of the existence of a tumour and its site should be and is, accurate in about 99 per cent The 1 per cent lapse is accounted for by occasional difficulties such as may arise in connexion with multiple secondary tumours The histologic nature of the tumour can be forecast with reasonable certainty in about 70 per cent of cases at present This figure is constantly being improved with increasing experience of clinical and special methods of investigation If then we suspect a brain tumour in an early stage there is little excuse for us to fail to pursue the diagnosis to a high degree of certainty and accuracy The diagnostic procedure is carried out with the ultimate purpose of treatment and cure All the data necessary to this end are to be assembled from clinical neurology ventriculography arterial radiography, etc as required for adequate treatment Obviously, after the initial stage of suspecting a brain tumour its diagnosis can be pursued to a conclusion only by a person specially trained and experienced in the work

I do not believe that adequate diagnosis of brain tumours with a view to directing modern treatment can reach its highest development as the composite effort of several individuals however expert they may be in their particular departments The diagnostician who assumes responsibility for the patient's welfare must know the business from A to Z He must be a competent neurologist he must have practical experience of the values and dangers of all available special methods of diagnosis Further he must have intimate knowledge of modern operative and radiological treatment of brain tumours How else can he judge what diagnostic data are going to help the patient most when he reaches the operating table or x ray couch? It has often and rightly been stressed that the sick patient is still to be considered in all his aspects as a human unit Similarly I think the diagnosis and management of his complaint—especially when it is a brain tumour—must be studied and guided in continuity by one responsible person I would plead against a tendency which still persists to relegate the diagnosis to a physician the ventriculography etc to the combined effort of surgeon and radiologist the treatment to surgeon or radiologist The pure physician is seriously handicapped by lack of knowledge as to what exactly is required of him his very purity precludes an intimate knowledge of surgical requirements in defining tumour outlines relations etc The special instrumental diagnostician and the surgical specialist are obviously positive menaces unless from neurological study they fully appreciate the patient's predicament and all that can be known of his disease

I feel strongly that in the arrangement of specialism in relation to intracranial tumours the specialty should consist in their investigation *and* treatment The division into diagnostic specialist of brain tumours and other unrelated conditions and into surgical specialist for the brain and other unrelated organs is much less advantageous to the individual patient and to scientific advancement This unorthodox combination of medicine and surgery in the person of a neurological surgeon is a natural and inevitable development due to force of circumstances Sir Victor Horsley was a pioneer in this direction Such great men as Harvey Cushing and Otfried Foerster have found for themselves and proved to others, that such a manner of working was necessary to the results they have achieved in curing the sick and in advancing medical science Let me hasten to add that no neurological surgeon can have that extensive knowledge of non surgical nervous disease proper to the pure neurologist Nor can he acquire that familiarity with perimetry outside the field of brain tumours which the ophthalmologist possesses nor plumb with the radiologist the depths of electrophysics His knowledge must however extend sufficiently into these bordering provinces that he may be quick to call the appropriate colleague to his assistance when occasion demands

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The fourth report of the Joint Advisory Committee on River Pollution (H M Stationery Office 3d) is addressed to the Minister of Health and the Minister of Agriculture and Fisheries and is devoted to the position with regard to river pollution which has developed in consequence of the Land Drainage Act, 1930

LUNACY AND MENTAL DEFICIENCY

REPORT OF THE BOARD OF CONTROL*

The statistics of mental disorder in England and Wales show a rather baffling steadiness from year to year The pendulum of admissions to institutions and discharges therefrom swings with hardly noticeable variations The financial difficulties and economic perturbations of recent years do not appear to have brought about any increase of incidence, and the effect of continued unemployment has not reacted on the mental health of the nation in the way that many had anticipated It is true that the number of admissions to public mental hospitals tends to rise somewhat During 1936 it rose to 25,660 cases, as compared with an average for the last quinquennium of 22,654 But if allowance is made for the age distribution of the population there is no indication of real increase Mental disorder begins generally in adult life, and therefore the admission rate to mental institutions has to be related not to the current birth rate but to the birth rate of some decades ago, when the population was growing far more rapidly than now Even if the population became stationary the fact would not be reflected in the admission rate until after a quarter of a century at least All that the admission figures mean is that the total population old enough to be subject to mental disorder has increased, and making allowance for such age distribution there is no real increase in incidence

At the same time, if the position is no worse, it is hardly perceptibly better Progress in the direction of prevention is slow New methods of treatment, apparently do not affect noticeably the discharge rate, though it is possible that there is an improvement which is being masked For example, housing conditions and the weakening of home life have led to the admission to institutions of many elderly and old people who, a generation ago, being harmless lunatics—as they would have been called then—would have been cared for in their own homes and the number of these senile cases with no hope of discharge affects adversely the general discharge rate The same domestic conditions lessen the number of discharges of non-senile patients, who might otherwise be cared for at home Thus a medical improvement may be concealed by social change

Treatment of Mental Disorder

During 1936 there were 5,563 departures and discharges of voluntary patients as compared with an average of 2,525 for the previous quinquennium, the corresponding figures for certified patients show a slighter fall—8,999 from a quinquennial average of 9,731 The departure of this large number of voluntary patients more or less balances the increase just referred to of direct admissions of all patients, and this is satisfactory inasmuch as it suggests that real progress is being made in the treatment of mental disorders in the early stages

But Sir Laurence Brock and his colleagues on the Board are by no means satisfied that enough is being done to assist recovery They point out that in too many public mental hospitals the medical staff is little more than adequate for maintaining the physical condition of the patients In the less progressive hospitals suggestions for even the most modest addition to the medical staff are too often postponed or ignored Yet in psychiatry of all things 'mass production' methods are bound to fail. To win the patient's confidence, to discover the mental background, and to unravel the history of a case take much time

many visiting committees while ready to provide new buildings and equipment, are sceptical of the value of treatment which appears to consist merely of talk, they will spend freely to provide buildings and equipment, but they grudge expenditure on staff needed for psychotherapy Perhaps it will always be difficult to persuade Englishmen to believe in a form of medicine which uses no lancet and prescribes no pill"

Steps have been taken to reconstitute a committee to advise the Board upon the principles to be observed in approving schemes for subsidizing research The setting up of this committee was decided upon some years ago, but the financial crisis of 1931 made it inopportune to convene it, and the project had to be postponed It is hoped that the committee, of which Lord Radnor is chairman, will be able to devise a practicable scheme for enlisting the help of the universities and medical schools in the investigation of those larger problems which are beyond the resources, necessarily limited, of individual hospitals

One of the commissioners of the Board has recently visited Vienna and Münsingen in Switzerland to investigate the new method of treating schizophrenia by insulin shock It is considered premature to express any opinion as to the ultimate value of this method but the results so far obtained show that it warrants a careful trial It is vitally important to the success of the test that great care should be taken in the choice of suitable centres for the experiment and that those who propose to employ the treatment should have the advantage of the experience already gained either by studying its operation elsewhere or securing help from abroad

Out-patient Provision

The Board reports that there are now very few places where provision is not made for out-patient treatment within the area served by the mental hospital The steady growth of provision for out-patient treatment is regarded as encouraging, but if the treatment is to be really effective sessions should be held at least once a week This obtains at most of the 155 such centres in the country, but in a few areas the sessions are held fortnightly monthly, or at longer intervals One point to which the Board draws attention is the lack of co operation, in some cases on the part of teaching hospitals Outside the metropolis there are fourteen voluntary general hospitals forming part of the medical schools of ten universities, each is dependent for its undergraduate teaching in psychological medicine upon the clinical field and the staff of the neighbouring mental hospital At almost all these hospitals out-patient treatment of mental illness is carried out, but at one-half of them none of the medical staff of the neighbouring mental hospital takes any share in such out-patient work

The failure to make fuller use of the opportunities for co operation is held to be due to the fact that three important lessons have not yet been learned—namely, that there are many cases of nervous and mental illness that are more susceptible to out patient treatment than to treatment involving admission to hospital, that in patient treatment in a mental hospital is much more effective and easily carried out if the patient comes in voluntarily, and that the best chance of persuading him to come in voluntarily is that he should, in the first instance, receive treatment in the out-patient department of a voluntary general hospital, especially if he sees in such department the physician from the mental hospital to which he may have to be persuaded to seek admission

Posts in Mental Deficiency Institutions

Mention is made in the report of the difficulty experienced in finding doctors to fill the top posts in the new colonies and other mental deficiency institutions which are being established Some of these appointments have gone to medical officers whose previous service had been spent mainly, or even entirely in mental hospitals The Board of Control is far from holding that the two branches of psychiatry ought to be kept rigidly separate but the organization and control of a mental deficiency colony call for special qualities and an attitude of mind not necessarily possessed by every psychiatrist The handling of defectives is, in the main, a problem of training and

* Twenty-third Annual Report of the Board of Control for the Year 1936 Part I London H.M Stationery Office 1936 (Pp 89 1s 6d. net.)

no longer holds good For example progesterone which when injected alone into ovariectomized animals has the least effect on the sexual organs becomes one of the most active and important of the female hormones when oestrone or oestradiol is administered simultaneously with it

Suggested New Classification

The bisexual properties of the sexual hormones make difficult the understanding of their mode of action and render the old classification into male and female hormones inadequate We suggest for critical consideration a new scheme of classification of the sexual hormones based on the results of our experiments dividing them into three groups, of which a detailed definition has been given elsewhere (Korenchevsky, Dennison and Hall 1937) This classification according to bisexuality has as its basis the actual activity of the hormones on male and female sexual organs, irrespective of the mechanism of such activity For example, in the female organism this mechanism could be in the form of activity of the male hormones (1) without chemical change, or (2) after their conversion into other male hormones, or (3) after their conversion into female hormones Disregarding the mechanism involved we suggest a grouping as follows

I. PURELY MALE OR FEMALE HORMONES

So far as is shown by the results of our experiments of the hormones investigated progesterone is the only member of this group This hormone of the corpus luteum having no definite effect on the male rat, may be defined as a pure female hormone

II. PARTIALLY BISEXUAL HORMONES

1 Hormones with Chiefly Male Properties

Although the hormones of this group do bring about some return towards the normal of the atrophied sexual organs of ovariectomized females with the same doses the degree of recovery of these organs is less than that of the atrophied sexual organs of castrated male rats To this group belong androsterone testosterone propionate, androstanediol and probably Δ^4 androstenedione

2 Hormones with Chiefly Female Properties

Oestrone and oestradiol belong to this group These two hormones have a marked effect on the female sexual organs but do not stimulate to any considerable degree the normal development of the male sexual organs, in particular the prostate penis, and preputial glands They have a definite effect in males however on the seminal vesicles and on the coagulating glands (Korenchevsky and Dennison, 1935)

III TRUE BISEXUAL HORMONES

To this group seem to belong transdehydroandrosterone testosterone and Δ^4 androstenediol since in prolonged experiments they bring about a return to or towards the normal of all the atrophied sexual organs to approximately the same degree in males and females

It must be pointed out, however that further investigation of the bisexual properties of these hormones might result in one or more of them being moved from one group into another

Co-operative Activity

The reason for investigating this aspect of the problem becomes clear when one remembers that (1) several sexual hormones have been isolated from both the male and female organisms and (2) both male and female activities have been found in organisms of either sex It is reasonable to suppose that the male activity may be explained by the presence of some of the sexual hormones found in the male (probably partly by dehydroandrosterone, Callow, 1936) We therefore investigated all the 'chiefly male' hormones the "true bisexual hormones and progesterone the 'pure female hormone' from the point of view of their co-operative activity with oestrone and oestradiol on the female sexual organs of ovariectomized rats We summarized the results obtained by dividing the hormones (in the doses used) into five groups

GROUPS I II AND III

Group I consisted of bisexual hormones appearing to have no co operative activity in females with oestrone or oestradiol To this group belong transdehydroandrosterone and Δ^5 androstenediol This group might even be termed antagonistic since one of the female properties of these two hormones, mucification of the vaginal epithelium is suppressed by oestrone When either of these two hormones is injected simultaneously with oestrone the changes typically due to the action of oestrone are obtained, with or without cornification of the vaginal epithelium

Group II of bisexual hormones having co operative activity with oestrone and oestradiol resulting in simple restoration to or towards the normal condition of the uterus and vagina without progestational changes, includes only androsterone

Group III comprised bisexual hormones having co operative activity with oestrone and oestradiol resulting in recovery to or towards the normal condition of the uterus and vagina with, in addition the development of changes more or less reminiscent of those seen in pregnancy To this group belong Δ^4 androstenedione androstanediol testosterone, and testosterone propionate In addition to an increase in size and weight one of the chief progestational changes in the vagina of the rat is mucification of the epithelium while in the uterus the mucosa develops lace like foldings and the myometrium greatly hypertrophies All the hormones in this group even when injected alone, bring about mucification of the vaginal epithelium to a greater or less degree but never to the extent seen in pregnancy Only when oestrone is injected simultaneously does one obtain the complete mucification of the epithelial layer similar to that found in pregnancy The structure of the vagina in other respects, (larger size and better development of the various layers) is also reminiscent of the 'pregnant vagina In contrast to this ease of production of the pregnant vagina the progestational changes in the uterus (though even here poorly developed) were definitely seen only when either testosterone propionate alone or more especially when testosterone propionate and oestrone together were injected

GROUP IV

Group IV included only progesterone as a purely female hormone showing a co-operative activity with oestrone or oestradiol resulting in the production of changes closely approaching those of pregnancy With the combined injections of progesterone with oestrone or oestradiol histologically the nearest approach to the picture presented by the uterus and vagina in normal pregnancy was obtained by the use of 1 γ of oestrone injected three times a week along with daily injections of 1,500 γ of progesterone Increasing the dose of oestrone even to only 6 γ or decreasing the dose of progesterone caused a decrease in or with some doses even a disappearance of the progestational changes and especially those observed in the uterus Even increasing both doses simultaneously to a combination of 30 γ of oestradiol three times a week with 3 000 γ of progesterone daily gave uterine progestational changes which were less than those obtained with the first combination of 1 γ of oestrone three times a

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INTRACRANIAL TUMOUR

When a diagnosis of intracranial tumour was tantamount to a death sentence the early recognition of this dread disease was of no practical importance, and no harm was done by waiting until the classical triad—headache, vomiting, and papilloedema—had revealed its later effects even to the least experienced The success which has attended surgical endeavour during the past twenty-five years has changed this attitude towards tumours of the brain, and neurology is indebted to surgery not only for assisting in the treatment but also for awakening a new interest in the diagnosis of intracranial disease The need for early treatment of a steadily progressive lesion being self-evident, the early diagnosis of intracranial tumour was chosen as a suitable topic for discussion at the Belfast meeting of the British Medical Association, since it is to the general practitioner that we must look once again to make the first and the most important move in the management of the patient's illness What advice should be given to the family doctor to help him to bear this responsibility?

As Dr F M R Walshe has pointed out, headache is a common symptom of so many diseases that it is of little value as evidence of a brain lesion, but the suspicion that an intracranial tumour may be present should be aroused whenever there is a gradually progressive interference with *any* cerebral function If this alteration of function is associated with signs of raised intracranial tension the presence of a tumour is established, but even in the absence of such signs the practitioner should be suspicious enough to obtain the opinion of a neurologist, for it is the duty of the specialist to exclude the odd case of early paralysis agitans, and the like, which may mimic the first symptoms of a tumour This aspect of the diagnostic problem, from the general practitioner's point of view, is dealt with in greater detail by Dr Walshe, whose opening paper appears in the current issue of the *Journal*, while the problems which the specialist has to face are well set out by Mr Norman Dott

A profound change has taken place during the past ten years in the neurologist's attitude to ventriculography Since the early days, when the clinician had only his knowledge of anatomy and physiology to help in the elucidation of a difficult case, the special study of neurology has attracted the most learned physicians and those most richly endowed with intellectual gifts The accuracy with which brain lesions were localized won the admiration of their colleagues, and even if an error had been made at the bedside the brilliance of its explanation at the necropsy seemed oftentimes to have robbed the grave of its victory Everyone was satisfied, for it had been "an interesting case," and those inclined to be critical had to admit that, even if the tumour had been in the proper place, tragedy could not have been averted Surgery, however, demands more accurate localization than can be achieved by clinical examination alone, for instead of the physician's reputation it is the patient's life which is at stake, and knowing where to look for the tumour is often the most important factor making for success Neurology is thus doubly in debt to surgery, surgeons having devised the special methods of diagnosis upon which neurologists now rely for confirming the position of lesions which deform the ventricular system or alter the vascular supply of the brain It is only ten years since one of the greatest neurologists of our time stated that the aid afforded by ventriculography was required only in the case of the comatose patient, who was unable to co-operate in his examination, at the present day only the tumours which produce characteristic syndromes, or characteristic features on a plain x-ray film, are operated upon without preliminary ventriculography Nor is the value of this test confined to true neoplasms, for it has proved its worth in obscure cases of intracranial haemorrhage and suppuration

It is sometimes suggested that these special methods of diagnosis may be abused, to the neglect of adequate clinical neurological examination, but there is small likelihood that this will in fact occur In contrast to oral cholecystography and intravenous pyelography, for example, which can be ordered by a physician who may know little and interpreted by a radiologist who can know still less about the patient as a whole, ventriculography, cerebral angiography, and even the interpretation of plain radiographs and the examination of the cerebrospinal fluid can be undertaken only by those who have had special training in neurological technique Such a training, it may be argued, might tend to focus the attention too narrowly upon the brain, but all who have been privileged to work in one of the modern neurosurgical clinics which draw their inspiration from pioneers like Horsley, Cushing, and Foerster can testify to the emphasis which is laid upon painstaking clinical examination not only of the nervous system but of the whole patient.

This general examination is particularly important in providing an indication of the pathological

in combination with oestrogenic hormones and progesterone, has been carried out (3) the normal ratio of oestrogenic hormones to progesterone and to male hormones in normal women has been ascertained (4) the pathological disturbances of this ratio during endocrine and gynaecological disturbances in women have been discovered

Danger of Masculinization

Even if all the above criteria should be fulfilled another problem remains to be solved before the therapeutic application of sexual hormones possessing definite male properties can safely be started—namely the danger of masculinization. The cause of the natural occurrence of masculinity as a pathological condition in women may be understood better if the results of the experiments described above are taken into consideration. Our experiments have also shown that by the injection of some of the "chiefly male" hormones the rudimentary peri-urethral glands of female rats can be developed into a comparatively large and typical prostate and in the same way the clitoris like structure can be greatly enlarged. The supernormal development of these organs and the possible growth of a beard or moustache with the appearance of other signs of masculinity must be avoided in treating women. There is also the danger of a possible disturbance of the normal sexuality leading to the production of pathological perversions of sexual feeling.

These difficulties however can probably be overcome by working out the correct ratio of the male and female hormones. Experimental tests that might be suitable for this purpose are concerned with the development of the female preputial glands the clitoris-like structure and though technically more difficult, the "female prostate" in rats. But only after the completion of the whole scheme of investigation outlined above can the male hormones—and of them only those which are found to be normally present in women—be applied therapeutically with the object of restoring to normal the pathological hormonic ratios which will be found in certain diseases of women.

Summary

1. Bisexual properties have been found in nearly all the sexual hormones and the co-operative activity of most of them with oestrone or oestradiol has been demonstrated by experiments on female rats.

2. Suggestions are advanced as to the significance of these facts in regard to sexual physiology and pathology and in relation to the therapy of general sexual disturbances in females.

3. In the present state of knowledge however the results obtained in our experiments and by other workers do not in any circumstances justify the use of the bisexual hormones with pronounced male activity in the treatment of diseases of women.

Grants from the Medical Research Council and from the Lister Institute have enabled us to carry out this work. I offer my thanks also to Messrs. Schering Kahlbaum Ltd., in particular to Professor W. Schoeller for kindly supplying us with progesterone to Professor A. Girard for oestrone and oestradiol and to Messrs. Ciba Ltd., in particular to Dr. K. Miescher for all other hormones.

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TREATMENT OF THE FEMALE CLIMACTERIC BY FOLLICULAR HORMONE

BY

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Although some years have now elapsed since preparations of oestrin and its derivatives became commercially available considerable differences of opinion still exist on their clinical value. Since in my own case ignorance of certain principles underlying the administration of oestrin led at first to disappointment, and since further experience has convinced me of its unique value I feel that the following observations on its employment during the last three years in the treatment of disorders of the menopause may prove of general interest.

The climacteric is associated with the decline in the secretory activity of the ovary and a secondary rise in the gonadotropic secretion of the pituitary. Clinically these changes find expression in the diminution and ultimate cessation of the menstrual flow. Amenorrhoea by itself however must not be accepted as a reliable index of the menopause. On the one hand the endocrine changes which characterize the climacteric together with their secondary clinical symptoms may originate several years before the occurrence of menstrual irregularity. On the other hand amenorrhoea may not infrequently be due to causes other than ovarian, and in such cases the signs characteristic of the menopause, such as hot flushes, gain in weight, and nervous disturbances, may appear many years after the actual cessation of the menstrual cycle.

It will be well to emphasize once again the frequent occurrence of menopausal symptoms. In a group of 1,000 normal women investigated by the Medical Women's Federation (*Lancet* 1933, 1, 105) only 15 per cent. passed through the climacteric without symptoms. Of the remainder 62 per cent. suffered from hot flushes, 44 per

a certain ratio, facilitate or augment their individual effects If the ratio is altered the substances may antagonize one another Professor Korenchevsky also points out that oestrin and male hormone compounds have bisexual properties An interesting case was recently reported in these columns by Mr Harold Chapple,[1] in which a perfectly formed and beautiful woman possessed gonads which proved structurally and anatomically to be testes It is probable that the male hormone compounds secreted by these testes supplied the oestrogenic stimulus which resulted in the development of the female characteristics Professor Korenchevsky also refers to the fact that the administration of sex hormones may not only restore the physiology of the reproductive tract but also produce pathological changes such as cystic glandular hyperplasia of the endometrium or abnormally abundant development of the fibrous tissue of the myometrium (This suggests the possibility of an endocrine basis in certain cases of uterine fibroids) The danger of producing such pathological lesions by injudicious endocrine therapy should be carefully borne in mind

Finally it is important to realize that the administration of oestrogens, progesterone, and the androgens yields merely the temporary effects associated with substitution therapy Stimulation therapy can be achieved only by the administration of gonadotropic extracts Until recently only the luteinizing factor (prolan B) has been available for clinical use This is obtained from pregnancy urine extracts and is employed with varying degrees of success in cases of amenorrhoea, menorrhagia, habitual abortion, and cryptorchidism During the last year a preparation of the gonadotropic factor of pregnant mare's serum has been available for clinical trial This appears to contain the follicle-stimulating factor (prolan A), which should be more effective in stimulating the oestrogenic function of the ovary Mr Kenneth Bowes contributes at page 904 of our present issue a preliminary report on its effect in cases of amenorrhoea His results show that the menstrual rhythm may be restored for some months after the cessation of such stimulation therapy This substance is the latest adjunct to clinical research in hormone therapy, and in two or three years its value may be assessed

SULPHANILAMIDE IN GONORRHOEA

The treatment of bacterial infections with sulphanilamide and related substances was discussed last week at the Royal Society of Medicine (see p 928) when Dr Leonard Colebrook drew attention to some of the toxic effects that may arise Dr G A Buttle in an account of experimental work said that the gonococcus was as susceptible to sulphanilamide *in vitro* as meningococcus, and for the moment interest is focused on the possibility of treating gonorrhoea with this drug. Since the demonstration by Proom that sulphanilamide is effective against experimental infection with the meningococcus, it has been assumed for the purpose of therapeutic trial that the gonococcus is also susceptible and the truth of this assumption is now confirmed by Levaditi and Vaisman [1] These authors have succeeded in producing what appears to be true infection by the gonococcus in mice by the manœuvre suggested originally by Miller and Castles, and used by Proom in his work with meningococcus, of adding mucin to the inoculum On the clinical side there are now several favourable reports, to which another is added by Dr A J Cokkinis at p 905 of this issue It appears from his study that most cases both of acute and of chronic gonorrhoea respond rapidly to the treatment, while a few seem entirely resistant to it. It is not clear that this resistance depends altogether on the anatomical location of the disease and since the gonococcus is, serologically at least a heterogeneous species it may well be that resistance to sulphanilamide is a property of certain types of this organism This is one of several matters which await investigation, not the least of which is the later results of the treatment Dr Cokkinis's report, like others which have already appeared is of a preliminary nature Meanwhile, there is news from Germany of further progress in this direction Grutz,[2] having experienced complete failure in the treatment of gonorrhoea with prontosil, and moderate success only with prontosil album (sulphanilamide), reports successful clinical trials of four new compounds which are said to be of similar nature their actual composition is undisclosed and they are not yet available commercially It cannot be emphasized too strongly that treatment with sulphanilamide requires close and expert supervision, success is evidently dependent on heavy dosage which demands careful control if various toxic manifestations are to be avoided These according to numerous accounts include besides sulphaemoglobinaemia which is now almost familiar a skin rash and fever about the seventh day of administration, bone marrow changes leading to anaemia or even a fatal agranulocytosis and optic neuritis [3] These more serious effects are fortunately rare but it is nevertheless necessary when this drug is given that every facility should exist for their early recognition The possibility of self-administration envisaged by Dr Cokkinis when the public comes to recognize that gonorrhoea can be cured by swallowing tablets is alarming and the sooner sulphanilamide and allied compounds are scheduled as dangerous drugs the better Another warning appears necessary at this stage The constantly expanding sphere of useful application of this drug may easily lead to its being looked upon as a "cure all" for infections generally Although as Dr Cokkinis points out, it may have a remarkable effect in a great variety of conditions it must not be supposed that all cases of the diseases he mentions will

Presse méd Sept 29, 1937 p 1371
[2] *Münch med Wschr* July 30 1937
[3] *J Amer med Ass* 1937 109 1007, 1008, 1009, 1012

sthenic individuals in particular appear to derive but little benefit from oestrin in the presence of long standing psychic disturbances

When symptoms are mild the beneficial effect of even small doses of oestrin (3,000 international units, or 0·3 mg., of oestrone by mouth each day) is often immediately apparent Such patients not only profess to feel more composed and "consolidated' but not infrequently discontinue spontaneously a long standing barbiturate habit In all cases the dose of the latter which is necessary for sleep may be progressively reduced

2.—Vascular Spasm

In its tonic form vascular spasm may give rise to hypertension and possibly also to the characteristic angioneurotic oedema of the extremities, face, or trunk The latter condition responds quickly and favourably to oestrin administration, as observed in the following case

Case 1.—An unmarried woman aged 46 had had menstrual irregularity for six months and pain and a sensation of fullness in both forearms for two years, always occurring at night. *To obtain relief she has to lie with her hands above her head* and she feels that she would like to cut the finger tips and let the blood run out Both wrists are oedematous and stiff and there is a history of six months severe cramp across the chest on waking in the morning and six months muscular rheumatism There has been a great enlargement of the breasts during the last four years

All symptoms were rapidly and completely relieved by oestrone 1 mg. intramuscularly in oil twice weekly with 0·3 mg. by mouth daily Injections were discontinued after three months with no return of symptoms Now nine months after the starting of treatment, any reduction of 0·3 mg. of oestrone daily by mouth is followed by recurrence of retrosternal pain

The results obtained in cases of hypertension might be expected to be in proportion to its duration The following table gives the records of eight cases of high blood pressure

Case No.	Menopause	Blood Pressure at Start of Treatment	Duration of Treatment	Blood Pressure at Finish
44	Castration 5 yrs.	265/160	6 months	230/140
29	„ 3 yrs.	290/150	6 „	200/130
35	3 years	180/100	3 „	130/70
11	1 year	190/110	12 „	140/100
3	6 months	190/95	12 „	130/70
36	6 „	200/120	6 „	140/95
21	6 „	190/100	12 „	135/70
30	Now	180/100	3 „	130/70

It is important to remember that the symptoms associated with high blood pressure are due more to local vascular irritability than to the hypertension itself Even in those cases where owing to arterial degeneration, little reduction in actual pressure can be effected, complete relief of symptoms may be given

Case 2 (Case 44 in table).—A married woman aged 49 had undergone panhysterectomy in 1931, and had had severe headaches since the age of 33 Her condition before treatment was one of repeated vomiting, nervousness severe and frequent migraine attacks On examination her blood pressure was 265/160 and there was hypertensive retinitis and albuminuria The renal function was good

All headaches and vomiting disappeared after three weeks of oestrone administration, and have not recurred Now six months after commencement of treatment the blood pressure remains comparatively unaltered at 230/140 but the patient is symptom free on a weekly oestrone intake of 2 mg. intramuscularly and 2 mg. by mouth No fresh retinal haemorrhages have been observed and the urine is clear of albumin

The origin of hypertensive retinitis is not without interest High blood pressure itself does not afford a comprehensive explanation, and in many cases I would prefer to regard it as the local expression of an underlying vascular irritability I have recently observed a well marked "hypertensive' retinitis affecting the right eye only in a menopausal subject whose blood pressure was normal at 135/90 and in whom the renal function was good

Transient vascular spasm is of common occurrence When it affects the brain it may occasion migrainous headaches, transient and often recurrent hemiplegia (which in the presence of arterial degeneration may be followed by thrombosis, but which otherwise responds quickly to two or three capsules of amyl nitrite), grand mal and petit mal, retrobulbar neuritis, and spasm of the retinal vessels The typical attacks of giddiness may perhaps also be due to local ischaemia of the labyrinth, and the tinnitus aurium to a similar condition of the cochlea

Three cases of menopausal epilepsy received oestrin treatment, all of these patients had previously received luminal or prominal for a minimum period of six months The first patient suffered from major fits every three to four weeks On 0·3 mg. oestrone daily by mouth she has remained free for twelve months The second patient had two to four major fits every day For nine months she has received oestrone by injection and by mouth and during this time she has experienced transient attacks of dizziness without falling but on no occasion has she lost consciousness In the third case the attacks of major epilepsy were reduced by oestrin treatment from an average of four a week to one every fortnight

Case 3.—This patient a married woman aged 49 whose health had previously been excellent had a history of amenorrhoea for twelve months with headaches insomnia nocturnal "vasovagal attacks in which the heart would flutter like a wild bird vertigo and falling and oedema of ankles She was also gaining weight For six months prior to treatment this patient had experienced five attacks of transient hemiparaesthesia During one of these her right arm and leg became useless and her speech unintelligible for twenty minutes After three months on 1 mg. oestradiol benzoate intramuscularly on alternate days with 0·3 mg. oestrone by mouth daily, she was symptom free apart from occasional mild palpitations Now nine months later she remains well on a weekly dose of 2 mg. oestrone intramuscularly and 2 mg. by mouth There have been no recurrences of her cerebral symptoms

Similar transient spasm may also affect the viscera and extremities Spasm of the coronary arteries may give rise to spastic angina pectoris This latter process will further embarrass an already diseased heart muscle and the most gratifying results have followed the administration of oestrin to those patients whose old rheumatic carditis has undergone decompensation at the menopause

Case 4.—A married woman aged 52 had had rheumatic carditis since adolescence with amenorrhoea for three years twelve months insomnia headaches and depression and three months marked dyspnoea and oedema of legs and thighs On examination the apex beat was found to be 4½ inches out and there was auricular fibrillation with a pulse rate of about 130 ascites and a congested liver

She received out patient treatment For the first three months digitaline Nativelle 1/600 grain with luminal 1/2 grain night and morning together with 2 mg. oestrone intra

liver oil and even cream are considered to have been aetiological factors in some of the instances reported More care is urged in the case of sick and debilitated infants and in those suffering from neurological conditions such as those caused by birth injuries Mothers, it is stated, should be warned not to give cod-liver oil to struggling infants or to very feeble ones A large number of paediatric authorities are quoted to the effect that oily nasal drops should be prohibited for young children For the most part mineral oils seem to warrant most attention, and a safer medium such as a vegetable oil for the intranasal administration of such substances as menthol might be found One final point may be made—namely, has oil-aspiration pneumonia occurred in recent years in this country? The illustrations of Ikeda's paper clearly set out what the pathologist should look for, and the picture appears to be so definite that it is difficult to believe that such cases have in fact been missed

SPANISH INFLUENCE ON MEDICAL SCIENCE

During the present turmoil in Spain, where so much of historic interest has been destroyed by the contending armies, it is a relief to turn to the booklet published by the Wellcome Foundation on the occasion of the tenth International Congress of the History of Medicine, held at Madrid in the autumn of 1935 [1] This gives an excellent survey, illustrated by photographs of Spanish influence on the progress of medicine from the earliest times It is shown that in the Visigoth culture in the sixth century a prominent part was played by St Isidore, Archbishop of Seville and author of an encyclopaedia of all the sciences which is one of the chief books of the Middle Ages In the Hispano Moresque Renaissance of the tenth to thirteenth centuries the chief figures were Albucasis (1013–1106) author of a celebrated medico-chirurgical treatise, Avenzoar of Seville (d 1162) author of a famous surgical treatise, who described serous pericarditis pharyngeal paralysis, otitis media, and the itch mite Averroes of Cordova (1126–98), known as "The Commentator," whose system of medicine was based on a neoplatonic modification of Aristotle, and Maimonides also a native of Cordova (1135–1204) who as physician, philosopher, and theologian was one of the most eminent personalities of the twelfth century The Hispano-Moresque era was also remarkable for the erection of hospitals at Cordova, Toledo, Seville, and elsewhere, and the establishment of schools of translation of Arabian medical literature It is notable that Spain preceded other European countries in the foundation of universities with medical faculties and scientific libraries, as at Cordova Granada, Seville Malaga Almeria Barcelona Valencia, and Toledo The golden age of Spain which followed the discovery of America was marked by the appearance of many eminent medical men of whom the best known were Nicolás Monardes of Seville (1512–88), who made a practical study of remedial plants and was the first to describe balsam of Peru, and Francisco Hernandez (1517–87), physician to Philip II and author of a work on the natural history of Mexico and its relation to medicine In conclusion an interesting account is given of the discovery of cinchona, the tercentenary of which was celebrated at the Wellcome Historical Medical Museum in 1930, and of its introduction into Europe, where its general acceptance was not achieved until after fierce opposition

[1] *Spanish Influence on the Progress of Medical Science* With an account of the Wellcome Research Institution founded by Sir Henry Wellcome LL D D.Sc F R.S London Wellcome Foundation, Ltd

MEDICAL RESEARCH IN FEDERATED MALAY STATES

The report for 1936 of the Institute for Medical Research, Federated Malay States, is a further record of the valuable routine and research work of this institution In the division of malaria research, in addition to continued observations on the comparative merits of atebrin and quinine therapy, experimental testing of new remedies has been carried out A member of the Perak Medical Department has succeeded in producing a new form of quinine tablet combining the advantage of the sulphate in the matter of low cost and of the bihydrochloride in solubility and consequent therapeutic efficiency Tested on some fifty cases of acute malaria the new tablet was found to be at least as soluble as those of the bihydrochloride, while its therapeutic effect was similar to that of the same dosage of the bihydrochloride administered in solution Substitution of the new tablet for bihydrochloride tablets would entail a saving of £1,000 per annum for the Malayan Governments Experimental clinical, and epidemiological studies have established the identity of the rural form of tropical typhus with the tsutsugamushi disease Experiments in rabbits have shown that between strains of rural typhus and tsutsugamushi in these animals there is complete cross-immunity whether the route of inoculation be intra ocular, intraperitoneal, or intradermal and whether the criterion of reinfection be the development of ocular reaction, positive Weil Felix reaction, or dermal lesions Similar experiments with guinea-pigs and monkeys confirmed these results It is suggested that the term "rural typhus" should be discarded the typhus like diseases of Malaya being now reduced to two—the tsutsugamushi disease, almost certainly conveyed by mites and urban typhus, conveyed by fleas

The Canberra correspondent of the *Times* announces the resignation by Sir Colin Mackenzie M D F R C S, of the post of Director of the Australian Institute of Anatomy, which he has held since its foundation Many readers in this country will remember that during the war Sir Colin was consulting orthopaedist to the Military Hospital at Shepherd's Bush

The Nobel Prize for Medicine has been awarded to Professor Albert von Szent Gyorgyi of the University of Szeged Hungary, for his researches in connexion with vitamins A and C

it altogether The greatest care has been taken to exclude any psychological effect Such a factor is extremely difficult to keep out altogether, for the very attendance of the patients at hospital is in many instances sufficient to give them a suggestion of some benefit This has been avoided as far as possible by the use of control injections of olive oil and of tablets of similar size and colour In the majority of cases such a substitution was detected by patients in the first week, for they almost invariably experienced a return of their nervous tendencies and headaches

Points in Administration of Oestrin

Certain points concerning the administration of oestrin may well be mentioned

1 *Mode of Administration*—Two routes are available for oestrin replacement, the oral and the intramuscular The latter route is about five times as efficient as the former and hence considerably cheaper for hospital use The oral route, however, is effective even when large doses are required, and is the treatment of choice for the private patient The majority of the cases under review received a basic daily dose of 0 3 mg oestrone by mouth, any additional requirements being given parenterally

2 *Latent Period*—While very often there is immediate improvement in nervous tendencies and headaches the administration of oestrin must be continued for a minimum period of three months before its maximum effect can be observed This would appear to hold particularly true in the cases of articular rheumatism, hypertension and severe anxiety states In the early stages of treatment transient relapses may often be precipitated by infection or disturbances of environment

3 *Dose*—There is a wide individual variation in the optimum dose For mild symptoms such as nervousness, insomnia and flushes a dose of 0 1 mg oestrone (1 000 international units) three times daily by mouth may be adequate Seventeen of the first fifty cases became stabilized on this amount No smaller dose was employed, for it was found that equal benefit could be given to such cases by ordinary medical measures In twenty cases the initial minimal requirements have been 1 mg oestrone (10 000 I U) given intramuscularly in oil solution twice weekly, combined with 0 1 mg (1,000 I U) three times daily by mouth Ten individuals have required a dose of 1 mg oestradiol benzoate (10 000 international benzoate units)* intramuscularly two or even three times weekly, combined with the oral administration of 3,000 units of oestrone daily, while only three cases have required 50 000 benzoate units twice weekly for an initial period of four weeks at the beginning of treatment When any doubt exists as to dosage I have found the vaginal smear test of Papanicolaou to be of considerable assistance There would appear to be no direct connexion between body weight and dose but high doses are usually indicated in the hypersthenic, hypertensive individual with rheumatic symptoms

Duration and Cost of Treatment

Just as the daily requirements of oestrin vary with the individual, so also does the duration of treatment In five cases symptoms were relieved and the administration of oestrin discontinued in as short a time as three months. In the light of later experience discontinuation at that stage is often premature In sixteen cases it has been found necessary to continue the initial optimum dose for a period of three to six months, and in seventeen cases for six to twelve months before any reduction was possible In twelve cases reduction in dosage even after twelve months was followed by a return of symptoms In three of these reduction of dose after two years has been followed by a recurrence of headaches, cardiac symptoms or rheumatism In such cases it seems possible that the permanent administration of small doses of oestrin may be of benefit Recurrence of symptoms has occurred in one case twelve months after the termination of treatment Any reduction in dose must be effected gradually and over a long period of time It is my practice never to attempt such reduction until the patient has been symptom free for two months, when the dose is tentatively reduced by one-third No cases of tolerance to oestrin have occurred

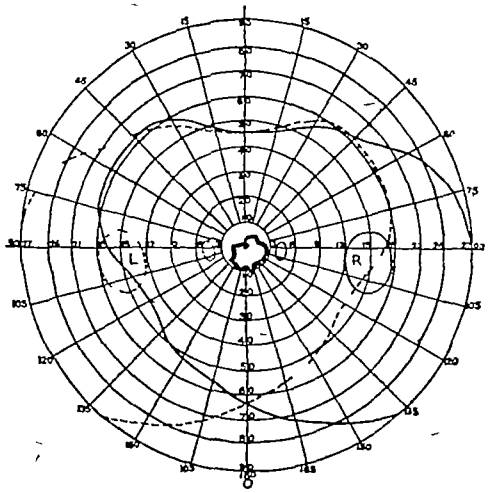


FIG 1—Case 6 Left perimeter chart on March 19 1936

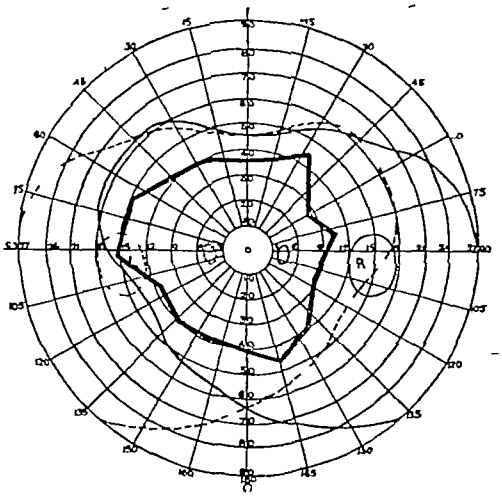


FIG 2—Case 6 Left perimeter chart on January 12 1937

The field of vision on both sides gradually increased to the extent shown by the above charts which were taken just before beginning and at the end of treatment with oestrone

* The international benzoate unit (I B U) is equivalent to five international units (I U)

exit instead of the inlet tube the anaesthetic will be blown over in liquid form, and the consequences may be unfortunate Where electrical apparatus is being employed in the mouth or throat it is preferable to drive the anaesthetic over by means of air from a bellows rather than by means of oxygen from a cylinder owing to the possible risk of an explosion In this connexion it should be mentioned that explosions have been caused not only by the cautery and diathermy electrode but also by the tiny electric-light bulbs on such instruments as oesophagoscopes or bronchoscopes when these bulbs have become loose or the insulation has been faulty

Closed Anaesthesia

Although open anaesthesia is easy to administer and requires the minimum of apparatus it is a wasteful method, for much of the anaesthetic is lost by evaporation into the surrounding air With a closed apparatus more accurate control is obtained and the amount of anaesthetic necessary is reduced. The simplest form of closed anaesthesia is by means of gas and air Apart from the cylinders of gas all that is required is a rubber bag, a face piece, and some form of stopcock containing valves whereby an occasional breath of air may be given This is, however, only suitable for minor operations, when longer anaesthesia is required with the addition of ether some other form of apparatus is needed

A very simple yet efficient form of closed apparatus is Clover's inhaler or the modified pattern known as Hewitt's wide-bore inhaler This consists of a closed container in which the ether is placed and through the centre of which is a passage-way for respiration By turning a lever part or all of the patient's breathing can be passed over the ether in to-and-fro respiration A face-piece at one end and a rubber bag at the other complete the apparatus As little as three to four ounces of ether an hour is required to maintain anaesthesia, and with a small stream of oxygen delivered under the face-piece patients keep a good colour and often stand an anaesthetic given in this way remarkably well.

Rather more elaborate are the various forms of apparatus for giving gas and oxygen with or without ether The simplest of these are the continuous flow machines, which in principle are rather like a Shipway apparatus with a flowmeter at one end and a rebreathing bag and a face piece at the other The flowmeters, by which the proportions of gases delivered may be regulated, are of two main types The older pattern consists of metal tubes which dip into a bottle of water and into which the gases flow A row of holes down the side of each tube allow the gas to escape The greater the flow of gas the greater will be the number of holes from which the gas bubbles In the more modern pattern the gases pass through upright glass tubes each containing a tiny bobbin, and as the flow of gas is increased so the bobbin rises and floats at a higher level in the tube The older type of flowmeter has the disadvantage that with the continuous flow of gas through the water a certain amount of water vapour is carried over, and this may tend to block the inlet tube in the ether bottle by turning to ice owing to the evaporation of the ether A jacket of warmed water placed round the ether bottle will avoid this The simplest and most popular gas and-oxygen machine is the Boyle's pattern, and it is either used in a portable form or is incorporated with the anaesthetic trolley Models devised by Magill and Ivor Lewis have in addition to the bottles for chloroform and ether, a hot-water chamber for warming the ether, a manometer, and an attachment to hold a sparklet bulb containing carbon dioxide, the whole being neat and compact In the intermittent-flow machines the gases flow from the cylinders when the patient takes a breath, and therefore the greater the degree of rebreathing the slower is the rate of flow of the gases Three models in common use in this country are the Walton, the Magill, and the McKesson, the last named being the most elaborate and efficient machine Any gas-and oxygen apparatus can easily be fitted with a closed circuit for carbon dioxide absorption if so desired

Equipment

Some practical points with regard to equipment may be of value to the practitioner who has to give anaesthetics

Cylinders—One of the drawbacks to any form of gas anaesthesia is the weight of apparatus that must be carried, most of it made up by the cylinders It is now possible to get steel cylinders which, though they are still somewhat expensive, are considerably lighter than those in common use Reducing valves must only be employed on cylinders containing the gas for which they are intended Thus valves meant for cylinders of nitrous oxide must not be used on oxygen cylinders, and they should be tested from time to time by the manufacturer Both cylinders and valves must be kept free from any sort of oil or grease

Face-pieces and Bags—All face-pieces are constructed with rubber pads to fit the face These are either pneumatic or of some form of sorbo rubber While the latter are more durable they are not so soft and yielding as the pneumatic pads, and when a really good fit is required, as in closed-circuit anaesthesia or when using a positive pressure, the pneumatic variety are more satisfactory A helpful piece of apparatus for holding the face-piece in position is the Clausen's harness This consists of a triangular sheet of rubber with each angle prolonged in the form of a strap containing a row of perforations It is placed at the back of the patient's head and the straps are brought forward and hooked on to a metal ring situated over the face-piece When properly adjusted it holds the face-piece firmly in position and leaves the anaesthetist's hands free for other duties, such as changing gas cylinders or taking the blood pressure Rubber gas-bags and rebreathing bags which have become stiff and perished through age and lack of use can temporarily be rendered more pliable by holding them in front of a fire for a few minutes or dipping them into hot water

Anaesthetic Agents—Unless a practitioner administers anaesthetics frequently a large supply of ether or chloroform should not be stored as these drugs are apt to deteriorate, particularly if not kept in the dark The bubbling of air or oxygen through ether also tends to cause decomposition, but the presence of metallic copper will help to prevent this Many of the ether bottles in anaesthetic apparatus have their internal fittings made of copper, and one firm of chemists even nails a small piece of copper foil on the under surface of the cork in the ether bottle Ether through which air or oxygen has been bubbled should not be kept in the bottle until such time as it is required again unless the interval is short Stale ether need not be wasted, as it is an excellent cleaning material it will, for example, remove paint or grease from the hands with ease The standard of purity of ether and chloroform as supplied by the various manufacturing firms is extremely high and all brands appear to be equally efficient in producing anaesthesia While the same is true of ethyl chloride each brand appears to have a

were no premenstrual changes in the stoma Injections were given for another six weeks when menstruation was regular the periods lasting four days The uterine cavity measured 2½ inches in length and the body of the uterus was definitely larger on palpation Following discontinuance of the injections periods have continued spontaneously It is now three months since the last injection was given.

Case 2—A married woman aged 26 The periods started when she was 15, and were of a twenty-day cycle with excessive loss until marriage, one year before she came to hospital Since marriage the loss had markedly and progressively decreased lasting only one day and needing merely one pad With injections the loss increased the next period needing two pads the following one lasted two days four pads being used the next, five pads and the subsequent two six pads Injections were stopped and she has since had a four-day normal period spontaneously

Case 3—An unmarried girl aged 18 who complained of irregular menstruation The periods had started when she was 16½ years old and had never been regular the interval varying between three weeks and three months. The previous period had been two months before she came to hospital and the preceding ones at three months intervals The uterus was rather small There was no result from the injections until she had had twelve when a period occurred This might obviously have been her "normal" period However the next came at five weeks interval and injections were stopped The following period was at four weeks interval and came on spontaneously

Case 4—A married woman aged 27 The menstrual history was that, following irregularity at the onset when 15 the periods had been regular until a few months previously The periods then became a fortnight late and finally there had been three months amenorrhoea without pregnancy The uterus was of normal size Regularity was established with antostab In this case the endometrium on section showed evidence of luteinization prior to the use of the antostab

Case 5—An unmarried woman, aged 21 Amenorrhoea had persisted for one year menstruation having started at 16 with some epimenorrhoea Antostab was administered without avail curettage showed very little endometrium in a resting phase

Curettings in the above cases were obtained by a small tube strip-cutting curette, which can be inserted into the uterine cavity without an anaesthetic or under evipan It is similar to that described by Herell of the Mayo Clinic and is easier to use than the suction type The strips are cut on the return stroke they are retained in the lumen of the tube and can be washed out By this method successive observations can be made on the same patient

Commentary

It is clearly impossible to draw any valid conclusion from such a small series of cases over so short a duration of time However, the results seem to be sufficiently hopeful to justify mention The microscopical findings in Case 1 point to the antostab having a definite action in producing endometrial changes via the ovary The difference between the result in this case and in Case 4 may be due to the fact that Case 1 is not producing enough prolan B to give rise to luteinization whereas Case 1 is doing so herself Obviously the indication is to try the use of prolan B as well in such a case This has not yet been done, as it was desired to see if the menstrual flow would continue spontaneously The fact that it is not possible to tell by clinical means alone the true nature of menstruation produced by any hormonic preparation points to the value of the curette as an aid to treatment

My thanks are due to Messrs Boots Pure Drug Co Ltd who kindly provided me with supplies of "antostab" for clinical use

TREATMENT OF GONORRHOEA WITH ORAL SULPHANILAMIDE

TECHNIQUE, TOXIC EFFECTS, AND EARLY RESULTS IN 250 CASES

BY

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Assistant Surgeon Wembley Hospital Assistant Director, Special Clinic and late Assistant Director Surgical Unit St Mary's Hospital

It is becoming increasingly obvious that the discovery of the sulphanilamide or prontosil group of drugs is an outstanding event in medical history Its possibilities are greater than was at first thought, and several organisms have now been shown to be susceptible to its action In the space of a few months I have seen it effect surprising improvement in such unrelated conditions as acute cholecystitis throat infections, appendix abscess, suppurative arthritis, infections of the urinary tract, subphrenic abscess, septic compound fractures, and diffuse peritonitis Others have testified to its efficiency in puerperal sepsis, *B coli* infections, and meningitis Sulphanilamide is by no means infallible, indeed one is soon struck by its capriciousness of action, even in infections caused by the same organism But when it does show a therapeutic effect that effect is astonishingly potent and unprecedentedly rapid

Unfortunately these drugs are definitely toxic, and although most of the unpleasant effects are fleeting and of little consequence, evidence is accumulating which suggests that serious and even fatal disorders sometimes result from their use There is a grave risk that the therapeutic potency of these substances will lead to their being employed more and more extensively, and in larger and larger doses before their dangers are properly appreciated, and that a crop of disasters may follow which will throw discredit on a valuable discovery For this reason one of our first tasks must be to find what these dangers are and how they can be guarded against In a thoughtful if rather pessimistic article just published Jennings and Southwell Sander (1937) emphasize that drugs of the sulphanilamide group are potential marrow poisons and point to the occurrence of a number of cases of agranulocytosis with ulcerative pharyngitis and of haemolytic anaemia Cases of optic neuritis have also been described and I have seen one myself But whilst we must be duly aware of these and other dangers and be constantly on the look out for their earliest manifestations, I hope to show that any serious risk can be abolished if the treatment is carried out under proper control

After the discovery that sulphanilamide was an effective destroyer of the meningococcus it was inevitable that attention should be turned to the closely allied but much more widespread gonococcus The treatment of gonococcal infections hitherto has been so thoroughly unsatisfactory that when the first reliable evidence of successful results (in nineteen cases) was reported by Dees and Colston (1937) it naturally induced many others to follow in their wake and to give the drug a trial Owing to the lack of adequate knowledge and experience of the new therapy it is not surprising that very different results have been obtained, and indeed published by some workers No greater discrepancy could exist than that between the article published by Surgeon Commander Crean (1937) and the letter by Dr Anwyl-Davies (1937) which appeared in the *British Medical Journal* a few

lation It should not be allowed to come into contact with the air

Further investigations should be directed to the following points (1) The comparative value of fresh blood (pure or stabilized), stored blood, defibrinated blood, and even blood substitutes (2) The comparative value of anticoagulants (3) The length of time for which blood can be stored (4) The comparative value of stored blood and fresh blood for the purpose of immuno transfusion (5) The utilization of the residual plasma

Haematological Problems

Stress was laid by the committee on the sensitiveness to transfusions of patients suffering from blood diseases, and it was urged that every precaution must be taken to ensure compatibility Blood transfusion might be indicated in the treatment of pernicious anaemia, but its value was doubtful and it was not always free from danger in the treatment of the leukaemias The most beneficial effect of transfusion was seen in the erythroblastoses of infancy It was considered that transfusion was also useful in haemophilia, and that it should always be given before an operation on a known haemophiliac Small transfusions of 50 to 100 c cm repeated at fortnightly or monthly intervals were recommended In patients with a haemorrhagic diathesis blood transfusion was only a palliative measure Transfused blood was also recommended as a haemostatic agent in the treatment of the haemorrhagic syndrome of infectious diseases

The committee stressed the point that the value of transfusion in the treatment of blood diseases in general could only be ascertained when precise details were given in the case reports These should include a complete examination of the blood and of material taken from the haemopoietic centres The case history should include particulars about the heredity, past history, and occupation of the patient

Questions of Organization

The organization of blood transfusion services had been highly developed in large urban centres, in some of which it was under the direction of an independent society or philanthropic body, in others the service was organized by the Red Cross The growth of these services was indicated by the increased number of transfusions that were being done yearly Conditions in rural areas, however, were not always satisfactory, but it was hoped that the example set in the large towns would be followed in smaller centres and that transfusion services would be built up by the recruitment of carefully selected donors In the meanwhile the committee drew attention to the advantage which rural areas would gain from a transfusion service based on the storage of blood There should be no practical difficulty in carrying this out if the support of public authorities were obtained

The committee also spent some time in considering the organization of a transfusion service in time of war Here again the question arose of using stored blood, although it was admitted that the transfusion of fresh blood was the ideal to be aimed at It appeared logical to choose the donors from the army medical services attached to the units at the front Stored blood might be collected from the civilian population

The committee recommended that the organization of transfusion services within the Red Cross should be developed and extended In any case improvisation must be avoided Among the desiderata were careful choice and periodical examination of the donor, technical skill in making the transfusion, which should be given at a transfusion centre (it was thought that many accidents were due to inexperience) and, lastly a strictly scientific method for the determination of blood groups—in this connexion it was pointed out that commercial sera were not always equally reliable that errors in grouping were not unknown, and that a careful check for re examination would be valuable

General Remarks

Many delegates emphasized the need for careful selection of donors in order to avoid the risk of venereal infection A case was mentioned of a donor who, twenty-four hours after receiving a negative Wassermann report, transmitted syphilis to the recipient of his blood Nearly every country outside Great Britain insists on the frequent re-examination of donors, who have to have identification cards with photographs and records of examinations and transfusions The British system of voluntary donors was looked upon as hopelessly Utopian in most other countries, and the statement that the cost of the London service worked out at less than eight shillings a case was received almost with scepticism The British system was criticized as subordinating the interests of the patient to that of the donor

The technical medical problems discussed can be con of blood, with a minimum payment of 20 dollars, from which 6 dollars is paid to the bureau Donors have to be submitted to a physical examination within three weeks before each transfusion In Paris 100 francs is paid for the first 200 grammes, rising by 50 francs for each successive 100 grammes, the donors must be prepared to serve at monthly intervals and to be re-examined every three months Although it was considered advisable to employ donors of the same group as the recipient, it was evident that subjects belonging to group 4 (O) were being used almost exclusively as donors

The technical medical problems discussed can be considered in greater detail when translations of the various papers have been made Of these the possibilities of blood storage suggest the most profitable lines for future investigation and experiment

THE ART OF BIOGRAPHY

LLOYD ROBERTS LECTURE IN LONDON

Mr Philip Guedalla, in his Lloyd Roberts Lecture, which was delivered at the house of the Royal Society of Medicine on October 29, resisted the temptation, which he said was always felt when addressing the members of another profession, to parade the lecturer s fragmentary knowledge of their work He took instead a subject from his own domain, that of biography The biographer s problem, he said, was the opposite of the doctor s, in that he started with a dead man and, if he knew his business, ended with a live one The late Sir Edmund Gosse, the first Lloyd Roberts Lecturer in 1923, had in his article in the *Encyclopaedia Britannica* defined biography as "that form of history which is applied, not to races or masses of men but to an individual The biographer's duties were the same as those of the historian to provide an accurate reconstruction of the past using the same method and the same body of evidence, and testing the evidence by the same rules, but whereas the historian took as his period usually the life or some phase of the life of a State, the biographer was limited between the dates of the birth and death of his subject The biographer s path lay between two tempting fields—pure literature on the one hand and psychology on the other The temptation to make psychological digressions was an insidious one, especially as there had been an enlargement of curiosity on this subject in the present generation Our fathers were satisfied with the record of a man's public doings, but the modern reader wanted to know what manner of man he was To take the most massive example of modern biography, Morley s *Gladstone* there one had an impeccable record of Gladstone s activities but no portrait whatever of the amazing old man, half dynamo and half major prophet In Gosse s article already quoted it was said that true biography was ' the faithful portrait of a soul in its adventures through life But this was only possible if the subject had been obliging enough to put on paper a self-revelation when he had

odd mucous thread) Usually this occurs in two to six days but the large doses are not continued beyond the first week, even if symptoms and positive smears persist The quantity is now diminished to six tablets (3 grammes) daily for one week and then three tablets (1 5 grammes) for another week, making a total period of about seventeen to twenty days Older or undersized men start with 3 grammes daily, but provided they show good tolerance the dose is increased to 4 grammes if the symptoms do not clear up rapidly Each patient is told to report immediately toxic symptoms develop, and is seen at least two or three times a week, the group on irrigations of course attend daily (a definite advantage) Smears are examined whilst any discharge is obtainable Cases with toxic symptoms are carefully investigated and when advisable, spectroscopic and cytological examinations of the blood are made Sometimes it is necessary to cut down the dosage for a short period or even to abandon the treatment but mostly either the symptoms are too trivial to justify this or the patient acquires tolerance to the drug after a few days

2 *For Gonorrhoea with Complications*—Cases of posterior urethritis, or what is more properly a trigonitis of the bladder, on the whole react quite well to the above routine as do most patients with gonococcal arthritis, fibrositis and eye conditions But cases of prostato-vesiculitis and epididymitis have proved extremely capricious Whilst the above technique is effecting remarkable cures in some of them, in others it is doing little or nothing To a group of the latter I am applying what might be termed an "interrupted shock technique with some success giving very large doses (up to twelve tablets, or 6 grammes daily) for two or three days at a time with equal or longer intervals on much smaller doses or on none at all and repeating the cycle two or three times When a case is not responding satisfactorily after two weeks at most the sulphanilamide treatment is abandoned

3 *For Cases of Chronic Gonorrhoea (Morning Gleet, Recurring Slight Discharge etc)*—We give these only 3 grammes daily for seven to ten days and 1 5 grammes for a similar period, with results which are almost uniformly successful.

4 *For Cases with Non Gonococcal Urethritis Prostatitis or Cystitis*—These are treated with the same doses, but a cure can be expected in seven to ten days In this and the previous group irrigation is quite superfluous, but alkalization of the urine seems to be of real value

Tests of Cure

These are rigorous and of course are only applied to gonococcal cases At the end of the sulphanilamide course (seventeen to twenty days) all treatment is suspended Prostatic bead and complement-fixation tests are taken now and repeated if necessary Four to seven days later a urethroscopy is done and the whole urethra is massaged on a full sized metal bougie At the same time a provocative injection of vaccine containing 200 million gonococci is given (provided the complement-fixation test is negative), and the patient is allowed alcohol The patient attends next day the urethra urine prostate and vesicles are examined and another bead test and urethroscopy done if necessary If all is well the patient returns in a week and is again examined The tests of cure thus occupy about two weeks during which the patient is having no treatment whatever and is leading a normal life All cases that have passed their final tests are placed on a follow up list and will be seen periodically for at least two more months

Toxic Effects of Sulphanilamide

The property of sulphanilamide which has interested me above all others is the almost bewildering variety of toxic effects it can produce Most of them are of little consequence, but some are serious These effects vary with the amount ingested and the measures taken to avert them but even more with the general health and natural susceptibility of the patient Some are able to take the largest doses without turning a hair" A few are so intolerant that the first gramme or two make them seriously ill The great bulk however, show some toxic reaction—more or less disagreeable, but rarely sufficient to demand interruption of the treatment

The most serious effect of sulphanilamide appears to be depression of the haematopoietic functions of the bone marrow, and several cases of agranulocytosis and haemolytic anaemia have already been described To these we must now add optic atrophy and as experience accumulates other serious dangers may become apparent What constitutes a dangerous quantity of the drug is not yet established, but we know that it is variable and that it depends on the general fitness and idiosyncrasy of the patient We also know that prolonged administration and the total amount given are of greater toxigenic significance than the size of the individual dose

In this large series of 250 cases we have thus far been particularly fortunate in our immunity from really dangerous consequences, although in view of the experience of others, we await the future with some concern To a large extent this immunity can be attributed to (i) the strict limits within which we keep our total dosage and our period of continuous administration (ii) the measures we adopt to combat the toxicity of the drugs (for example, ingestion of large quantities of fluid, administration of glucose—in the form of barley sugar), and avoidance of sulphur-containing foods and aperients, (iii) the anxious care with which we look for signs of real danger such as extreme pallor, persistent vomiting, ulceration of the mouth and throat, rigors, deep cyanosis serious dyspnoea, or loss of visual acuity, in the face of any of which it would be folly to persist with the treatment On the first appearance of any of these symptoms or of other markedly toxic manifestations the sulphanilamide is suspended and the blood examined for the spectra of methaemoglobin or sulphaemoglobin and cytologically for evidence of leucopenia and immature red cells

Gonorrhoea may at times be a serious disease but it cannot be justifiable to expose its victims to dangerous levels of treatment although such risks may properly be taken in graver and more fatal conditions It is my considered opinion that a patient with gonorrhoea should never be given a total quantity of more than 60 or at most 70 grammes of sulphanilamide and that the period of administration should never exceed twenty one days

The less serious toxic effects I have seen in great number and variety but only passing reference can be given to them on this occasion The more distressing are intense nausea occasional vomiting giddiness and persistent headache (usually frontal) Other subjective effects not uncommonly seen are anorexia constipation lassitude, chilliness a sensation of weakness and a type of malaise which several patients describe as feeling punch-drunk Many complain of exhaustion and slight dyspnoea on muscular effort, of being out of sorts or of not being able to think clearly An interesting syndrome I have seen is loss of memory with deafness and severe headache, another is loss of the taste for tobacco and alcohol

Hungarian Government, which followed a special ballet performance at the opera house

After the closing session of the Congress the delegates were taken on a two day tour of North-Eastern Hungary, visiting the delightful little baroque cathedral town of Eger which is about ninety miles from the capital, and a well known mountain health resort named Lillafüred in the Tokay district, where they were given full scope to examine the various wines for which that part of the country is justly famous

On returning to Budapest a wreath was laid by the national representatives on the statue commemorating the great Hungarian physician Semmelweis, the first man to discover the infective nature, and to advocate successful prophylaxis, of puerperal fever

The majority of the medical delegates then left to attend the annual meeting of the International Society of Medical Hydrology, which was to be held at Wiesbaden, under the chairmanship of Dr E P Poulton (London) and the presidency of Professor Vogt of Breslau, from October 16 to 22

SOCIETY OF MEDICAL OFFICERS OF HEALTH

THE PRESIDENTIAL ADDRESS

On October 29 Dr James Fenton, medical officer of health for Kensington, delivered his presidential address to the Society of Medical Officers of Health

Dr Fenton said that from 1847, when the first medical officer of health in this country was appointed, until the end of the last century medical officers of health had been occupied in laying such foundations of the present public health structure as wholesome water supply, sound drainage and sewerage systems, and public hygiene, as essentials in fighting the great epidemics which were then rife To-day the sanitary services were largely in the hands of water engineers, civil engineers, and cleansing superintendents Since 1900 the medical officer of health had been able to direct his attention to the more technical details of the prevention of disease, and had been engaged in introducing the school medical, tuberculosis, maternity and child welfare, and venereal disease services The Ministry of Health, under the Local Government Act of 1929, transferred to local authorities much of its own responsibility for the initiation and development of preventive measures This Act also transferred all Poor Law functions to local authorities and gave the medical officer of health new responsibilities in regard to hospital administration There was now a growing tendency for municipal hospitals to direct their efforts to the preventive aspects of medicine

The Health Services

In 1900 the money spent on social services in Great Britain amounted to 19s 2d per head of the population, the figure was now about £9 per head That people did not fully appreciate what was being done for them by the public health services was obvious from the facts that only 48 per cent of expectant mothers visited ante-natal clinics, only 60 per cent of the children born attended the infant welfare centres during the first year of life, only 64 per cent of the children found at school inspections to need dental treatment received such treatment, and a large proportion of cases of tuberculosis were not notified to the medical officer of health until after death The lack of this appreciation Dr Fenton continued, led his own borough council in 1925 to appoint a health lecturer on the staff of the public health department It had not been, however easy to organize lectures or to persuade people to attend them, and the health lecturer, therefore, had given talks in the waiting-rooms of clinics and centres and in the out-patient departments of hospitals

Education in Health

In May, 1923, the Society of Medical Officers of Health, in a letter to the Ministry of Health, stated that in its view it was imperative that recent knowledge of the effect on health of food, exercise, fresh air, sunlight, etc, should be brought to the notice of the public "Public health education," the Society said, "is the cheapest and probably the most effective of all forms of public health work In 1925 a deputation to the Minister stressed the urgent need for further propaganda directed to the general improvement of health rather than to the combating of special diseases it thought that statutory provision should be made for local authorities to carry on health education In 1927 the Central Council for Health Education was established and, after ten years of experience, proposed to the Minister that a national campaign should be conducted to encourage a greater use of the health services the campaign began in September of this year One of the objects of the campaign was to arouse public interest in the work of assistant health officers In each public health department, Dr Fenton said, there should be created a well defined scheme of health education Every contact made with the public by the medical officer, the health visitor, the sanitary inspector, and the office clerks had a potential educational value Great steps had been made in the application of physical sciences, but human biology had lagged behind

The Problem of Rheumatism

There was an urgent need for directing attention to rheumatism, especially as in the future there would be a greater percentage of people in the age groups in which rheumatic disorders were prevalent Even to day rheumatism was probably the greatest single scourge of this country, and it was a matter of interest that a number of well known persons had established the Empire Rheumatism Council In his annual report for 1935 Sir Arthur McNalty had stated

"The principal requirements for any reduction of the great industrial morbidity from the chronic rheumatic diseases may be briefly summarized thus (1) research into causation, (2) investigation of the comparative value of the widely different therapeutic measures, (3) increased provision of the various forms of physical treatments, which cannot be provided by the ordinary practitioner and (4) increased in patient accommodation, especially in the form of research units in hospitals"

Until the eradication of this disease became the concern of the State, it was to be hoped that voluntary organizations would receive as much municipal support as was necessary to carry out the requirements outlined by Sir Arthur McNalty

Referring to the question of child guidance, Dr Fenton said that psychiatric clinics, mostly under the direction of voluntary organizations, had been established, but their value had not yet been fully recognized Delinquency, behaviour difficulties, nervousness, speech difficulties, truancy, and habit spasms resulted from maladjustment in regard to which a psychiatrist was able to suggest suitable treatment, for this reason child guidance should be transferred from the sphere of education and sociology to that of the medical services

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The sixth annual report of the Paris Pasteur Institute states that of the 118,000 persons who received anti-rabies treatment in the different Pasteur Institutes in 1933 only 408 (0 35 per cent) died Most of the cases occurred in the East and especially in India In Europe the countries most affected with rabies are the Balkans, 8,248 cases were treated at the Pasteur Institutes in Yugoslavia, 1,776 in Athens, 1,740 in Istanbul, 2,844 at Budapest, and more than 2,000 at Warsaw The highest mortality was caused by rabid wolves—namely, 11 2 per cent—as compared with 0 33 per cent caused by mad dogs and 0 03 by cats

Alkalization of the urine certainly seems to enhance the bactericidal action of the drug in chronic and non-gonococcal cases, and to a lesser extent in acute ones. Also I think better results in acute cases are obtained with urethral irrigation than without it. Vaccines and antitoxin on the other hand seem to be superfluous in cases which respond to sulphanilamide. These and other questions are still being investigated.

Conclusions

1. An intensive trial with sulphanilamide has proved conclusively that we now possess an effective remedy for gonorrhoea and for most of its complications. The drug is able to produce a clinical cure in a large majority of acute and chronic cases in a week or less. There is good reason to believe that by a rational administration extending over two to three weeks nearly all the clinical cures can be converted into permanent ones. Unfortunately a small group of cases completely fail to respond to the treatment.

2. Although the drug can be conveniently given by the oral route, as has been done in this series it is emphatically not the answer to the general practitioner's or the patient's prayer for a 'tablet' that will cure gonorrhoea. There is far more in the sulphanilamide treatment than the mere giving or prescribing of a box of tablets.

3. The drug is intensely toxic and its toxicity depends not only on the amount taken but also on the period of continuous administration and on the general condition and individual tolerance of the patient. Most of the toxic effects are unimportant, others temporarily distress or incapacitate the patient, but there are some which actually endanger life. Patients often develop an acquired tolerance to the minor toxic effects and measures can be taken to combat the toxicity of the drug, but at the first sign of real danger its administration must be stopped at once.

4. To obtain optimum results the drug has to be given in *potentially toxic amounts*. Its administration should therefore be entrusted only to those who understand its dangers and know how to assess the toxic symptoms and signs. Facilities for periodic examination of the blood, cytological as well as spectroscopic, must be at the immediate disposal of administrators. With such knowledge and facilities and by strict limitation of the total quantity and period of treatment the administration can be made as safe as it is efficient.

5. Owing to the uncertainty which must for a time prevail as to the permanence of cure final tests must be particularly vigorous and patients should be kept under observation for a considerable period.

6. Finally one would issue a warning to official quarters against the dangers that would arise from indiscriminate sale and purchase of this toxic drug once the lay public becomes thoroughly aware of its existence and effectiveness.

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A Dutch family has recently offered prizes for the best answers to the question What are the best methods for preventing or diminishing the dangers of thrombosis and embolism after childbirth and operation? The first prize was awarded to Dr J Stroink of Utrecht in collaboration with Dr Patersson of Pretoria and the second prize to Dr H. Festen of Thilbourg.

Clinical Memoranda

Chorion-epithelioma associated with a Living Child

The following case seems interesting enough to place on record.

Mrs X aged 37 married ten years, had had a miscarriage at three months eight years ago and was curetted. She had a living child (forceps delivery) seven years ago. Her last period was on October 31 1936.

During January 1937 the patient developed severe vomiting, for which she was admitted to hospital for one week when it ceased. On February 17 a vaginal loss started, pale and slight in amount, but persistent. She was in bed for seven weeks and then gradually got about again but the loss continued for the remainder of the pregnancy. From March onwards the uterus was about a month larger than was expected according to the date of the last period. At the beginning of May she developed a heavy cloud of albumin in the urine with marked oedema of the legs, and her pallor became more noticeable.

Owing to the large size of the uterus she was examined radiographically on May 22. This showed one foetus (vertex) and confirmed the findings on abdominal palpation. On May 26 and again on the 28th, she had a brisk bright uterine haemorrhage. On the latter date vaginal examination showed the os dilated to the size of a shilling and within it a boggy soft mass. This was thought to be a placenta praevia and she was removed to hospital. Caesarean section a few hours later produced a living child of 3¼ lb. weight and a large hydatidiform mole. The pathological report on this latter indicated a tendency to malignancy and a month later when the patient was in a fit condition a total hysterectomy was performed. At the fundus of the uterus a soft mass was found and this on section proved to be a chorion-epithelioma.

The patient made a rapid recovery and is at present in excellent health. The infant survived for nine days.

Melton Mowbray MARY C ELLIOT

Nasopharyngeal Teratoma

The literature does not contain many reports of teratoma of the nasopharynx. Hankins and Harding (1932) found only three cases in a review of the literature of ten years, to which they added one of their own. The rare occurrence of such conditions seems to be sufficient justification for the publication of the following case report in the hope that it will add something to the knowledge of this rare tumour.

CASE REPORT

A female infant three weeks old was admitted to the City Hospital for Infectious Diseases Newcastle upon-Tyne with the diagnosis of ? laryngeal diphtheria. On admission she was seen to be a rather poorly nourished child—not unduly distressed but showing a definite "sobbing" or interrupted type of inspiration. There was no recession or other evidence of laryngeal obstruction and no aphonia but there was a purulent nasal discharge. The fauces showed small white patches suggesting that the child had been fed recently. The heart sounds were normal the percussion note had not altered the air-entry was satisfactory on both sides and there were no adventitious sounds. The history was that the infant had been blue at birth and difficulty had been experienced in establishing lung breathing. There had always been a thick yellowish nasal discharge but this was never blood stained. At no time had the infant taken the breast or the bottle well. For a day or two before admission attacks of difficult breathing, with blueness had been observed.

enabled more urea and alkali to be excreted This infusion could be repeated twice a day if necessary, and the blood urea should be estimated every day or every other day

Surgical Indications

Mr G GORDON-TAYLOR mentioned the use of gum acacia solution, introduced during the war, and still described in the most recent textbooks of surgery His impression of it was very unfavourable With regard to hypertonic saline, no doubt there had been good results in the treatment of ileus One class of case in which bicarbonate of soda solution might be extremely beneficial was post-transfusion reactions in which the patient developed haemoglobinuria—cases very rare nowadays He had certainly saved the life of a patient suffering from suppression of urine by infusion of bicarbonate of soda One indication for the use of saline was sudden loss of fluid from the blood vessels The proper substitute for blood was blood, but there were times when blood might not be available at a moment's notice, and the use of saline or glucose was most valuable as an emergency measure Perhaps intravenous therapy was most useful of all in duct obstruction associated with jaundice Glucose was a sheet anchor in the preliminary treatment in such cases There was always the danger that the success of intravenous therapy might lead to excessive zeal in its use

Dr H I COOMBES gave a demonstration with various forms of apparatus, illustrating safe and convenient use The site of injection was usually the ante-cubital fossa, though the inside of the forearm, given convenient access to a vein, might be useful, and for prolonged treatment the saphenous vein near the malleolus might be taken He also showed how in an attaché case sufficient apparatus might be contained to provide for transfusion, taking blood from the donor and giving it to the recipient, or to give an intravenous glucose solution From 3,000 to 4,000 c cm a day was a most useful quantity for saline infusions

Professor L J WITTS suggested that to give 3,000 c cm of a 0.9 per cent solution of sodium chloride a day, in view of the limitation of diseased kidneys in concentrating saline, was to run the risk of a very large surplus of saline in the body Dr W TREVAN thought the question of saline *versus* Ringer to be settled on theoretical grounds in favour of Ringer If an excessive amount of sodium chloride was going to be put in, there ought to be the salts to balance it, unless one knew that there was a definite deficiency of sodium chloride and not of other salts

Sir JAMES WALTON said that as he grew older he feared more and more the intravenous infusion, not of blood, but of saline and glucose, and it was interesting to hear from the scientific side also that there was some doubt as to the value of these big doses Where there had been an acute loss of fluid all would be agreed that fluid must be given, but even there his clinical experience suggested that a small amount was as much as could really be advantageous He believed rectal administration to be most satisfactory If the fluid was required it was absorbed by the rectum, and if not required it was returned More and more he was convinced that large quantities of fluid given intravenously turned the scale, not in the patient's favour, but against him

Tropical Conditions

Dr P H MANSON-BAHR said that in tropical medicine there was one condition in which all the indications were for intravenous medication—namely, cholera Recent work on cholera seemed to show no advantage in hypertonic saline It was introduced by Rogers on the assumption that the fluid would be retained in the vein, and not filtered out into the tissues All recent workers on cholera had come round to the idea that normal saline, not hypertonic, ought to be given It was very desirable to have the amount of saline excreted in the urine in cholera estimated by modern biochemical methods, though he did not know how that was to be done, short of sending a biochemical unit to Shanghai In blackwater fever an enormous haemolysis took place very rapidly, and here again intravenous therapy had come into prominence By giving intravenous sodium bicarbonate in hypertonic solution the blocking of the kidney with methaemoglobin was to some extent prevented, with the anuria which caused the death of the patient

Dr H L MARRIOTT mentioned the large amounts which might be introduced by rectum The largest amount in his experience had been twenty-three pints per day per rectum, this was in a very dehydrated patient, but there had been no difficulty in getting in twelve pints Dr DONALD BATEMAN said that the counterpart to cholera in this country was the acute gastro-enteritis of infants, the treatment of which had been revolutionized by the introduction of intravenous saline Previously there had been only three methods of treating it continual small doses of fluid by mouth, subcutaneous administration, and a single infusion of fluid into a vein Each had its disadvantages, but with the continuous intravenous method with small doses of fluid the child could be kept going for quite a long time Dr A A OSMAN spoke of the value of this treatment in cases in which there were varying degrees of renal failure He was not quite sure of the expediency of using the intravenous route He preferred the rectal method if possible, and he agreed with Dr Marriott as to the large amount of fluid and salts which could be retained by the rectum Mr LAWRENCE ABEL described an apparatus known as the Baxter vacolitre which he had found very useful

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SULPHANILAMIDE AND ITS CONGENERS

At a joint discussion of the Sections of Medicine and of Therapeutics of the Royal Society of Medicine, with Dr H LETHEBY TIDY in the chair, a discussion took place on the treatment of bacterial diseases with sulphanilamide and related substances

Dr LEONARD COLEBROOK said that recent work had shown that sulphanilamide (and some modifications of it) was as good as prontosil in experimental infections that it had definite anti-bacterial properties while prontosil had not, also that these properties were quite different from those of most "antiseptic" substances, that prontosil was partly converted into sulphanilamide in the body, and that the blood of patients treated by either prontosil or sulphanilamide acquired a considerable power of killing haemolytic streptococci Sulphanilamide and prontosil were extremely diffusible substances, and of very low toxicity for men and animals Both drugs were capable of controlling infections by haemolytic streptococci in man as well as in experimental animals (almost certainly), and chronicity of the infections did not necessarily interfere with the curative effect

Experience at Queen Charlotte's

Dr Colebrook went on to say that for the five years before prontosil was introduced in puerperal fever cases at Queen Charlotte's the death rate had averaged 22·8 per cent, since the beginning of 1936, when red prontosil was introduced, the death rate had been 5·5 per cent There might, of course, have been some change in the invasiveness of the streptococcus, but if so it happened quite suddenly and coincided with the introduction of prontosil He felt they had almost as much right to certainty in attributing the improved results to the drug as they had for most of their beliefs in medicine So far no favourable results had been seen in infections other than those of haemolytic streptococci Another point was that although the results previously obtained with sulphanilamide had been quite satisfactory, there had been one or two slight cases of parametritis The results with red

Reviews

ELECTRICITY IN THERAPEUTICS

Electricity in Therapeutics A Technical and Clinical Compendium By Harold H U Cross Ph.D With a preface by Dr Georges Bourguignon (Pp 380 239 figures 25s net.) London Crosby Lockwood and Son Ltd 1936

This book has been written, as the preface states, 'in the hope that it will supply just such technical information as will show the student and the practitioner the underlying electrical and chemical principles of electricity in therapeutics, in order that an intelligent interest may be taken in the selection and use of the various apparatus and treatments now so generally available' That this is a modest understatement of his work is at once apparent to anyone familiar with books on electrotherapy, for Dr Cross's volume is a most detailed treatise on the technical and clinical aspects of electricity in modern therapeutics—so much so that it would be adequate as an introductory handbook for those who think of specializing in the subject With the recent rapid development of electrotherapy and physical methods, special qualifications and specialization are becoming essential, and in a single handed general practice the average practitioner cannot give to electrotherapeutic procedures the close attention they demand Unless he is able to use electrical apparatus much of the present volume will be in excess of requirements even if it is only intended to evoke an intelligent interest in apparatus and treatment On the other hand for those who are actually using apparatus clinically the book will be valuable for its wealth of precise technical detail and its helpful advice about the choice of electrotherapeutic installations and the control and care of them

In the introductory chapters the mechanics of electrology are explained without recourse to mathematical formulae, often an obstacle to enjoyment of the early chapters of books on medical electricity The chapter on the elements of electrodiagnosis is especially interesting for although most practitioners have a more or less vague conception of the reactions obtained by the classical faradic and galvanic system of nerve and muscle testing they do not know the recently developed chronaxy system which is infinitely more delicate and precise and which in the hands of experts will yield the maximum of information Dr Cross describes the technique and rules of this method as elaborated and practised at the Salpêtrière by Dr Georges Bourguignon, under whom he has done much of his work in Paris

It is surprising to find five chapters devoted to the principles and practice of electrolysis and ionic medication for in the majority of modern books it is taken for granted that readers are familiar with the possibilities of these methods and they are consequently described in short space to allow for more detailed treatment of newer techniques. In this book however the chapters on ionization are among the most interesting and important for the author has had much experience of his subject and has made some original experiments He has for instance demonstrated by radiographs the penetration of ions into jelly masses and animal tissues and has calculated the quantities of certain drugs recoverable from the urine following ionization Readers in England will be interested in his account of the new system of trans cerebral ionization in the treatment of hemiplegia, first developed by Bourguignon and practised at the Salpêtrière on almost a mass production scale Good results are claimed (vide page 248), as follows

> In brief it may be said that all cases of hemiplegia can be improved by the transcerebral method but the degree of amelioration varies in individual subjects, and above all with the exact location of the lesion In the best cases the patient recovers such a command of his limbs that he is able to walk normally and to dress himself and feed himself without any assistance In rare cases even the sign of Babinski disappears"

Ultra-violet and infra-red radiation are next considered, but these receive comparatively scant attention, and of the forty pages given to high-frequency currents (including short wave and long wave practice) more than half are descriptive of apparatus Dr Cross describes his book as a technical and clinical compendium, expressly written to meet the needs of general practice As a technical compendium it is excellent, but if it is to interest the general practitioner the clinical aspects and particularly the physiological effects, of the treatments described should have pride of place

A SYSTEM OF SURGICAL PRACTICE

Surgical Treatment A Practical Treatise on the Therapy of Surgical Diseases By James Peter Warbasse M D F A C S., and Calvin Mason Smyth Jun., B.S M.D F A C S Second edition (Three volumes Pp 2 486 2 237 figures £7 7s) Philadelphia and London W B Saunders Co 1937

The second edition of *Surgical Treatment* by J P Warbasse and C M Smyth is a large system of surgical practice in three volumes, the first consisting of some 900 pages, while the second and third number approximately 800 pages each There are nearly 2,500 illustrations scattered through the three volumes A small similarly bound volume of some 130 pages forms a general index, while each of the three chief volumes is separately indexed In a foreword the senior author states that it is assumed that the surgeon who turns to these pages for help is familiar with the fundamentals of surgical pathology and diagnosis prophylaxis is regarded as a part of pretreatment, and prognosis is so intimately associated with the result of treatment that each is accorded as much attention as possible This statement defines fairly well the scope of the work it is essentially concerned with treatment and is a guide to the practice of operative surgery, including gynaecology ophthalmology and ear nose, and throat surgery In certain sections the work has been brought right up to date thus the newer anaesthetic agents such as cyclopropane vinyl ether, and the so-called basal anaesthetics such as avertin and sodium amytal are dealt with in the section on anaesthesia, and the treatment of inguinal hernia by injection is referred to in a discussion on the treatment of hernia

In a comprehensive work such as this it is not easy to select particular detail for comment The pages on the economic and social aspects of surgical treatment make interesting reading this being a subject to which the senior author has contributed several monographs Exception might be taken by some to the statement that Dupuytren's contracture is best treated by operation and that removal of the fascia gives the best result The illustrations—with certain rather outstanding exceptions for example Fig 716—are clear and good and the photographs showing limbless artisans at work are excellent The section on amputations and artificial limbs is perhaps one of the best in the book but the statement that the adductor tubercle is the point of attachment of the adductor

Aspect of Organic Chemistry

Professor ARTHUR GREEN late Director of Research, British Dyestuff Corporation, dealt with the question from the aspect of organic chemistry He had always been impressed by Ehrlich s analogy—rather more than an analogy—of dyestuffs and drugs A substance to be a dyestuff must have two properties it must be coloured and have affinity for the fibre In the same way a drug to be active must have two properties a degree of toxicity and an affinity for cell constituents But the analogy went further, because there were dyestuffs which had a differential effect and in a mixed material of artificial silk and cotton would dye the silk and leave the cotton white, or the reverse In a similar way the ideal remedy would be a compound which had an affinity for the cell constituents of an invading organism but none for those of the host Prontosil was a compound which had a much greater affinity for the cell constituents of the parasite All these substances were derivatives of aniline, which itself had probably a strong affinity for all cell constituents and therefore was extremely toxic If the sulphonic acid group were introduced practically all the toxicity was lost, but the affinity for cell constituents was lost also But by using instead of the strongly acid group a slightly acid group SO_2NH_2 the substance was able to exhibit a differential attraction for microbe and host

RETROVERSION OF THE UTERUS

At a meeting of the Section of Obstetrics of the Royal Academy of Medicine in Ireland on October 15, with Dr BETHEL SOLOMONS in the chair, the president, Dr J S QUIN read an address on backward displacements of the uterus

Dr Quin said that he regarded the supracervical part of the uterus as the only fixed part of that organ—it being firmly held by the parametrial and paravaginal tissues These tissues acted as a pivot about which the uterus might rotate in the vertical axis, with a normal range of movement of almost 120 degrees The normal position of the uterus in anteversion and anteflexion was due to the forward tilt of the pelvis in the erect posture Congenital deviations from the normal in unmarried women rarely caused symptoms After marriage a congenital displacement might be evidenced by, for example, dyspareunia Usually, however, the patient sought advice for sterility or an early abortion In the latter event replacement of the uterus and the insertion of a pessary for three months was advised The uterus might then be found to lie normally, or more commonly to fall back again, in which case the patient should be warned to report at once for further pessary treatment should she become pregnant

In sterility due to congenital retroversion operative treatment was recommended Incarceration of the congenitally retroverted gravid uterus was rare Acquired puerperal displacements of the uterus were noted in about one-fifth of the patients examined after delivery Dr Quin suggested that all patients should be examined from four to six weeks post partum, and treatment with a pessary instituted should a retroversion be found Even if the pessary did not cure the condition it would assist the proper involution of the uterus Symptoms only arose if there was subinvolution of the uterus or if there was some degree of descent of the uterus and vaginal vault The modified Gillian suspension operation was the most satisfactory in these cases

A long and interesting discussion followed, in which Drs T M HEALY J CUNNINGHAM (Master of the National Maternity Hospital) D J CANNON A H DAVIDSON (Master of the Rotunda Hospital), R H J M CORBET O D BROWNE BETHEL SOLOMONS A W SPAIN and N FALKINER took part

SCIENCE AND THE LAW

Sir TRAVERS HUMPHREYS delivered his presidential address to the Medico-Legal Society on October 28 at Manson House, taking as his subject the place of medicine and other sciences in the administration of justice The assistance offered by science to law, he said, should be received with gratitude but used with caution Scientific evidence must not deal with theory, but must tend directly to the proof of the issue Expert evidence, like many other good things, was none the worse for being kept in its proper place For instance, he did not believe that blood alcohol estimations were likely to become compulsory in this country The complete absence of alcohol from a blood sample might be invaluable evidence for the defence, but where a defendant admitted having taken a substantial amount of drink the result would have little evidential value and might be highly prejudicial The important fact was not the amount of alcohol consumed but the effect upon the accused Blood group tests for non-paternity might be important and useful where all parties were anxious to arrive at the truth In legal proceedings, however, where the parties were at arm's length, they did not seem likely in the present state of the law to be of much assistance A dishonest mother or a man with a guilty mind would hardly submit to the test and the court could not legally draw any adverse inference from their refusal Legislation was essential before any extensive use of this valuable discovery was likely to be made in the law courts It seemed not unfair that a woman who refused to afford facilities to the court for ascertaining a fact of such outstanding importance should be put into the same category as a workman who in asking for compensation for injury, refused unreasonably to submit to medical examination

Chemical analysis of the paper and ink of a supposed will, proving that neither had come into existence at the alleged date of execution, would completely destroy a dishonest claim to probate This class of evidence went directly to the root of the issue and had the advantage of appealing to a jury To the mind of the average jury man chemistry could not lie—though presumably a chemist could It was therefore all-important that no expert evidence should be tendered except by an acknowledged authority upon the particular branch of science concerned Jurymen, however, were not fools Twelve very ordinary persons when put into a jury-box were apt to display a collective sagacity and courage very disconcerting to those superior persons who regarded them as easy prey A jury had a good nose for a real expert as distinct from a mere crank, and reposed great faith in those expert witnesses who could speak with authority and whom they had found to be fair

The medical witness should prepare himself to answer any question fairly arising out of the facts, but should not be afraid to say on occasion, "I do not know" He should, whenever possible, introduce some tangible object to help the jury to follow his evidence and judge the matter for themselves In the trial of the Seddons, Dr Willcox and Dr Spilsbury, as they then were, had never used language which the ordinary juryman could not follow Much useful evidence consisted of identification, by means of enlarged photographs, of minute marks produced on surfaces by particular instruments Professor Tryhorn had once conclusively proved that a lead-cased telephone wire had been cut by one portion of the edge of a particular knife The principles of finger print identification had never been disturbed, and bullets and cartridge cases could be precisely matched with the weapons from which they had been fired

Doctors and Criminal Abortion

The president declared that while on circuit he had found it difficult to understand the attitude of many doctors towards the offence of criminal abortion This was usually committed by ignorant women under dirty

on other hearts the same effects as vagal stimulation Since that time investigations have multiplied and controversy raged around the subject of the humoral transmission of nerve action As a result of these activities it has emerged that there are at least two types of chemical mediator, one resembling acetyl choline and one resembling adrenaline No laboratory has been more in the forefront of these investigations, particularly as regards the adrenaline like mediators, than that of Professor Cannon and it is a pleasure to have available in the form of a monograph an account of the most important investigations in the whole field, and written by workers who have themselves made history in this branch of research

Probably most authorities in this country will not be prepared to follow the authors in their postulation of two kinds of sympathin, the so-called E and I, but criticisms of their views are dealt with, and it would seem wise to suspend judgement on the matter pending further work The harmonization of the theories based on the electrical phenomena with those derived from the facts of humoral mediation is yet incomplete, and will no doubt for some time to come give rise to further controversy But in a monograph such as the present one, which represents an actively growing point, there must necessarily be much remaining to be cleared up

The monograph will prove most valuable to those wishing for an authoritative and up to date account of a subject that is largely occupying the attention of physiologists at present That the outcome will be of great importance to medical science, as to general biological concepts, cannot be doubted The references are most valuable, and as complete as need be

Notes on Books

The second volume of the forty seventh series of *International Clinics* edited by Dr LOUIS HAMMAN (J B Lippincott Co, four vols yearly, 50s) is divided into six sections devoted respectively to infectious diseases abdominal diseases, diseases of the blood diagnosis, treatment and *recent progress in obstetrics and gynaecology* The first section contains, among others papers by Dr F Janney Smith on the coexistence of syphilis of the aorta and bacterial endocarditis clinical manifestations of *Streptococcus viridans* infection by Dr H Comonfort Denman, and actinomycotic infection of the central nervous system by Drs E D Friedman and Harold H Levy In the other section attention may be drawn to the instructive articles on the clinical significance of abdominal pain by Drs Julius Friedenwald and Samuel Morrison the diagnosis of suspected carcinoma of the stomach by Dr R R Snowden and the management of asymptomatic heart disease, by Dr C Sidney Burwell

A third edition of the English version of the *Pocket Atlas of Anatomy* by VICTOR PAUCHET and S DUPRET has been issued by Humphrey Milford of the Oxford University Press (price 12s 6d) in association with the American and Melbourne Universities Presses It consists of 345 plates in which the main facts of human anatomy are graphically represented the names being clearly printed in full at the sides The nomenclature adopted is that approved by the Anatomical Society of Great Britain and Ireland in 1933 with some terms of the Basle Nomina Anatomica appended in brackets Much skill and ingenuity has been shown in adapting and simplifying certain drawings from well known anatomical works and accentuating particular parts or systems such as the lymphatic or arterial to the exclusion of others The work is remarkably free from errors and will certainly prove to be a handy and popular book of reference, which will be useful to both students and practitioners

Famous American Men of Science is a symposium of four short biographies by J G CROWTHER (Secker and Warburg 15s) The book deals with *Benjamin Franklin*, Joseph Henry, Willard Gibbs, and Thomas Edison The author states in his foreword that this volume has been written as a contribution to the study of the role of science in modern life, and he has endeavoured to trace the relationship between the problems investigated by these scientists and the social needs of their times Although the whole book is of interest to the intelligent reader of catholic taste, the pages devoted to Edison naturally have the widest appeal Edison lived to the age of 84, despite the fact that 'he smoked large numbers of strong cigars, chewed tobacco, drank much strong coffee, and took no exercise" His ration of sleep was far below the normal, and he was able to work for twenty hours a day over long periods The lives of these four men exercised a profound influence on social and economic conditions in the United States Those who wish to study them more fully will find a bibliography appended to each section of the book

Operating Room Procedures for Nurses by JEAN D JOLLY (Faber and Faber, 3s 6d), tells the nurse the things she ought to know when detailed for duty in the operating theatre It describes the sterilization of instruments, dressings, and suture materials how to make up the commonly used lotions and the instruments required in different operations This little book should be a valuable help to all nurses whose duties take them into the operating theatre

Preparations and Appliances

TESTING PROTEIN SENSITIVITY

For the convenience of practitioners undertaking tests for protein sensitivity, particularly in the diagnosis treatment and prophylaxis of hay fever, asthma, urticaria and allied diseases Messrs. Allen and Hanburys have produced a compact and easily portable *Cuti Reactions Outfit.* This consists of a steel diamond bladed scarifier together with the necessary agents for testing The proteins considered have been divided into three categories—namely, vegetable foods animal foods and dusts and pollens Protein mixtures which will indicate the primary group of the individual tested have been prepared and set up in three ampoules, and once this primary group is known further detailed testing becomes relatively easy Among the twenty-eight constituents of these three primary groups are proteins from vegetables and fruits, certain fungi and the more important cereals in the first group with the proteins of fish meats milk products and eggs in the second group and pollen air borne dust cat dog and horse hairs and feathers in the third group With the outfit is a booklet giving adequate directions as to the way in which it may be used and there are also charts on which may be indicated the results of the primary tests and of the later group tests There are also four ampoules of a solution for control purposes Further details may be obtained from the makers Allen and Hanburys Ltd., Bethnal Green, London E.2

A GONADOTROPIC HORMONE

Serogan (British Drug Houses Ltd) is a gonadotropic hormone obtained from the serum of pregnant mares The predominant action of the preparation is the stimulation of follicular ripening. Serogan is introduced chiefly for the treatment of disorders arising from deficient secretion of the ovarian follicular hormone (oestrin) The preparation is supplied in powder in ampoules and must be dissolved immediately before administration which is by subcutaneous injection The activity of this hormone is measured by its power to produce follicular ripening in immature mice Each ampoule of the preparation contains 100 mouse units

annual income To raise this sum he suggested that employers throughout the country should give a donation at the rate of one shilling per employee and pay an annual subscription at the rate of one penny per employee The Duke of Kent said that industrialists might think it hard to be asked to bear so much of the burden, but the problem of the mental health of the country was one that primarily affected them as employers of labour

London Voluntary Hospitals in 1936

The statistical review issued annually by King Edward's Hospital Fund[1] shows that the voluntary hospitals of the metropolis received last year £2,619,000 in voluntary gifts alone, besides a further £1,815,000 in the form of payments by patients, either direct or through contributory schemes, in return for services rendered These two items between them account for about seven eighths of the hospitals' total receipts of £5,093,000 Of this large sum £4,196,000 was received on account of current expenses, the rest being given for endowment or for capital expenditure—that is, rebuilding, extensions, modernization, or the purchase of new and expensive apparatus In return for this support the hospitals have increased their work both by actual extensions—the total number of beds being now 18 160—and by providing new methods of treatment Increases have also been recorded in the number of in-patients, who are some 6,000 up at 280,000, and of out-patient attendances, which have risen by 2 per cent to a total of 10,000,000 The result of all this has been that the hospitals have, in the aggregate, very slightly overspent their income Individually eighty-six of them had surpluses, while fifty-nine of them had deficits Had it not been for a drop in legacies, a source of income which varies from year to year, income would have covered expenditure despite a general rise in prices An innovation in this edition of the statistical review is the publication of the 1922 figures alongside those for 1932–6 Whereas in 1922 a patient stayed in hospital on an average twenty-three days, in 1936 the average had been reduced to twenty days, or looking at it the other way round, each bed was used for eighteen patients during 1936, but only fifteen in 1922 In the out-patient departments the number of attendances per patient has increased, as well as the actual number of patients Discussing this question the review says

"Attention has been drawn in recent reviews to the changing conception of the proper function of an out patient department in present-day conditions There is an increasing tendency to discourage attendance for trivial complaints which can be adequately treated by other agencies than hospitals and to develop the consultative work of the department while at the same time providing greater facilities for more prolonged treatments not available elsewhere

SCOTLAND

Physical Fitness Campaign in Scotland

Speaking at a meeting of delegates from education authorities in Scotland, held at Peebles, Mr Walter Elliot, Secretary of State for Scotland, said that the Physical Training and Recreation Act should be regarded as providing a means towards the re creation of the Scottish people It was true that according to all records they were a healthier people than ever before with less incidence of disease and with a lengthened span of life Yet in 1936 the death rate in Scotland was over 13 per 1,000, while in England it was over 12 in Switzerland only 11 4, in Norway 10 3 and in the Netherlands 8 7 Why should the people be healthier in these other countries? He would suggest that it was perhaps because there was some thing lacking in the manner of life something lacking in effort to refit themselves physically mentally and spiritually against the preoccupations of life, especially of industrial life Health did not mean simply freedom from disease, it was a proper way of living so as to enjoy the full savour of life Regional committees had now been established in each of the five regions of Scotland, and these would be the bodies to whom applications for grants under the Act should be addressed There was no suggestion of compulsion about this move ment, and it depended entirely on the free choice of each individual, for whom the National Advisory Council would provide guidance and advice They looked to the local authorities and to the voluntary organizations to help in providing the facilities needed in the way of gymnasia, playing fields, swimming baths, and other things The grants from public funds were not meant, however, to replace voluntary effort, and in this connexion he was glad to be able to hand over a cheque for £4 000 by the expressed wish of the King, this sum having been derived from the recent exhibition in Edinburgh of the coronation robes Lord Polwarth, president of the Association of County Councils in Scotland, said that the provision of facilities for recreation was more difficult for the non industrial counties than it was for the cities The counties had less money and their population was sparse, so that it was more difficult to organize voluntary agencies for physical fitness Sir Louis Gumley, Lord Provost of Edinburgh, said that the question of fitness was also one for the local authorities, and they would have no hesitation in doing what they could

Financing the Campaign

On the second day of the conference reference was made to the Government's plans for financing the cam paign Mr J Westwood believed that the greatest responsibility in this health campaign rested upon the education authorities, for a healthy race had to be built up on the boys and girls who were turned out of schools Education authorities could find the mentally and physic ally trained group leaders who were essential for success in this work Further, they had the power to provide holiday camps for all persons within their area, and this was a great opportunity in the interests of health. Councillor A Ritchie, Glasgow, did not think that the £100,000 which the Government proposed to hand over to local authorities in Scotland for the setting up of these services was sufficient, and he instanced a stadium which was to be erected at Glasgow Green and which alone was going to cost £120,000 Mr Walter Elliot stated that the £100,000 represented the reasonable share for Scotland of the money which had already been set aside for this purpose but it was not the final amount It might be enlarged as need for increased money was shown The expenditure of the education authorities was governed by block grants from the central authority, which were increased as expenditure increased, and it was to this source that they must look for the main work of administration The expenditure would rise in the normal development of the policy of the country and would be arranged between central and local authorities

Mr G E Troup, secretary of the Scottish Juvenile Welfare and After-Care Office, said that the use of school premises would be one of the most urgent practical needs of voluntary organizations for young people Physical training instructors would also be needed and more swimming baths with lower charges for admission For great numbers of young people in Scotland opportunities to obtain physical training did not exist They had no desire to organize completely the leisure of youth, but for thousands of young people at the present day leisure was something vague or entirely negative, during which they gravitated to the street corners, not of choice but of necessity Colonel R B Campbell director of physical education at Edinburgh University, said that students were beginning to realize that a certificate of physical attainment was a useful adjunct to a degree when applying for a post A student at a university should balance his education, but until the schools brought the education of

[1] King Edward Hospital Fund, 10 Old Jewry E C.2 (1s net 1s 3d post free)

social adaptation though it is training with a medical background Other things being equal, the man with previous mental deficiency experience will be a better superintendent of a colony than one whose previous experience is limited to a mental hospital, and it is considered surprising that the medical schools have not recognized the opportunities which mental deficiency work offers to men with a taste for institutional service

A list is included in the report of the training courses arranged by various organizations for doctors and others in dealing with mental health work The difficulties at present experienced by medical officers in mental deficiency institutions in obtaining the diploma in psychological medicine are under consideration by some examining bodies The only bodies at present accepting residence in a mental deficiency institution as an alternative to residence in a mental hospital are the University of London, the Conjoint Board of England, and the University of Dublin Other bodies however refer in their regulations to 'approved hospitals' and it is likely that some would 'approve' residence in a mental deficiency colony

Special importance is attached by the Board to mental deficiency courses for medical practitioners The undergraduate medical curriculum is so full that little time is devoted to mental medicine, with the result that many doctors, notably those engaged in the school medical service, sometimes undertake duties which bring them in contact with a wide range of mental defect without any training in the difficult art of assessment Low-grade defect is generally obvious, but the higher grades, which are four or five times as numerous, may present considerable difficulties to anyone, but especially to those who meet them without any previous experience or training The Board urges local authorities to provide opportunities for school medical officers and all other doctors engaged in branches of the public health service which bring them in contact with mental defectives to take advantage of one or other of these courses

Mental Defect and Crime

The subject of crime and mental defect is surveyed in the present report in some detail In 1936 the number of persons found guilty of criminal offences and dealt with as mental defectives was 367, of whom 238 were under the age of twenty one The largest age group for criminal mental defectives is 16–20, adolescence being the period when the high grade defective, if left without protection, is most likely to get into trouble and all the evidence points to the likelihood that the majority of these boys and girls had left school with their defect unrecognized It is added that there is still no explanation why so many defectives are sent to prison without their mental condition having been ascertained—that is to say, why the court did not itself call for medical evidence with regard to the delinquent and decide to take advantage of the power conferred by Section 8 of the Mental Deficiency Act It appears that some courts hold the view that because the offence is a grave one—in more than a quarter of the cases the convictions are for offences of a sexual character—the procedure outlined in that section is not appropriate no matter how mentally subnormal the person may be and that the proper course is to send him to prison and leave to the Secretary of State the question of his removal elsewhere It is observed with concern also that the majority of defectives who have committed criminal offences have not previously been known to the authority

The document under review is Part I of the report Part II is a supplement containing contributions relating to research and other scientific work carried out during the year The number of such communications received last year was seventy seven but it is noted that there are thirteen public mental hospitals from which no contribution of this nature has ever been received and they are asked to consider whether this is due to shortage of staff or absence of laboratory facilities

MEDICAL DEFENCE UNION

A SUCCESSFUL YEAR'S WORK

The annual report of the Medical Defence Union presented at the annual general meeting on October 28 mentions that the membership of the Union has now reached 20,000 The number of cases handled last year was 1,807, slightly in excess of the year before The bulk of the report is taken up with a description of typical cases and a report by the solicitors (Messrs Hempsons)

Many of the cases with which the Union has to deal are the familiar ones in which, on the practitioner rendering his account, some allegation of negligence or inappropriate treatment is for the first time made by the patient obviously as a means of escaping payment Practitioners who have taken the advice of the Union to press for payment and to indicate what steps would be taken in the event of refusal, and to insist also on withdrawal of the allegations, have generally found it effective Some cases arise out of inaccurate reports in newspapers which cast reflections on a practitioner or medical officer Sometimes it is considered unwise to enforce a public apology, which only makes the matter more public but, of course, the procedure in each case must be decided according to the circumstances

Attention is especially drawn in the report to the dangers of urography The Council of the M.D U is somewhat alarmed at the frequency with which complications of an inflammatory nature arise after a patient has had an intravenous injection of a dye to gauge renal efficiency and the patency of the ureters It is considered that practitioners should warn their patients of these risks even when the accepted technique is strictly followed An unfortunate result does not constitute 'negligence' so long as the operating practitioner exercises reasonable care and skill

The solicitors mention that during the year claims were made upon members of the Union in two cases for having performed the wrong operation In one case two boys were admitted to hospital for the operation of circumcision and by mistake were included in the list of cases for tonsillectomy The tonsils in both cases happened to be diseased In the event the matter was disposed of for a nominal sum In the other case it was intended to perform the open operation for correction of a fracture of the tibia, but the nurse prepared the wrong leg The mistake was recognized directly after the incision had been made An action was threatened against the surgeon in this case but when the Union intimated that any claim would be defended it was not pursued Three claims during the year arose out of mishaps associated with the administration of anaesthetics In two of them the accident was due to the Shipway apparatus being wrongly connected, and in the third to a haphazard method of preparing a local anaesthetic with the result that the patient received a serious overdose of adrenaline, and death ensued In this case it was felt desirable to satisfy the claim of the dependants

A comment is made by the solicitors on the relative infrequency of cases of libel and slander as compared with former years Of 121 cases of all kinds referred to them during the year only ten had to do with libel or slander whereas some years ago the proportion was 25 per cent It is mentioned that there still appear to be members of the profession who are not acquainted with the terms of the Dentists Act 1921, for twice during the past year the solicitors have been consulted by members of the Union who have been accused justifiably of slander by telling patients that their dentist, though registered was not qualified and that if they administered an anaesthetic for him they would be guilty of "covering" In both these cases the matter was disposed of with an apology but medical practitioners should know that there is nothing which precludes them from according professional recognition and assistance to any dental practitioner upon the *Register*

when the hospital became just a little more medically understaffed, when the nursing staff cried out for shorter hours and adequate payment, and when the specialist found that he could not give to the hospitals the gratuitous service which the voluntary system demanded Dr Boyd's suggestions towards a solution of this problem—unless State control was accepted—included extending the national health insurance scheme to the dependants of wage earners and enabling the so called middle classes to avoid hospitalization by a system of insurance to cover the cost of treatment in a nursing home Earlier in his address Dr Boyd had said that when the time came that the size of the individual practitioner's insured list was limited to the number of patients that could be treated with a high standard of clinical skill, then the insured person would receive benefits which frequently existed now only in theory This would mean a grading of the *maximum size of each practitioner's list to a figure* calculated on the sickness index in the district and local conditions, and a corresponding graded increase in the already too small capitation fee

The Late Sir J W Moore

Dr J R A Todhunter writes from Birmingham In the obituary notice of Sir John William Moore in the *Journal* of October 23 mention is made of the fact that he was one of the group of four on whom the Diploma in State Medicine was first conferred by Dublin University It may perhaps be of interest to Dublin graduates to recall the names of the other three men of this group, they were Arthur Wynne Foot, Gerald Yo, and my father, John Todhunter Of the Dublin cholera epidemic of 1866 I can recollect my father telling, there were no trained nurses in the Meath Hospital in those days, only old women of the Sairey Gamp type, some of whom, however, were quite shrewd diagnosticians, and would call attention to a suspect cholera case by saying, "Ah! sure, I think he's got the twistin' o' the guts" I had the pleasure of meeting Sir John Moore fifteen years ago, when he told me that he had received his first instruction in clinical medicine from my father, who was at the time house-physician to the great William Stokes, whom Moore himself was later to succeed as physician to the Meath Hospital I am sure that no one who met Sir John Moore could fail to be impressed by his innate courtesy and kindliness, and by his geniality, a quality that was conspicuous in the few others of his Dublin contemporaries whom it was my privilege to have met occasionally in years past In him has passed away the last survivor of a generation that linked us with the great Dublin physicians of a century ago

Irish Free State Medical Research Council

The Medical Research Council of the Irish Free State has made five grants for whole-time research as follows Dr D K O'Donovan to continue his investigations into the part played by the liver and adrenals in the response to the introduction into the body of the metabolic stimulant of the pituitary gland, Dr E F McCarthy, an investigation into the osmotic pressure of human serum protein and the oxygen capacity of haemoglobin, Dr Barbara Moran, research into *C diphtheriae* and streptococci, Dr Cecil Mushatt, research into the types of tubercle bacilli occurring in Ireland, and Mr R P Cooke, research on blood ammonia Dr McCarthy will work at the Rockefeller Institute, New York, Dr O Donovan at McGill University Montreal, and the others in Dublin Grants for part-time research have been made to Dr Edward Keenan and Dr W R O Farrell (bundle branch block) and Dr T C J O Connell (effects of tuberculosis on the kidney) Four grants for one year's training in methods of research have been made to Drs Eamonn de Valera Oliver FitzGerald Patrick FitzGerald, and Owen T D Loughnan The members of the Research Council are Professors R P Farnan (chairman) J W Bigger, J M O Connor, John McGrath J F Donegan W J E Jessop Henry F Moore, T G Moorhead, and J M O Donovan

Correspondence

Parkinsonism following Peripheral Trauma

SIR,—The cases recently reported (G F Walker and J C Hodgson, *British Medical Journal* July 10 and September 18, 1937) raise questions of vast medico legal importance Does the evidence at present justify acceptance of the view that a peripheral injury may of itself cause Parkinsonism? The whole question is rendered difficult by the well-known fact that an attack of encephalitis lethargica, which everyone agrees to be the most frequent cause of Parkinsonism in persons under the age of 40, not infrequently occurs in patients whose primary illness was too slight to be noticed It would seem, therefore, to be necessary before accepting injury as a cause of Parkinsonism to exclude the possibility of an "occult" infection by encephalitis lethargica

It would seem probable that the man whose case was reported by Dr Hodgson lived in the Ashford district, where authenticated cases of encephalitis lethargica occurred during the years 1921–4, which at once introduces a doubt of this case being one in support of any contention that Parkinsonism may supervene on a peripheral injury

It is perhaps worth adding that there is no evidence in the Ministry's possession to show that the incidence of Parkinsonism amongst wounded men—of whom there were not less than half a million—is any greater than that amongst the civilian population—I am, etc,

J H HEBB
Director-General of Medical Services
Ministry of Pensions, Oct 28

Treatment of Fractures of the Neck of the Femur

SIR,—In the Section of Surgery at the Annual Meeting of the B M A at Oxford in 1936 I opened the discussion on the treatment of fracture of the neck of the femur with the statement that the abduction method, utilizing anatomical mechanics for the reduction of deformity and fixation of the fragments, had established surgical principles as the rule of practice The chief subject for discussion at this meeting was spiking the neck of the femur for transcervical fractures, with the aim of assisting repair by secure fixation of the fragments, also to dispense with splinting and to permit movement and even locomotion within a few days or weeks of treatment

It may be noted that the advocates of spiking preface their expositions with an account of discomforts, dangers, and failures of the abduction treatment, from which one may conclude that their training and experience have not been of the quality which they would consider essential for the spiking procedure The strongest argument against the abduction treatment has been the period of disability that it involves, and it is from this standpoint that I wish to call attention to a paper by Dr Kleinberg in the October issue of the *Journal of Bone and Joint Surgery* on early weight bearing as an adjunct of the abduction treatment As Dr Kleinberg was for many years associated with me in my hospital work I can vouch for the reliability of his observations

He reports on the results of twenty-four cases of fracture of the neck of the femur, twelve of these were transcervical and twelve were intertrochanteric In two

character of the lesion Metastases in the brain from tumours such as melanoma and carcinoma of the breast have long been taken into account, but *it is only comparatively recently that the frequent* occurrence in the brain of secondary deposits from carcinoma of the lung has been recognized There is little doubt that there is a true increase in the incidence of bronchial carcinoma—the greater number of cases cannot be accounted for merely by improved methods of investigation—and in view of the fact that the dissemination of these tumours may frequently involve the brain, it is *clear that special attention must be paid to the* examination of the chest in all cases of intracranial tumour As Dr Walshe points out, metastatic carcinoma in the brain should be suspected when the neurological signs suggest multiple brain lesions, when there is evidence of meningeal involvement which simulates an infective meningitis, and when there is progressive loss of weight—a feature rarely observed when the intracranial tumour is primary

SEX HORMONE THERAPY

The use of standardized preparations of the sex hormones and of biologically assayed preparations of gonadotropic hormones in the treatment of disorders of menstruation and of pregnancy is of recent origin At first high hopes of success were entertained but experience revealed the difficulties underlying this form of treatment and the problem may now be reviewed critically Dosage has been largely empirical owing to the difficulty in devising objective signs of effectiveness It was soon recognized that calculations based on the amount of hormone necessary to induce changes in castrated or hypophysectomized animals could not be applied to the human female A ratio based on the factor of body weight does not hold good There are now available however four objective signs the transformation of a menopausal to an oestrous type of smear the increase in size of a hypoplastic uterus the production of proliferation or of a secretory phase in a sample of endometrium obtained by curettage and the production of oestrin withdrawal bleeding from the uterus Experience gained by the use of these objective signs has shown that the doses of oestrin required to render them positive differ considerably Relatively small doses for instance give rise to changes in the vaginal mucosa as compared with the amount of oestrin necessary to induce oestrin withdrawal bleeding from the uterus It will therefore never be possible to speak of a woman unit of oestrin and it will be necessary to specify the test object in some such terms as oestrous smear unit or oestrin withdrawal bleeding unit Furthermore the dose of oestrin required to elicit one of the objective signs varies from woman to woman In one woman suffering from amenorrhoea oestrin withdrawal bleeding may be produced only when very large total doses such as 1¼ million units (0 125 gramme) are given, whereas another patient may bleed after a total dose of only 50,000 units It is obvious, therefore, that so far as woman is concerned each component of the reproductive tract responds to a different dose of oestrin and that these responses vary from woman to woman, and that in each individual woman they vary from time to time *Women of menopausal age, for instance, respond* to comparatively low doses of oestrin, which accounts for such extremely satisfactory results of oestrin therapy in the menopausal syndrome as are reported by Dr H R Donald at page 899 of the present issue, whereas oestrin has little effect on the normal non pregnant woman, and no effect at all during normal pregnancy These observations indicate the importance of the factor of sensitivity of the organ For example, the phenomenon of regression of the sexual skin swelling in monkeys immediately after rupture of the follicle, which has been employed as an objective sign of ovulation in this animal, is due to the appearance of the corpus luteum with the secretion of progesterone, which renders the reproductive tract less sensitive to the influence of oestrin Thus, *in considering* the effect of oestrin on the reproductive tract one has to pay attention not only to the amount of *oestrin reaching it in the circulation* but also to the extent to which it is capable of utilizing that oestrin

The route by which the hormone is administered is also important The only hormone of this group which has as yet been shown to be effective by mouth is oestrin Some oestrogenic compounds are more effective orally than others Oestrone, for instance is a more effective compound than oestriol but oestriol is more easily absorbed than oestrone Attention should also be given to the duration of effect which depends on the chemical composition of the compound The esters of oestrin and of testosterone prolong their effect considerably the influence of the benzoate of oestradiol lasts for at least three or four days and that of testosterone propionate for a week or ten days whereas the palmitate of oestradiol is said to be effective for three months and the subcutaneous implantation of crystals of oestrin or male hormone has been shown to render the material active for a still longer period Professor Korenchevsky in his paper in the present issue of the *Journal*, refers to the principle of co-operative activity Oestrone progesterone and some of the male hormone compounds, when given together in

The report on "The Sister Kenny Clinic" has just been made available in New South Wales, and the orthopaedic surgeons who examined the patients say that the results in the treatment of spastic and flaccid paralysis were not superior to those of the accepted methods Sister Kenny introduced nothing new I have seen a film illustrating her results In it were shown patients cured by Sister Kenny's method, but who had still paralysed quadriceps and dropped feet, and the spastic cases that I saw were still spastic after treatment and were certainly in no respect cured In dealing with the treatment Dr Mills says that the patient is told to relax This is the problem of the spastic paralytic, and will not be solved by Sister Kenny's methods with exercises and hot water—I am, etc,

Sydney, Oct 15 N D ROYLE

Idiosyncrasy to Prontosil

SIR,—I was much interested in Dr Hugh Woods's letter in the *Journal* of October 23 (p 828) on the rise in temperature seen at times after the administration of prontosil He attributes this rise to the destruction of large numbers of organisms I am much inclined to agree with this view, and would instance a similar condition which I have observed after using the chloro iodine method of treating some chest conditions

It was advocated by Dr J F Halls-Dally for pulmonary tuberculosis, and consists in the administration of large doses of potassium iodide (20 grains) in the morning, followed later in the day by several doses of chlorine solution The principle is that nascent iodine is liberated in the tissues, and combines with any Gram positive organisms, destroying them I have had many cases in which this treatment has been of great benefit, and quite a number in which I observed the phenomenon mentioned above After the first day or two of treatment the temperature showed a marked rise and then fell to a subnormal level and remained low Examination of the sputum showed a marked decrease in the number of bacilli—often there were none to be seen I have always attributed this initial rise of temperature to the destruction of large numbers of organisms, and have likened it to the reaction often seen after the administration of a vaccine—I am, etc,

Wolverhampton, Oct 26 E HAYLING-COLEMAN

Sulphanilamide in Gonococcal Infections

SIR,—Mr Morton Whitby's reply (October 23) clears up one of my problems I had found it difficult to see how one could proclaim cure of gonorrhoea in the fourth to the eighth week, if, however, tests are to continue for six to twelve months—that is another matter He does not use provocative injections (intradermal or subcutaneous) The importance of such methods is debatable, but their use is widespread Whether the cultural and microscopical examination of secretions is sufficient, or whether serological tests should also be considered, is another unsettled question

I have occasionally used the method to which he refers in attempting to convey instillations into the posterior urethra when the meatus would not admit the acorn-tipped tube which we use here but I have been doubtful as to how much of the solution actually did pass backwards That was the difficulty I felt and still have concerning the conveyance of solutions from the urethra to the bladder by massage Clinical findings certainly suggest that trigonitis is not infrequently associated with acute posterior urethritis, though I am not aware of any pathological findings on that point Whether the best method of treating this is by attempts to apply a relatively concentrated solution of antiseptic by massage from the urethra is another matter, indeed, it opens up the much wider questions whether attempts to eradicate gonorrhoea by antiseptics are feasible, and if so, whether mercurochrome is to be recommended It will be remembered that Colebrook and Hare[1] reported adversely on its efficacy as an antiseptic

As to the frequency of gonococcal pyelitis, most authorities (for example, Lees, Harrison,[2] Pelouze,[4] Livermore and Schumann[5]) agree that it is rare, and the suggestion that "frequent bladder irrigations precipitate the ascent of the infection" seems controverted by the fact that the large-scale use of such treatment in public clinics seems to have produced very few records of the condition—I am, etc,

Salford, Oct 23 R C WEBSTER M.D

Prescribing Prontosil

SIR,—When prescribing prontosil it is advisable to inquire into the patient's consumption of garlic or onions Both these contain allyl sulphide $(C_3H_5)_2S$, and if eaten in any quantity may result in the ingestion of an appreciable amount of sulphur—sufficient to blacken a silver wrist-watch where it is in contact with the skin in a few hours Eggs are another possible source of sulphur—I am, etc,

H M STANLEY TURNER.

The Sex Ratio

SIR,—In the *Journal* of October 2 Surgeon Rear Admiral Beadnell asked for an explanation of the sudden drop in the male to female ratio in the estimated population of England and Wales in 1935 about the age group 35–39 and the gradual rise in the ratio at subsequent ages up to about 60 The explanation of this hollow in the sex-ratio curve is that the population aged 35–39 at the end of 1935 was born in 1896–1900 and during 1916–18 was exposed to a greater male mortality in the war than any other age group, being then between the ages of 17 and 22 In consequence of the removal of a large number of males from this group a sudden drop in the male to female ratio was seen at ages 20–24 at the 1921 Census, at 25–29 in the estimated population for 1926, at 30–34 at the 1931 Census, and at 35–39 in the estimated population for 1935 The succeeding age groups also suffered a depletion of males in the war to a diminishing degree, this being responsible in the main for the depression extending over some twenty years of age, which appears in the upper curve of Surgeon Rear-Admiral Beadnell's diagram

Dr Mahony-Jones asks in your issue of October 23, "How, except in Census years, does the Registrar-General know the numbers of English people of different ages at any one time? The estimated total population at each age is built up from the numbers enumerated at the various ages at the last Census, by deducting the deaths registered at each age since the Census, adding the registered births since the Census, and making further corrections for the balance of inward or outward migration in each year The absence from the country of males in

[1] *Brit J exp Path* 1927 8 109
[2] *Practical Methods in Diagnosis and Treatment of Venereal Disease* 1937 p 405
Diagnosis and Treatment of Venereal Disease in General Practice p 35
Gonorrhoea in Male and Female
[4] *Gonorrhoea and Kindred Affections* p 90

respond to it Susceptibility to this treatment is not a property of certain diseases in the anatomical sense, such as otitis arthritis and peritonitis it is dependent on the identity of the micro organism causing them and an exact bacteriological diagnosis is necessary to intelligent therapy The bacteria which have so far been shown to be susceptible to sulphanilamide are *Streptococcus pyogenes* certain members of the coli-typhoid group the meningococcus, and the gonococcus The possibility of controlling pneumococcal and staphylococcal infections either with sulphanilamide or with other related compounds which are now being studied is still in doubt and other bacteria so far as is known are insusceptible The microbic rather than the regional diagnosis is thus the factor governing success or failure and no observations which neglect this will add usefully to our knowledge of this remarkable remedy

A PSYCHIATRIC CLINIC AT GUY'S

Guy s Hospital has received a gift of £43 000 from ' Five Friends " to build and equip a psychiatric clinic of 42 beds Thus with the six beds already assigned to the Department of Psychological Medicine in the general wards accommodation will be provided for the first time in this country in a general teaching hospital for practically the entire clinical range of functional nervous and mental illness of recent or recoverable type The clinic will contain divisions for-major as well as for minor mental disorders for psychotic as well as for psychoneurotic conditions In addition to the sectional accommodation there will be a laboratory an occupations room a reading room dining room lounge gymnasium games room roof garden and solarium In the division for more acute illness there will be provision for special forms of treatment including continuous baths It is intended to have a full time clinical staff of four doctors whose duties will combine both treatment and research They and the laboratory staff will have access to the laboratories of other departments of the hospital and medical school in which a large new pathology block is in course of construction It is intended that the clinical and research staff shall engage in treatment teaching and instruction in the clinic and in the rest of the hospital One of the most important functions of such a clinic is to bring psychological medicine into closer relationship with general medicine The other advantages of such a clinic in a general hospital are sufficiently obvious The principle has been tried and proved for many years in university centres on the Continent and in America Patients are likely to come for treatment earlier and more willingly to a clinic which is a department of a general hospital Investigation and treatment of mental illness is greatly facilitated while the rest of the hospital benefits reciprocally From the educational aspect the student has the advantage of immediate access to a type of experience which he otherwise has only a limited chance of obtaining—both by taking part as a clinical clerk in the individual care of the patients and by the ready access to lectures and demonstrations given in the clinic and in the hospital by the clinic staff While the clinic will be under the general direction of the physician for psychological medicine to the hospital it will be available for the treatment of patients under the care of any doctor of consultant standing in psychological medicine in co operation with the full time staff The special beds in the general wards will continue to be available for the poorest patients but it will be necessary at first, pending the accumulation of funds for endowment to make a charge for clinic patients ranging from three and a half guineas a week upwards Building is to be begun shortly and the clinic should be open for patients early in 1939

OIL-ASPIRATION PNEUMONIA

For some time past workers in the United States have drawn attention to a form of oil aspiration pneumonia, and it is suggested that this condition frequently fatal is on the increase as a result of the modern advocacy of oily nasal drops for various forms of rhinitis Recently Ikeda[1] has recorded a series of five cases of this condition in adults and points out that in a series of 20 000 post mortem examinations recorded over a period of twenty years before 1932 not a single example of oil-aspiration pneumonia was included but since that time he has discovered seven cases in infants and a further five in adults In the latter liquid paraffin appears to be the chief aetiological agent and the condition occurs predominantly among older persons who because of a chronic infection of the upper respiratory tract, have been spraying or instilling oil into the air passages in large quantities for a long time The typical pulmonary lesion is described as "a chronic non specific non suppurative granulomatous foreign body reaction leading to ultimate tumefaction and fibrosis, in its clinical behaviour and roentgenographic appearance it simulates a neoplastic growth in the lung it has been mistaken for a tumour at necropsy it is essentially a paraffinoma of the lung" Fetterman[2] has also recently described two similar cases in adults but in these the oil was administered by the mouth either as liquid paraffin for laxative purposes or in one instance as halibut liver oil It is noteworthy that both these patients were mentally confused and had difficulty in swallowing and in many of the recorded instances of oil aspiration pneumonia in infants there is also the suggestion of mental defect or of such severe wasting and weakness that the swallowing reflex may be presumed to have been inefficient In other words despite the obvious danger of the indiscriminate use of oily nasal preparations it is doubtful whether the patient who is mentally normal and possesses the normal reflex protective mechanisms of the pharynx is likely to run much risk However the Department of Health for the City of New York has considered the matter serious enough to issue a memorandum for the information of its medical and nursing personnel in which it points out the danger of lipoid pneumonia (as it is called in the U.S.A.) particularly for children under 2 years of age Not only oily nasal drops are condemned but cod-

[1] *Arch. Path.* 1937 23 470
[2] *J. Lab. & Clin. Med.* 1937 22 619

did with considerable trepidation The child was asphyxiated at birth and the liquor was full of meconium, but he came round with suitable treatment The patient herself had three days of fever, maximum 101° to 102° F, and subsequently made a good recovery This case chiefly led me to abandon the use of spinal anaesthesia for Caesarean section

It is worth noting that the spinal injection is often unusually difficult, because flexion of the spine is limited by the presence of the foetus On one occasion I failed to get into the spinal canal In my cases I used Pitkin's technique, and there was invariably a considerable fall in blood pressure after the injection—I am, etc,

Leeds, Oct. 30 ANDREW M CLAYE

SIR—Mr Henry A Kidd (October 30, p 879) questions the statement that we have never yet found a fall in blood pressure during spinal anaesthesia, and also asks for further details of our technique

We have used spinocain in some hundreds of cases of spinal anaesthesia After taking the blood pressure in 150 cases and never having experienced a drop of more than 5 mm ten minutes after the injection had taken place, we abandoned this seemingly unnecessary practice The cases for Caesarean section did not differ in that respect from the other obstetric and gynaecological cases they caused us no anxiety whatever We think this is in a great measure due to the following technique

1 *Premedication*—(*a*) The night before operation ensure sleep by giving 3 grains of luminal at 9 30 p m

(*b*) One and a half hours before operation 3 grains of nembutal are administered per os The ears are plugged with cotton wool well soaked in olive oil and the eyes well padded with cotton-wool and bandaged We consider this most important

(*c*) Three-quarters of an hour before the operation 1/2 c cm of omnopon scopolamine (Roche) is given intramuscularly If the patient is not asleep or if she rouses at the insertion of the hypodermic needle a further 1½ grains of nembutal is given

(*d*) A quarter of an hour before operation a second 1/2 c cm of omnopon scopolamine (Roche) is given intramuscularly (In the possible interests of the infant we have lately omitted this in Caesarean section)

2 *Administration of the Anaesthetic*—(*a*) I use a non-alkaline 10-c cm glass syringe boiled in distilled water and then rinsed in slightly acidulated boiled distilled water

(*b*) The spinocain capsule is placed in slightly acidulated distilled water at a temperature of 105° to 108° F (The slightest trace of alkalinity will result in poor or even complete absence of anaesthesia)

(*c*) I use a fine Barker's needle for insertion of spinocain preferably between the third and fourth lumbar vertebrae with the patient in the sitting posture under rigid aseptic precautions (cap gloves and mask, and painting the skin with iodine tincture)

(*d*) After loading my syringe with 3 c cm spinocain I withdraw 3 c cm of cerebrospinal fluid and mix this, getting 6 c cm *barbotage* which I inject quickly

(*e*) The patient is then placed in the prone position for eight minutes with the table at 10 degrees tilt

By rigidly following this technique I have never had a failure in Caesarean section operation I think our fortunate results are due first, to the premedication, which places the patient in the best psychological state, and, secondly, to the use of spinocain, which, containing gliadine, enables the anaesthetic to become fixed slowly These two factors are in my opinion, the cause of the negligible drop in blood pressure—I am, etc,

J CLEMENT A NORMAN
Broadstone Dorset Oct 29 M R C S, L R C P

Brown Bread versus White

SIR—My friend Dr Stallybrass (October 30, p 878) asks that someone in authority should state "how brown bread can be prepared in such a way that the vitamins are not removed" It is to be hoped that this will be done its need has been admirably brought before the public by Sir Robert McCarrison in his Cantor Lectures Meanwhile, mention of rough-and-ready methods we have used here for some years past may be of interest.

1 *Fertility bread* A lady with one little girl miscarried in her second pregnancy and a rather prolonged sterile interval followed Anxious for a male baby she sought advice That which I gave was of the commonplace type—and of course without reference to the sex of a possible child—but, having read of Vogt-Möller's success with wheat germ oil in the treatment of two women who had each had four or five miscarriages I asked Miss Harriette Chick if there were any further data None, she wrote but why use the oil why not the germ itself? She mentioned a proprietary bread rich in it. The germ in that bread, I knew, is treated with superheated steam to make it keep, and Levine of the Rockefeller Institute had told me that the B complex (or one part of it) will not stand great heat Guessing that neither would E (but without knowledge on the point), and that anyhow B and E probably work together I preferred the raw germ A great firm of millers were extraordinarily kind and went out of their way to provide it. (They do still) We received it twenty four hours or less after the rollers had stripped it from the grain One part of this was mixed with two of whole meal and with yeast, and a rather close but sweet-tasting bread resulted Well the baby arrived in due course (by luck a boy) and when after a further prolonged sterile interval, the bread was resumed, in some fifteen to twenty weeks pregnancy was again reported

After this suggestive experience it was natural when attending a woman (Wassermann negative) in her third consecutive miscarriage, to think of the bread In this case it could not be made at home, as it was in the first, so I asked who her baker was He was an expert whom I knew well The same great firm of millers agreed at my request to supply the germ to him several times a week and the difficulty of getting absolutely fresh whole meal to blend with it was met by the baker's man on each baking morning, grinding good English wheat in a large old fashioned coffee mill they had in the shop From the first the bread, though the loaf seemed heavy in the hand, was nutty and pleasant to eat and now, after experience has been gained in the niceties of its baking it has become popular throughout a wide district On account of the oil in the germ (which incidentally justified its soubriquet of fertility bread") it still makes admirable toast when a fortnight old (Some sort of blue Penicillium may grow on its surface if it has been kept in a damp place but it does not penetrate and when it has been scraped off the bread is none the worse)

2 *Wheaten cakes* Our village flour mill no longer grinds for man—only animals A large demand would have to be ensured to justify the heavy imposts the Government require But to some of my former patients I suggested they should grind wheat of their own growing in the mills they use for cattle food and these patients now grind and bake in the traditional way, and an excellent whole-meal bread results. The essential condition is that the baking shall at once follow the grinding But few households have the facilities how then to get fresh whole meal? After many trials we found, in my own ménage that a large coffee mill answers well Small hand grist mills are also to be obtained, the best being those used by millers themselves for grinding samples. As large-scale baking is not always popular the smaller business of making "cakes is practised in many households hereabouts Biscuits" would better suggest the appearance and texture of these cakes but of course they are *not* twice cooked Wheaten cakes are so likeable— I chuckle when I

ANAESTHESIA IN GENERAL PRACTICE

This is one of a series of articles, contributed by invitation

APPARATUS AND EQUIPMENT

BY

J. K. HASLER, M.B., B.S.

The amount of anaesthetic apparatus required in general practice depends very largely on the practitioner himself and the type of practice in which he works. In a country practice, where major operations are infrequent and anaesthetics must often be given under difficult conditions, it would require an exceptionally keen man to carry round a McKesson apparatus with a closed circuit for carbon dioxide absorption. On the other hand a practitioner who works in a town with a well-equipped hospital near by, where he may have to give anaesthetics for every type of operation, will hardly be satisfied with open ether as a routine. Every practitioner must have some ideas of his own on the subject according to first the methods taught at his medical school and secondly, the opportunities and inclination for keeping himself up to date while engaged in practice. It is therefore difficult to lay down hard-and-fast rules as to how much apparatus is necessary and what types are best, and I propose simply to discuss on general lines the more important aspects of the subject.

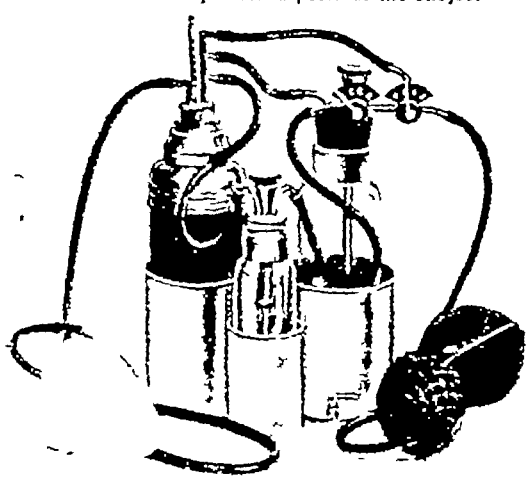


FIG. 1.—Shipway's improved warmed ether and chloroform apparatus.

even the mask may be dispensed with and a piece of lint or the corner of a towel be employed instead. With open anaesthesia the amount of apparatus is reduced to a minimum, and when ether is used the method is nearly foolproof. The Bellamy Gardner pattern of dropper is the one most commonly employed for administering ether, and most chloroform bottles have an outlet in the stopper through which the liquid can be delivered. A simple dropper can be improvised by inserting a small wick of gauze between the neck of the anaesthetic bottle and the cork or stopper. This allows the liquid to drip out when the bottle is tilted. A chloroform drop bottle is convenient for giving open ether to children.

Where operations are to be performed on the mouth or nose it is impossible to maintain anaesthesia by means

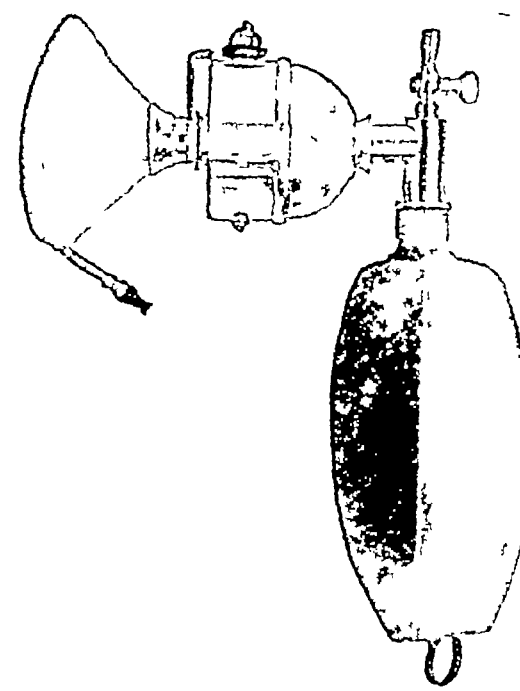


FIG. 2.—Clover's ether apparatus.

a return to a normal appearance of the lungs, was in all cases checked by *x*-ray examination

For details of dosage, etc, Schliephake's book, which has recently been translated into English, should be consulted, but only apparatus of high power is suited for the treatment of these deep seated lesions, as it is essential to keep the glass-covered electrodes at a distance of 10 to 20 cm from the patient's body, wave-lengths of from 6 to 8 metres appeared most efficacious, the patient should only have a very slight sensation of warmth The duration of the treatment is for five to ten minutes on the first and second days, quickly rising to twenty to thirty minutes once or even twice daily Subjective improvement, with the return of sleep and reduction of cough and of weakness, is usually evident after the first one or two treatments, then the sputum loses its offensive smell in the gangrenous cases and lessens in amount, and within eight to ten days there is usually marked objective improvement in the physical signs and the *x*-ray appearances In those cases in which the treatment leads at first to an increase in the amount of sputum with a rise of temperature, etc, the treatment should not be discontinued, or at most only for a day or so, as the favourable course as outlined above will nearly always follow the initial exacerbation of symptoms Finally, it must be stressed that with suitable arrangements this treatment does not cause the slightest discomfort or exhaustion to the patient —I am, etc,

Blackpool Oct 27 W UNGER.

Anti-typhoid Inoculation

SIR,—In his interesting article on typhoid fever in the Basque refugee camp (*Journal*, October 16, p 760) Dr R Taylor says "no opinion could be obtained as to the value of vaccine treatment given in the presence of an epidemic" In an account of an epidemic in the area of the British Army of Occupation in the Rhine, recorded in the *Journal* of December 18, 1920, the opinion was expressed that the inoculation of a community in the presence of an epidemic was beneficial in three ways (*a*) direct, (*b*) indirect, and (*c*) remote, and that the inoculation was beneficial both to the individual and to the community Several other similar inoculations were quoted which were attended by similar favourable results —I am, etc,

Preston Oct. 25 G G JOHNSTONE

Indications for Induction of Abortion

SIR,—In reply to Dr Redmond Roche's letter in the *Journal* of October 30 (p 880), why should the expression "doctors, not necessarily consultants" suggest that "the medical problem is not the prime consideration"? I maintain that general practitioners are at least as competent as consultants to judge the *whole* medical problem The medical effects, on the mother, of pregnancy, childbirth, and the strain of bringing up a child under adverse conditions would all be considered, and also the medical effects, on the child, of such an environment If induction of abortion in suitable cases were legalized, how could that place doctors 'above the common law of England"? They would then be acting in accordance with the law instead of contrary to it as at present,

Since Mr Butterworth's first letter (September 25, p 635) I have discussed the case of the tuberculous patient with one of the most eminent consulting physicians in London who is on the staff of the largest and best-known chest hospital and of one of the largest of the teaching hospitals He said that he would not have hesitated to advise the induction of abortion in this case on account of the strain on the mother of looking after the child afterwards Why has there been no reply from one of those who gave their decision on these cases?—I am, etc,

Nottingham, Oct 31 PERCY HARDY

Expulsion of Placenta in Advance of Foetus

SIR —Several letters have appeared recently dealing with the above phenomenon They bring to my mind a case I attended some years ago She was a woman, in the early thirties, who was having her second baby During the pregnancy hydramnios developed, and this, as time went on, became extreme, so that it became necessary to give relief by puncturing the membranes This I did one evening in the nursing home There was a gush of fluid, and after a short time I left the patient, returning in about two hours Some time later since progress was slow, I examined and found the placenta presenting It came away quite easily, and shortly afterwards an anencephalic foetus was delivered There was no undue haemorrhage, and the patient made an uninterrupted recovery

I discovered later that the nurse in charge had somewhat vigorously pressed on the fundus of the uterus The rapid diminution in size of the latter had probably caused detachment of the placenta, which had thereafter slipped down to the region of the internal os The placenta may, of course, have been situated originally at an abnormally low level, but there had been no symptoms of placenta praevia —I am, etc,

Wrexham, Oct 30 D LIVINGSTONE POW F R C S.Ed

Control of Malaria

SIR —Dr John Roth (*Journal*, October 23, p 829) appara letter by Dr W F Cooper, in which he criticizes a letter from me in the *Journal* of June 5 Dr Cooper has apparently misread my letter I did not write on "the use of quinine" I wrote a letter advocating the destruction of adult infected mosquitos in malaria-infested houses as an important method of malaria control, additional to the methods in general use (anti larval) And I pointed out that the incidence of malaria that continues in spite of all prophylactic methods is so great that we are not justified in neglecting any additional methods, such as destruction of adult mosquitos in malaria-infested houses The simplicity *in theory* of prophylaxis against malaria by the use of quinine is only equalled by its difficulty in practice —I am, etc,

Antigua, British West Indies Oct 12 W M MCDONALD

"A Plain X-Ray"

SIR —Dr John Roth (*Journal* October 23, p 829) apparently objects to the use of the prefix "plain" as applied to radiography, but he does not suggest an alternative term With the increasing use of opaque media as a subsequent procedure in the examination of various parts of the body, it has become necessary to use some distinguishing term for the preliminary examination—that is, the examination made before the ingestion or injection of the opaque medium The physician or surgeon filling in the request form, and the radiologist in his report, may use the adjectives "plain" "direct' or, as in America, 'straight', of these, "direct' seems to be perhaps the most desirable Dr Roth's reference to tomography is "plainly' beside the point —I am, etc,

Hull, Oct 28 R HERMON

characteristic odour masked to some extent by the eau de Cologne or lavender water that is often added With this addition some brands are more fragrant than others, though they seem to be equally efficient as anaesthetics It should be remembered that ethyl chloride as well as ether is a highly inflammable liquid

Accessories

Every anaesthetist should carry an airway a simple piece of apparatus which frequently transforms an indifferent anaesthetic into a good one The Phillips airway is as satisfactory as any, and it should be fitted with a medium size rubber tube rather than a large one For

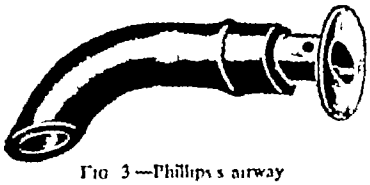


FIG 3—Phillips's airway

hospital work it is an advantage to keep half a dozen on the anaesthetic trolley Each patient can then return to bed after operation with the airway still in position and the anaesthetist can get on with the next case without having to worry whether the last patient is likely to have his respiration obstructed before he reaches the bed A home made airway can easily be contrived by cutting a suitable length off a piece of rubber tubing and inserting a safety pin through one end to prevent it being swallowed It is of advantage to carry a mouth gag in the anaesthetic bag, but opinions differ as to the desirability of using tongue forceps

For endotracheal anaesthesia it is necessary to have some form of laryngoscope, Magill's pattern which contains a dry electric cell in the handle, is a popular choice The Magill endotracheal catheters which are slightly curved are better for general purposes than the straight gum elastic ones as they can be used for blind intubation through the nose without the need for a curved stylet Some lubricant such as liquid paraffin or K Y jelly should be applied to the catheter before it is inserted.

Every anaesthetist should have a supply of drugs at hand though these need not be excessive For purposes of premedication morphine and atropine are still widely used and of recent years nembutal capsules have become popular For nervous subjects particularly children suppositories of nembutal have been recommended Coramine has been found useful in the treatment of those states of emergency which sometimes occur with even the best of anaesthetists It has also been injected at the close of an operation to diminish the action of any barbiturate which the patient may have taken as preliminary medication For quick action it should be given intravenously Where spinal anaesthesia is being used it is advisable to have at hand a supply of ephedrine This too should be injected intravenously if a rapid action is desired An extra cylinder is not necessary in order to have a supply of carbon dioxide available A more convenient method is to carry it in the form of sparklet bulbs which can be fitted into a special metal container like a miniature cylinder and placed in the anaesthetic bag In an emergency a small supply of carbon dioxide can be obtained by turning an ordinary soda water siphon upside down and pressing the trigger Syringes of various sizes are necessary for hypodermic injections spinal anaesthetics, and basal narcotics such as evipan and pentothal sodium It is useful to have a vacuum flask when giving avertin for the solution can then be prepared at home and taken to the patient's house or the nursing home warm and ready for use A sphygmomanometer can be usefully employed for the double purpose of taking the blood pressure and compressing the arm before giving an intravenous injection It is of advantage to have at hand a stomach tube when administering an anaesthetic in a case of intestinal obstruction and some anaesthetists always carry a tracheotomy set for use in an emergency

The foregoing list though necessarily incomplete contains an outline of the more important items which the occasional anaesthetist may find useful in the course of his work In conclusion it is suggested that every anaesthetist should possess a watch with a second hand A serviceable alternative is a theatre clock which has a large second hand or which gives a tick at every half minute

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BLOOD TRANSFUSION CONGRESS IN PARIS

The second International Blood Transfusion Congress was held in Paris September 29 to October 5 under the presidency of Professor Gosset Twenty two nations were represented and over 100 reports and communications were made The secretary general was Dr Arnault Tzanck Dr H I Brewer Dr S C Dyke Mr P L Oliver and Mr V H Riddell were among the British representatives

The following four subjects were studied by special committees (1) Blood groups (2) Preserved blood (3) Haematological problems (4) Questions of organization

Blood Groups

The special committee on this subject concluded that a single classification of blood groups was essential and recommended that of A_6 B_1 AB_0 and O_3B It confirmed the opinion that blood groups are unchangeable and that errors due to pseudo agglutination were avoidable notably by dilution of the serum Direct matching between donor and recipient was always advisable, especially in medical cases

The committee also came to the conclusion that there was no proof of the existence of "universal donors" whose serum was dangerous owing to high titre of agglutinins A matching test should precede each repeated transfusion and it was recommended that the injection of a small quantity of the donor's blood before beginning the actual transfusion might well be further studied The official control of commercially supplied testing sera was essential and standard testing sera should be of high titre and tested periodically against corpuscles from the same subject

In cases of urgency and when it was not possible to secure a universal donor or to obtain standard sera direct proof of compatibility (testing the donor's corpuscles against the recipient's serum) was essential In repeated transfusions it was useful before each transfusion to verify that the serum of the recipient neither agglutinated nor haemolysed the red corpuscles of the donor

Preserved Blood

The committee praised the excellent work done in existing centres for providing fresh blood for transfusion, but to meet the need of scattered communities it was thought that regional centres should be set up from which stored blood could be distributed at need Blood which was to be stored should be collected in the morning from a fasting donor and with the minimum of manipu

DR F W BURTON-FANNING

Sir Humphry Rolleston writes

From a friendship starting when he was house physician at Addenbrooke's Hospital, Cambridge, I may perhaps add a few lines about a man who thoroughly deserved his long trust as a consultant in East Anglia Like all connected with Addenbrooke s in those far-off days, he came under the influence, and sometimes, as administrator of anaesthetics, under the eye, of that great teacher Sir George Humphry, who was powerful in securing Burton's appointment in 1891 at an early age to the vacant physiciancy at the Norfolk and Norwich Hospital As there were already two members of that hospital's staff with names which might possibly be confused with his own—the late S H Burton, surgeon, and J H Barton, physician—this was avoided by the addition of his mother s maiden name, and he became Burton-Fanning Intensely interested in clinical medicine, he was an all-round physician, as shown by published papers on rat-bite fever, neurasthenia in soldiers, and examination of the under-average life for assurance He was also a pioneer in the open-air treatment of pulmonary tuberculosis in the east of England forty-two years ago, and later keenly went through a course on Wright's opsonins

Remarkable for his kindly attitude to all and sundry, patients became lifelong friends, and his inquiries were first and all the time directed to the interests of his friends, never to his own concerns This pleasant trait, though an index of modest unselfishness may have made others overlook his achievements When, after his thirty-seven years of devoted service, the age limit in 1928 necessitated retirement from the active staff of the hospital, he remained its firm friend, and was energetic in connexion with its artificial pneumothorax clinic and nursing arrangements His personal qualities and professional abilities were recognized and wisely utilized by the Norwich Union Life Insurance Society

We regret to announce the death, on October 31, of Dr CLAUDE WILSON, the well-known Tunbridge Wells physician, who published a number of thoughtful papers on cardiology in these columns and elsewhere He was born in Liverpool in 1860, and studied medicine in Edinburgh, London, Manchester, and Vienna, graduating M B, C M Ed, with honours, in 1884 After holding the posts of resident physician at the Edinburgh Royal Infirmary and professor s assistant in clinical medicine and patho logy, he proceeded to the M D in 1887 Dr Wilson joined the British Medical Association in 1887, served on the Central Council on two occasions, was chairman of the Tunbridge Wells Division in 1927–8, and president of the Kent Branch in 1934–5 He was elected a Fellow of the Royal College of Physicians of London in 1933, having taken the membership seven years earlier, and was a member of the Association of Physicians of Great Britain and Ireland A keen mountaineer, he was a member of the Swiss-Alpine and the Scottish Mountaineering Clubs, a vice-president of the Alpine Club, and author of the article "Mountaineering" in the All-England Series His last paper in the *British Medical Journal* was an address entitled "Some Recent Advances in Cardiovascular Diseases"

We regret to announce the death on October 26 of Dr MAJORIE ADA BLANDY wife of Dr James Purdon Martin and a member of the well-known Madeira family She was educated at Kensington High School, Jersey Ladies College and Newnham College, Cambridge and took the Natural Sciences Tripos in 1908 She then began the study of medicine at the London School of Medicine for Women taking the English conjoint diplomas in 1914, the M B, B S.Lond degrees in 1917 and the M R C P in 1922 During the first year of the war she was attached to the R.A M C, and served at the Boulogne base Dr Blandy was then in turn house-physician at the Royal Free Hospital and the Great Ormond Street Hospital for Children, medical registrar and resident medical officer at the National Hospital, Queen Square (where her husband is now physician to out-patients), and was appointed assistant physician to the Garrett Anderson Hospital in 1923 She was also physician to the Bermondsey medical mission hospital, and in recent years took part in the infant welfare work of the Hampstead Council of Social Welfare In her student days she was a noted athlete, representing Cambridge and later London University at hockey and swimming She had been a member of the British Medical Association for the past twenty years

Dr FRANCIS WILLIAM O CONNOR assistant director of the Division of Medical Education Rockefeller Foundation, died on October 2, aged 53 Before going to New York in 1922 he had been for some years demonstrator in medical entomology at the London School of Tropical Medicine, and then leader of an expedition to the Western Pacific islands He studied medicine at St Bartholomew s Hospital and qualified as M R C S, L R C P in 1907, taking the Cambridge diploma in tropical medicine and hygiene in 1913 During the war Dr O'Connor served with a commission in the R A M C in France, Egypt Sinai, and Salonika He published papers on intestinal protozoa in collaboration with Dr C M Wenyon and Mr Clifford Dobell, and had made a name for himself by long continued and exhaustive studies of filariasis At the Annual Meeting of the British Medical Association at Brighton in 1913 he was honorary secretary of the Section of Tropical Medicine

The death took place at Newton, Massachusetts, on October 10, at the age of 90, of Dr WILLIAM HUNTER WORKMAN, who made many important mountaineering and exploring expeditions and lectured to geographical and scientific societies in all parts of the world He was a B A of Yale and an M D of Harvard, and practised for some years at Worcester, Mass

The following well-known foreign medical men have recently died Professor VALDIGUIE formerly director of the laboratories of the Pasteur Institute and professor of medical chemistry at Toulouse, Dr WILLY PFEIFFER, professor of oto rhino-laryngology at Frankfort, aged 59, Professor FEDOR KRAUSE for many years senior physician to the Augusta Hospital Berlin, and Dr LOUIS JACOB JOSEF MUSKENS of Amsterdam, an authority on epilepsy

The Services

DEATHS IN THE SERVICES

Surgeon Commander ALEXANDER GORDON TAYLOR R N, died in the Royal Naval Hospital at Plymouth on October 21, aged 48 He was educated at Durham University where he graduated M B and B S in 1915 entering the Navy soon after He attained the rank of surgeon commander on November 11, 1927 He served throughout the war of 1914–18, receiving the medals

Lieut.-Colonel HAROLD CROSSLEY HILDRETH D S O O B E, R A M C (ret) died on September 11 in London, aged 60 He was born on October 25, 1876 and took the Scottish triple qualification in 1900 and the F R C S Ed in 1902 After serving as assistant medical officer of the Sierra Leone Railway he entered the R.A M C as lieutenant on August 31 1903 became lieutenant-colonel on June 30 1926, and retired on March 1 1929 He served throughout the war of 1914–18 was mentioned in dispatches in the *London Gazette* of January 1 1916 and May 29 1917 and received the D S O and the O B E

Colonel GEORGE MILLS GOLDSMITH C B E, late R.A M C, died at Marlborough on September 13, aged 61 He was born on July 11, 1876 and was educated at Trinity College Dublin, where he graduated M B B Ch, and B A O in 1898

no motive for concealing the truth or had by conversation confided that revelation to someone who was capable of reporting it accurately Mr Gladstone's motive was a sincere deeply held religion but a religion of a kind which was always a rarity confined to a small group, and now infinitely difficult for any man, believer or unbeliever to reconstruct Perhaps after all Mr Guedalla reflected we must be satisfied with a faithful portrayal of external adventures and this at least would be preferable to some biographies of fifty years ago which portrayed a stained glass window

Two Currents in English Biography

The lecturer gave a brief sketch of the history of biography beginning with that of Socrates who was the creation of Plato no less than Johnson was the creation of Boswell The great era of biography was the nineteenth century with such works as Moore's *Byron* Lockhart's *Scott* Trevelyan's *Macaulay* Some young people maintained that in the nineteenth century the stream of biography somehow went astray Mr Guedalla did not share that view but he did detect two separate currents in English biography—the brilliant unofficial work on the one hand, and the more dignified and authoritative official compilation on the other On the unofficial side was Rosebery's *Pitt* one of the most brilliant works ever written also Rosebery's *Napoleon The Last Phase* Edmund Gosse's *Coventry Patmore* and Lytton Strachey's *Queen Victoria* On the official side there were such works as the Lives of their respective fathers by Hallam Lord Tennyson, and by Mr Winston Churchill

The war Mr Guedalla added did not bring any shattering innovation into biography Certainly it enlarged the public curiosity about persons which had to be satisfied by rather dubious speculation and the general relaxation in moral standards also made people rather more indulgent than they ought to have been to the invasion of biography by fiction and conjecture But apart from that the post war world was not unlike the pre war Mr Guedalla read in proof thereof a few passages from classical pre war biographies to show that neither fine irony nor sombre death bed eloquence was the monopoly of post war writing The proper pursuit of the biographer lay in the middle of the road between these two styles of official and unofficial narrative He should try to achieve a blend of the solid documentation and accuracy which made official biography so valuable together with the freer play the irony, where this was relevant, and the good writing if by God's grace he was capable of it which characterized the best of unofficial biographies The disproportion of the official biography its tendency to run to more than one volume should be discouraged also its habit of over praise (though this might be difficult when the executors were looking over the biographer's shoulder), while the inaccuracy the slovenliness the positive invention the smart allegory of the lower order of unofficial biography were equally to be avoided

Mr Guedalla's lecture was delivered on the occasion of a reception by the President of the Royal Society of Medicine (Sir John H Parsons) and a conversazione, which was largely attended

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The second edition of *The Colonial Medical Service List* in which the schedule of offices has been revised to August 1937 is now available This publication also contains an alphabetical list of members of the service with brief biographical details The prefatory note to the *List* states that while every care has been taken in its compilation accuracy is not guaranteed and officers desiring additions or corrections should communicate direct with the editor of *The Colonial Medical Service List* at the Colonial Office Copies of the *List* may be obtained from H M Stationery Office price 1s 3d net

BALNEOLOGY CONGRESS AT BUDAPEST

CENTENARY OF ROYAL MEDICAL SOCIETY

The 100th birthday of the Royal Medical Society of Budapest was celebrated on October 6 by a meeting in the great hall of the Royal Hungarian Academy of Sciences The Archduke Joseph Francis presided and the president Professor Verébely gave an address of welcome to the three hundred foreign delegates who had assembled to convey the greetings of the other chief medical societies of the world Certain of them including the representative of the Royal College of Physicians of London were then invited to reply which they did some of them briefly A ceremonial lunch at which the Archduke presided, was held in the Casino on Margaret Island a privately owned and pleasantly wooded island suburb lying in the Danube The delegates were then taken by car and shown round the Budapest spa establishments situated in various parts of the town and the improvements which have recently been carried out for the comfort of patients and visitors by the municipal authorities

The next morning the inaugural ceremonies in connexion with the International Balneological Congress took *place more than 350 foreign delegates being present from* the Governments and learned societies of the world The Corps Diplomatique, including the British Minister also attended and expressed themselves edified by the subsequent discussion on radioactivity which was opened by Professors Imre and Von Pap On this and subsequent days the speakers included Professors Klinge (Germany) Kahlmeter (Sweden) Darányi (Hungary—a brother of the present Prime Minister) Alois Strasser (Vienna) Besançon (Paris) Eiselsberg (Vienna) Donald Guthrie (U S A) and Koranyi (Hungary) while the British post graduate lecture on the relationship of tuberculosis and rheumatoid arthritis was given by Dr W S C Copeman (London)

A New Spa Federation

The Congress then divided into sections Economic, Medical Technical 'Tourisme' and Advertising—which met on four days at the Hotel St. Gellert and were well attended The Section of Jurisprudence in conjunction with the Medical Section later drew up skeleton proposals for the establishment of an International Spa Federation the discussion of which formed the basis of most of the subsequent meetings On the last day the Congress formally approved the formation of this body, electing the Archduke Joseph Francis as President and naming Budapest as its headquarters for the present It was decided that a further council meeting of all foreign delegates should be held in Budapest next Easter and that the first full congress of the new federation be held in Berlin later in the year This congress it was agreed should subsequently meet every two years in France in 1940 and in Italy in 1942 Among the subjects discussed as being proper to such a body were the standardization and inspection of facilities at spas in all countries propaganda and all matters concerning tourisme medical hydrology in its theoretical and practical applications and all matters concerning hotels and administration in health resorts

Social Activities

A considerable number of excellent dinners and receptions were offered to the delegates during their stay notable among these being the dinner given by the Chief Burgomaster of the City at which the Prime Minister and six of the other chief Ministers were present and that of the Archduke and Archduchess Joseph Francis at which over 500 people were present and from which the speeches of the chief Government delegates were broadcast to the country at large The Minister of the Interior also gave a large reception on behalf of the Royal

Medical Notes in Parliament

New Bills

The Population (Statistics) Bill was introduced by Sir Kingsley Wood on October 28 The object of this Bill is to extend the scope of the particulars which can at present be asked for upon the registration of a birth, stillbirth, death or marriage, and by this means to provide the statistical evidence needed for the practical consideration of the problems in regard to the future population of Great Britain to which the decline in the birth rate has given rise The Bill provides that such further particulars shall be obtained in confidence for statistical purposes only, and not for entry in the register As in the case of a census, the particulars asked for are to be regulated by Orders in Council which must be laid in draft before Parliament

MEDICAL BENEFIT FOR BOYS AND GIRLS

The National Health Insurance (Juvenile Contributors and Young Persons) Bill, which the Minister of Health introduced on October 27, will make provision for medical benefit under the National Health Insurance Act to boys and girls who on leaving school become employed before reaching the age of 16 and will thus bridge the gap between the school medical service and the beginning of full insurance under the National Health Insurance Act About a million boys and girls are expected to come under the scheme The cost of medical benefit for these juvenile contributors and its administration will be defrayed like existing health insurance benefits It is estimated that the cost of benefit, including the capitation fee to doctors, the supply of medicines, and the administration expenses, will be 13s per head per annum

PENSIONS FOR THE BLIND

The Blind Persons Bill will reduce the age at which pensions can be paid to blind persons under the Old Age Pensions Act, 1936, from 50 to 40 years

Mr F O Roberts who secured the sixth place in the ballot for leave to introduce Bills, presented on October 29 a Local Authorities (Hours of Employment in connexion with Hospitals and Institutions) Bill—'to provide for the limitation of hours of work for persons employed in or in connexion with hospitals and institutions under the control of local authorities' Dr Haden Guest presented a Bakehouses Bill 'to prohibit night work in bakehouses" The former is set down for second reading on December 3 and the latter for February 18

Debate on the Address

The debate in the House of Commons on the Address in reply to the King's Speech was resumed on October 27 by Mr ARTHUR GREENWOOD He said that a report published by the Ministry of Health in 1932 on diet in Poor Law children's homes showed that in an institution with 200 children, where all provisions were obtained at contract prices, an expenditure of 4s 6½d per child per week was necessary for feeding alone For the housewife who had to buy in small quantities that diet could not be bought under 5s 6d a week Working-class incomes would not enable families to live at the proper standard of physical efficiency, and yet malnutrition was not mentioned in the King's Speech

SLUM CLEARANCE AND NUTRITION

Sir KINGSLEY WOOD said that the five years programme of slum clearance had been more than kept Already the houses in submitted Orders exceeded 186 000 which was 90 per cent of that programme The original programme for slum clearance had been extended and the revised one now covered over 400 000 houses Some 650 000 slum dwellers had gone to better homes The figures he gave were for England and Wales Practically all the local authorities of the country had fixed the days from which the overcrowding provisions were to operate A number had reported that 20 per cent of overcrowding as disclosed by the survey had been abated The programme of slum clearance and overcrowding still involved the erection of some 300 000 new houses in England and Wales He was not satisfied with the progress made in rural housing, and he would submit his proposals to the House for Exchequer assistance towards the general provision of cottages for agricultural workers to be let at low rents These proposals would cover Scotland, and he would have to consider whether grants should be refused unless the houses had running water The Ministry of Health was making efforts to secure a wider use of the provisions under the Housing (Rural Workers) Act for bringing existing country properties up to date and had already received applications for over 12 000 dwellings

Concerning what Mr Greenwood had said about nutrition it was only under the present Government that the nutrition problem had been seriously considered, and though only tentative steps had been taken this country was ahead of any other in its policy on nutrition and public health. The Advisory Committee attached to his department, which included Sir John Orr, Professor Cathcart, and other leading men of experience, agreed about the nutritional value of milk The recent report of that committee was the most valuable document which had been issued on the subject of nutrition in any country, and it reported on the great value of milk, especially to mothers and children On receiving that document he had asked local authorities to review their arrangements for the supply of milk and other foods with a view to securing that the diet, particularly of expectant and nursing mothers, combined the proper constituents, and that the consumption of milk especially by young children, should be increased He also suggested the relaxation of restrictions on the supply of milk and other foods Forty-seven local authorities had already improved their income scale, sixty two had increased the amount of milk supplied per case, a number had extended the period of supply of milk for expectant mothers and children under 5, and a number had arranged for the pasteurization of milk

INQUIRY INTO NURSING SERVICE

A great deal was also being done in attacking the problem of maternal mortality Schemes under the new Midwives Act were in operation over the greater part of England and Wales and he expected all of these new services to be in operation in January He hoped to receive the report of the Committee on Abortion at an early date, when he would publish it and consider what action, if any, was recommended He was glad they had already improved the status and remuneration of midwives, and he hoped they might be able to do the same for nurses He was about to set up a committee to inquire into the conditions of recruitment and service of the nursing profession

Sir FRANCIS ACLAND said the minimum the House should accept was a scheme to provide milk for all nursing and expectant mothers, for children below school age, and, wherever possible, to extend the milk in schools scheme to Saturdays and Sundays

WAR DISABILITIES CRITICISM OF MINISTRY OF PENSIONS

Mr ELLIS SMITH asked for an investigation by a Select Committee of the House into the position of ex service men and particularly the policy pursued by the Ministry of Pensions A report issued in 1935 by the Officers' Benevolent Department of the British Legion showed that 65 per cent. of the cases dealt with by that department did not concern men who had been wounded, but men suffering from nervous disorders, diseases of the heart tuberculosis, and other ailments The Officers Benevolent Society criticised the attitude of the medical advisers of the Ministry of Pensions in face of the opinion of doctors who were in constant attendance on patients for war disabilities and gave certificates in support of their claims Even the opinions of specialists were ignored when certificates were sent

Sir FRANCIS FREMANTLE said there was an instruction of the Ministry of Pensions that the medical officers should always give the benefit of the doubt Mr BURKE replied that if there was such an instruction it was not acted upon

Sir FRANCIS FREMANTLE drew attention to the reference in the Speech from the Throne to the question of health and

INTERNATIONAL SOCIETY OF SURGERY

The eleventh Congress of the International Society of Surgery will be held in Vienna under the patronage of the Austrian Government from September 19 to 22, 1938 The meetings will be held in the Konzerthaus under the presidency of Professor R Matas of New Orleans The subjects chosen for discussion are the surgical treatment of hypertension bone grafting and the surgical treatment of cysts and tumours of the lung In order to simplify language difficulties the organizing committee has decided to install the latest pattern of microphone relay apparatus in the lecture hall which will enable members to understand the speakers of their choice in one of the official languages of the society In addition to the scientific session the morning of Thursday September 22 is to be devoted to surgical operations and there are several social functions already arranged

The general secretary of the International Society of Surgery is Dr L Mayer of 72 Rue de la Loi Brussels and Professor Grey Turner of the British Postgraduate Medical School Ducane Road London W 12 and Professor Lambert Rogers of the Surgical Unit Royal Infirmary Cardiff are the British representatives on the international committee Applications for membership should be made to any of these gentlemen The travel arrangements will be in the hands of Messrs Thomas Cook and Sons and in due course a detailed itinerary will be issued by that firm

CINEMA DEAF-AID INSTALLATION IN A SCHOOL FOR THE DEAF

Lord Horder addressed an assembly at the Royal School for the Deaf and Dumb at Margate on October 22 where a demonstration of a cinema deaf aid installation for the use of the pupils was given He spoke in high praise of the research work in the use of deaf aids that was being carried out in the school. Referring to the benefit derived from the use of these aids he drew attention to the fact that as the children were enabled to hear better (which was followed by greater development of speech language and the emotions) there took place side by side with this a development of the mental activities which was of the greatest importance to the child This is the first school for the deaf in which sound films have been used for educational purposes in this country

The cinema deaf aid installation works in conjunction with a Pathé talking picture equipment and additional provision is made to enable a speaker to address the children through a microphone Part of the speech output—10 watts—from the sound amplifier of the talking picture equipment which has been slightly modified for the purpose is led to a volume check device which enables deaf listeners to obtain the considerable volume of sound necessary for them on the weak passages without the loud sounds in the programme becoming excessively strong From this device the signals are led to sockets connected with the wiring system where the apparatus of the individual pupils may be plugged in The automatic volume-check device also prevents undesirable effects on the ears of listeners which might be produced by loud noises such as gun firing in the course of the film The equipment for each pupil consists of a pair of light weight head phones to which are connected independent volume and tone controls which can be adjusted to suit the requirements of the individual The tone control is particularly valuable for cases of internal ear or nerve deafness in which it is usually necessary for the high tones to be stronger than the low Each pair of ear phones is designed to give "unmasked hearing This means that the amount of bass in one of the ear phones is cut down with respect to that in the other irrespective of the tone-control setting It has been found that the large volume of sound required by deaf listeners can be given without loss of the distinctness that is normally associated with sounds of high intensity owing to the masking of the higher frequency components by the lower when volume is increased This special apparatus was designed and supplied by the Multitone Electric Company

Before the film was shown a demonstration indicated the great assistance the children had from the use of the hearing aid One of the teachers spoke from the platform in turn to several pupils who had the hearing aid adjusted to their ears and their response was immediate He then spoke to them when the ear phones were discarded and none could reply In both cases the face was turned away from the teacher to prevent lip-reading

The children showed enthusiasm and it was obvious that an interest and pleasure had been brought into their lives which without the assistance of the hearing aids they would not have been able to experience

Reports of Societies

TREATMENT BY INTRAVENOUS INFUSION

At a meeting of the Medical Society of London on October 25, Mr J E H ROBERTS presiding a discussion took place on treatment by intravenous infusion

Dr GEORGE GRAHAM in opening said that he did not propose to speak about blood infusions but to restrict his remarks to the giving of water containing the different salts which were present in blood The usual solutions were normal saline 0 9 per cent hypertonic saline 2 to 5 or even 10 per cent glucose 5 to 10 per cent sodium bicarbonate 2 per cent or some combination of these The water should always be distilled In grave emergencies it was possible to use tap water without serious results but this should not be necessary in the ordinary case On the other hand there was no basis for the belief that the water must be distilled three times in order to avoid causing any reaction One distillation got rid of all impurities Intravenous solutions were used in the treatment of a variety of conditions but the most important were those in which great alterations of body fluid had occurred—namely such conditions as cholera bacillary dysentery severe diarrhoea severe vomiting due to pyloric obstruction or acute dilatation of the stomach and diabetic coma Another group of cases was that in which the symptoms were not so acute though equally severe—namely patients who were unable to take fluid for some reason patients with septicaemia and patients with surgical shock He stressed the need for careful consideration of the amount of salt given Fantus had published an interesting paper in which he had analysed the results of 2,000 cases where the injection of 2 000 to 7 000 c cm a day had been given and he made the observation that the sicker the patient the more fluid was given and the greater the mortality Fantus also thought that it was important to estimate the fluid excreted for if the kidney could not excrete more than 10 per cent of the intake the mortality was high Similarly the chloride output should be estimated if it was excreted in a concentration of less than 0 1 per cent the mortality was over 75 per cent

Dr Graham also referred to another important condition which could be helped by intravenous infusion—namely renal failure associated with a high blood urea In this condition if the alkali reserve was reduced to 45 volumes of CO per 100 c cm blood alkalis could safely be given by mouth unless the patient was very ill If the alkali reserve was lower than 45 volumes and the patient was seriously ill the alkali should be given intravenously sufficiently to raise the alkali reserve above 50 volumes when the alkalis should be given by mouth If the alkali reserve was normal (55 to 70 volumes) or raised the renal condition could usually be improved by daily infusions of 600 to 1,000 c cm In these cases a 5 to 10 per cent solution of glucose either with or without normal saline was very useful The sugar in the blood was considerably raised by this procedure and in some way caused a diuresis, and the increased flow of urine

Medical News

A home for private patients, which has been built in close proximity to the Manchester Royal Infirmary, will be formally opened on November 15 The ceremony will be performed by Lord Dawson of Penn, P R C P, who will be accompanied by Lord Derby, the president of the Infirmary Accommodation is provided on four floors for 100 patients, and the home is directly linked to the Infirmary

The presidential address, entitled "Civilization," will be given to the British Institute of Philosophy by Lord Samuel on Tuesday, November 16, at 8 15, at University College, Gower Street W C Cards of admission may be obtained from the Director of Studies at University Hall, 14, Gordon Square, W C 1

The annual clinical "At Home" of the Royal Dental Hospital of London will be held on Saturday, November 20 at 3 p m, and the dinner of the past and present students of the hospital will be held at the Trocadero at 7 for 7 30 p m the same day

The annual congress of the British Institute of Radiology will be held at the Central Hall, Westminster S W, on December 8, 9, and 10 Queen Mary has consented to be present at the opening ceremony on December 8 Admission to this ceremony will be by ticket only and members should make application to the general secretary, 32, Welbeck Street, W 1, stating the number of tickets required

The next clinical meeting of the Society of Radiotherapists of Great Britain and Ireland will be held on November 19, when Lord Horder will open a discussion on "The Treatment of Hodgkin s Disease" Drs Bromley, Levitt, and Raban and Professor McIntosh and Mrs Hilton will also speak

At a meeting of the Pharmaceutical Society of Great Britain, to be held at 17, Bloomsbury Square, W C., on Tuesday, November 9, at 8 30 p m a lecture on 'Early Herbals' illustrated by lantern slides, will be given by T A Sprague, D Sc, deputy keeper of the herbarium and library, Royal Botanic Gardens, Kew

A course in puericulture will be held at the École de Puériculture, 26, Boulevard Brune, Paris 14e, beginning on November 15, under the direction of Professors Couvelaire, Lereboullet, Nobécourt, and Dr Weill-Hallé Further information can be obtained from the Secretary of the School

The meeting of the Illuminating Engineering Society on November 16 at the Lighting Service Bureau, 2, Savoy Hill, W C, at 6 30 p m, will be given up to a discussion on lighting for special industrial processes

The Minister of Health will lay the foundation stone of the new department for rheumatism and arthritis of the Hospital of St John and St Elizabeth, St John s Wood, N W, on Wednesday, November 10, at 3 p m

The Board of Education has appointed Miss E A Langley, who is at present organizer of school meals for the London County Council, to fill a new post on its staff as inspector of the arrangements made by local education authorities for the provision of meals, in co-operation with the Board s medical staff

Of the three national prizes for Art and Science recently awarded by the Führer at Nuremberg two, of the value of RM 50 000 each were divided between the two surgeons, August Bier and Ferdinand Sauerbruch

Mr Walter Elliot, Secretary of State for Scotland, has ordered an inquiry into the recruitment of nurses in Scotland and has appointed for this purpose a committee with Lord Alness as chairman.

The Buckston Browne Prize for 1937 has been awarded by the Harveian Society of London to Reginald Theobald Payne, M S, M D, F R C S., for his essay on "Phlebitis"

On October 29 a first consignment of drugs, costing £8,800, was ordered by the Medical Supplies Committee of the Lord Mayor's Fund for the relief of distress in China It is being dispatched this week, and will be followed immediately by supplies of dressings, surgical instruments, sera, and vaccines

Professor W W Jameson, Dean of the London School of Hygiene and Tropical Medicine, has been invited to act as an external assessor in the public health examinations of the Kitchener School of Medicine, Khartoum, in December of this year He will take the opportunity of visiting also the medical schools for the training of African natives in Nigeria and in Uganda Professor Jameson left London for West Africa on November 3, and expects to return about the middle of January next

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B.M.A. HOUSE TAVISTOCK SQUARE W C 1

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The TELEPHONE NUMBER of the British Medical Association and the *British Medical Journal* is EUSTON 2111

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EDITOR OF THE *BRITISH MEDICAL JOURNAL* *Astiology Westcent London*
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QUERIES AND ANSWERS

Natural Sunlight and Ultra-violet Light Therapy

Dr R A JOHNSON (Golden Rock S India) writes I shall be obliged if any of your readers can advise me how the natural tropical sunlight of South India could be modified so as to be utilized therapeutically as ultra violet light at all hours of the day Clear sunshine is superabundant here and the supply is almost constant throughout the year It is unsuitable however, for therapeutic purposes owing to its containing, I understand, too great a proportion of infra-red rays Maximum daily shade temperature here varies from about 110 in June to about 80 in December Sun bathing is usually not recommended except before 8 30 a m or after 4 30 p m Hence in our hospital we have recourse to a mercury vapour lamp for ultra violet light therapy, which may seem to some people like bringing coals to Newcastle Would the use of a filter of violet tinted vita glass modify the natural sunlight suitably? If so, where can such glass be obtained?

Haemoglobin Estimation

J B L" inquires In estimating the haemoglobin content of a sample of blood by Sahli s method what interval of time should elapse after the blood has been added to the decinormal HCl before dilution with distilled water is proceeded with?

prontosil had been a little more impressive, though it might be that further experience would reverse the verdict

There was likely to be a number of new compounds brought forward for all sorts of infections, and it would be necessary to tackle the problem as to whether and how far any one was better than any other It seemed inevitable that new drugs should go through two phases before they could be got into true perspective with regard to their toxic effects In the first phase the toxic effects received too little emphasis in medical journals, and in the second, too much The medical press was now being flooded with accounts of cases of toxic effects without the background of the large number of cases which showed no such effects At Queen Charlotte's roughly 150 cases had been treated with sulphanilamide for periods of from one to two weeks and about fifty cases for shorter periods (one or two days), and in addition nearly seventy cases with red prontosil Of the toxic effects seen by far the most prominent had been cyanosis More than 50 per cent of the cases treated with sulphanilamide had shown this to some degree in the majority very slight, and in only three accompanied by an alarming amount of prostration There were some cases of what the Americans *were now calling drug fever, and two cases of mental disturbance with a curious type of hysterical fits not seen* previously in puerperal cases Apart from this there had been headaches in a certain number of patients slight dizziness, occasional visual disturbance and in one case diminution of tactile sensation In two cases there was slight jaundice Anaemias had not been seen but routine blood counts had not been done

It seemed likely that some people were particularly susceptible to these drugs The drugs should not be sold over the counter or given save by medical prescription nor should they be used as a shot in the dark for the treatment of infections where there was no reason to suppose they would do any good nor should they be used casually for obstetric prophylaxis The drugs were better tolerated by patients in bed than by those up and about Finally it would be well to keep in mind that all the products on the market were not uniform When Ehrlich was in this country in 1913 he said that some risk must be run if effective chemotherapy was to be undertaken The lesson of 606 should be remembered As soon as it was realized that '606 might have some toxic effect the manufacturers went to work to produce substances less and less toxic but they had the demerit of being less and less curative

Animal Experiment

Dr G A BUTTLE gave some account of experiments on infected mice on which the curative action of sulphanilamide had been tested Mice infected with 10 000 lethal doses of haemolytic streptococcus had been cured by sulphanilamide The best results were obtained by giving the drug for fifteen days after infection The meningococcus was the most susceptible organism in the mouse experiments Mice infected with 1 000,000 lethal doses could be cured by a single dose of sulphanilamide There was also some slight clinical evidence of usefulness The gonococcus was as susceptible as the meningococcus *in vitro* No experiments had been done on mice Mice infected with 100 fatal doses of *B typhosus* or *B paratyphosus* had also been cured by a single dose of sulphanilamide, as had mice infected with 10 000 fatal doses of *B dysenteriae* (Sonne) Cured mice were immune to further infection There were no clinical reports on typhoid but the results in urinary infections with coliform strains were good according to reports in England and America In the case of mice infected with the staphylococcus, temporary protection was afforded for ten days against 10 000 lethal doses but the animals eventually died of multiple abscesses Most animals infected with 100 fatal doses survived with treatment The staphylococcus was more difficult to get rid of than the streptococcus Good results had been shown in rat pneumonia with the Type III pneumococcus In the case of Types I and II sulphanilamide only delayed death There were better results with benzilidine Schiff's base of 4 4-diamino diphenylsulphone Recovered mice were immune to further infection As to the mode of action of the drug sulphanilamide did not destroy streptococci in blood from which the leucocytes had been removed as it did in whole blood In de leucocyted blood streptococci grew for the first two or three hours at the same rate irrespective of whether sulphanilamide had been added or not, but after four hours there was no further increase in the numbers of the cocci in the sulphanilamide whereas the numbers went on increasing in the control Sulphanilamide delayed the growth of the cocci, perhaps it also damaged them in some way and enabled the leucocytes to phagocytose them

Treatment of Scarlet Fever and Other Infections

Dr MAURICE MITMAN gave an account of some clinical trials with the benzyl derivative proseptasine in the practice of the Eastern (fever) Hospital When the original *success with prontosil in septicaemia was reported it had* seemed reasonable to infer that the drug must influence the complications of scarlet fever At the time the investigation began reports of the toxic effects of the drug used in septicaemia were accumulating, and there seemed to be a distinct possibility that the treatment might be more dangerous than the disease It was then represented to the investigators that the benzyl derivative was less toxic and it was decided to use this The cases of scarlet fever investigated numbered 355 four wards were reserved for the investigation and placed in charge of one medical officer The results were disappointing No significant difference was observed in the duration of the initial pyrexia or in the appearance of complications as compared with controls At the same time fifty nine cases of erysipelas were treated with the same preparation with good results The fatality rate of erysipelas of the extremities was 20 per cent There had been nine such cases in this series and all had recovered Since the introduction of proseptasine patients with erysipelas had ceased to give him any serious anxiety There was a rapid improvement in toxic symptoms and the duration of stay in hospital had been considerably shortened As to the reason for the failure of the drug in scarlet fever there was a possibility that the haemolytic streptococci responsible for this infection were relatively more resistant to the drug than other strains Dr HOGARTH Dr Mitman's colleague who had been in charge of the cases of scarlet fever under investigation gave some further details and statistics Dr G DISCOMBE gave an account of a series of cases treated for various complications at St Bartholomew's Hospital with sulphanilamide and benzyl sulphanilamide and in a few cases with red prontosil None had shown any very serious toxic effects One case exhibited a considerable degree of cyanosis but recovered

Dr E P POULTON mentioned some cases which might be grouped under the heading of occult haemolytic infections Resistant cases did appear to do quite well with these substances In a group of continuously febrile cases of a chronic nature the temperature was certainly lower during the period of prontosil treatment than at other times Then there was the chronic rheumatoid arthritis patient, perhaps afebrile or with spikes of temperature In these cases those concerned could not satisfy themselves that there was any difference between this treatment and other methods employed He also mentioned a patient with abdominal actinomycosis who ran a fever for a considerable period and could only take *relatively small* amounts of iodine or x ray treatment The effect of sulphanilamide in this case was remarkable, the temperature coming down in five days The patient put on weight and was transferred to a convalescent home

Cost of Board of Assistant

"R H" refers to a reply given two years ago to the effect that normally £2 2s per week is regarded as a reasonable charge That amount is queried by the local inspector of taxes

*** While £2 2s is reasonable as a general working rule, the actual cost to the practitioner must vary within fairly wide limits—for example as between board etc, in an expensive suburb or fashionable seaside town on the one hand and a small provincial town on the other, also on the general scale of living provided the degree of economy of management exercised, and so forth Failing agreement on broad lines with the inspector "R H should investigate actual household expenditure and add a suitable amount for domestic wages etc

LETTERS, NOTES, ETC

Lichen Urticatus

Dr G E ELLIS (Bourton, Dorset) writes I was interested in the article on lichen urticatus in the *Journal* of August 28 (p 425) About eight years ago I was treating a particularly obstinate case with calcium in the form of syr calc lactophos I noticed that the child s urine was highly acid and thinking that this might have some connexion with the cause of the eruption rendered it alkaline with potassium citrate An immediate cure resulted and since then I have treated all cases with this salt I hardly ever have a failure and I find that it is unnecessary to give doses sufficient to cause an alkaline reaction of the urine Doses of five to ten grains three times a day for four days are usually sufficient to effect a cure Subsequent attacks in the same child are cured just as easily

Anatomy of English Chair Types

The lover of old furniture will read with interest Dr J N Loring s The Anatomy of English Chair Types,' a collection of five illustrated articles reprinted from the *Antique Collector* The author pleads for a classification of the English chair of the eighteenth century on constructional or comparative anatomy lines with a series of useful illustrations There appears, however, little prospect of the familiar period classification yielding to the constitutional claims The student of this subject will prefer to associate development of style with a historical background and reserve his anatomical study to the method of construction and evidence of the 'doctor s attention The pamphlet is published by the *Antique Collector* 5, West Harding Street, E.C 4, price 2s 6d

Use and Abuse of Benzedrine

Major W H CRICHTON I M S writes from Switzerland Permit me to refer to the leading article on the use and abuse of benzedrine which appeared in the *Journal* of September 25 (p 625) It seems to me possible that in issuing the timely warning on the abuse of this drug taken internally its undoubted value as an astringent of the nasal mucous membrane will be lost sight of Some months ago I received a physician s sample of benzedrine put up in a container for the purpose of inhalation I have no hesitation in stating that applied judiciously in the manner indicated by the manufacturers it is a most effective agent for the relief of nasopharyngeal congestion associated with the common cold, as well as for the prevention or attenuation of this affliction once the early symptoms manifest themselves I am normally subject to two or three colds a year since using benzedrine as an inhaler I have been able to prevent or to suppress every cold ' early in its development. I may add that this experience has been corroborated by many of my colleagues in India Except on one occasion when I foolishly used the inhaler oftener than I should have done I have never experienced any unpleasant symptoms and in this case they were confined to a bad headache

Whortleberries

Dr J H KEPPEL-COMPTON writes When so many letters have appeared in the Press on the whortleberry which is said to be a corruption from myrtleberry it is curious that no mention has been made of its medicinal properties The late Dr Combe professor of the children s clinic at Lausanne and author of *Traitement de l'entérite mucomembraneuse* used the juice of 'les myrtilles" extensively as an intestinal antiseptic in his clinic at Lausanne, where it is still given In Middle Europe whortleberries are called 'Heidelbeeren Besides being a popular fruit, they are given by medical men as an intestinal antiseptic When practising in Italy I found "Mirtillo fruit juice useful in cases of intestinal dyspepsia

Nurses' Fund for Nurses

An appeal is being issued to matrons of hospitals by the Nurses Fund for Nurses the office of which is at 95 Dean Street W 1 This fund was started in 1925 and is managed by a representative committee of matrons and nurses all of whom give their services free At present, with great difficulty it is possible to grant about £65 a month to some fifty nurses, several of whom are now over the age of 80 small temporary emergency grants being made in desperate cases The fund also supports a home in South London where twelve old nurses live rent free Money is received in the form of collections from hospital staffs, individual nurses and other well wishers it is spent as it comes in there being no reserves and the only investment (about £1,800) forming the nucleus of the endowment. The accounts are audited and published annually A further £1 000 annually in subscriptions is needed and a sum of £2 500 to complete the endowment of the home Donations have been received from the Royal Family, several City Companies and the Corporation of London In a personal letter accompanying the appeal which is now being made Mr Norman Porritt consulting surgeon to Huddersfield Royal Infirmary stresses the great value of the work done with such small means and pleads for donations from hospital and private nurses as well as from medical practitioners who owe so much to the ministrations of nurses

Grenfell Association An Appeal

For some years it has been the practice of the Grenfell Association to issue a calendar and diary for sale on behalf of Sir Wilfred Grenfell s work in Labrador, and it is a matter for regret that in spite of so worthy a cause the publication has resulted in an increased loss to the association. Its place this year is being taken by specially designed Christmas cards, and we suggest to all those who send greeting cards to their friends at Christmas (and there are surely very few who do not) that they might remember this very deserving cause and purchase some at any rate from the Grenfell Association The cards are moderately priced—in boxes of six at 1s 1s 6d and 2s a box—and the designs include an etching of a Labrador dog team and a pen sketch by Sir Wilfred Grenfell They may be obtained, and also attractive gifts made by the people of Labrador and Newfoundland from the Grenfell Association, 66, Victoria Street S W 1

First Use of the Word "Insulin"

Dr ARTHUR EDWIN TAIT (London W) writes Sir Humphry Rolleston in the *British Medical Journal* of May 15, 1937 states that the hormone from the islands of Langerhans was named "insulin by Schäfer in 1916 It must be in the memory of many graduates of Edinburgh University as well as of my own, Schäfer saying in his lectures in Edinburgh in 1905 and before that date 'These islets contain an internal secretion insulin, which some of you present may, in due course, isolate

"Face saving"

"P R O ENGLISH writes In your issue of October 30 two prominent members of our profession are reported as using the Americanism facing up to (a difficulty) instead of the English phrase, facing (a difficulty) They are Lord Horder (*Journal* p 859) and Dr Dain (*Supplement* p 266) Am I right in holding that this usage is both unnecessary and incorrect, or am I being fussy?

On the Dunlop Rubber Company s stand at the Public Works, Roads, and Transport Exhibition to be held at the Agricultural Hall Upper Street Islington N from November 15 to 20 there will be specimens of the dunlopillo cushioning used for mattresses operating table pads and surgical and bed cushions Among the sports goods objects of topical interest will include gymnasium mats and medicine balls

conditions, and was notoriously dangerous In these circumstances he was puzzled by the *non possumus* attitude of a section of the medical profession towards this practice He could see no justification for their reluctance to denounce it in the strongest terms as wicked and criminal Some medical witnesses seemed to have a sneaking sympathy for the abortionist One, not in London had smilingly agreed with counsel for the defence that 'they all do it and there are not many failures Such an attitude would excuse the continued existence of a noxious sewer on the grounds that many people lived near it and that only a few died

Some speakers before the society had proposed to appoint psycho-analysts as medical advisers to criminal courts, to examine every person accused and if desirable, to treat every person convicted of crime Sir Travers Humphreys said that a court no more needed a psycho analyst than a lunacy expert Serious crime was not increasing, and the statistics indicated that the present methods of dealing with convicted persons were working satisfactorily Even the problem of juvenile delinquency was not one for medical experts Young people between 16 and 21 had been born during or just after the war Most of their offences could be explained by the slackening of home ties the absence of parental control, and the neglect of parents who habitually sought amusement and distraction in the evening Given a home where pleasure was the only god and discipline was unknown, what chance asked Sir Travers had the boy of withstanding temptation to steal, what hope was there for the chastity of the girl? In exceptional cases the courts made the most exhaustive inquiries A medical report was made upon any illness or injury suffered by the accused and no better psychologist could be found than an experienced prison doctor Any magistrate or judge could direct any examination psycho-analytical or otherwise which he considered necessary If any judge or justice found himself unable to administer justice in juvenile cases without a doctor at his elbow he was at liberty to resign his office in favour of a woman who had brought up a family of her own

MENTAL PATHOLOGY

The seventh general meeting of the Midland Mental Pathological Society was held in the Birmingham University on October 28 with the President, Sir GILBERT BARLING in the chair Dr F A PICKWORTH and Dr P BACSICH gave papers illustrated by lantern slides

Dr Pickworth's paper was 'A New Outlook on the Physiology and Pathology of Mental and Emotional States, and described a theory derived from the study of capillary irregularities in brains from mental hospital patients correlating such states with patterns of cerebral capillary mosaic each individual capillary controlling the function of groups of synapses and thus collectively behaviour Details of macroscopic vascular pathology and of the histo pathology revealed by the author's technique were described and illustrated

Dr Bacsich's paper was on Rapid and Simple Methods of Demonstrating Nissl Substance Myelin Sheaths and Nerve Fibres on Consecutive Sections of the Same Material the various steps of the processes were explained with a history of the evolution of the methods and illustrations of the value of their practical application

The quarterly meeting of the Association of Industrial Medical Officers was held in the London School of Hygiene and Tropical Medicine on October 22 At the business meeting the following office bearers were appointed for the year 1937–8 chairman Dr L P Lockhart (Boots Pure Drug Co) honorary secretary, Dr Donald Stewart (I C I Metals Ltd) honorary treasurer Dr Margaret Dobbie Bateman (Harrods Ltd) A paper was then read by Dr C Skinner (Thames Board Mills Co) on dental service in industry

Local News

ENGLAND AND WALES

National Tuberculosis Scheme

Sir Kingsley Wood, the Minister of Health speaking on October 20 at a reception given by the National Association for the Prevention of Tuberculosis, emphasized the importance of care work in the campaign against tuberculosis After paying a tribute to the association for its pioneer work and for its present work of education and propaganda coupled with the maintenance of a sanatorium colony for adolescent youths at Burrow Hill Surrey he said that the national tuberculosis scheme had its foundation in the years 1911 and 1912, and since then the tuberculosis death rate had fallen by more than half Factors which had contributed to this were first such general influences as the growth of better habits of living the removal of slums and the great housing measures undertaken since the war, and the increased protection of the milk supply, and secondly, the specific anti tuberculosis measures taken under the national tuberculosis scheme by the partnership of the State local authorities, and voluntary agencies As examples of the growth of the national scheme Sir Kingsley said that in 1911 there were some eighty tuberculosis dispensaries 1 400 beds in local authorities institutions and 4,200 beds in sanatoria provided by voluntary effort or privately owned To-day there were 480 tuberculosis dispensaries covering the whole of England and Wales while over 31 000 beds were available for the public treatment of tuberculosis, 155 000 persons (including 114 000 who were found not to be tuberculous) were examined at the dispensaries for the first time in 1936 and during that year 56 000 persons completed periods of treatment in residential institutions But to achieve full success the natural reluctance of persons who suspected that they were suffering from tuberculosis to have recourse to medical advice in good time must be overcome This necessitated the health education of the people, which the National Association had done so much to promote, and which he hoped would be carried yet further by the national health campaign just launched Tuberculosis was a problem which touched in a hundred and one ways both the individual and his family In many cases a patient and his family needed practical and often also psychological help This assistance constituted the tuberculosis care work and commonly the best means for giving it was a well organized care committee, drawing together the various benevolent agencies of the district and acting in close touch with the family doctor and the tuberculosis medical officer of the dispensary

The Tavistock Clinic

An appeal to industry to combat the prevalence of nervous disorders was made at British Medical Association House London on October 27 when the Duke of Kent presided over a meeting of industrialists organized by the Tavistock Clinic The specific purpose of the meeting was to ask industry to bear a substantial part of the cost of extending the clinic Sir Farquhar Buzzard said that one third of the sickness in this country was due to causes that were not organic A large number of the cases were preventable or curable, and that number would be increased if there were more doctors to deal with them Statistics showed that 1 in 14 of the working population suffered from nervous disorders to the extent of needing treatment and the loss to employers from this cause amounted to ten million weeks of working time each year Lord Hollenden honorary treasurer of the Tavistock Clinic said that the cost of providing accommodation for an adequate medical school hospital, and out patient department would be £300 000 plus an assured £20,000

diagnosis, and should be more widely practised The average duration of symptoms before admission to hospital was from four to eight months The results of the treatment were poor, twenty-five out of seventy-one patients died in the hospital, a further twenty were dead at the end of eight months, and of these ten died within three months No radical operation was performed, and no palliative procedure undertaken appeared to prolong life or to increase the comfort of the patient The necessity for a more accurate recording of each case-history with reference to the earliest symptoms is emphasized

364 Adrenalectomy in Arterial Hypertension

E DONZELOT and B MENETREL (*Arch Mal Cœur* August, 1937, p 553) describe and discuss two cases of arterial hypertension in which partial bilateral adrenalectomy was performed In both cases operative interference failed to lower the blood pressure for longer than a few weeks The authors point out that true permanent arterial hypertension is not a surgical condition, and they state that in the published cases of hypertension successfully dealt with by adrenalectomy analysis shows that a marked paroxysmal element was associated with the permanent hypertensive element They advocate this operation in cases showing sudden increases of blood pressure associated with pulmonary oedema, and in those suggesting the presence of a paraganglioma Operation has they believe, only a transitory and not a permanent effect on the paroxysmal element unless the hypertension is entirely due to an adrenal tumour In selected cases partial bilateral adrenalectomy is the method of choice The left suprarenal is usually removed first because it is anatomically easier of access Clinically it is impossible to diagnose a suprarenal tumour, and removal of the right suprarenal gland becomes a matter of course if the left is found to be healthy

365 Tuberculosis of the Tongue

From a clinical point of view M S BINSTOK (*Rev Laryng* July–August, 1937, p 745) divides cases of tuberculosis of the tongue into three groups The first includes patients with a positive sputum in which the tuberculous process is often localized near the tip of the tongue, or at the sides where carious teeth have caused slight abrasions The ulceration is superficial, spread is by continuity, and the progress of the lesions is relatively slow When associated with a chronic type of phthisis this form of tuberculosis of the tongue is very amenable to treatment by deep cauterization or local excision of the ulcers When the ulceration is deep with involvement of the lymphatic glands no surgical treatment should be attempted In these latter cases the best method of treatment is by x rays The second group consists of cases associated with a general dissemination of the tuberculous infection The lesions begin deep in the substance of the tongue, the infection being deposited there by one of the numerous arteries, the onset is usually sudden The tongue becomes swollen, but there is no ulceration for a long time, mastication and swallowing become extremely painful Surgical treatment is contraindicated, and only x rays and analgesics may be used If the general resistance is poor such lesions go on to deep ulceration If the resistance is good a tuberculoma of the tongue forms without ulceration The third group includes ulcerations near the lingual tonsil, which spread by the lymphatics Such lesions occur in phthisical patients who have undergone operations in the mouth and pharynx, such as tonsillectomy or partial excision of the glottis The few cases reported in the literature have been treated by applications of carbon dioxide snow, and section of the glossopharyngeal and superior laryngeal nerves to relieve pain Statistics show that cases of tuberculosis of the tongue form approximately 50 per cent of all the cases of tuberculosis of the mouth cavity

Therapeutics

366 Endocrine Treatment of Enlarged Prostate

E COMINELLI-GUARIGLIA (*Rinasc med*, August 15, 1937, p 520) states that hormones were first used in the treatment of retention of urine due to enlargement of the prostate by Van Cappellen in 1933, followed by Moskowicz, Verk, and Uebelhor, who obtained cures in 75 per cent of their cases These writers used testicular hormone only, but Freund showed that it was best to combine it with folliculin which has the property of stimulating and reinforcing the action of the male hormone, and more recently Ilic and Valerio have recorded brilliant results obtained by this combined treatment The present writer now reports ten cases of enlarged prostate treated by this method, of which four were cured, one was much improved, and the other five underwent suprapubic prostatectomy The cases undergoing operation, however, found the post-operative period much less trying than those who had not been treated with hormones The writer concludes that hormones cannot at present take the place of operation, despite the encouraging results so far achieved

367 Vaccine Prophylaxis of Whooping-cough

F MARTILLOTTI (*Pediatria* August 1, 1937, p 692) reviews the literature and records his observations on seventy seven children, aged from 1 month to 12 years, who were inoculated against whooping-cough during an epidemic in Naples in October, 1935 A mixed vaccine was employed consisting of a suspension of various strains of Bordet Gengou bacilli and other micro organisms, 1 c cm of the suspension containing 5 milliards of Bordet Gengou bacilli, 400 million *H influenzae*, and 200 million each of staphylococci, streptococci, pneumococci, and *M catarrhalis* Three doses varying from 1/2 to 1¼ c cm of the vaccine were given every other day No appreciable disturbance, either local or general, resulted from the use of the vaccine apart from a slight rise in temperature Forty-six of the children escaped infection entirely, and among the thirty-one who developed the disease the attack was short and uncomplicated, except for bronchopneumonia in two children who had had bronchitis before the onset of the whooping-cough

Dermatology

368 Radiotherapy of Chronic Eczema

According to S LOMHOLT (*Derm Wschr* September 25, 1937, p 1235) the main therapeutic task in chronic eczema is the alleviation of lichenization, keratinization, and the intolerable itching In such cases radiotherapy is often successful where medicinal treatment has failed *X* radiation of 80,000 to 90,000 volts is the most usual form of therapy, but Grenz-ray therapy is safer, as it can be applied repeatedly without danger to the skin For not too old nor too lichenified lesions the author prefers a thorium-x ointment The most active parts of this preparation are the α rays, which penetrate only slightly into the skin and therefore do not damage the deeper structures, but this method often causes pigmentation Better results are obtained by means of an emanation of radium therapy, whereby use is made mostly of the β rays The emanation is incorporated into wax, which is prepared in the form of plaques about 1 5 mm thick The radio activity of these plaques should correspond to about 0 02 to 0 06 millicurie per square centimetre These plaques are applied to the affected skin and left in position for a prescribed number of hours according to the strength of the emanation and the nature of the lesion The best

the body into line with the education of the mind any scheme in the universities must be superficial

NEED FOR INSTRUCTORS

Miss Helen Drummond principal of Dunfermline College of Hygiene and Physical Education said the success of the fitness campaign would depend on the provision of sufficient teachers and leaders and there was a possibility of the extension of the two training colleges in Scotland. Bailie A Gilzean, Edinburgh suggested that the difficulty of getting teachers of physical education was due to the expensive character of the training, which for a three years course at Dunfermline cost £300, and the average education committee was not prepared to grant this Professor E P Cathcart of the chair of physiology at Glasgow University said that much of the objection to physical training would disappear when it was clearly recognized that its aim was not to develop muscle-bound athletes but to produce general alertness and fitness of the whole individual Brawn and muscle were on the whole of less value than litheness and speed of action although it was through muscle training that they found the most accessible approach to training of the whole organism Mr W A Cochrane urged that the Advisory Council should seek the help of the medical profession in their campaign, and proposed the formation of a consultative body for this purpose.

Consumption of Sugar in Scotland

Dr J H P Paton St. Andrews, in an address at Cupar on October 27 stated that at the present time the people of Scotland consumed 100 lb of sugar per head per annum It was held that sugar was a necessity for the human race and essential to its welfare, but he did not agree with this view Sugar had not been heard of until the time of Alexander the Great The Romans and Greeks had reached their highest point of civilization without sugar and this substance was unknown in Europe in any quantity until about the seventh century The manufacture of sugar had been started about the fifteenth century in Venice The first cargo of sugar to reach England was brought in 1563 by Sir John Hawkins, together with the first potatoes introduced to this country Until recently the Eskimos had possessed no sugar and yet they were a perfectly healthy race An expedition to Tristan da Cunha reported that the islanders, although they had no sugar and no white flour were healthy, and there were no cases of diseased teeth A more recent report, however said that the introduction of sugar had led to a falling off in the standard of teeth since 1932 The increase in the use of sugar during the last hundred years had been colossal In 1840 the people of Scotland consumed 17 lb of sugar per head in 1850, 30 lb , in 1899 82 lb , and last year about 100 lb He had been disinclined to believe this at first but examining the food at a girls school he had found that excluding sweets and tinned fruits each girl consumed 2 lb of sugar every week He had noted over a period of twenty-five years the incidence of catarrhal illness in this school and that during the war years when sugar was not available to the same extent, there was a considerable drop in this type of illness It was probable also that the increased death rate from diabetes was due to sugar

Aberdeen Maternity Hospital

A new maternity hospital at Aberdeen which forms part of the group of buildings included in the Aberdeen joint hospitals scheme at Forresterhill was opened on October 29 by Mrs J A Ross vice-chairman of the hospital Mr Norman Leslie chairman of the Board of Directors said that in 1893 a house in Barnett s Close had been rented by the managers of the Royal Infirmary for lying in patients and £250 had been spent on equipping and fitting it. In 1900 new premises had been taken in Castle Terrace and in 1912 it was decided that the administrative and financial association of the maternity hospital should be severed from the Royal Infirmary From that date the hospital had carried on its work as an independent unit, but the directors felt that a building more commensurate in size with the needs of the community should be erected, and during the past few years appeals had been made for donations to a building fund Very liberal contributions had been made by Mr and Mrs J A Ross and by the late Dr J E Crombie and without this help the hospital could not have been realized The hospital, designed to hold thirty-four patients, had been equipped in the most modern manner, but a sum of £10 000 was still required to put it on a sound financial footing Mrs Ross in declaring the hospital open said that they had been looking forward for many years to the time when Aberdeen would have a maternity hospital worthy of the city and she believed that their hopes had now been realized

Royal Glasgow Asylum for the Blind

The new extension of the Possilpark Branch of the Royal Glasgow Asylum for the Blind was opened by Mr Walter Elliot M P The treasurer said that the joint committee for the south-west of Scotland was a pioneer organization in regional government, for it represented twenty local authorities and had been in operation since 1922 It had worked harmoniously and there had been no serious division regarding administration in the past ten years Such community of thought and interest was a hopeful augury for regional administration in the future The newly opened workshops for the blind were the largest and most up to date in Great Britain with provision for 500 workers They had been erected without cost to the ratepayers from £15 000 derived from the sale of the old premises in Castle Street to the Royal Infirmary Mr Walter Elliot, in declaring the workshops open paid a tribute to the successful co-operation between local authorities and voluntary workers He said the Government intended at an early date to introduce legislation reducing the pension age of blind persons from 50 to 40 years Expenditure on the welfare of the blind in Scotland was now over £300 000 yearly, and of that sum £200,000 was contributed by the State and local authorities

IRELAND

Royal Academy of Medicine

At the annual general meeting of the Royal Academy of Medicine in Ireland held on October 4, Dr A. R Parsons was elected president and Dr T P C Kirkpatrick was re-elected general secretary The following were elected presidents of Sections Dr Edward T Freeman Medical Section , Dr G C Dockeray Pathological Section Mr A. A McConnell, Surgical Section Professor J Kay Jamieson Section of Anatomy and Physiology Dr C J McSweeney Section of State Medicine Dr J S Quin Obstetrical Section Mr T O Graham Section of Laryngology and Otology

The Voluntary Hospital System

Dr Douglas Boyd honorary radiologist to the Mater Infirmorum Hospital Belfast in his address at the opening of the winter session on October 20 reviewed the whole system of treatment of the sick to-day criticizing particularly the crowded out-patient departments of hospitals and insurance practitioners surgeries Of the voluntary hospitals he said that these institutions built for the necessitous poor were crowded to the doors by the insured patient sent there because the panel doctor was too busy to look after him, by the national health insurance patient sent for legitimate consultation and by the middle-class patient who could not afford the cost of treatment elsewhere More extensive and expensive examinations meant more hospitalization and fewer private consultations The breakdown of the voluntary hospital system would be

uterus affecting both cervix and body is occasionally met with, and whether arising in the cervix or the body of the uterus is not likely to respond to *x*-ray or radium therapy

374 "Accouchement Force"

C HOLTERMANN (*Zbl Gynäk* August 28, 1937, p 2063) advises the admission to hospital of every case of placenta praevia, and discusses the difficulties in treating infected cases In selected cases he recommends *accouchement force* by Delmas s method First described in 1928, this consists in full manual dilatation of the cervix, followed by vaginal delivery under low spinal anaesthesia It has been advocated in France, Spain, and Italy, but has been little used in Germany, where the evil results of *accouchement force* during the nineteenth century are well remembered Holtermann's indications for Delmas s delivery are less wide than those of its author, he confines it to cases in which Caesarean section is contraindicated, and has used it without maternal mortality in six infected cases of placenta praevia, as well as in one of septic pyelitis and one of premature placental detachment One only of the five foetuses weighing over 1 5 kg died, and death took place a few hours after birth from a cause unexplained at necropsy Among the advantages of this method are slight or absent haemorrhage and shock, good response of the uterus to stimulants, and diminution of the danger of abdominal infection Among the disadvantages are a fall of blood pressure and the risk of tears The latter diminishes with the operator's increasing experience *Accouchement forcé* without lumbar anaesthesia Holtermann holds to be unjustifiable except in the most exceptional cases Nevertheless he has performed it successfully in a patient apparently moribund from haemorrhage, and in a multipara with partial placenta praevia and prolapse of the cord The contraindications are (1) those, either local or general, of spinal anaesthesia itself, (2) *foeto-pelvic disproportion*, (3) cervical scars, rigid cervix, or previous uterine incisions, and (4) pregnancy which has not attained the last month

375 Metrorrhagia of Puberty

F P DONEDDU (*Ann Ostet Ginec* July 31, 1937, p 787) describes sixteen cases of metrorrhagia of puberty successfully treated by thirty to forty daily intragluteal injections of about 10 to 20 c cm of the patient's own blood taken from the arm The usual anti-anaemic medication was employed at the same time The reasons for the success of autohaemotherapeutic treatment are discussed, and it is concluded that it acts partly by disturbing colloidoclasic equilibrium and partly by inducing modifications in the neuro-vegetative nervous system and the endocrine balance

Pathology

376 Glycerol Extract of Suprarenal Cortex

F A HARTMAN G W THORN and R R DURANT (*Endocrinology* July, 1937, p 516) report the results of treating cases of suprarenal insufficiency with a glycerol extract of suprarenal cortex from which the adrenalin had been almost completely removed and which was of such concentration that 1 c cm of the extract corresponded to 1 5 grammes of cortex The advantages claimed for this extract are that it is less expensive than purified aqueous cortin, that glycerol is a good preservative and solvent of cortin and that it can be given orally The amount that can be administered is limited by the patient's tolerance for glycerol The usual dosage was from 2 to 4 c cm three times a day taken after food and followed by water, but as much as 20 c cm per day has been given In nine cases of severe Addison s disease an attempt was made to substitute the glycerol extract for cortin injections, three cases are reported in detail The authors conclude that glycerol extract therapy in Addison s disease should only be attempted when the patient s requirement is small For a time glycerol extract may maintain a severe case under most favourable circumstances, but it will not compensate for strenuous activity or injury Cases with less severe symptoms or early cases of Addison s disease may respond so well to glycerol extract therapy that under continued treatment they return to normal activity Glycerol-extract is also useful in the diagnosis and treatment of patients in whom two or more classical findings of Addison s disease are present with other symptoms which make the diagnosis doubtful The symptomatic response in six such patients was good

377 Blood Dust

A C FRAZER and H C STEWART (*J Physiol* June, 1937, p 18) report investigations into the variations which may occur in the ultramicroscopic picture of normal human serum Dull, large particles and small, bright particles were seen under dark-ground illumination The numbers in each field were compared under different conditions During fasting the numbers fell to a basic level which was maintained with only small fluctuations for periods of up to one week After a normal meal there was a marked rise in particle counts after one hour, maximum values being obtained after two to three hours, and a return to the initial values following in four to five hours Similar variations were noted after each meal throughout the day Pure carbohydrate or pure protein meals failed to cause any increase in the particle count, there might even be a decrease after a pure carbohydrate meal Fats administered by means of a duodenal tube produced a marked increase in particle counts starting about fifty minutes after ingestion After a mixed meal the blood fat content and the particle count of the serum followed a parallel course The particle count after the ingestion of food was found to show an initial and a delayed rise The initial rise was small, occurred immediately after the ingestion of food, and was followed by a fall before the delayed rise It was independent of the type of meal given and was also produced by aperients It is attributed to the absorption of previously ingested fat under the stimulus of intestinal movements The delayed rise did not appear until one hour after the ingestion of food, it was greater in size and duration than the initial rise, and only followed fatty meals It is attributed to the absorption of recently ingested fat The particles were observed in circulating and freshly shed blood and they did not increase in numbers on keeping the serum The authors conclude that the particles studied are normal constituents of circulating blood and consist mainly of fat, probably enclosed in an adsorbed protein film

378 Uterine Changes due to Folliculin

G GARUFI (*Arch Ostet Ginec*, May–June, 1937, p 189) confirms the finding that in infantile or mature castrated rats proliferative changes in the uterus follow repeated administrations of folliculin in large doses He used progynon-B oleosum for up to thirty days, and found that the increase in size affected the myometrium as well as the endometrium The epithelium remained cylindrical, often in several layers Although superficially resembling glandulocystic endometrial hyperplasia in human subjects from unduly active follicular secretion, the endometrium in no case showed true glandular function with the production of mucin or glycogen Two out of six infantile, and seven out of fourteen mature, animals had endometrial islets of squamous epithelium, without any suggestion however of malignancy No syncytial formation occurred About one-third of the animals showed an aseptic pyometra

cases the treatment was interrupted, in one by an attack of acute cholecystitis and in the other by acute mania in a hemiplegic subject The patients were of a poor quality, the majority being between 60 and 70 years, three were under 50 and three were over 80—the eldest 95 There were a number with complications of diabetes, nephritis myocarditis, and the like Yet there were no deaths, and in every case there was bony union of the fracture

Dr Kleinberg remarks on the life saving quality of the abduction treatment, feeling sure that under the old conditions a large proportion of the patients would have died from infected bedsores, exhaustion, and bronchopneumonia.

The routine of treatment may be sketched The abduction method was applied as usual under anaesthesia but with trained assistants Only about fifteen minutes was required for the application of the treatment After a few days the patient was placed in the upright posture, and at intervals weight was borne As soon as feasible crutches were supplied and locomotion encouraged As a rule the patients were discharged from the hospital in two weeks The long spica was retained for two months it was then replaced by a short spica, permitting motion at the knee Six weeks later a canvas support was substituted to permit movement in the joint

Dr Kleinberg concludes that weight-bearing on the protected fracture stimulates repair since it was usually well advanced in two months He also reports on ten other cases treated in the same manner by a colleague Of these six were transcervical, and in all bony union was attained Thus in sixteen consecutive cases of transcervical fracture this result was achieved

I have elsewhere suggested that there were certain disadvantages of the spiking operation—for example, that the fragile cortex of the elderly subject might give way under the leverage of the nail and that it was doubtful if spiking would always restrain the tendency toward flexion and adduction of the limb so characteristic of injury or disease of the joint Further, that an intramedullary metal splint must lessen the nutritive capacity of the cancellous tissue Finally that in the event of disintegration of the apposing surfaces of the fragments—a not unusual preliminary to repair—they would be held apart by the means designed to appose them

It will appear from this report that the period of complete disability in these cases of fracture of the neck of the femur was actually much shorter than that required for the treatment of fracture of the shaft in young subjects and that Dr Kleinberg's suggestion disposes of one of the chief objections to the abduction method —I am etc,

ROYAL WHITMAN

Treatment of Cancer of Breast

SIR —No one can read Mr Geoffrey Keynes's article on conservative treatment of cancer of the breast (*Journal*, October 2, p 643) without great interest and admiration for the results obtained, yet I would like to point out that while he has counted his "gains on the roundabouts" he has ignored his "losses on the swings"

For statistical purposes he has divided his cases into three groups (1) disease apparently confined to the breast (2) disease apparently confined to the breast and axilla (3) disease advanced or inoperable And he has explained that many of his Group 1 cases really belonged to Group 2 because carcinomatous axillary lymph glands cannot always be appreciated clinically Continuing the argument, the results of his Group 2 cases (disease apparently confined to the breast and axilla), which are slightly below those of surgical excision, are weighted heavily in favour of radium treatment, for there are many cases where enlarged axillary glands can be appreciated clinically and following radical amputation of the breast are found pathologically to be only chronic inflammatory glands Therefore Group 2 in this series must consist of a mixture of Group 1 and Group 2 cases, and, making the necessary correction in Group 2, it can be seen that the results of radium irradiation of the axilla are considerably below those obtained by surgical excision

With this in view I have examined 607 cases treated at the London Hospital by radical amputation Of these, in sixty six cases the information in the notes is incomplete in 274 cases no enlarged glands were reported clinically, yet, of these 125 cases had carcinomatous glands 105 chronic inflammatory changes, and in forty four no adenopathy was reported In the remaining 267 cases in which axillary glands were reported as being clinically enlarged, sixty three subsequently were found to have only chronically inflamed glands Having made the correction in Group 2, I think it can be appreciated that the survival rate of interstitial radium irradiation of the axilla is not better but worse than that of surgical excision —I am, etc,

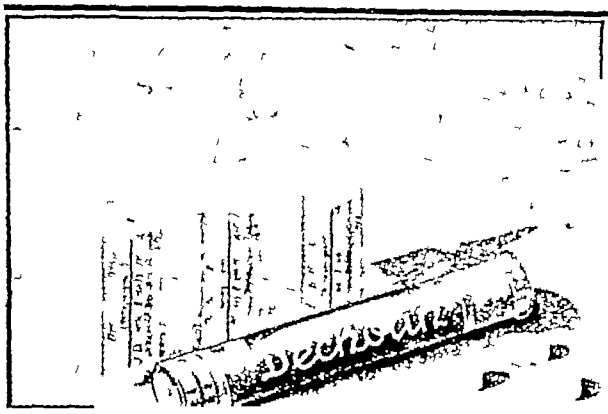
London E.1 Oct 26 HENRY R THOMPSON

Treatment of Spastic Paralysis

SIR,—Dr F H Mills's statement in his paper on the treatment of spastic paralysis (*Journal* August 28 p 414) that ramisectomy has now no part in the treatment of spastic paralysis calls for comment In the first place, the operation is called sympathetic ramisection and has been since the first paper was published in 1924 In the second place, Hinsey did not discover in 1934 that the sympathetic nerves did not supply voluntary muscles —Wilkinson produced evidence of this in 1929 (*Medical Journal of Australia* November 30, 1929) The published results of Wade (president of the Royal Alexandra Hospital for Children, Sydney, Past President of the Royal Australasian College of Surgeons) Poate (senior surgeon, Royal Prince Alfred Hospital Sydney) the late Von Lachum (of the New York Orthopaedic Hospital) Robertson (surgeon Toronto Children's Hospital) Stewart (surgeon, Los Angeles Children's Hospital) Carell and others refute the statement that sympathetic ramisection has no part in the treatment of spastic paralysis

Sympathetic ramisection does not depend on the double innervation of skeletal muscle for I have lately produced evidence that sympathetic ramisection alters the blood supply of the spinal cord in that it increases the rate of capillary flow (*Medical Journal of Australia* June 26 1937) This necessarily decreases the rate of oxygen absorption and thus the activity of the spinal cells I have never seen sympathetic ramisection produce retention of urine or other disturbances of micturition—except diminution of frequency—and my experiences extend over hundreds of patients

With regard to the cases quoted by Dr Mills none, except the last, is a typical spastic case and that did not improve very much Since Dr Mills did not graduate till 1933, and he was a resident medical officer at Royal Prince Alfred Hospital during 1934, it is evident that he had to rely on Sister Kenny for some of the records of patients or on his own judgement for the results of treatment Sister Kenny admits having had no training in anatomy or physiology



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the Services is also taken account of in the population estimates and in mortality records, and it has an appreciable effect on the sex ratio at certain ages

Examination of the sex proportions at each Census since 1841 reveals a sudden depression in the male to female ratio at ages 20–24 compared with the preceding age group, this being due partly to the above-mentioned factor and partly to the excess of male over female civilian emigration among young adults, but the reversal since 1930 to an inward balance of migration has for the present removed the latter cause of depletion of the population of young adult males —I am, etc,

General Register Office Somerset House, London W C.2, Oct 25 PERCY STOCKS

SIR,—The determination of sex and regulation of ratio were fascinating centres of argument among the learned and unlearned alike long before statistics were invoked to show the relative constancy Moreover, the differences in and causes of secondary qualities of sex have general interest psychologically—the effeminate male and mannish woman reaching the extreme in homosexuality, regarded in some countries as a developmental malady and by others as a criminal offence One European country at least views homosexuality in both sexes as a crime—France neither, while England stands midway, with Lesbianism socially banned

From our medical angle biology can well be taken into account when directing our attitude toward these perversions Sex ratio and viability studied in the light of Mendelism, with its genes and chromosomes having a demonstrable existence leaves less ground for theoretical speculation Professor Julian Huxley's *Essays in Popular Science* deprive many of the processes concerned in development of some of their mystery by biochemical explanation and places them on a scientific and rational basis It is not necessary to commit to memory all the intricate details of observation and experiment but the knowledge of their existence breeds humility and, as Dr A. Mahony-Jones says (*Journal* October 23, p 828), makes us recognize 'that the subject is full of pitfalls'—I am etc,

Southampton Oct 24 ARTHUR KING

Adult Whole Blood in Measles

SIR —I had several occasions to use whole parental blood to protect children during a large epidemic of measles in a poor district of Lancashire during the spring of 1936 I was pleasantly surprised by its efficacy, which corresponds with that described by Dr Grogono Actually it is the method advocated by W H Park of New York, and I see that it is mentioned in the last edition of Conybeare's textbook of medicine Dr Grogono and I used 8 to 10 c cm instead of the 30 to 60 c cm recommended by Park, and I think that anyone would hesitate to inject as large a bulk as 60 c cm into the buttocks of a small child particularly in view of the efficacy of 8 to 10 c cm

I think the dangers attendant on this method are perhaps less than set out by Dr Grogono A positive Wassermann reaction does not necessarily imply the presence of spirochaetes in the blood stream Many adults seem to be immune to measles although they have never contracted the disease in its usual form, and the parallel holds in other febrile conditions Naturally immunizing with parental blood where there is a definite history of measles is to be preferred, but the absence of such a history does not appear to negative the therapeutic result —I am etc.,

Shrewsbury Oct. 31 J G C SPENCER M.D

Adult Serum in Measles

SIR —I have been using this method in a few cases where babies had to be protected from the infection brought back from school by an elder child I use a 30 c cm venule to draw off the blood from a parent or elder child, and next day this gives 12 to 15 c cm of serum An injection of 5 c cm will usually make the attack a mild one, and sometimes prevents it altogether I regard as modified an attack in which the temperature does not exceed 100 F and the rash fades on the day of its appearance Usually I do not see the patient till the rash has appeared One of the parents comes to the surgery that night to have the blood taken, and the separated serum is injected next morning—that is, about the fourth or fifth day of incubation I should like to emphasize that the whole treatment is quite easy and not expensive a venule only costs 2s I have no statistics to give but my impression is that well over three-quarters of the children treated have modified attacks —I am, etc,

King's Langley, Oct 31 REGINALD FISHER

Risks of Anaesthesia

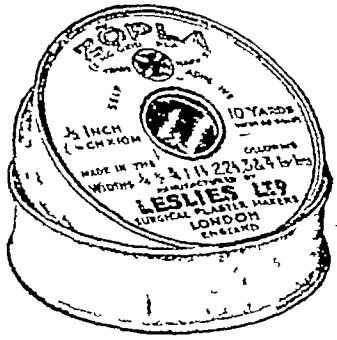
SIR —Dr M D Nosworthy, in his article on the risks of anaesthesia (*Journal* October 23, p 809), says that the signs of toxicity due to carbon dioxide are a fall in blood pressure, depressed or gasping breathing, and muscular twitchings, which may pass on to generalized convulsions and death" I would like to know if Dr Nosworthy has ever seen these muscular twitchings when no ether has been given Having often encountered this condition when accelerating an ether induction with carbon dioxide—for instance when a long hospital list has to be worked through in a short time—I have come to regard this phenomenon as a form of early ether convulsions brought on by excess of carbon dioxide Fortunately, these minor convulsions are always quickly aborted by the administration of pure oxygen and the avoidance of rebreathing, and if one then increases the ether vapour slowly a good anaesthesia is eventually obtained with no further signs of convulsions

The similarity to late ether convulsions is unmistakable, and in my own cases the earliest noticeable twitching has always been about the eyelids, especially the lower lid towards the inner canthus I am sure that the mere rapidity with which an ether anaesthesia is induced also plays a part, because the most certain way of bringing on those early twitchings is to turn a Boyle's ether bottle full on after the patient has been intubated under nitrous oxide anaesthesia —I am, etc,

London W 1 Oct. 23 J U HUMAN

Spinal Anaesthesia for Caesarean Section

SIR —In the years 1930 and 1931 I did fourteen classical Caesarean sections under spinal anaesthesia Spinocain and ephedrine were used with premedication of 1/100 grain of hyoscine three-quarters of an hour before operation In one case I had an experience similar to Mr H A Kidd's but fortunately the patient recovered Immediately following the spinal injection, which was made without any difficulty, there was an alarming drop in the blood pressure, the systolic pressure falling to below 60 The patient became grey and had air-hunger, and I thought she was about to die A further injection of ephedrine was made and another of 10 units of pituitary extract Within ten minutes the blood pressure had risen to above 100 again and the patient's colour had become normal I then had to perform the operation, which I



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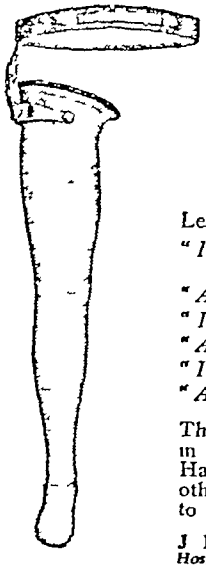
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see them come in said a farmer—that perhaps you will print the recipe in a footnote [1]

3 *Maslin cakes* These are similar to the wheaten cakes in preparation except that about a sixth of the grain used is rye Maslin is an old English word for a mixture of wheat and rye Modern farmers sometimes *grow* them together so that the stiff rye straw may hold up the weaker wheat Modern mills can easily separate the grains, but in the Middle Ages they were ground together and maslin bread was a staple Rye gives fewer calories than wheat, and for that reason forms of bread containing it have become popular with those who wish to be slim, and though it is poorer in vitamins, its pleasant taste suggests the presence of other minerals than wheat has

Small scale milling, that is the keynote surely of the use of whole meal The germ oil once rubbed into the endosperm or flour soon, in a few days, deteriorates it I do not think that, to misquote Dr Stallybrass, a person desiring brown bread with its appropriate complement of vitamins could *ever* get it milled in accordance with *any* prescription if that means flour which will keep The batch ' bread of our forefathers was *their* solution The farmer would throw half a bag of wheat across the withers of his horse and canter down to the mill, he would take it back as flour and there and then bake his batch—and was it not good, drawn from the oven heated with thorn or ash!—and the batch would last the household a fortnight when it was time for the next grinding

The introduction of the steel roller mill from America in 1872 was the beginning of the end of all this Think of it! The first operation of that mill strips the grain of its coat and shirt (bran and aleurone layers) and of its purse of money (the embryo and germ) and leaves the poor white body naked White flour results, without a single + sign to its name in the vitamin schedule What wonder that we spend millions on patent aperients when all the B_1 and B_2 are removed Still more serious, what wonder that since that date appendicitis gradually took its rise—surely surgical recognition is not the only explanation of its ascending prevalence Finally, it is since that date—the date on which the wheat-germ oil, the richest known source of fertility of vitamin E began to be totally eliminated from bread—that the birth rate began to check gradually and then to fall, till it reached the steep place of recent years There has been much solemn consideration of this matter, as well there may be but here is a factor which though subtle may well be fundamental—I am, etc,

Holmes Chapel Oct 31 LIONEL JAS PICTON

Early Diagnosis of Pregnancy

SIR—From time to time in both American and European medical and scientific journals I have seen articles, comments and letters on the chemical or biological diagnosis of pregnancy There seems however to be an almost universal ignorance of the method in vogue in South Africa For almost five years we have employed frogs (*Xenopus laevis*) with excellent results The method was described in *Nature* (1934 **133** 494) and in the *South African Medical Journal* (1935 **9**, 202) To me it seems ludicrous to describe chemical and biological tests which do not give results comparable with those obtained with these frogs The method is 100 per cent. accurate when it is positive, and 98 per cent accurate when it is negative D Zwarenstein and I have given a wrong diagnosis in only six out of 1,000 tests Moreover the test can be completed in twelve hours or less, and in no case does it take more than twenty four hours There is thus no reason for Dr Jocelyn Patterson (*British Medical Journal* September 11) to state that ' the most rapid of the biological tests takes twenty four hours I venture to suggest that none of the tests at present employed is as satisfactory as the frog test Furthermore, an improvement in accuracy is well-nigh impossible The only drawback to this test is that the South African clawed frog is indigenous to South Africa and does not flourish in the northern hemisphere—I am etc,

Capetown October 18 LOUIS P BOSMAN

*** Reference was also made to this test in an article by Professor F A E Crew (*British Medical Journal*, 1936, **2**, 1092)—ED *B.M.J*

Apparatus for Continuous Suction

SIR—I do not think Mr Stewart Gourlay (*Journal* October 23, p 829) has solved all the defects of the Bunsen type of aspiration pump The great advantage is reliability, but the main disadvantage is lack of mobility I do not approve of one suction apparatus of any type, supplying six beds because it is impossible to lay on pressure at a low suction rate It would be possible to have six closed-drainage empyema cases aspirated by the same machine, but for six suprapubic cystotomy cases a high pressure in the tube would be required to carry over clots Such a pressure would not be developed if five out of the six cases were merely aspirating a mixture of air and urine—I am etc,

Liverpool Oct 23 M J BENNETT JONES

Abscess of Lung

SIR—With reference to Dr L S T Burrell's interesting paper on lung abscesses and their treatment in the *Journal* of October 23 (p 789) I would like to point out that the short wave therapy of this condition has given remarkable cures in a considerable number of cases within the last few years I have seen myself a few patients with one or more lung abscesses make a complete recovery within five to eight weeks some of these patients had been previously treated unsuccessfully along the usual medical lines with postural treatment expectorants, and various intravenous injections and were far too ill for any surgical measures The aetiology and bacteriology varied in these cases but the majority of those which I saw were cases of multiple abscesses situated in the upper fields several were post pneumonic

The patients to whom I refer were treated by Professor E Schliephake who later dealt in detail with these and subsequent cases in a paper published in the *Medizinische Klinik* (1936 **32**, 380) in which he also refers to the equally good results published by Liebesny of Vienna and by Fiandaca Schliephake had only one fatality amongst at least fifteen patients while the others were completely cured with the exception of one patient in whom an abscess complicated a bronchiectasis which latter, although improved, persisted after the treatment had been discontinued The diagnosis of the existence of one or several abscesses before beginning treatment and the clinical evidence of their complete disappearance, with

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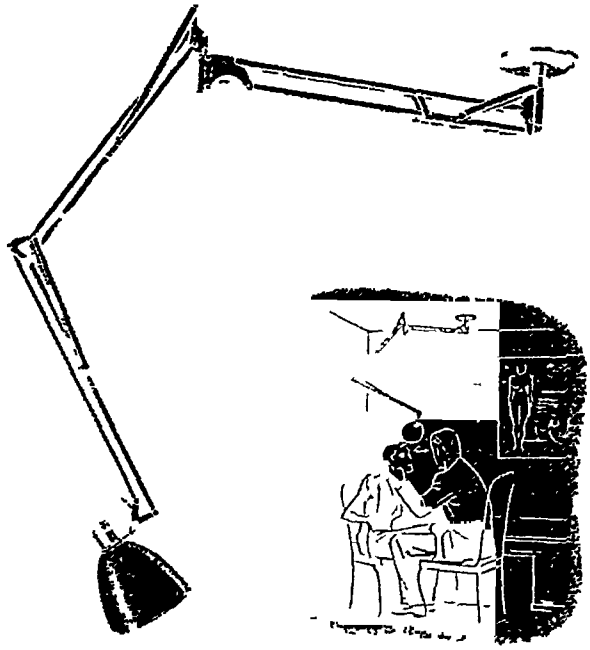
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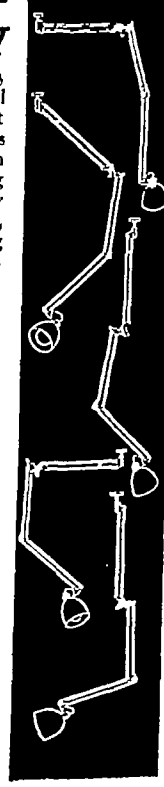
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NOTE THE ANGLES



Obituary

J S MANSON M D

Late Visiting Surgeon Warrington Infirmary

As briefly announced in last week's *Journal* Dr J S Manson died on October 24 in the Warrington Infirmary nursing home He had not been well for some time before admission, but was anxious to attend the Annual Panel Conference in London

John Sinclair Manson was born in 1873 of Caithness parents living in Glasgow After schooldays at Robert Gordon's College, Aberdeen, he went to sea as an apprentice in the City Line in 1888 and served both in sailing ships and steamships, gaining his master's and extra master's certificate by 1901 In that year he began his medical course at Edinburgh graduating M.B, Ch B in 1906, then after acting as house surgeon at the Oldham Royal Infirmary, he started practice in 1908 in Warrington, and was a member of the out patient visiting staff of the Infirmary for fifteen years He took the D.P.H of Manchester in 1910 and the M D of Edinburgh in 1913 For the past thirteen years he had been medical officer of health for the Runcorn rural district

Dr Manson joined the British Medical Association in 1911, and after a short period as acting honorary secretary of the Warrington Division was elected its chairman in 1925 He was representative of the Division at the Annual Meeting in 1923 and continuously since 1931 In 1933–4 he was president of the Lancashire and Cheshire Branch At headquarters in London he was a member of the Psycho Analysis Committee in 1926–9, of the Health of Merchant Seamen Subcommittee in 1920, and of the Mental Deficiency Committee in 1930–2 He served on the Medico Political Committee for the past eight years, and on the Central Council of the Association since 1935

Apart from his deep and active interest in medical politics and medical sociology Manson's versatile mind found many outlets He was at various times secretary, member of council, and president of the Warrington Literary and Philosophical Society a member of the Warrington Field Club and chairman of the local Archaeological Society He was also a member of the British Institute of Philosophy and of the British Association for the Advancement of Science and a past-president of the Caledonian Association The study of genetics particularly appealed to him and he contributed a number of papers on hereditary diseases to the *Lancet* the *Transactions of the Ophthalmological Society* the *Journal of Genetics* and the *British Medical Journal* In 1927 he was awarded the Sir Charles Hastings Prize by the Council of the British Medical Association for his essay Observations on Human Heredity

Dr C O Hawthorne writes

May I be allowed to pay a brief tribute to the work and memory of the late Dr J S Manson? In his Branch and Division Manson showed from the beginning the readiness for service which disdains no duty and it was by right of ability and of achievement that he rose to influence and to leadership Called by his colleagues to secretarial and presidential responsibilities he acquitted himself with distinction and was recognized and appreciated alike in professional and in civic life Both here and in the larger field of the Representative Meeting he not infrequently presented a point of view marked by independence and sometimes by originality and though he did not always persuade the majority, his sincerity and courage commanded general respect and goodwill while for himself he cultivated in all circumstances the solace of the equal mind With his recent election to the Council a still wider opportunity seemed to offer itself but this unfortunately Fate has too quickly closed

Above all other convictions Manson was an enthusiastic believer in the responsibilities and opportunities of general practice And these he used to good purpose, both as the guiding friend of his patients and also as a scientific student and observer Particularly was he interested in questions related to heredity, and it was one of his studies in this subject which won for him in 1927 the Sir Charles Hastings Prize and later appeared as a chapter in his 'Observations on Human Heredity Here, as well as in many individual clinical studies—one published only a few weeks ago—Manson fully established his position as a careful observer and acute reasoner as well as a serious student of current literature and work In many directions he enjoyed not only a busy life but also a life rich in service and interest, and while medicine claimed him as a loyal disciple, he had more than a passing affection for the philosophies and for public affairs the meetings of the British Association and of the Philosophical Society knew him well Though firm and independent in his opinions Manson was gentle both in thought and manner, and for those of us who knew him well he leaves grateful memories of good comradeship and of much pleasant discourse

Dr Peter Macdonald writes

It was with the very greatest regret that I found on opening my copy of the *Journal* this morning your announcement of the death of J S Manson of Warrington I first became really acquainted with him when we were both members of the Psycho Analysis Committee, and I well remember the delight with which I recognized that I had found a new friend in a quarter in which I did not anticipate it with a most attractive personality a cultured mind and a singularly gentle spirit We remained friends thereafter and though I and also others have differed from him medico politically we always respected his motives and were always pleased by the language in which he set forth his case Our Association will be poorer for his absence and there are none of his colleagues who will not mourn his loss

Dr G A Sinclair writes

While the death of Dr Manson is a loss to the B M A to us his colleagues in Warrington, it is a calamity Dr Manson lived for his work he was the friend to whom all his colleagues turned on matters medical whether of ethical or political significance In any local medical problems Dr Manson's advice was always sought and the result was always the same—a wise solution agreeable to all During his thirty years as a general practitioner in Warrington he found time to attain many distinctions of a scholastic type From 1909 to 1924 he was attached to the staff of the Warrington Infirmary as home-visiting physician For many years he was honorary secretary to the Warrington Local Medical and Panel Committee, was a member of the Lancashire and Cheshire Branch Council and had held office as president of the Branch In addition to his medical interests he was a past president of various local societies and his interest in the British Association annual meetings was similar to his interest in those of the B M.A.

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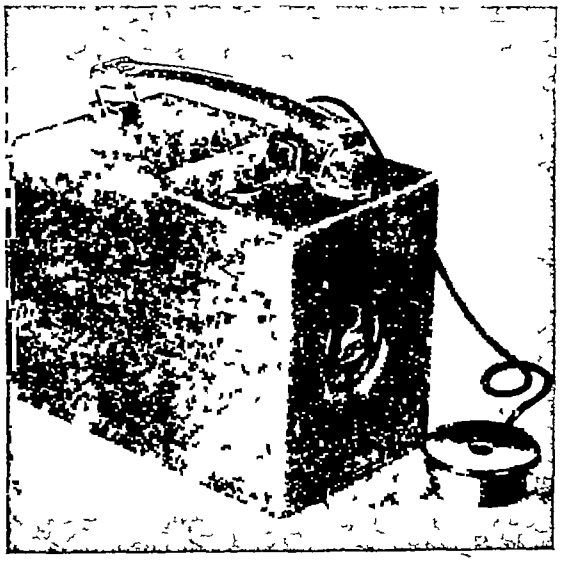
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VITAMIN 'B' CONTENT ACTS AS AID TO REGULARITY

Entering the R A M C as lieutenant on January 28 1899 he became lieutenant-colonel in the long promotion list of March 1 1915 and colonel on December 26 1923 retiring on December 26 1927 He served in the South African War in 1900-2 when he took part in operations in the Orange Free State including the actions at Paardeberg, Poplar Grove Karee Siding, Vet River and Zand River and in the Transvaal including actions at Johannesburg, Pretoria and Diamond Hill receiving the Queen's medal with four clasps and the King's medal with two clasps He also served throughout the war of 1914-18 and in 1918-19 was A D M S of the 17th Division in France and Flanders receiving the medals and the C B E. Since his retirement he had been employed at Chiseldon

Universities and Colleges

UNIVERSITY OF OXFORD

Edward Stephen Duthie, M B., has been appointed second May Reader in Medicine as from October 1, 1937 to September 30 1941

UNIVERSITY OF CAMBRIDGE

At a Congregation held on October 30 the following medical degrees were conferred

M D—J D Simpson J G Jones

M B B Chir.—*G R Hawkes F M Crawshaw R S Stevens R F Tredgold R A Andrews A. T Westlake, A V Mackenzie G C D Roberts N Whittaker T M Banham H G Dowler I C A D P Graham

M B—*E M Darmady R V F Mercer G C Tooth C M Barker T F Fox, J C Marklove A. W Abramson J R. J Winter R T Gabb F Stansfield

* By proxy

UNIVERSITY OF LONDON

Sir Ernest Graham Little M P., has been re elected chairman of the Council for External Students of the University of London for the year 1937-8

UNIVERSITY OF EDINBURGH

At a graduation ceremonial held on October 23 the degrees of M B Ch B were conferred on Eileen E Ross

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a comitia of the Royal College of Physicians of London held on October 28 with the President, Viscount Dawson of Penn in the chair Dr F S Langmead Dr A M H. Gray Dr L. G Parsons and Dr G S Wilson were elected councillors Sir Raymond Crawfurd was re-elected representative of the College on the Committee of Management of the Conjoint Board and Sir Comyns Berkeley re-elected representative on the Central Midwives Board The President announced that the Council had appointed Dr Donald Stewart to be Milroy Lecturer for 1939 and that the Jenks Memorial Scholarship had been awarded to Robert John Evans late of Epsom College

Dr Harold Scott will deliver the FitzPatrick Lectures on Conquest of Disease in the Tropics" at the College on Tuesday and Thursday November 9 and 11 at 5 p m

Membership

The following candidates having satisfied the Censors Board were admitted Members of the College

El Saved Mohammed Taha Abdel Bar M D Cairo Joseph Warwick Bigger M D Dub Norman Vogelsang Birrell M B Glas Kenneth Oscar Black, M B Camb., Thomas Harold Boon M B Durh John Frederick Bromley M B Manch Eric George Lapthorne Bywaters M B Lond., Eli Davis M D.Manch Gervais Joly Dixon M B Dub., Frank Abercrombie Elliott M B Cape town Badio Girgi Hanna M.B Cairo Benjamin Gottlieb, M D Durh Ronald Stanley Illingworth M D.Leeds Hildebrand Hamilton Jacob M B Capetown Eric Charles Oliphant Jewesbury B.M Oxf., Nowshir Jungalwalla M B.Rangoon Sorab Barjor Karani M B Bomb Alan Kekwick M B Camb Thomas Wigram Lloyd B.M Oxf., Vincent Edwards Lloyd Hart L R C P., Edna Florence Mackenzie M B.Sydney Ian Macpherson M B Leeds Basil Oswald Quin M B New Zeal. Walter Frederic Richards M B Camb., Robert Donald Teare L R C.P Charles Mathurin Vaillant B M Oxf Eric Roads Van Langenberg L.R C.P., Isabel Grace Hood Wilson M D Ed

Licences

Licences to practise were conferred upon the following 129 candidates (including eleven women) who have passed the final examination in medicine surgery and midwifery of the Conjoint Board and have complied with the necessary by laws

Enid I M Addenbrooke I Affleck D N Annan J R Ascott H F S Beadles G Behr J M Bellamy C Berens K G Bergin S M Bieber B R Billimoria A. K Borland Phyllis E M Bowen Margaret C Bowie R. I C Bradford F M Braines E B Brennan L Bressloff J D Buckner J F H Bulman M M A Cader C J Carey Dorothy R. Clarke H Coates A. H R Coombes A E Cooper, H P F Corbin, F C Courtice G A Craig O J Curl P A Currie S David D B H Dawson J K Denham R L J S Derham W D Doey J M M Drew Eva M Drown S S Ershadi D I Evans C D Farns G Flavell Anne C Fletcher H A. Freeman W K. Frewen J B Frumin A Garcés, L E. Gardiner V P Geoghegan, A H Grant A C F Green J Ll Griffith B F B Gulliver F E D Hallon L A. T Hamilton, N Hamlin S D Hankey A Hargreaves C A Hayes, C S Hemming, J Hoadley E H B Hopkins J N H Howell, N C Howse, R M Hugo A. H Jack E S James D N John, R T Johnson E E Jones Olwen B Jones D Kay V N Krishna Iyer D Landsborough A Leese J W Lillico S Mackenzie R W Mason E Moore G S Moore Mary C Mott F D Mowat K. S Mullard N B Mundy A L Myburgh S K Nag A P Norman G B Northcroft J R Oliver T L Oliver Gwendoline D Orlebar M K Parikh J Patterson G R C Peatfield P A T Phibbs, I B Pine S F Polley F Ramsey, C W R. Rayne Davis D F Rees, E G Reynolds G A Richards J E C Robinson, T G Robinson W A H.Rushton W E A Sampson L J Segal, H Sharp, G Sheers H G Singer I Singh J A Smart K C P Smith D Specter A M Spencer D J P Spillane T H Steele Perkins R Stevenson Cecil M M Stewart, F J R Stoneham W S Sutton L P Symons Mabel W N Tribe, J W B Waring, R M Williams R M Wiltshire M C Woodhouse R Woolstencroft, J D Younghusband

Diplomas

The following diplomas were granted jointly with the Royal College of Surgeons of England

Diploma in Child Health—M A Abboud Eshan Awad Jenny D Craig, Hilla Damry, Annie M Dawson C W Dixon Sheila M Franklin Gladys I Hallows M R Kark B W Knight H B Lal Margaret J T Leitch N F Lilauwala R C MacKeith L K Mitra J W Parks, Nellie M Plowright, Gwendolen F Prince J Sakula G Scott J E Sewell, H J Sinn Gwladys V Smallpeice S K Squires Margaret E Sutherland G L B Thurston H M Trethowan Elizabeth N Warner J R Wilson

Diploma in Public Health—T D Ahmad Julia C H Avery Ilma B S Bingemann G E Breen C A McPherson B M Rao M Sendak J H Shakespeare Muriel H Steven A. C Stevenson

Diploma in Anaesthetics—J R Mackenzie R McI Muir T T Stocker

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated

Surgery—E R Brown K J Higham D C Light G Macbain J F Mason

Medicine.—J B Alexander A W Box E R Brown O I Green J W P Morgan G S Parker H A. N Passmore A W B Perren W A Royds F Schwartz, W E. Young.

Forensic Medicine.—J B Alexander A. W Box, E. R. Brown O I Green I M Iddali J W P Morgan G S Parker H A N Passmore A W B Perren W A Royds F Schwartz, W E. Young

Midwifery—F B Akeroyd V M Attenoorough A Dunkerley O H Galloway G Howell J S Lancaster J C B Nesfield

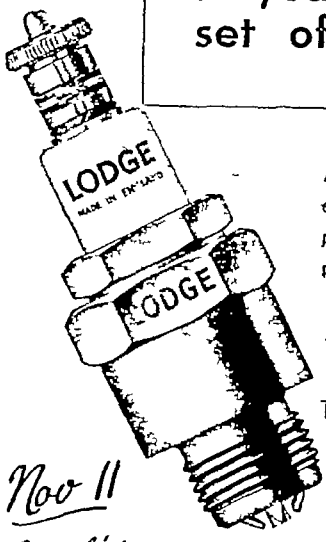
The diploma of the Society has been granted to J B Alexander A W Box E. R Brown O I Green K. J Higham G Howell J F Mason J W P Morgan G S Parker A. W B Perren W A Royds, and W E. Young.

CONJOINT BOARD IN SCOTLAND

The following candidates have been approved at the examination indicated

Diploma of L R C P Ed L.R C S.Ed L R F P and S Glas—A J Alexander H K B Armstrong L V Arundel A C Beckett J M A. Blell H M S Boardman J A Bolster J Boyd W G Carson W Chundun D L Cooke J R Connelly B Cota M Daniels A A G Deverell C L Erdam O Einstein R Figman L. Frank W W Frank H W Goldblatt H Goldmann G B Gordon J T H Graham D Gray R. E Gunning, J G Hahn R. C J Hill G O Horne D Hyman E M Langer A L Landley E A Lawrence J Macrae D D Maitland Y Marzouk J S Mehlman Ethel M Miller D Mound I R McNeish Ureana E Orr J W A. Parsons D S Prichard J W Reid E. D Riner A L Robertshaw A L Rosenthal I Sadel G Schoenewald R F Setlogelo B H Shulman C W Siegel E. Sklarz, C Spiegel S Wachtel E R Winkler J Winning H. Yonace I Zuckerberg.

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housing. He said that in the House naturally and rightly they frequently heard of cases of great distress in one respect or another It was a pity that they were inclined to deduce therefrom the idea that it was necessary to legislate instead of simply administering more closely the powers that existed He was inclined to think that was so in regard to the distressing cases they heard of constantly in the matter of pensions Medical opinion was naturally always in favour of the patient He had cases again and again from his own constituency and elsewhere and his own inclination was always in favour of the applicant being granted some further help When they had brought these cases before the Ministry of Pensions he had naturally been in a privileged position, being able from a professional point of view to go into the technical side of matters It was quite true that many of these people came forward armed with opinions from specialists giving their definite view that the complaint in respect of which application was made to the Ministry was really due to war service though it had arisen after very many years. His own conclusion was that there were no specialists in this matter equal to those of the Ministry of Pensions They were an extraordinarily able set of men who had been devoted to this extremely difficult problem of deciding many years afterwards to what extent one could trace an illness or a lesion to an injury suffered twenty years before or to what extent it had been exaggerated by that injury It was a special department of the profession and he would trust the word of the Ministry s specialists above that of any outside specialist however eminent in his own private practice Those officers had no reason for not letting the balance turn in favour of the applicant.

Passing to the question of housing, he said the report on rural housing by a subcommittee of the Central Housing Advisory Committee of the Ministry of Health recently published dealt most thoroughly with the whole subject. The subcommittee had given a definite line to the Government for action Referring to diet and to the provision of meals and milk he said that we wanted to see that question advanced in any way so long as people did not expect that simply by pouring out Government money they were going to get a solution In this big campaign for national fitness which the Government deserved the greatest credit for initiating, we should not forget that while the campaign was being arranged to call attention to public service and public institutions already provided nine people out of ten could remain happy if they liked on their own resources and by personal effort without going to outside help or institutions

Mr A V ALEXANDER said Mr Ellis Smith had made out a case for investigation the whole basis of ex service men s pensions should be re-examined in the light of medical experience since the war Turning to the question of nutrition he said 5s 9d was the figure fixed by the British Medical Association on the basis of the cost of living in 1933 when the Ministry of Labour index for food alone was 18 as compared with 43 now On present prices about 8s per person per week would be required on the very low scale drawn up by the British Medical Association

Mr BURGIN replied for the Government and the debate was adjourned

THE CASE FOR INCREASED PRODUCTION OF MILK

It was resumed on October 28 Dr HADEN GUEST said the Government was not dealing with the distressed areas the terrible housing conditions which still persisted and the poverty due to poor wages Milk was now 7d a quart and was going up to 7½d On the standard recommended by a Government committee the expenditure for the family of a man with a wife and four children with milk at 3d a pint should be 40s a week on food and 15s on milk alone The sum necessary to increase the milk production of this country by one third which would reach the amount required according to the physiological standards of the experts on nutrition was something in the neighbourhood of £20 000 000 a year but the cost of medical treatment in this country was £300 000 000 and if the milk supply were increased to give every child the amount of milk it needed £75 000 000 of that sum could be struck off

Mr H RAMSBOTHAM replying as Minister of Pensions said it was difficult in the long period since the war to establish a continuous medical history but the 1937 report of the British Legion said that during the previous twelve months fifty nine first claims to pensions had been successfully handled by the Legion while no case of this nature had been unjustly rejected Researches and medical opinion in this and other countries did not confirm the view that the general health of the ex service man of middle age was impaired by his war experience Cases of doubt were referred to an independent medical specialist appointed from a panel chosen by the President of the Royal College of Surgeons or the Royal College of Physicians and that opinion was accepted.

Legislation on Milk Pasteurization

On November 1 Sir THOMAS MOORE asked the Minister of Agriculture if he had accepted the conclusions of the recent investigation by the Hannah Dairy Research Institute which showed that the growth of calves fed on pasteurized milk was no less than that of calves fed on raw milk while the tuberculous infection of the latter was far more serious Mr W S MORRISON replied that this investigation was only one of a number designed to test the nutritive value of pasteurized as compared with raw milk The Government would bring forward legislation this session to give effect to its policy on pasteurization His attention had been called to a statement in the report of the institute that of the forty-seven samples of mixed raw milk used in connexion with their experiments 70 per cent. showed the presence of viable tubercle bacilli The presence of such bacilli in a sample of milk varied according to a number of factors and in particular whether the milk had been obtained from a single herd or whether it was representative of the bulked supply from a number of herds The results of a particular experiment such as that quoted in the question could not therefore necessarily be accepted as representative of milk supplies as a whole

Silicosis Investigation—Lord WINTERTON announced on October 28 that the investigation organized by the Medical Research Council into silicosis and allied conditions among coal miners is in progress. It is beginning with an intensive study of a particular anthracite pit Clinical and radiological examinations are being made of a large number of mine workers and the occupational histories of these men are being recorded Parallel investigations are to be made into the geological and other physical conditions of the colliery

Medicine Stamp Duties—Asked on October 28 whether legislation was intended this session to amend the law relating to the medicine stamp duties Sir JOHN SIMON said the recommendations of the Select Committee on these duties were being examined in the light of many representations received after publication of the report of that committee

Grants for Housing—Answering Sir Francis Fremantle on October 28 Sir KINGSLEY WOOD said he hoped to introduce in the near future a Bill dealing with the grants for slum clearance and overcrowding. The Bill would carry out his promise that contributions at the present rates should be payable for houses completed between March 31 and December 31 1938 and would make new provision for grants for this purpose He was in consultation with the Association of Local Authorities as to the form and amount of these grants He proposed also to include in the Bill provision to give effect to a recommendation recently made to him by the Central Housing Advisory Committee that Exchequer assistance should be made available towards the erection of houses for the agricultural population

Medical Aid for Civilians in China—On November 1 Mr EDEN replying to Mr Ellis Smith said that at the meeting of the Council of the League of Nations on October 1 the British Government s representative agreed that the League s Health Committee should be asked to prepare a plan to advise and assist the Government of China with anti-epidemic and medical aid for the civilian population The British Government expressed general sympath with the suggestion to open a voluntary fund but reserved its position in regard to contributions to it.

By Appointment

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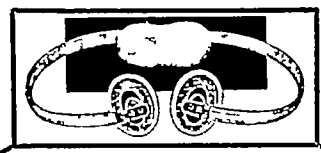
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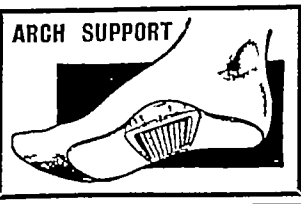
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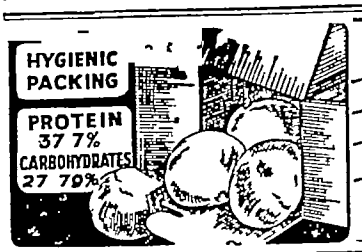
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LADIES' DEPT ON 1st FLOOR

Broken Sleep

"T L. P, in reply to Argyleshire" (October 16 p 782) writes A small degree of hepatic insufficiency may be the cause and this may be corrected by taking a ferrous compound (stable ones are made by Parke Davis and by Burroughs Wellcome) either at the period of heaviness at midday or with the afternoon cup of tea This treatment has been effective in cases of hunger pains coming on at 2 a m or thereabouts associated with symptoms of indigestion of duodenal origin

Treatment of B coli Pyelitis

Mr W F FEDDEN writes Replying to "A B U" his case is very highly suggestive of an impacted ureteric calculus and needs thorough urological and radiological investigation Incidentally I am operating on such a case to-day in a girl aged 2½ years

Chronic Stomatitis

"GASTROSCOPIST writes A persistent stomatitis of the type which X Y Z. describes (*Journal* October 23 p 836) is usually associated either with a progressive atrophy of the gastric mucosa or with recurrent attacks of gastric erosions, which may be symptomless. In either event the *p*H of the stomach does not fall as low as it should and the colonic flora extend high into the small gut This is the rationale of the vitamin C treatment which is favourably reported on from the Continent. Vitamins A and B are also of course theoretically indicated and I have seen moderately convincing results from blunderbuss therapy for stomatitis after gastro enterostomy Constipation and the free use of aperients are both associated with the gastritis—but it is uncertain which is the horse and which the cart. Both might act on the stomach by causing duodenal regurgitation, which is the most potent known cause of inflammation. There is also a little evidence that both can cause selective failures of absorption tending to aggravate the poverty of a modern diet There is no evidence that the habitual use of phenolphthalein is any more harmful than that of many other aperients on the other hand no carefully collected statistics are available to guide us The therapeutic test of excluding phenolphthalein is well worth trying in some of those unsatisfactory cases of the hunger pain syndrome which are being diagnosed as cases of duodenal ulcer

Dr ALISTAIR FRENCH (Middlesex) also writes "X Y Z." might be suffering from a bacterial allergic stomatitis and the best treatment therefore would be to remove the cause by having the pyorrhoea cured Locally if the infection is spirochaetal N A B may help and if not S T 37 toothpaste and mouthwash can be tried If the usual potassium chlorate has failed to give relief I suggest that internal medication with calcium and vitamin D may help X Y Z. does not mention smoking, which obviously may be an irritating factor

Rapid Method of Examining Urethral Discharge for Gonococci

Dr F G MORGAN (Peterborough) writes I shall be pleased if you will kindly give me details of a method for quick examination in the surgery of urethral discharge for suspected gonococci

We are indebted to Dr T E. Osmond for the following reply Make a thin film by spreading a platinum loopful of pus obtained from inside the urinary meatus with a slide as in making a blood film Dry with gentle heat and pass rapidly three times through a Bunsen flame Cool Stain by Jensen's modification of Gram's stain as follows (1) Cover film with a 0.5 per cent watery solution of methyl violet for fifteen to thirty seconds (2) Pour off and flood the film with strong Lugol's solution (iodine 1 part potassium iodide 2 parts distilled water 100 parts) Repeat this and leave for thirty to sixty seconds (3) Decolorize with absolute alcohol till no more colour comes away Maximum time two minutes (4) Counter stain with neutral red 0.2 per cent. for thirty seconds and wash in distilled water Blot dry Gonococci appear as rose pink diplococci kidney-shaped with their concave surfaces opposed usually intracellular In acute cases it is common to find a single pus cell here and there crowded with gonococci Details may be found in the Medical Research Council's Special Report Series No 19 1923 H M S O., price 1s 6d

Income Tax

Taxation of a Prize

"EXTRA during the year 1936-7 was awarded a prize of £50 by a professional organization Is this liable to taxation?

*** Normally liability would not attach to a "prize" There may however be circumstances which would displace that assumption—for example in the case of a "prize" for a novel where there was a condition that the copyright should be transferred to the giver The broad distinction would be between a prize unconnected with a contract or payment of a sum which though called a prize represented consideration for the result of professional work and skill

Employment First Period

M B., Ch B graduated in December 1935 He agrees the amount of tax charged on his earnings for the year from April 5 1936 subject to a life assurance adjustment but cannot see why he should have to pay £6 14s 6d on £73 2s earned prior to that date

*** We cannot identify the basis of calculation from the figures supplied but *prima facie* the £6 14s 6d is excessive if indeed he is liable at all Possibly no declaration was made by "M B., Ch B for the financial year 1935-6 and consequently the earnings for that year so far as known to the authorities have been assessed at the full rate without allowances" We suggest that our correspondent should write to the inspector of taxes asking him to supply details of the assessment on which he paid the £6 14s 6d —the collector will forward the letter to the proper quarter if requested—and he will then be able to take steps to put the matter right

Distraint for Unpaid Tax

"P Q R" was liable for £124 4s. 1d income tax as at July 1 1937 On August 4 he sent a cheque for £24 4s 1d to his accountants, following it with a cheque for £50 post-dated to October 1 He received the official receipts for the two sums On October 11 a writ was served and a bailiff put in possession In forwarding the receipt for the £50 the collector had written on October 5 saying that unless payment of the balance was made without delay he would have no alternative but to proceed to recover that sum Our correspondent is on the point of seeing the income tax authorities and asks for advice on some specific points "The amount shown on the writ as outstanding was £100" but it was altered to £50 by the official who called here with the bailiff

*** Section 162 of the Income Tax Act 1918 provides that "if a person neglects or refuses to pay the sum charged the collector shall distrain without any further authority for that purpose than the warrant delivered to him on appointment" It is clear from this that no "writ" is required and the document which was altered was presumably the memorandum of the amount due which has to be served to show what sum is distrained for and as the error was corrected at once we doubt whether an action for illegal distraint could successfully be founded on that mistake On the other hand it is plainly an inexcusable official error committed in a matter of grave importance The charges in a case of distraint are fixed by scale and cannot be avoided we presume that the amounts stated are not affected by the difference between the £50 and the £100 but no doubt "P Q R" can get an official assurance or admission on that point

It seems clear that the distraint would not have been made if the payment of the £50 had not been overlooked The receipt for that sum was sent to our correspondent's accountant on Tuesday October 5 and the collector's covering letter forwarded by him on Friday the 8th Obviously insufficient further time had been given when the distraint was effected on Monday the 11th—in fact if the collector had written to "P Q R" *direct* on the 5th he would surely have allowed another week for his warning to have effect

On the whole we doubt whether "P Q R" has a legal claim for damages but representation of the facts to head quarters should ensure at least a reprimand of the collector for carelessness and an ample apology

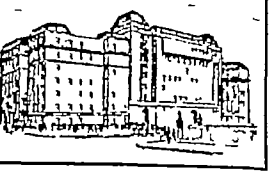
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The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary

In addition to the Main Building there are separate villas Extensive grounds Hard and grass tennis courts cricket and croquet grounds and a court for badminton There are also wireless installations Golf may be had within easy distance. Occupational therapy

VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received

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For terms and further particulars apply to the Medical Superintendent, who may be seen in MANCHESTER by APPOINTMENT

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The above House, which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch, Kearsney Court, near Dover to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances, and indoor amusements held throughout the year Terms from £3 3s per week Illustrated prospectus and further particulars can be obtained from the Medical Superintendent

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For sufferers from Nervous and Mental Disorders with or without certificates

The house is gloriously situated in wooded grounds of 20 acres with magnificent views of the City and the Avon Valley (See *Medical Directory* page 2322.)

For terms apply A. GUIRDHAM M.A. D.M. B.Ch. D.P.M. Resident Physician Telephone Batheaston 8189

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Telephone RODney 2101

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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

359 Vitamin D in Rickets

OPITZ (*Dtsch med Wschr* August 6, 1937 p 1213) who is attached to the Kaiser and Kaiserin Friedrich Children's Hospital in Berlin, gives an account of the investigations he has carried out on children suffering from rickets They were given large single doses of a concentrated, crystalline vitamin D preparation by the mouth (1 c.cm containing 15 mg of vitamin D) Altogether sixty two children most of them under the age of 2, were treated by this method and only in two cases was more than a single average dose of 0·4 c.cm given The effects of this single dose were studied clinically radiologically and chemically, the calcium and phosphorus content of the blood being estimated from time to time The author was impressed by the rapidity and sureness with which a therapeutic effect was secured and he thinks that this single-dosage method will render superfluous the protracted treatment in hospital of cases of rickets In forty two of his sixty-two cases rickets was associated with spasmophilia and it was found that patients suffering from both these conditions were more amenable to vitamin D medication than were the patients suffering from rickets alone This observation supports Rominger's opinion that spasmophilia marks a stage during recovery from rickets

360 Tularaemic Pneumonia

M D WINTER B C FARRAND and H J HERMAN (*J Amer med Ass* July 24, 1937 p 258) record three cases of tularaemic pneumonia and one case of tularaemic bronchitis with pleural effusion in Montana U.S.A One of the pneumonia cases was complicated by encephalomeningitis but a good recovery was made after daily spinal drainage The treatment used was largely symptomatic with the addition of intravenous injections twice daily of 1.2 grammes of sodium salicylate dissolved in 30 c.cm of distilled water all the cases recovered Dyspnoea on exertion and general weakness were experienced for some months after recovery and were probably due to toxic myocarditis All the patients were farmers or shepherds and since they had been bitten by ticks the infection probably entered through the skin though possibly food contaminated by the fingers had been eaten The pneumonia was atypical with a relatively low white cell count and a slow evolution of the lung changes The blood in all four cases showed positive agglutination tests for *B tularense*

361 Ephedrine in Enuresis

E ÖRKILD (*Ugeskr Laeg* August 12 1937 p 851) has exploited in several cases of enuresis the properties of ephedrine which he had previously found responsible for disturbances of micturition with sometimes more or less retention of urine in three cases of elderly men One of these aged 63 suffered from heart disease and had a high blood pressure and pulmonary oedema and the administration of ephedrine was followed by difficulty in micturition although there had not been any previous dysuria After seeing two other cases in which the ephedrine disturbed micturition the author proceeded to give this drug for the relief of enuresis The first case he records was that of a male aged 18 in whom the nocturnal enuresis of childhood had persisted He was given 50 mg of ephedrine hydrochloride in tablet form at bedtime every other evening Several months after discontinuing this treatment he was still symptom free After giving details of several other cases of nocturnal enuresis in children successfully treated in this way the author records the case of a man aged 23, who suffered from transverse myelitis with incontinence of urine The successful response to ephedrine in this case has encouraged the author to recommend it for the dysuria of other nervous diseases

Surgery

362 Congenital Dislocation of the Hip

P ANTONIO (*Arch Ortop* Milano, March 31 1937, p 3) reports thirty four years experience of congenital dislocation of the hip comprising 8,196 cases of luxation and 414 of subluxation The ratio of incidence among males and females was as 1 to 5·39 and in almost two-fifths of the cases the deformity was bilateral but recently, probably as a result of better diagnosis the number of bilateral cases has exceeded the number of unilateral cases Three quarters of the unilateral cases were left sided Compared with other congenital hip deformities and torticollis, dislocation of the hip was respectively twice and ten times as common Other congenital deformities accompanied it in 5·6 per cent of cases—of the foot in 3·7 and of the neck in 0·4 per cent of cases The incidence was considerably greater in regions of low hills than in the plains or alpine regions Hereditary transmission was noted in no fewer than 7·6 per cent of cases more commonly through the father than the mother in a further 18·7 per cent of cases a near relative was similarly affected Dystocia was not an aetiological factor and deformity was noted at birth or during the first month in 6·3, and at walking age in 90 per cent of the children In treatment the Paci Lorenz bloodless reposition was preferred and was performed in 7 561 cases or 90 per cent after five years it gave 61 per cent of satisfactory results in unilateral and 39 per cent in bilateral cases The first plaster fixation in flexion and abduction usually lasted for from two to three months the second in 30 degrees flexion and in 45 to 90 degrees abduction for from four to six weeks, and the third, in extension with 35 to 40 degrees abduction and 50 to 60 degrees internal rotation (Lorenz's second stage) for from one to two months The first reduction and the passage from the first to the second position were conducted under ether anaesthesia Reductions by open operation were necessary in 0·37 per cent and 3.3 per cent were treated by palliative surgical measures including osteotomy cotyloid plastic operations etc Open reduction resulted in 32 per cent of good results in those treated before the age of 5 and in 20 per cent in children over that age

363 Carcinoma of the Pancreas

J RIVES S ROMANO and F SANDIFER (*Surg Gynec Obstet* August 1937 p 164) comment on the relative commonness of carcinoma of the pancreas and analyse ninety six cases of which seventy-eight were in males and eighteen in females and all of which were verified by operation or necropsy The average age of the patients was 58 and the condition was most often found in patients between the ages of 50 and 69 Although the pathogenesis is obscure it is not considered probable that chronic pancreatitis is the cause of pancreatic malignancy as is sometimes suggested In 85 per cent of cases the head of the pancreas was involved and metastases occurred most often in the liver The most important symptoms of carcinoma of the pancreas are jaundice pain dyspepsia cachexia and nausea and vomiting It is suggested that the pain is due to direct infiltration and distension of the pancreas with blocking of the pancreatic ducts and severe pain may be due to infiltration of adjacent viscera or haemorrhage into the gland with pancreatitis X ray examination is of value as an aid to

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FOR THE UPPER AND MIDDLE CLASSES ONLY

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Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk meat fruit, and vegetables are supplied to the Hospital from the farm gardens and orchards of Moulton Park Occupation Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming gardening and fruit growing

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For terms and further particulars apply to the Medical Superintendent (Telephone No 2356 and 2357 Northampton) who can be seen in London by appointment.

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Convalescent Home, KEARSNEY COURT DOVER For further particulars apply to the Medical Sup

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369 Hypertrichosis

A MEMMESHEIMER (*Med Klinik* August 20 1937 p 1133) discusses various therapeutic agents for the removal of hair for cosmetic reasons He has never found hormone therapy for hypertrichosis due to disturbances of internal secretion to be of the slightest use He considers thallium and treatment by x rays to be dangerous The former, when administered over a long period gives rise to severe inflammation of the nerve roots the latter to pathological changes in the skin teeth mucous membranes and bones Electrolysis is of value for the removal of hair in small areas but over large areas it produces ugly scars Memmesheimer considers electrocoagulation with the diathermy apparatus as the most efficient, rapid, and painless depilatory agent From one to five fine needles are introduced to a depth of 4 mm care being taken that each needle is from 1/2 to 1 cm away from the other, so as to avoid any loss of smoothness and elasticity in the skin and the production of large scars The current is applied for from one half to two seconds and the dead hair removed with forceps thirty hairs being removed at one sitting The optimal strength of the current is discovered by depilating an area which is not usually visible Overdosage results in hypertrophic scars which unless keloid changes develop, disappear in the course of a few months

370 Toxic Effects of Arsenic

SIEMENS and SIMONS (*Munch med Wschr* September 10, 1937 p 1444) have treated 137 cases of psoriasis with the Gebert arsenical cure fifty seven patients being submitted to the strong and eighty patients to the weak" cure All of them showed toxic effects and only a few were able to stand the strong cure for a considerable length of time There was little evidence of an increased tolerance to arsenic during the course of treatment the reverse being usually found No ill effects resulted from an abrupt cessation of the cure suggesting that the commonly practised gradual cessation of arsenical cures is unnecessary The pepper which enters into the composition of the arsenical pills used may cause disagreeable symptoms and is therefore better omitted The cure was never followed by an increase of body weight in fact stout patients often lost weight In more than one third of the cases the skin showed evidence of melanosis which was more common after the weak than after the strong cure Arsenical herpes zoster was observed in thirteen patients treated with the "weak" cure and in only one with the strong cure The herpes usually subsided even when the treatment was continued

371 Chronic Urticaria

K HAJOS (*Med Welt* September 18 1937 p 1317) points out that endogenous and exogenous factors contribute to the production of urticaria In chronic cases cutaneous tests often fail to discover the cause and desensitization is thus impossible The removal of all septic foci such as teeth tonsils appendix etc, is indicated The author noted that many cases occurred in association with dyspepsia and were often due to intestinal parasites He submitted every case of chronic urticaria to a complete gastrointestinal examination and found that achylia was present in 15 per cent hypochylia in 11 per cent and hyperchylia in only 1 per cent He believes that these gastric abnormalities favour the absorption of substances foreign to the body and their passage into the blood Cholecystitis also is often present in patients with chronic urticaria Hajos recommends the administration of hydrochloric acid to counteract hypoacidity Autovaccines are useful in immunizing the body against bacteria and duodenal and colonic wash-outs at regular intervals are helpful Resistant cases should be desensitized with their own blood or if possible serum The author advocates the withdrawal of 100 c cm of blood the serum is then preserved with 1/2 per cent phenol and put up in sterile ampoules 2 c cm being injected daily The author also reports good results following desensitization the skin reaction to 1/1 000 mg of histamine was tested and this dose gradually increased to 1/10 mg, was injected subcutaneously

372 Erysipelas

S PUPKO (*Thèse Paris* 1937 No 537) records twenty five cases in patients aged from 1 month to 85 years all of whom died pulmonary complications being the most common cause of death while cardiac renal and hepatic complications came next The condition of the liver in cases of erysipelas is of considerable importance in determining the prognosis as involvement of this organ especially when due to alcohol gives rise to a severe attack, and favours the onset of septicaemic and other complications Previous illnesses organic lesions, operations or injuries weaken the patient's resistance The prognosis is most grave in children up to the fourth month of life and in adults over the age of 60

Obstetrics and Gynaecology

373 Cancer of the Uterus

P MOULONGUET and L GASNE (*Gynécologie* July 1937 p 387) point out that the classical features of carcinoma of the body of the uterus—*post menopausal bleeding* with at first the maintenance of good general health—are actually due to that condition in only some 33 to 67 per cent of cases according to different statistics Post menopausal haemorrhage may be caused by cardiac insufficiency senile metritis or pyometra or cervical polypus greater difficulties in diagnosis occur when it is due to ovarian tumour and especially to small carcinomata or folliculomata The latter cause metrostaxis of endocrine origin but not necessarily of a cyclical type Cancer of the body of the uterus may also appear before the climacteric according to Béclere premenopausal metrorrhagia is due to corporeal carcinomata in 8 per cent of cases There is no clinical sign characteristic of this condition—occurring during the fifth decennium just before the menopause—which can definitely distinguish it from myoma or a manifestation of endocrine functional disturbance In addition the coexistence of myomata and cancer of the body of the uterus is not uncommon and explains not only the occasional appearance of cancer of the uterus and pelvis after radiotherapy for fibroids but also that of cancer of the cervical stump after supravaginal hysterectomy for myomata Before completing a subtotal operation the surgeon should open the isolated uterus subsequently excising the cervical remnant if a carcinoma is found in the body It is also prudent before undertaking x ray treatment for myomata to obtain any information which may be given by hysterography or better still by curettage and biopsy Glandular hyperplasia is much commoner than cancer of the body of the uterus as a cause of premenopausal metrorrhagia but the latter should be excluded by curettage or the aspiration of endometrial fragments before radiotherapy is undertaken A possible source of error both before and after the menopause is the coexistence of a corporeal carcinoma with a mucous polypus "Total carcinoma of the

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KENT COUNTY COUNCIL.

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Applications are invited for the post of Senior Resident Assistant Medical Officer at the County Hospital Pembury (620 Beds)

The salary for the appointment is £350 a year rising by £25 a year to £450 a year together with residential emoluments which are valued at £120 a year

Applicants must have had experience in Surgery

Forms of application can be obtained from the Public Assistance Officer Tonbridge Road, Maidstone, to whom applications must be sent by 10 a.m or Saturday November 13th 1937

W L PLATTS
Clerk of the County Council.

Sessions House Maidstone.
Octobe 30th 1937

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The Director of the Ross Institute is always glad to interview medical men who would like information regarding the possibilities of a career overseas if they will be good enough to make an appointment to call on him Enquiries may be addressed to

SIR MALCOLM WATSON *Director*
Ross Institute of Tropical Hygiene
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Secretary

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By Order of the Board
S R C PLIMSOLL
Secretary-Superintendent.

HARROW URBAN DISTRICT COUNCIL.

APPOINTMENT OF ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified women for the appointment of Assistant Medical Officer of Health at a commencing salary of £600 per annum rising by annual increments of £25 to £700 per annum plus a car allowance of £50 per annum

Experience in ante-natal work in the supervision of midwives and hospital treatment of infectious disease is highly desirable

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and to the Council's Staff Service Conditions a copy of which will be handed to applicants selected for interview

Applications accompanied by copies of not more than three recent testimonials must be sent endorsed Assistant Medical Officer of Health not later than November 15th 1937 to the undersigned from whom application forms together with particulars of the duties, may be obtained on receipt of an addressed envelope

Canvassing directly or indirectly will be a disqualification

VERNON YOUNGER
Clerk of the Council.

Council Offices Stanmore.
October 27th 1937

COUNTY BOROUGH OF SOUTH SHIELDS

APPOINTMENT OF ASSISTANT MEDICAL OFFICER

Applications are invited from fully qualified and registered women medical practitioners for the post of Assistant Medical Officer (Maternity and Child Welfare and School Medical Service) at a salary of £500 per annum rising by annual increments of £25 to £700 per annum

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination

The person appointed will be under the administrative control of the Medical Officer of Health and she must devote her whole time to the duties of the post and must not engage in private practice

Forms of application may be obtained from the Medical Officer of Health Town Hall South Shields

Applications with copies of three recent testimonials should be received as my office not later than noon on Saturday November 20th 1937 marked Appointment of Assistant Medical Officer" HAROLD AYREY
Town Hall South Shields Town Clerk.
November 1st 1937

COUNTY OF KENT

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited for the above-mentioned whole-time appointment on the central staff of the Public Health Department

The duties of the post will be mainly administrative and it is desirable that candidates should have had previous experience in the administrative work of a Public Health Department.

The salary is at the rate of £700 a year with subsistence and travelling allowances according to the County Council's scale.

The post is designated as an established post under the Local Government and Other Officers Superannuation Act 1922 and is terminable by three months notice on either side. The successful candidate will be required to pass a medical examination

Forms of application and if required further details of the appointment can be obtained from the County Medical Officer Sessions House Maidstone, and completed application forms must be returned to him not later than November 10th, 1937 W L. PLATTS
Clerk of the County Council

Sessions House Maidstone
October 23rd 1937

CITY OF LEEDS PUBLIC HEALTH DEPARTMENT

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Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

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Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director-General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than November 22nd, 1937

BURGH OF KILMARNOCK

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the post of Assistant Medical Officer of Health from duly qualified and registered male medical practitioners, not exceeding 35 years of age holding the Diploma in Public Health or an equivalent qualification

The person appointed will be required to carry out all the duties assigned to him by the Medical Officer of Health under whose direction and supervision he will act. He will be required to devote the whole of his time to the duties of the office and to reside in the Burgh He will not be allowed to engage in private practice.

Preference will be given to those applicants having experience in the treatment of Tuberculosis and Venereal Diseases and in school medical work

The salary will be £500 p a rising subject to satisfactory service, by annual increments of £25 to a maximum of £675 p.a The appointment, which will be a designated post under the Local Government and Other Officers Superannuation Act, 1922 will be terminable by three months notice on either side. The successful candidate will require to undergo a medical examination.

Applications stating age, experience and when at liberty to commence work accompanied by one copy of each of three recent testimonials, enclosed in envelopes endorsed Assistant Medical Officer of Health must be lodged with the Subscriber by November 10th 1937

N J CAMPBELL,
Town Clerk.

Council Chambers Kilmarnock
October 26th 1937

NORTHUMBERLAND COUNTY COUNCIL

Applications are invited for the appointment of a TEMPORARY ASSISTANT MEDICAL OFFICER whose duties will consist of work under the School Medical and Maternity and Child Welfare Services

The salary will commence at the rate of £500 rising by annual increments of £25 to £700 per annum with reasonable travelling expenses Candidates should hold the D P H and will be required to pass medical examination before appointment

Forms of application may be obtained from the undersigned to whom they should be returned completed together with copies of three recent testimonials as soon as possible

WILLIAM F J WHITLEY
County and School Medical Officer

County Hall
Newcastle-upon-Tyne, 1
October 23rd 1937

NORTHUMBERLAND COUNTY COUNCIL

DEPARTMENT OF COUNTY MEDICAL OFFICER

The County Council invite applications for the appointment of MATERNITY and CHILD WELFARE OFFICER AND CHIEF SUPERVISOR OF MIDWIVES whose work will comprise the supervision of the whole of the Maternity and Child Welfare services of the County and the investigation of maternal deaths

The Officer appointed must have held a responsible resident appointment in a Maternity Hospital have had experience in Maternity and Child Welfare work including the organisation of clinics and be a person of high qualifications and professional attainments The Council s scheme under the Midwives Act 1936 is largely administered through the agency of the County Nursing Association The appointment offers considerable scope but it is necessary that the Officer appointed should be a skilled administrator Applications accompanied by copies of three recent testimonials, to be made on a form to be obtained from the undersigned and returned to him not later than November 10th 1937 The salary offered is £750 per annum rising by biennial increments of £50 to £937 10s The Officer appointed will be required to pass a medical examination and to subscribe to the Superannuation Fund of the Council in accordance with the terms of the Local Government and other Officers Superannuation Acts of 1922 and 1936

WILLIAM F J WHITLEY
County Medical Officer

County Hall
Newcastle upon-Tyne 1

COUNTY COUNCIL OF WEST RIDING OF YORKSHIRE.

STAINCLIFFE COUNTY HOSPITAL, Dewsbury

Applications are invited for the appointment of RESIDENT MEDICAL OFFICER AND DEPUTY MEDICAL SUPERINTENDENT at the Staincliffe County Hospital Dewsbury

Salary £350 per annum rising by increments of £25 to £450 per annum with board and residence at the Hospital

Further particulars and form of application may be had from the undersigned by whom all applications together with copies of not more than three recent testimonials, must be received not later than November 22nd 1937

J CHARLES McGRATH
Clerk of the County Council

County Hall Wakefield
November 1937

PATHOLOGIST TO THE KANEMATSU MEMORIAL INSTITUTE OF PATHOLOGY

Sydney Hospital Sydney N.S W Australia

Applications are invited from medical graduates for the post of SENIOR PATHOLOGIST of Sydney Hospital at a salary of £900 rising by yearly increments of £50 to £1 000 p a (Australian currency) The successful applicant will work under Dr J C Eccles the Director of the Institute and will be responsible for the post mortem work and morbid histology of the Hospital In addition he will be required to engage in the informal instruction of students, and there will be ample opportunity for pursuing original investigations

The appointment will be for a period of five years and the successful applicant will be eligible for re appointment at the completion of this term.

Applications (six copies) together with details of experience in Morbid Anatomy a list of publications, a medical certificate of health and a recent photograph should be forwarded to the Secretary Sydney Hospital and reach him by January 31st 1938 on which date the applications will close. The successful applicant will be expected to commence his duties not later than July 1st, 1938 Travelling expenses up to a maximum of £150 sterling will be allowed Further information concerning the appointment may be obtained from THE SECRETARY Universities Bureau of the British Empire, 88a Gower Street, London W C 1

LANCASHIRE COUNTY COUNCIL.

JUNIOR ASSISTANT MEDICAL OFFICER

Wrightington Hospital Appley Bridge

Applications are invited for the post of Junior Assistant Medical Officer (male unmarried) for the Wrightington Hospital which contains 206 Beds for non-pulmonary tuberculosis (adults and children and 20 Beds for combined pulmonary and non pulmonary cases Salary £250 p a together with board residence and laundry

The appointment will be for six months or for 12 months as may be agreed upon.

The medical staff consists of medical superintendent two assistants two consultant orthopaedic surgeons and other visiting surgeons There are excellent facilities for reading for M D

Forms of application and conditions of appointment obtainable from Central Tuberculosis Officer County Offices Preston Letters to be marked Wrightington M O

Closing date November 12th 1937

GEORGE ETHERTON
Clerk of the County Council

County Offices Preston

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"We guarantee to alter exchange or accept the return of any appliance without cost ordered by the Medical Profession if not found suitable within fourteen days from date of supply"
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By Appointment

"MOVABLE KIDNEY"

is an interesting pamphlet which will be sent post free to any Doctor

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ROYAL NORTHERN INFIRMARY
Inverness

APPOINTMENT OF MEDICAL CONSULTANT AND HON CHARGE PHYSICIAN

The Directors invite applications for the new post of Medical Consultant and Hon Charge Physician at the Royal Northern Infirmary Inverness

Candidates should preferably be Fellows of the Royal College of Physicians of Edinburgh or London and must be graduates of a British University

The successful candidate will be in charge of at least twenty beds in the Infirmary and in addition he will be required to act as Medical Consultant in the Northern Area under arrangements with the Department of Health for Scotland and the local authorities concerned

Payments in respect of salary for the above services will be at the rate of £1 200 per annum and will be subject to revision within five years

The person appointed will be free to undertake other consultant work throughout the Northern Area but must not engage in general practice or *in the practice of obstetrics or surgery*

Further particulars may be obtained from Robert Gilbert Esq Honorary Secretary Royal Northern Infirmary Inverness with whom applications for the post, together with twelve copies of testimonials must be lodged not later than November 19th 1937

SEAFIELD MATERNITY HOSPITAL, AYR

HOUSE PHYSICIAN

Applications are invited for the post of house physician at the above hospital which contains 30 Beds for abnormal cases and is under the charge of a qualified obstetrician Salary will be at the rate of £200 per annum and board lodging and laundry will be provided The appointment is till March 31st 1938 but an extension for six months may be arranged

Applicants should have had experience as house surgeon or house physician but obstetrical experience is not necessary Applications should state age, qualification and experience and should be forwarded with copies of three recent testimonials to the County Clerk, County Buildings Ayr so as to reach him not later than Wednesday November 17th

Ayr October 27th 1937

RAUCEBY MENTAL HOSPITAL
near Sleaford Lincs

Applications are invited for the post of ASSISTANT MEDICAL OFFICER (Male) The salary will be £350 per annum rising by increments of £25 per annum to £450 together with board lodging attendance and laundry valued for superannuation purposes at £120 per annum An additional £50 per annum will be paid for the D P M The appointment is subject to the provisions of the Asylum Officers Superannuation Act 1909

Applications stating full particulars together with copies of three recent testimonials to be forwarded to the Medical Superintendent before November 14th

WINFORD ORTHOPAEDIC AND HEART HOSPITAL near Bristol
(110 Beds)

Applications are invited from registered Medical Practitioners (either sex) for the post of MEDICAL OFFICER (non-resident full time) for a period of two years with the option of a third year Previous experience in Orthopaedic work an advantage Salary at the rate of £325 per annum The appointment will be *determinable at any time by three* months notice on either side.

Applications giving particulars of age qualifications and experience accompanied by copies of three testimonials should be forwarded as soon as possible to the undersigned (from whom further particulars may be obtained)

E. R HARVEY RACE Secretary
Winford Orthopaedic Hospital
46 Park Street Bristol 1

October 23rd 1937

CORNELIA AND EAST DORSET HOSPITAL,
Poole Dorset (120 Beds)

HONORARY STAFF—EAR NOSE AND THROAT DEPARTMENT

The Committee of Management invite applications for the post of HONORARY EAR NOSE AND THROAT SURGEON

Preference will be given to Fellows of a Royal College of Surgeons

Applications stating age experience qualifications and previous hospital appointments, accompanied by copies of three recent testimonials (which will not be returned) must reach the undersigned by Monday November 15th 1937

E. S TOLEY
Secretary

NATIONAL SANATORIUM BENENDEN
Kent

HOUSE PHYSICIAN

The Council of the National *Sanatorium* Association invites applications from registered Medical Practitioners for the post of House Physician Salary at the rate of £150 per annum with board residence and laundry

The successful candidate will be appointed for a period of six months commencing January 1st 1938 Previous experience in pulmonary disease is desirable

Applications stating age nationality and experience together with copies of three recent testimonials should be sent to the undersigned not later than November 22nd 1937

C. C LAWRENCE,
Hon Secretary

42 West Drive Cheam Surrey
Envelopes should be marked PERSONAL

NATIONAL SANATORIUM BENENDEN
Kent

RESIDENT ASSISTANT MEDICAL OFFICER

The Council of the National Sanatorium Association invites applications for the post of Resident Assistant Medical Officer to commence on January 1st 1938

Candidates should have had previous experience *in tuberculosis* The salary will be £350 per annum rising by £25 per annum to £425 with board residence and laundry

There are 150 beds at the Sanatorium

Applications stating age nationality qualifications and previous experience together with copies of three recent testimonials, to be sent to the undersigned not later than November 22nd 1937

C C LAWRENCE
Hon Secretary

42 West Drive Cheam Surrey
Envelopes should be marked PERSONAL

THE ROYAL INFIRMARY SHEFFIELD
(500 Beds)

The Board of Management invite applications for the undermentioned posts

1 HOUSE SURGEON TO THE EAR NOSE AND THROAT DEPARTMENT

2 OPHTHALMIC HOUSE SURGEON

The salary attached to (1) is £80 p a increasing after six months service to £100 p a and (2) £120 p a with board and residence in each case

These appointments will be tenable for the period of six months commencing November 1st 1937

The Ophthalmic Department contains 69 beds and an Out Patient Department which is open daily

Applications with copies of testimonials to be sent to the General Superintendent and Secretary

October 23rd 1937

WESTERN INFIRMARY OF GLASGOW
(Incorporated)

RADIUM DEPARTMENT

The Managers invite applications for a FULL TIME ASSISTANT RADIUM THERAPIST for the National Radium Centre at the Western Infirmary

The work will include treatment by the usual Radium methods and also by Beam Therapy Salary £400 per annum

Fifteen applications with copies of at least two testimonials with each application to be lodged with the Subscriber on or before Wednesday November 24th 1937 Canvassing not permitted

J MATHESON JOHNSTON
Secretary and Treasurer

87 Union Street, Glasgow
November 3rd 1937

GENERAL HOSPITAL NOTTINGHAM
(389 Beds)

A RESIDENT CASUALTY OFFICER (Male) is required at the above Institution The appointment is for six months with salary at the rate of £150 a year with board residence and laundry Candidates are desired to send applications stating age qualifications and experience together with copies of testimonials to the undersigned at once Duties to commence on December 1st.

PETER M MacCOLL,
House Governor and Secretary

LIVERPOOL MATERNITY HOSPITAL
Oxford Street

HOUSE SURGEON required for the six months commencing January 1st next salary at the rate of £90 per annum with board residence and laundry Previous experience as House Surgeon essential Membership of a Medical Defence Society is a condition of the appointment.

Applications stating age, qualifications and experience together with copies of testimonials to be sent to the Honorary Secretary of the Medical Board on or *before Friday November 26th*

THE ROYAL HOSPITAL
Wolverhampton
(Incorporated under Charter)

RESIDENT ANAESTHETIST

Applications are invited for the post of Resident Anaesthetist The appointment will be for six months renewable, and the salary £200 p.a with board and residence.

The Hospital contains 300 beds at present being enlarged to 400 beds and is approved by the General Medical Council for part of the requisite attendance on Medical and Surgical Practice.

Applicants should provide evidence of their experience in modern anaesthetic methods Applications should be sent to the undersigned from whom further information required about the post may be obtained

W H HARPER
House Governor

Wolverhampton.
October 25th 1937

THE PRINCE OF WALES'S HOSPITAL,
Devonport, Plymouth
(Formerly Royal Albert Hospital Devonport.)
(64 Beds)

Applications are invited for the post of SENIOR HOUSE SURGEON Salary £130 p.a with board residence and laundry

Duties to commence December 1st Appointment is tenable for six months and is subject to renewal Applicants must be registered under the Medical Acts

The Hospital is officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons of England

Applications stating age and qualifications with copies of three recent testimonials, must reach the undersigned by November 12th

FRANK ROWE,
Secretary

October 25th 1937

THE PRINCE OF WALES'S HOSPITAL
Greenbank Road Plymouth
(Formerly South Devon and East Cornwall Hospital) (264 Beds)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (male) Salary £225 per annum with board residence and laundry

Appointment tenable for six months and subject to renewal Duties to commence December 8th

Candidates must be registered under the Medical Acts and it is desirable they should possess the F R C S England or Edinburgh

Applications stating age and qualifications together with copies of three recent testimonials to reach the undersigned by November 19th

ARTHUR R CASH
Gen Supt. and Secretary

October 30th 1937

WATERLOO AND DISTRICT GENERAL HOSPITAL, near Liverpool

APPOINTMENT OF HONORARY PHYSICIAN

The Committee of Management give notice that there is a vacancy for an Honorary Physician The person appointed will be required to attend one short session per week in the Out Patients Clinic

Candidates for the office shall produce evidence of being Doctors in Medicine of one of the Universities of the British Empire or Members of the Royal College of Physicians of London and having been registered according to the provisions of the Medical Act

Applications with copies of three testimonials, must reach the undersigned on or before November 23rd 1937

ARTHUR STUDLEY
Hon Secretary

THE ROYAL SEA-BATHING HOSPITAL
Margate

A MALE HOUSE SURGEON REQUIRED on December 1st next. The salary is at the rate of £200 per annum with board residence attendance and laundry Candidates for the post must be legally qualified and registered The appointment is for six months but may be extended for a further period of six months There are 320 beds for adults and children which afford special opportunities for the study of surgical tuberculosis.

Applications stating age previous appointments with copies of three recent testimonials, should be sent to the Secretary R.S.B.H Offices 15 York Buildings Adelphi London W C 2 not later than November 15th next

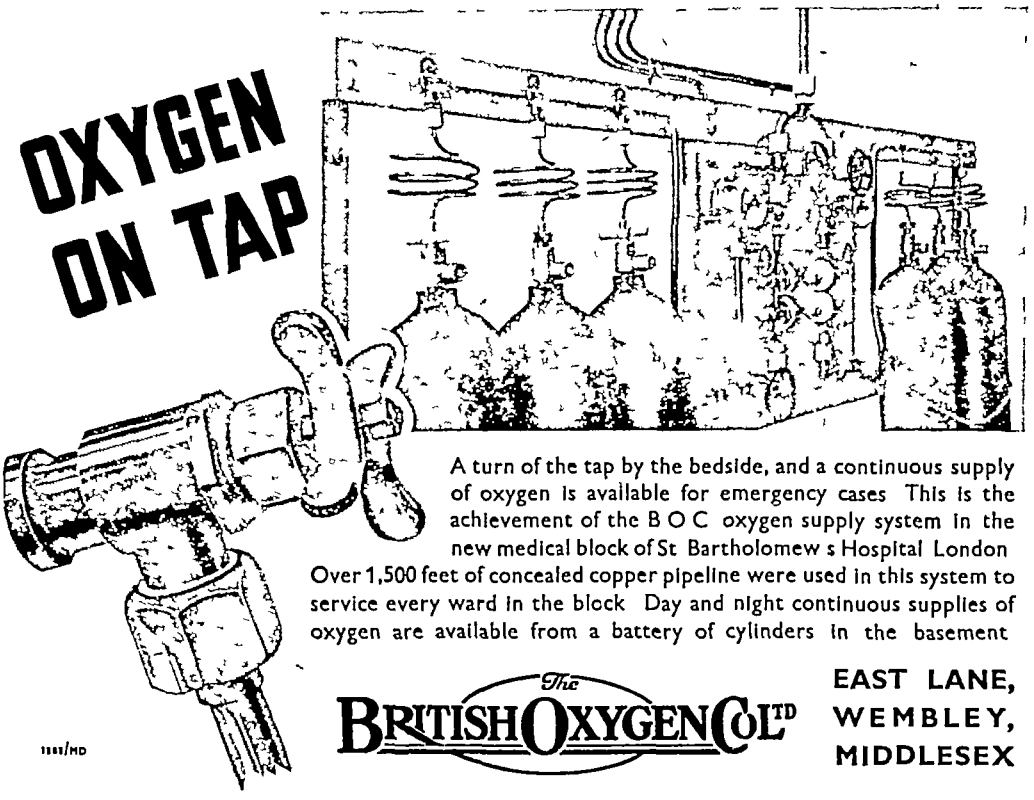
THE LADY CHICHESTER HOSPITAL *(HOVE)* FOR FUNCTIONAL NERVOUS DISEASES
(60 Beds)

Applications are invited for the post of HONORARY THROAT and EAR SURGEON

Applications with testimonials to the Secretary P F Spooner 33 West Street Brighton

October 27th 1937

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A turn of the tap by the bedside, and a continuous supply of oxygen is available for emergency cases This is the achievement of the B O C oxygen supply system in the new medical block of St Bartholomew s Hospital London Over 1,500 feet of concealed copper pipeline were used in this system to service every ward in the block Day and night continuous supplies of oxygen are available from a battery of cylinders in the basement

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Its use eliminates the risk of Dermatitis which so frequently arises from the application of Self adhesive Bandages

"CERABAN," whilst free from rubber possesses elastic properties and when carefully applied to the limb gives substantial support It is porous adhesive and non irritating will not chafe and permits of complete respiration of the skin

In the treatment of Varicose Ulcers the use of Ceraban Bandage eliminates the risk of Dermatitis which occasionally occurs through the application of self adhesive Elastic Bandages In the less severe of such cases a distinguished authority writing in the *Lancet, page 580 Sept 7th, 1935, issue* recommends the use of Ceraban Bandage cut in strips as a first and protective dressing prior to covering with self adhesive Elastic Bandage and in the more serious cases the complete replacement by Ceraban It is waterproof antiseptic and being spread on an extensible material readily conforms to the shape of the limb and therefore will not slip

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VICTORIA HOSPITAL BLACKPOOL
(182 Beds)

APPOINTMENT OF PATHOLOGIST

The Board of Management invites applications from duly registered medical practitioners who have had adequate training in a department of high standing for the appointment of a full time Pathologist to take charge of a new department about to be established and which will commence to operate on January 1st 1938

The work will include Pathology Clinical Pathology and Bacteriology undertaken for the patients of the Hospital and also the examination of materials sent from external sources Private practice will not be allowed

Salary at the rate of £350 per annum together with the first £250 per annum of the gross receipts and fifty per cent of the further gross receipts until these reach a total of £1 850 per annum Thereafter further advances will be at the discretion of the Board

The prospects of the rapid development of the private income of the Department are considered particularly good

Applications together with copies of recent testimonials should be sent to me not later than November 30th 1937

WALTER R SMITH
General Superintendent

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION
Gloucester

Applications are invited for the appointment of a whole-time ASSISTANT RADIOLOGIST Salary at the rate of £500 per annum

Applicants must be registered Medical Practitioners and hold a diploma in radiology

The appointment will be for two years which may be renewed for a further period

Applications stating age and qualifications with copies of testimonials to be sent to the undersigned on or before December 1st 1937

F J SYMONS
October 7th 1937 Secretary

THE HOSPITAL FOR WOMEN
Soho Square, London W 1

Applications are invited for the post of PATHOLOGIST AND REGISTRAR which falls vacant on January 1st 1938 The appointment is for part time work in the hospital for twelve months but the holder is eligible for re-election annually for a total period not exceeding three years The Honorarium is £100 per annum

Applications must reach the undersigned by Monday November 22nd

J P HEMING Secretary

THE INFANTS' HOSPITAL
Vincent Square Westminster

Applications are invited for the post of HOUSE PHYSICIAN (either sex) Salary at the rate of £100 per annum with board residence and laundry The appointment is for six months from January 1st

Applications with copies of testimonials to be forwarded to the undersigned not later than November 30th

ALFRED J SMALL Secretary

THE INFANTS' HOSPITAL,
Vincent Square Westminster

Applications are invited from qualified Medical Practitioners for appointment as CLINICAL ASSISTANTS (Honorary) in the Out patient Department

Applications stating previous experience must be delivered not later than November 30th to the Secretary from whom further information may be obtained

ALFRED J SMALL, Secretary

ADDENBROOKE'S HOSPITAL CAMBRIDGE

Applications are invited for the post of RESIDENT ANAESTHETIST AND EMERGENCY OFFICER (male) The appointment will be for three months from January 1st 1938 Salary at the rate of £130 per annum with board residence and laundry Candidates who must be unmarried and duly registered are requested to forward their applications stating age, qualifications, etc together with copies of not more than four recent testimonials to the undersigned on or before Wednesday November 17th 1937

J A BEARDSALL
Secretary Superintendent.

EVELINA HOSPITAL FOR SICK CHILDREN
Southwark S E 1

Applications are invited for the post of HOUSE SURGEON (male) for six months from December 12th (first two months in the Casualty and Out patient Department) Salary at the rate of £120 per annum with full board and residence.

Applications with copies of three recent testimonials, should be sent to the undersigned from whom particulars can be obtained not later than first post on Tuesday November 23rd

W H SIDNELL
House Governor

COUNTY COUNCIL OF LINCOLN—PARTS OF LINDSEY
LOUTH PUBLIC HEALTH HOSPITAL

APPOINTMENT OF MEDICAL SUPERINTENDENT

Applications are invited from registered medical practitioners for the appointment of Medical Superintendent at the above-named institution (200 Beds)

Candidates should hold one of the higher medical qualifications and must have held the post of House Physician or House Surgeon in a public general hospital Experience as a medical officer of a general hospital is also essential

The officer appointed will act under the general supervision and control of the County Medical Officer of Health

The salary will be at the rate of £800 per annum rising by biennial increments of £50 to a maximum of £1 000 It will be subject to the usual deductions under the Local Government and Other Officers Superannuation Act 1922

Further particulars as to the appointment may be obtained from the undersigned to whom applications stating age qualifications and experience together with copies of three recent testimonials should be forwarded not later than November 20th 1937

W S H CAMPBELL
County Medical Officer of Health.

Public Health Department,
County Offices Lincoln
November 2nd 1937

THE KING EDWARD VII WELSH NATIONAL MEMORIAL ASSOCIATION

Applications are invited from duly registered medical practitioners for the post of

AREA ASSISTANT TUBERCULOSIS OFFICER (MALE)

Salary £500 per annum rising by annual increments of £25 to £700 per annum together with travelling and subsistence allowances when away from base

Preferably candidates should have had at least six months' special training in tuberculosis with eighteen months experience in general clinical work of which six months should have been spent in a hospital not confined to the treatment of tuberculosis Knowledge of Welsh desirable

The person appointed will be required to pass a medical examination and to contribute 5 per cent. of his salary to the Superannuation Fund of the Association Applicants not already in the service of the Association must be under 45 years of age.

Applications stating age qualifications experience etc together with copies of three recent testimonials should reach the undersigned not later than Wednesday November 17th 1937

D A POWELL
Memorial Offices Principal Medical Officer
Westgate Street Cardiff
November 1937

BECKETT HOSPITAL AND DISPENSARY
Barnsley (153 Beds)

Applications are invited for the undermentioned posts

CASUALTY OFFICER to take charge of injuries and fractures Capability to perform emergency operations a recommendation Ophthalmology desirable

HOUSE PHYSICIAN —Preference will be given to applicants who have held previous hospital post.

Salaries £250 and £200 per annum respectively with board residence and laundry

Applications together with testimonials should be sent to the undersigned

ARTHUR L BOURNE,
November 2nd 1937 Secretary Superintendent

WINSLEY SANATORIUM
near Bath

The Governors invite applications for the appointment of a whole-time ASSISTANT RESIDENT MEDICAL OFFICER (male) Salary £250 with apartments board laundry etc

The appointment will be made for a period of twelve months (subject however to termination during such period by one calendar month's notice on either side)

Applicants should state age, qualifications, experience etc and submit three testimonials by November 9th.

T A W CARLISLE
Winsley Sanatorium Secretary
Near Bath October 25th 1937

CROYDON GENERAL HOSPITAL

Applications are invited from qualified and registered medical men for a post of HOUSE PHYSICIAN Salary £125 per annum with board residence and laundry

Applications stating age qualifications, accompanied by copies (which will not be returned) of three testimonials to reach the undersigned not later than Monday November 22nd 1937

The candidate appointed will be required to take up duties on January 1st 1938

GEORGE H DAMS
House Governor and Secretary
November 2nd 1937

STANNINGTON CHILDREN'S SANATORIUM
Northumberland (310 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER (FEMALE)

Applications are invited from duly qualified medical women for the above post Candidates must have held a resident hospital appointment since qualifying, and have had experience in the diagnosis and treatment of Tuberculosis and Bacteriology

The Sanatorium deals with all forms of Tuberculosis surgical and medical in children and is fully equipped for the work

Salary £250 to £300 per annum according to experience with full residential emoluments Duties to commence on January 1st 1938

Applications marked R A M O with copies of testimonials, should be sent to the Honorary Secretary Mr Isaac Nixon F C A 21 Eldon Square Newcastle upon Tyne 1

ESSEX COUNTY MENTAL HOSPITAL, BRENTWOOD

JUNIOR (MALE) ASSISTANT MEDICAL OFFICER required Single under thirty years. Previous Mental Hospital experience not essential Commencing salary £510 per annum rising by annual increments of £25 to £610 If a Diploma in Psychological Medicine is held or obtained an additional £50 per annum Subject to deductions under the Asylums Officers Superannuation Act, 1909 A charge of £2 2s per week for board lodging and washing will be made Applications giving full particulars of qualifications, accompanied by copies of three recent testimonials to be sent to the Medical Superintendent as soon as possible.

STAFFORDSHIRE COUNTY COUNCIL
STANDON HALL ORTHOPAEDIC HOSPITAL
(120 Beds)

HOUSE SURGEON (FEMALE)

Applications are invited for the post of House Surgeon (female) at the above Hospital at a salary of £200 per annum with full board and lodging The appointment is for one year and is not renewable A month's holiday is allowed during the term of service

Applications stating age and qualifications accompanied by three recent testimonials must be delivered to the undersigned not later than November 17th 1937 H L UNDERWOOD
Clerk of the County Council

County Buildings Stafford
November 1st 1937

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W C 1

A RESIDENT ANAESTHETIC REGISTRAR is required Duties to commence on January 1st 1938 The appointment is tenable in the first instance for six months Salary at the rate of £150 per annum Candidates must be unmarried possess a legal qualification to practise and have held a responsible resident appointment at a General Hospital

Applications must be received by noon on Monday November 29th 1937 and candidates must be prepared to attend for interview by the Joint Committee at 4 45 p m on Wednesday December 1st 1937

Further particulars and forms of application are obtainable from the undersigned

HERBERT F RUTHERFORD
October 1937 Secretary

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL
(220 Surgical and Medical Beds)

HOUSE SURGEON

Applications are invited from fully qualified men for the above post The appointment is for six months Salary at the rate of £150 per annum with board apartments and laundry

Applications stating age together with copies of three recent testimonials should be sent to the undersigned as soon as possible

M H BOONE,
Superintendent and Secretary
October 28th 1937

BOROUGH OF BARKING

ASSISTANT MEDICAL OFFICER

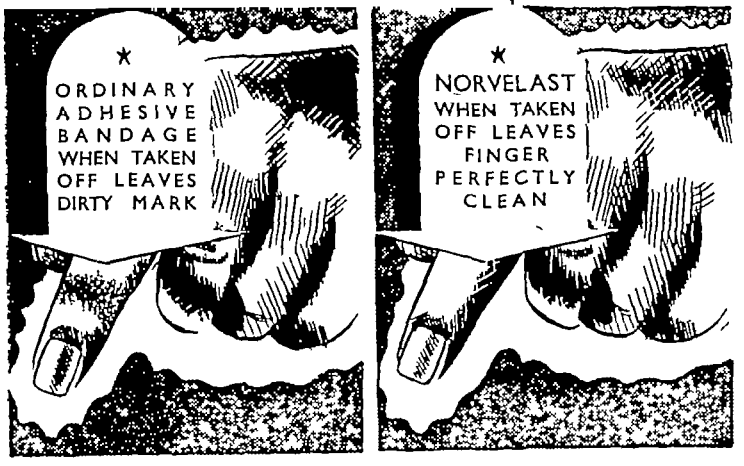
Applications are invited before November 22nd 1937 from qualified medical practitioners with experience in public health work for the designate appointment of Assistant Medical Officer of Health and Assistant School Medical Officer Preference will be given to candidates who possess a registrable qualification in public health. Salary scale £500-£25 £700

Particulars of duties and application form may be obtained from the undersigned

S A JEWERS
Town Clerk.

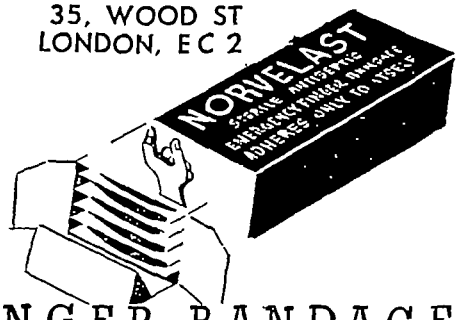
Town Hall
Barking Essex

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LONDON, E C 2

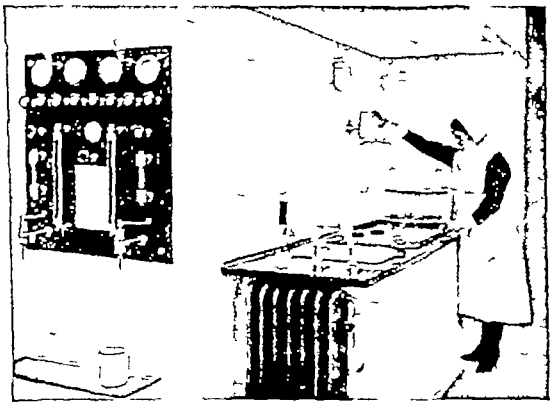


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FIG 8121



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NOTTINGHAM

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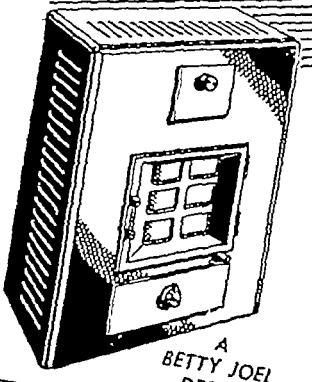
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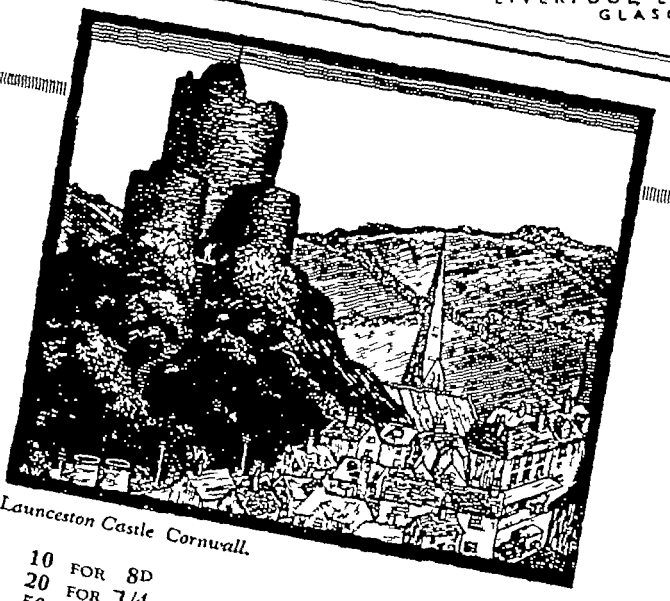
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The maximum commission charged on the sale of any practice or share placed exclusively in our hands is £50. No commission is charged on the sale of anything else except house property Scale of charges sent on application.

FOR DISPOSAL.

LINCS —SMALL TOWN NEAR SEA. £1 400 p.a. incl panel worth £230 Good class Fees 5/6 to 21/- 2 years purchase. House (6 bed etc.) for sale. £1 550 —1

YORKSHIRE DALES —UNOPPOSED £1 000 p.a Panel £340 p.a. Commodious house with large garden Price for house and goodwill, £3 000 or would let —2.

HERTS —TOWN HALF SHARE OF OVER £3,500 p a Good Panel and mixed Practice Premium 2 years purchase. Family house with garden to rent —3

LONDON, OUTER S E. SUBURB — Over £1 850 rapidly increasing Panel over 1,000 Premium £3 700 Run from Surgery Residence available if desired —4

SUSSEX RESORT —ABOUT £650 P.A Panel 200 Visits 4/ to 10/6 Premium £1,200. Freehold house 6 bed. etc. £2,300 —5

MIDLAND CATHEDRAL CITY — Half share of £2 470 Panel 1 200 Premium 2 years purchase Corner house (4 bed) to rent at £68 —6

NUCLEUS SURREY — £160 P.A Panel 54 Small house to rent Any offer Another near Bournemouth Death Vacancy About £140 and scope Panel 140 Offers —7

DERBYSHIRE. — COUNTRY, UNOPPOSED Nearly £1 100 p.a. Panel 960 Appts £200 p a Premium only 1½ years purchase. Good house 6 bed etc £1,500 freehold —8

SUSSEX. — COUNTRY PRACTICE. About £700 p.a Panel over 500 increasing. Appts. £20 p.a Visits 5/- up Small house, nice garden, *garage, etc to rent* —9

WITHIN 30 MILES OF LONDON WEST SIDE. ¼ SHARE of about £3,200 p.a. Panel about 2,500 Very good prospects *Excellent house* can be purchased or rented.—10

SURREY —TOWN NEAR LONDON Nearly £1 300 p a Panel 800 Good *house on rental Premium £2 000* —11

LONDON N W 1 —LOCK-UP AVERAGE £450 p.a Panel 700 Visits 3/6 Surgery 2/6. Net Rent £95 p a Premium £700, including drugs and fittings —12

WEST COUNTRY — CONSULTING PRACTICE. Excellent opening. £500 p.a at present with ample scope M R C.P essential —13

LONDON S W —£400 P A SMALL PANEL Vendor lives away Good scope if resident Price of practice and house, £1 600. Part of house let at 30/- —14

WEST COUNTRY —OLD EST, UNOPPOSED country PRACTICE, £850 p.a Panel 500 and appts Nice house garden and garage, rent £80 p.a Premium 2 years purchase —15

LANCS TOWN —OLD EST £1 100 p.a. Panel 325 not encouraged good scope. Nice house large garden and garage for sale or let. Premium 1½ years purchase.—16

LONDON N —ABOUT £1 000 P.A. Panel 1 050 Fees 3/- to 5/- Lock-up Premises. House available if required —17

MANCHESTER — PLEASANT DISTRICT About £1 200 p.a Panel 750 Ample scope. Well-built detached house, 5 bed garden and tennis lawn etc —18

SUFFOLK.—COUNTRY AVERAGE £1 096 p.a Old-estd Panel £582 Appts. and clubs over £100 p a *Premium £1 900 House* with 2 recep 3 bed surgery etc. Electric light. Indoor sanitation Garden and garage. Rent £40 —19

LANCS — TOWN OLD ESTAB Average £1 200 p.a. Select panel of 740 Scope for Surgery and X Ray Premium £1 350 Nice *house on rental £70 p.a* —20

LONDON S E —RESIDL AVERAGE £700 p a Panel 600 Old-estd Fees 3/6 to 10/6. Premium 1½ years purchase. Corner house, 5 bed etc. £1 200 or offer —21

KENT —WITHIN EASY REACH OF *town Nucleus nearly £700* with ample scope Estd. only 20 months Panel now 220 Premium only £700 incl equipment Suitable house to rent —22.

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In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill, book debts, furniture, drugs, fittings and other effects (excluding sales of any freehold or leasehold property, or of practices effects, etc, outside Great Britain) is limited to a maximum fee of Fifty Pounds
FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal **Full particulars sent free.**

1 S COAST—Old-established PRACTICE, averaging nearly £1,500 p a, in popular watering place Panel 825 House in excellent position (5 bedrooms, etc), garage and garden, for sale Good scope Premium two years purchase

2 SURREY/HAMPSHIRE BORDER—Old established PRACTICE in residential district Cash receipts average £635 p a, including appointments worth about £70 and panel about 750 Visits 3/6 to 10/6 House (6 bed and dressing rooms, etc) electric light, power and gas, large garage and three-quarter acre of garden for sale freehold —need not be taken over unless desired Premium Practice £1 200 Modern well-equipped cottage hospital

3 BRISTOL—PARTNERSHIP in increasing Practice in growing suburb Cash receipts past twelve months, £2,125 Panel 2,200 House with 4 bedrooms and surgery accommodation, to rent at £60 p.a also branch surgery Scope Premium one half share £2 000 to include share of drugs etc

4 LONDON, S E—Middle-class PRACTICE in pleasant open suburb Receipts 1936, £848 Panel 450 House contains 5 bedrooms etc Price freehold £1 400 Scope Premium £1,280

5 WILTS/HANTS BORDER—PARTNERSHIP (after preliminary Assistantship) in increasing mixed Practice in country district Receipts, 1936 nearly £2,350 Panel between 1,400/1 500 One-third share to suitable man at one and a half years purchase

6 S MIDLANDS—PARTNERSHIP in Practice, between £2,300/£2 400 p.a, in county town Panel about 2,000 House (6 bedrooms) large garage and garden for sale or rent One third share (after preliminary Assistantship) at one and three-quarter years purchase or near offer

7 S WALES—Steadily growing middle-class PRACTICE doing about £500 a year in residential village, easy distance of large town Modern semi-detached house (5 bedrooms), garage and garden Price £1,350 leasehold Scope Premium one year s purchase

8 S AFRICA—PRACTICE, averaging over £1,400 p.a, in important town in Cape Province House with 5 bed rooms, separate surgery accommodation, to rent Scope for surgery Premium £500

9 DEATH VACANCY—W OF ENGLAND—Old-established good middle-class non panel PRACTICE doing about £1,800/£2 000 p a in country town with hospital Suitable house available Further details on application

10 HOME COUNTY—PARTNERSHIP in Practice averaging over £3 500 p.a in beautifully situated country town, within easy reach of coast Panel about 1 350 Fees 3/6 to £1 1s House with 5 bedrooms etc for sale Partner must be experienced and aged about 35/40 Premium one half share two years purchase Hospital

11 SEASIDE TOWN under an hour from London—PARTNERSHIP (one half share) in chiefly middle-class Practice over £4 000 p.a Panel 650 Corner house (5 bed and dressing rooms) on main road for sale Scope for increase Premium two years purchase

12 MIDLANDS—Old-established non-dispensing PRACTICE averaging £1 640 p.a in first-rate residential town Small panel House (6 bedrooms), garage, for sale Scope Premium £2,850 Hospital

13 LONDON, E 15—PRACTICE, averaging £1,670 p.a, in populous suburban district Panel nearly 2 000 Small house to rent Good scope Premium two and a-quarter years purchase

14 E MIDLANDS—Country PRACTICE, averaging nearly £650 p a, in pleasant village Panel 500 Charming stone built house (6 bedrooms) central heating electric light, power and main water, garage and garden about one and a half acres for sale Scope Premium two years purchase

15 LONDON, S W—Medical Woman s PRACTICE, averaging £489 p.a in suburban district—run as a 'Lock Up' Surgery premises to rent. Good scope for increase Premium £750

16 LONDON, S W—Well-established Medical Woman s PRACTICE in outlying suburban district Receipts average £960 p.a No panel Purchaser could have use of surgery premises, living accommodation and services by arrangement Premium one and three-quarter years purchase

17 S W OF ENGLAND—PARTNERSHIP in old-established Practice, £6 600 p.a, in beautiful country district. Valuable appointments and panel of 4,500 Centrally situated house (5 bedrooms) for sale Premium one fifth share £2 750

18 EASTERN COUNTIES—PARTNERSHIP in good middle-class Practice £2,450 p.a in county town Panel 1 200 Good house (5 bedrooms), in perfect condition to rent Premium one half share two years purchase

19 N.E COAST—PARTNERSHIP in Practice, between £2,000/£2,200 p.a in fashionable watering place Panel 1,700 Applicant should be English or Scottish aged about 30, and experienced in general practice and surgery Two-fifths share at two years purchase after about ten months Assistantship

20 MIDLANDS—Old-established PRACTICE in beautiful country district Cash receipts last year £1,280, including appointments worth about £60, and a panel between 650 and 700 Visits 2/6 to £1 1s without medicine Nicely situated house (4 bedrooms, dressing room, etc), with nice garden and two garages Rent about £80 p.a Premium two years purchase

21 N WALES BORDER—PARTNERSHIP (with early succession) in old-established County Practice about £2,500 p.a, in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one half would be sold at first with early succession Premium two years purchase

22 S MIDLANDS—PARTNERSHIP in steadily increasing Practice, about £3 000 p.a, in good town Panel 1 846 Good house with garage and small garden, to rent Partner should be aged about 35 experienced in gynaecology and hold F R C S or M C O G Hospital and app on staff One third share at two years purchase and to one half later

23 ESSEX—PRACTICE in growing town Receipts past year £1,869 Panel about 1 900 Visits 3/6 to 6/6 Small house for sale at £850 Premium £3 300

24 MIDLANDS—PARTNERSHIP in Practice about £2 400 in manufacturing town Appointments worth about £250 p.a, and panel 1,250 Suitable accommodation available One third share at first at two years purchase Good scope for medicine Vendor on hospital staff

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The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 MIDLANDS —Old-established country PRACTICE, producing about £1 450 p.a. with substantial panel Good house with garden, on rental *Premium* 2 years purchase

2 SURREY —Well-established PRACTICE, producing between £1 600 and £1 700 p a including panel of 1 000 and P M.S 500 *Suitable small house* with garden Price £1 195 £900 on mortgage Premium £3 000 Ill health reason for sale

3 LONDON —WESTERN DISTRICT —Old-established PRACTICE held by vendor 12 years. Gross cash receipts last year £2 338 and this year at the rate of about £2 700 *Panel of 1 450-1 500* House in prominent position can be rented at £100 p.a Premium 2 years purchase

4 LADY DOCTOR S PRACTICE —*Chiefly middle-class PRACTICE, situated* in residential South western district Established 10 years ago and steadily increasing. Receipts for last year £984 Small panel. Good house with 6 bedrooms, etc., garden garage Premium 1½ years purchase

5 DEATH VACANCY —GLOS —Old-established good middle-class non panel *PRACTICE, producing about £1 800 to £2 000 p.a* in residential hospital town Suitable house available Premium £2,400 Efficient locum in charge

6 HERTS —RESIDENTIAL TOWN —PARTNERSHIP —A HALF SHARE, with succession in three years, is offered in chiefly better-class Practice producing approximately £3,250 p.a. Substantial panel and good appointments. *House on rental Premium* 2 years purchase

7 KENT —LARGE TOWN —PARTNERSHIP —A ONE THIRD SHARE (with increase later) is for disposal in old-established steadily developing Practice producing at the rate of over £2,400 p.a Panel of 980 and appointments worth over £200 p.a. Suitable house with 3 bedrooms, etc. on rental Premium £1 600

8 NORTH LONDON —Good middle and better working-class PRACTICE, producing about £2,800 p.a with large panel. House can be rented, containing 2 reception, 4 bedrooms, etc., small garden.

9 EASTERN COUNTIES —Mixed-class PRACTICE in pleasant agricultural district producing for last twelve months over £1 300 p.a. Fees 3/6 to 21/ Nice house in good position with 2 reception 4 bedrooms, dressing room etc *Separate professional accommodation. Modern conveniences.* Garden, garage Price for freehold £1 300 Sport of all kinds and schools within reach Premium £1 685

10 CROYDON AREA —Recently established PRACTICE. Receipts for last 12 months over £650 including panel of 350 House with 3 bedrooms etc garden and garage *Can be rented at £85 p.a. Reasonable premium for* quick sale owing to ill health

11 EASTERN COUNTY MARKET TOWN —HALF-SHARE PARTNERSHIP in Practice established some 100 years, owing to retiral of junior partner Gross cash receipts average over £2,400 p a including over £700 p.a from Panel and P.A.C. Suitable house available on rental Ingoing partner should be young and have had hospital experience Premium 2 years' purchase

12. LONDON EAST —*Established 30 years and producing £1 400 p a approximately* Panel of about 1,800 and appointments worth about £236 p a included in total gross cash receipts. Small house on rental at £60 p.a. Accommodation apart from surgery etc., consists of 1 sitting room and 2 bedrooms. Premium 2 years purchase

13 ESSEX —Well-established PRACTICE producing for past 12 months about £1 500 including a Panel of over 1 800 patients Expenses are small Fees 2/6 and visits 3/6. The Practice is stated to be increasing steadily Good house containing surgery waiting room and dispensary 2 reception and 4 bedrooms, for disposal Garage and garden. Price £2 000 Premium £3 000

14 SURGICAL PARTNERSHIP in delightful district within easy reach of London A fifth partner is required in an old-established Practice There is little visiting done under 10/6 although the patients come from all classes Ingoing partner who must hold the English Fellowship would do all the surgery for the firm but must be prepared to do general practice as well Choice of houses

15 CROYDON AREA.—Rapidly increasing PRACTICE producing about £1 800 p.a. Panel of about 1 100 Fees 1/6 to 3/ with visits from 2/6 to 5/ Practically all cash. Vendor specialising in midwifery Suitable house available on rental Premium £3,200

16 LONDON S.E.—Old-established mixed-class PRACTICE producing about £800 p.a. Receipts have declined owing to illness. Panel of 750 patients Large house with very good garden can be rented

17 SUSSEX COUNTRY —Good NUCLEUS with scope for further increase Receipts 1935 £467 1936, £628 1937 for 7 months, £452. *Panel* produces about £267 included in above Good house on rental

18 *MIDLANDS* — COUNTY TOWN — HALF-SHARE PARTNERSHIP available in a well-established Practice producing about £2,500 p.a., including a panel of 3 046 patients. Suitable house for disposal. Premium £2,400

19 HOME COUNTIES —RESIDENTIAL TOWN —PARTNERSHIP —A one fourth share with increase later is for disposal (after a preliminary assistantship of 6 months if wished) in a particularly sound mixed-class Practice, offering good surgical scope Gross cash receipts for last 12 months stated to be approximately £4 800 Panel of about 2,000 and good appointments worth about £360 p.a Visits 3/6 to 21/ Choice of houses Ingoing partner must have the Fellowship, have had hospital surgical experience and be accustomed to better-class work, preferably married and not over 34 years of age

20 HOME COUNTIES. — Mixed-class PRACTICE in residential district, established many years. Average gross cash receipts for last 3 years £1,356 p.a Panel of 750 and appointments worth over £100 p.a. Nice house with good garden containing 2 reception, 5 bedrooms, dressing room etc. Professional rooms with separate entrance can be rented at £95 p.a. Sport of all kinds and good educational facilities. Premium 2 years purchase

21 NORTH LONDON —Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant. Gross cash receipts for last 12 months £1 681 Panel of 320 appointments worth about £70 p.a Visits 5/ to 7/6 Good house with reception, 5 bedrooms, etc. *Professional rooms, small* garden, garage Freehold for sale or might be rented Premium 2 years purchase or near offer

22. OUTLYING EASTERN SUBURB —Non panel PRACTICE established upwards of 45 years and held by vendor for past 15 years Gross cash receipts for last 12 months £2,236 p a Very moderate expenses Very nice detached corner house with garden back and front side entrance, containing 2 reception 6 bedrooms, etc. Price £1 000 Premium 2 years purchase

23 *PARTNERSHIP* —LONDON EAST —A HALF-SHARE of middle and working-class Practice producing for immediate past 12 months £4 567 p.a. Panel of over 5 000 Suitable house can be obtained

24 NORTHERN SUBURB WITHIN 10 MILES OF HYDE PARK —Middle *class PRACTICE offering very good scope for increase, producing for immediate* past 12 months £829 Panel of about 560 and appointments worth £50 p.a plus private fees. Good house containing 1 reception, 4 bedrooms, Professional rooms, good garden and garage *Price freehold £1,300 or can* be rented at £90 p.a. Premium £1,200

25 RESIDENTIAL TOWN WITHIN 35 MILES OF LONDON —Old-established non-panel PRACTICE, producing over £2,800 p a Good house with 3 reception 4 bedrooms, etc, good Professional rooms, garden garage. *Can be rented on lease at £63 p.a Moderate expenses. Good educational* and sporting facilities. Premium 1½ years purchase

26 SURREY —PLEASANT RESIDENTIAL TOWN —PRACTICE produced for last 12 months approximately £1,280 Panel of 800 Fees 3/6 upwards. Midwifery 3 to 10 gns Suitable house available and surgery premises on *rental Vendor relinquishing on account of ill health. Premium £2,000*

27 NORTH EAST COAST —Old-established PRACTICE, producing about £900 p.a., but stated to be capable of *considerable increase* Choice of suitable houses Partnership introduction will be given Vendor retiring

28 SOUTH WEST LONDON —PRACTICE has been established over 40 years and has been held by vendor (who wishes to return abroad) about ten years. Gross cash receipts for last 12 months over £900 including Panel of about 350, *which could be increased Suitable house with 5 bedrooms on rental,* Moderate premium for quick sale

29 WEST MIDLANDS —PLEASANT RESIDENTIAL TOWN —PRACTICE producing about £1 600 p.a., including a selected Panel of about 560 patients. Mostly better-class and non-dispensing. Consultations 3/6 to 10/6 Visits 5/ *to 1 guinea. Freehold house for disposal contains 3 reception* 3 large and 3 smaller bedrooms with separate servant s quarters. Excellent consulting rooms, garage for 2 cars.

30 HAMPSHIRE NUCLEUS—stated to be producing now at the rate of £5 per week and to offer considerable scope for an energetic worker

31 COAST TOWN —Old-established held by Vendor past 3½ years and now for disposal as he wishes to specialise Gross earnings for year ending 31/3/37 approximately £2,183 Panel of about 770 patients producing about £425 p a., and appointments producing about £100 p.a. Fees 3/6 and 5/ Visits from 5/ Good house available freehold £1 100 Accommodation consists of consulting room 7 bedrooms, 2 *reception rooms, etc.* Premium 2 years purchase or near offer

32. *LANCS —High-class Seaside and Residential Town —Easily worked* old established PRACTICE for sale Gross cash receipts about £1,100 p.a., including a panel of about 325 patients. Fees 3/6 to 10/6 Visits 5/ to 21/- Midwifery about 12 cases p.a. Minimum 5 guineas rising to 15 guineas. Mostly non-dispensing Low expenses Suitable house available with consulting and waiting rooms, 2 reception 3 bedrooms and a maid s room and box room Large garden and garage Leasehold for sale or would be rented Premium 1½ years purchase There is stated to be good scope for increase for an energetic man

33 SOUTH COAST —PARTNERSHIP —A TWO-FIFTHS SHARE in good *middle and upper-class practice* producing about £2,550 p.a. Panel of 1,300 Fees 3/6 to 21/ Suitable house can be rented at £65 p.a. Easily worked and scope for increase Premium 2 years purchase

34 DEVON SOUTH COAST —A well-established good-class *entirely private* PRACTICE producing for the past 12 months about £1 000 Panel could be had if desired. Fees 2/6, 3/6, 5/ and 7/6, with a few visits up to 21/ Non-dispensing Suitable house containing consulting room, 2 reception rooms, 6 bedrooms, for sale Freehold £1 400 Partnership introduction. Would be suitable for ex I M.S or similar

35 DEVELOPING NORTHERN SUBURB —A 3/8th SHARE is offered in *a well-established and growing Practice* Receipts for 12 months to 1/4/37 amounted to about £5,200 including about £80 from appointments and a Panel of some 5 300 patients. There is a choice of houses available

36 LONDON E.2 —Lock up PRACTICE established 80 years for disposal. Income about £800-£900 p a., with Panel of about 1 150 patients Fees 2/6 and 3/6 *Visits from 3/6 Suitable accommodation* available consisting of consulting room, dispensary waiting room the remainder being sub-let for £280 p.a. Rent and rates £230 p.a. Premium 2 years purchase to include about £150 fittings, fixtures, drugs, etc.

37 CITY PRACTICE.—Lock up hours 10-1 and 5.30-6.30 producing about £1 000 p.a., *including £200 from Panel and appointments.* Suitable accommodation available

38 *LONDON S.W* —Old-established PRACTICE producing £1,500 p.a with panel of 1,266 patients for disposal. Appointments and small club *bring in* about £85 p.a. House available contains Professional accommodation reception room and 3 bedrooms and maids room, bathroom. For sale or might be rented. Premium £3 000

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

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Mr. V. Zachary Cope, M D, M S, F R C S

on

NOVEMBER 12th, 19th, 26th, at 2.30 p m

DEPARTMENT OF PATHOLOGY

A Course of Six Lectures on

THE PATHOLOGY OF TUBERCULOSIS

will be given by

Dr S R GLOYNE, M D, D P H

on

NOVEMBER 17th, 24th, DECEMBER 1st, 8th, 15th, 22nd, at 4.30 p m

These lectures are for regular students of the School but a limited number of tickets are available, without fee, to medical practitioners Applications for tickets should be addressed to the DEAN, BRITISH POSTGRADUATE MEDICAL SCHOOL DUCANE ROAD W 12

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GENERAL PRACTITIONERS' WEEK

22nd to 27th NOVEMBER, 1937

During this week the teaching work of the Hospital, both in the Out-patient Dept and in the Operating Theatres, will be restricted to that most helpful to those engaged in general practice and every endeavour made to meet the problems met with by general practitioners in so far as they relate to the throat nose and ear

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1936 10 h.p. **HILLMAN** Minx Saloon *De Luxe* dark blue £95
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1934 14 h.p. **ROVER** 4-door *Saloon light blue blue leather* £125
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1937 14 h.p. **VAUXHALL** 4-door Saloon De Luxe black with brown *hide 4 months use only* £175
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INDIAN MEDICAL SERVICE

RECRUITMENT OF EUROPEAN OFFICERS

Applications are invited from Medical Men for Permanent Commissions in His Majesty's Indian Medical Service The terms offered include a gratuity of £1,000 on retirement after six years' service, or of £2,500 after 12 years service, together with free return passages, for those who no longer desire to remain in the Service In other respects the terms will be as detailed below

British subjects of pure European descent who are under 32 years of age and who are registered under the Medical Acts in force in Great Britain and Northern Ireland are eligible to apply

CAREERS

The Indian Medical Service offers a permanent career with wide opportunities of medical experience including clinical preventive specialist and research work At the beginning of his career an officer is employed on the military side which has medical charge of the Indian Army Promotion is on a time scale up to the rank of Lieutenant Colonel and by selection to the ranks of Colonel and Major General An officer may apply after one year s Indian Service to have his name registered for transfer to the civil side, from which appointments are made to Civil Surgeoncies, which are established at the principal civil centres to provide for the medical needs of Civil Officials and for general medical administrative purposes to specialist (for example public health and bacteriological) services to research posts and to professorships at the Medical Schools

RATES OF PAY

Years of Service	Rank	Basic Pay Rs per mensem	Overseas Pay £ per month	Total £ per annum
1	Lieutenant	450	15	585
2	Captain	500	25	750
3		550	25	795
4		550	25	795
5		600	25	840
6		600	30	900
7	"	700	30	990
8	"	700	30	990
9	"	700	35	1050
10		700	35	1050
11	Major	800	35	1140
12	"	800	40	1200
13	"	800	40	1200
14	"	800	40	1200
15	"	800	40	1200
16	"	950	40	1335
17	"	950	40	1335
18	"	950	40	1335
19	"	1100	40	1470
20	"	1100	40	1470
21	Lieut.-Col.	1350	40	1695
22	"	1350	40	1695
23	"	1350	40	1695
24	"	1500	40	1830
25	"	1500	40	1830

Note—(1) The rupee is at present stabilized at a rate equivalent to 1s 6d

(2) An officer promoted to the rank of Lieut.-Colonel before completion of 20 years service will receive pay at the rate of Rs 1,100 per mensem (basic) plus £40 per month overseas pay

Extra—In addition to the above rates various allowances are admissible for a large number of special appointments both the military and the civil side which may be held by members of the Indian Medical Service Special high rates of pay are also attached to the numerous administrative appointments open to officers in both branches of the Service

ANTEDATES IN COMMISSION

Candidates possessing certain higher medical qualifications or holding the Diploma in Public Health may be granted an antedate in their commissions Past service in certain hospital appointments may also render candidates eligible for an antedate Persons holding or about to hold resident posts at recognized hospitals may be seconded in those posts for a period The maximum period of antedate, secondment or antedate and secondment combined admissible under this paragraph is limited to 18 months

OUTFIT ALLOWANCE

Officers on appointment will receive an allowance of £75 towards the cost of outfit

PRIVATE PRACTICE

With the exception of Administrative Officers military or civil and officers holding certain special appointments officers are not debarred from taking private practice so long as it does not interfere with their proper duties

LEAVE

Leave can be taken at reasonable intervals and adequate rates of leave pay are provided Extra leave (known as study leave) which may not exceed 12 months in all during an officer s service may be granted to officers desirous of pursuing special courses of study of a postgraduate nature During such leave study allowance at present fixed at the rate of 12s a day in the United Kingdom £1 a day on the Continent of Europe and £1 10s a day in the United States of America and Canada is granted to an officer in addition to ordinary rates of leave pay

PENSIONS

The rates of pensions are as follows —	Per annum
After 17 years service for pension	£372 0s
" 18 " " "	£400 0s
" 19 " " "	£428 0s
20 " "	£465 0s
21 " "	£502 0s
22 " "	£539 10s.
23 " "	£576 10s
24 " "	£614 0s
25 " "	£651 0s
" 26 " "	£697 10s
" 27 " "	£744 0s

There are additional pensions ranging from £65 to £350 per annum for officers who have held administrative appointments

PASSAGES

An officer on appointment is provided with free passage to India The families of officers who are married prior to the date of the officers embarkation on first appointment will also be provided with free passage to India subject to the payment of messing charges Officers and their families are also eligible for passage concessions under which they are granted a certain number of return passages home at Government expense during their service

INSTRUCTION PRIOR TO EMBARKATION

Officers are required to undergo courses of instruction at the Royal Army Medical College and at Aldershot, lasting approximately three months prior to their embarkation for India on first appointment Information as to the rates of pay admissible during this period and subsequently up to arrival in India is contained in the memorandum referred to below

A memorandum giving full details regarding these appointments and forms of application may be obtained from the UNDER SECRETARY OF STATE FOR INDIA MILITARY DEPARTMENT INDIA OFFICE, LONDON S W 1 The Selection Committee will meet at the India Office early in December next and the selected candidates unless seconded for hospital appointments will be required to join a course of instruction commencing about 1st January prior to sailing for India in April 1938 Applications should reach the India Office as soon as possible

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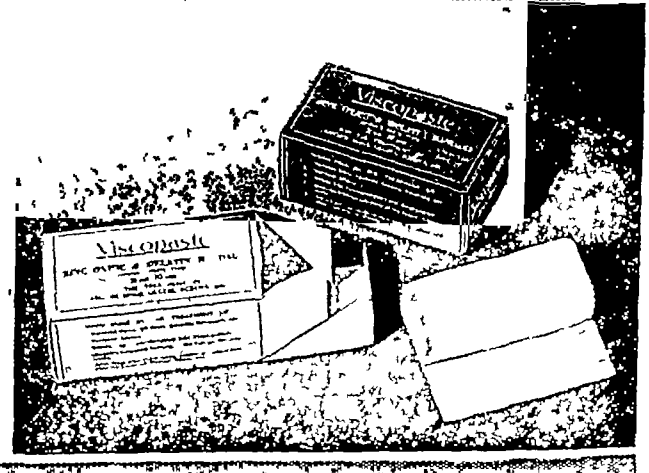
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COUNTY BOROUGH OF SMETHWICK
St Chad's Hospital

RESIDENT OBSTETRICAL OFFICER

Applications are invited for the post of RESIDENT OBSTETRICAL OFFICER in the Council's Municipal Hospital

The Officer appointed will be responsible in conjunction with a fellow officer of the same grade for the proper conduct of and the treatment of patients in the Maternity and Gynaecological wards in the Hospital and also for the conduct of Ante natal Post natal Clinics and Infant Clinics The Officer will work under the direction of the visiting consulting obstetricians and will also be required to assist in the general medical and surgical work at the Hospital under the direction of the Medical Superintendent Candidates should have held previous resident appointments in a Maternity Hospital and have had experience in ante-natal and post-natal work Preference will be given to those candidates who hold or who are reading for membership of the College of Obstetrics and Gynaecology

The salary will be at the rate of £350 p.a. rising by annual increments of £25 to £450 p.a. with emoluments valued at £150 p.a. The appointment will be terminable by three months notice on either side.

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 19.. and the selected candidate will be required to pass a medical examination

Forms of application may be obtained from the Medical Superintendent St Chad's Hospital Hanley Road Birmingham 16 and must be returned to him accompanied by copies of three recent testimonials not later than the first post on November 15th 1937 Canvassing directly or indirectly will disqualify

Council House SMETHWICK FRANK CHAPMAN
Town Clerk
October 6th 1937

URBAN DISTRICT COUNCIL OF BOLDON
RURAL DISTRICT COUNCIL OF SUNDERLAND

APPOINTMENT OF MEDICAL OFFICER OF HEALTH

Applications are invited from duly registered Medical Practitioners (male) holding a Diploma in Sanitary Science, Public Health or State Medicine for the whole time appointment of Medical Officer of Health of the Urban District of Boldon and the Rural District of Sunderland

Salary £500 p.a. plus car allowance of £100 p.a.

The appointment will be subject to the approval of the Minister of Health and to the provisions of the Local Government and Other Officers Superannuation Act 19.. and to the other statutory enactments relating to the office The successful candidate will be required to pass a medical examination

Particulars of the appointment together with a form of application will be sent by the undersigned on receipt of a stamped addressed foolscap envelope

Dated this 6th day of October 1937

JOHN OWEN Clerk
Boldon Urban District Council
Council Offices East Boldon
County Durham

J. C. WILSON Clerk
Sunderland Rural District Council
Council Offices 1 The Esplanade
Sunderland

EAST HAM CORPORATION
ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the appointment of an Assistant Medical Officer of Health (Woman) at a salary of £600 rising annually by £25 to a maximum of £700 per annum subject to 5 per cent deduction for superannuation Age not to exceed 45 years

The successful candidate will be required under the general control of the Medical Officer of Health to undertake prenatal duties in connection with School Medical Inspection and Clinics and may be required to undertake duties in connection with the Health Centre recently erected in the district The Council reserves the right to appoint a Part time Medical Officer

Applications, which should be accompanied by copies of not more than three recent testimonials, must be delivered to the undersigned not later than Monday November 15th 1937

Health Department, NICOLAS CLEPHAN
Town Hall, Town Clerk
October 19[illegible]

LONDON COUNTY COUNCIL

Applications invited from MEDICAL PRACTITIONERS of at least one year's standing to undermentioned positions Candidates must have held resident appointment in a general hospital for at least six months Married quarters not available

ASSISTANT MEDICAL OFFICERS (Grade I)—Salary £350-£25 £4-5 with board lodging and washing

(a) LEWISHAM HOSPITAL Lewisham, S.E.13—Surgical duties, urological experience desirable

(b) PADDINGTON HOSPITAL, Harrow Road W.9—Duties mainly medical experience in pediatrics and anaesthetics desirable.

(c) ST LEONARD'S HOSPITAL, Nuttall Street Kingsland Road N.1—Duties mainly medical experience in obstetrics desirable

(d) ST PETER'S HOSPITAL Fulbourne Street, Whitechapel E.1—Duties mainly medical experience in emergency surgery desirable.

ASSISTANT MEDICAL OFFICERS (Grade II)—Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions)

(e) QUEEN MARY'S HOSPITAL, Sidcup Kent—General duties in a male convalescent hospital

(f) ST PANCRAS HOSPITAL, Pancras Road N.W.1—Duties mainly medical experience in anaesthetics desirable.

No accommodation for a woman

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A County Hall S.E.1 returnable by November 15th Canvassing disqualifies.

CITY OF MANCHESTER
Monsall Hospital for Infectious Diseases (600 Beds)

The Public Health Committee invites applications from registered medical men for the post of SECOND RESIDENT ASSISTANT MEDICAL OFFICER at the above named hospital

Preference will be given to applicants who have held resident surgical and medical posts in a general hospital or have special experience in bacteriology

Salary £350 rising by £25 annually to £450 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than November 13th 1937

F. E. WARBRECK HOWELL
Town Hall Manchester Town Clerk
November 1st 193[illegible]

HULL CORPORATION HEALTH DEPARTMENT
Hull City Hospitals

RESIDENT MEDICAL OFFICER

Applications are invited for the appointment of a Resident Medical Officer at the Hull City Hospital for Infectious Diseases, Cottingham

The appointment is open to registered medical practitioners of either sex who must be single not more than 40 years of age and have had experience in general hospital work Possession of the Diploma in Public Health or similar qualification and previous experience in a fever hospital will be regarded as additional qualifications

The appointment is for a period of one year and the salary is £3 0 per annum together with board laundry and residence The appointment may be extended for more than one year in which case the salary subject to satisfactory service will be increased by annual increments of £2 5 to a maximum of £4 0 per annum

The appointment is not declared under the Local Government and Other Officers Superannuation Act 19..

Applications on forms to be obtained from the undersigned with copies of not more than three recent testimonials are to be returned not later than [illegible] Thursday November 11th 19[illegible]

Health Department, NICOLAS CLEPHAN
City Hall, Town Clerk
October 19[illegible]

ALEPINCHAM GENERAL HOSPITAL
THIRD HONORARY ANAESTHETIST [illegible]

MIDDLESBROUGH EDUCATION COMMITTEE
APPOINTMENT OF ASSISTANT SCHOOL MEDICAL OFFICER

Applications are invited from duly qualified candidates for a position as Assistant School Medical Officer to act under the School Medical Officer in connexion with the medical inspection and treatment of school children and such other duties as may be required by the Education Committee

Commencing salary £500 per annum (provided the successful candidate has had not less than three years postgraduate experience) rising by annual increments of £.5 to £700 per annum The Committee may at their discretion take into account previous experience as an Assistant School Medical Officer in determining the amount of the commencing salary The successful candidate will be required to devote his (her) whole time to the duties of the Office The appointment will be subject to the Provisions of the Local Government and Other Officers Superannuation Act 192.. and the successful candidate will be required to pass satisfactorily a medical examination The appointment will be terminable by two calendar months notice on either side

Applicants should have had experience in the work of School Clinics and should have been accustomed to making special reports on mentally defective epileptic and other types of defective children

Forms of application may be obtained on application to the Director of Education Education Offices Woodlands Road Middlesbrough to whom completed forms should be returned not later than Saturday November 27th 1937

Canvassing in any form will disqualify

PRESTON KITCHEN
Town Clerk's Office Town Clerk
Municipal Buildings Middlesbrough
October 2[illegible]th 1937

THE CUMBERLAND COUNTY COUNCIL the COUNTY BOROUGH OF CARLISLE and the CUMBERLAND INFIRMARY Carlisle

CONSULTANT IN GYNAECOLOGY AND OBSTETRICS

The above bodies invite applications in respect of the above appointment from duly qualified medical men with special experience in gynaecology and obstetrics

The person appointed shall be a member of the Honorary Staff of the Cumberland Infirmary he shall during the term of this appointment act as part time consultant of the two Council and he will be allowed to engage in private consultant practice

Forms of application with condition of the appointment set out in detail may be obtained from the undersigned

C. W. ALLAN HODGSON
Clerk of the Cumberland County Council The Court Carlisle
J. G. WEBSTER
Town Clerk for Carlisle Town Hall Carlisle
J. S. RIPPIER
Secretary of the Cumberland Infirmary Carlisle

N.B.—In connexion with the part time services to be rendered to the County Council a salary at the rate of £450 per annum will be paid and in respect of similar services to the Carlisle City Council a salary at the rate of £1 0 per annum will be paid a travelling allowance at a mileage rate will be paid by the County Council

October 0th 193

WEST RIDING OF YORKSHIRE MENTAL HOSPITALS BOARD
Menston Mental Hospital near Leeds

Application are invited for the appointment of a SENIOR ASSISTANT MEDICAL OFFICER in the Board service at the above Mental Hospital

Scale of salary £[illegible] per annum rising [illegible] satisfactory service by annual increments of £[illegible] to a maximum of £[illegible] per annum together with emoluments (if any) valued at £[illegible] per annum [illegible] recognised as resident officers [illegible] The commencing salary will be fixed with reference to the above [illegible] appointment and experience

Candidates must possess [illegible] Diploma in Psychological Medicine and have had experience [illegible] and treatment of mental [illegible]

The appointment [illegible] Officers Superannuation Act 1[illegible]

Applications [illegible] Clerk of the Board [illegible]

CLIFFORD PEPPER
Clerk of the Board

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Special attention is directed to the science and practice of female sex hormonology The section on ovarian neoplasms now includes descriptions of the Brenner tumour and of arrhenoblastoma and disgerminoma Practitioners, teachers and students will value especially the up-to-date treatment of menstruation, dysmenorrhoea, amenorrhoea, uterine haemorrhage and sterility, the menopause, and pain and backache

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WEST LONDON HOSPITAL, Hammersmith W6 (130 Beds)

There is a vacancy for the post of NEUROLOGIST for which one of the Honorary Physicians will be a candidate. In the event of his election there will be a vacancy for the post of PHYSICIAN for which one of the Honorary Assistant Physicians will be a candidate. In the event of his election there will be a vacancy for the post of ASSISTANT PHYSICIAN for which post applications are also now invited. Candidates must have degrees from one of the Universities recognized by the General Medical Council and must be Fellows or Members of the Royal College of Physicians of London. The successful candidate will be required in addition to other duties periodically to deliver courses of lectures to the nurses and to undertake such teaching for the Post-graduate College as the Board may approve.

Applications, with copies only of testimonials must reach me not later than Thursday November 18th. Candidates must attend the meeting of the Medical Council at 4.30 p.m. on Friday November 19th and prior to that date call upon and send copies of their application and testimonials to each member thereof. They must not canvass members of the Board, but nevertheless must send copies of their application and testimonials to each member thereof and if so notified attend a meeting of the Board at 5 p.m. on Tuesday November 23rd when the election will be made.

H. A. MADGE,
Secretary.

ROYAL CHEST HOSPITAL, City Road, E.C.1 (Royal Northern Group of Hospitals)

Applications are invited for the following post:
RESIDENT MEDICAL OFFICER. Vacant December 15th for a period of six months (subject to re-election). Salary at the rate of £150 p.a. with board residence and laundry.

Applications with copies of testimonials should be sent by November 13th to the undersigned from whom forms of application and rules can be obtained.

GILBERT G. PANTER,
Royal Northern Hospital, Secretary.
Holloway, London, N.7.

THE HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.1

A RESIDENT HOUSE SURGEON (Male) is required. Duties to commence on January 1st 1938.

The appointment is tenable for six months. Salary at the rate of £100 p.a.

Candidates must be unmarried, possess a legal qualification to practise, and have held a responsible resident appointment at a General Hospital.

Applications must be received by noon on Monday, November 22nd, 1937, and Candidates must be prepared to attend for interview by the Joint Committee at 4.45 p.m. on Wednesday, December 1st, 1937.

Further particulars and forms of application are obtainable from the undersigned.

HERBERT F. RUTHERFORD,
Secretary.
October, 1937.

LONDON JEWISH HOSPITAL, Stepney Green, E.1 General Hospital (109 Beds)

Candidates (male) for the following resident appointment which are for a period of six months commencing December 1st, 1937, may obtain forms of application from the Secretary, to whom applications with copies of three recent testimonials must be sent on or before November 19th, 1937.

HOUSE SURGEON. Salary at the rate of £100 p.a.

CASUALTY OFFICER. Salary at the rate of £100 p.a.

KING EDWARD MEMORIAL HOSPITAL, Ealing (145 Beds)

Applications are invited for the post of HOUSE PHYSICIAN (male) to act in the Children's Skin, Rheumatism and General Medical Departments. Six months' appointment with possibility of re-election for a further period. Salary £150 per annum with usual residential emoluments.

Applications stating age, experience and qualifications and accompanied by copies of two recent testimonials to be sent to the undersigned immediately.

R. A. MICKELWRIGHT,
House Governor.

KING EDWARD MEMORIAL HOSPITAL, Ealing (145 Beds)

APPOINTMENT OF CONSULTING ORTHOPAEDIC SURGEON

Applications are invited for the above appointment and they should be sent by November 8th, 1937, to the undersigned from whom details may be obtained.

R. A. MICKELWRIGHT,
House Governor.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL, Shooters Hill, London, S.E.18

CENTRAL HOSPITAL (115 Beds)

The Board of Management invite applications from suitably qualified male candidates for the following appointments:

(a) HOUSE PHYSICIAN—For six months from December 1st, 1937. Remuneration at the rate of £100 per annum plus board residence and laundry.

(b) HOUSE SURGEON—For six months from January 1st, 1938. Remuneration at the rate of £100 per annum plus board residence and laundry. This appointment is recognized by the Royal College of Surgeons for the six months' training required of candidates before admission to the Final Examination for the Fellowship.

The closing date for the receipt of applications (which should be made on the prescribed form obtainable from the undersigned) is Monday, November 22nd, and shortlisted candidates will be required to meet the Appointment Committee on Thursday, November 25th, 1937, at 4.45 p.m.

R. S. G. HUTCHINGS,
Secretary.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL, Haverstock Hill, N.W.3

APPOINTMENT OF CASUALTY SURGICAL OFFICER

Applications are invited from unmarried registered Medical Practitioners for the position of Casualty Surgical Officer at the Out-Patient Department of the Hospital, Barham Street, Camden Town.

The salary will be at the rate of £100 per annum together with board, residence, etc., and the term will be for six months.

Application to be made on a form which will be supplied by the Secretary, together with copies of not more than three testimonials, should be addressed to the Secretary.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland St., W.1

PHYSICIAN TO OUT-PATIENTS

The Committee of Management invites application for the post of Physician to Out-Patients to fill a vacancy on the Honorary Medical Staff.

Candidates must be Graduates in Medicine of a University of the British Empire recognized by the Royal College of Physicians of London and Fellows or Members of that College.

Application, with ten copies of not more than three recent testimonials, should be sent to the undersigned not later than Saturday, December 4th, 1937.

ROBERT C. F. WHITNEY,
Secretary.

MILDMAY MISSION HOSPITAL, Austin Street, Bethnal Green, E.2

Applications are invited for the post of ASSISTANT CASUALTY OFFICER (female) which becomes vacant on December 15th, 1937. The appointment is non-resident and for six months. Salary £1 5s. per annum. Dinner, tea and supper when on duty.

Candidates must be registered under the Medical Acts and the Mildmay Council is anxious that they should be fully in sympathy with the religious work of the Hospital.

Applications with copies of recent testimonial should be sent to the Medical Superintendent not later than November 18th.

ROYAL NORTHERN HOSPITAL, Holloway, N.7

Applications are invited for the following appointment:—

HOUSE SURGEON, vacant December 15th. The appointment is for nine months (six months as House Surgeon and three months as Casualty Officer). Salary at the rate of £70 per annum with board residence and laundry.

Applications with copies of testimonials should be sent by November 15th to the undersigned from whom forms of application and rules can be obtained.

GILBERT G. PANTER,
Secretary.

ROYAL INFIRMARY, BLACKBURN (344 Beds. Five Residents)

RESIDENT HOUSE PHYSICIAN (male) required at a salary of £175 per annum with board, residence, laundry, etc. In addition to Medical Wards to be attached to the Eye, Ear, Nose and Throat Department.

Applications with copies of testimonials stating age, nationality, experience, etc., to be sent to the undersigned as early as possible.

T. DEWHURST,
General Supt. and Secretary.
Royal Infirmary, Blackburn.

THE QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, London, E. (160 Beds)

HOUSE PHYSICIAN (Male) required January 1st, 1938.

HOUSE SURGEON (Male) required January 1st, 1938.

CASUALTY OFFICER (Male) required January 1st, 1938.

Some Dermatological work additional.

Six months' appointment. Salary at the rate of £100 per year with board, lodging and laundry in each case.

Applications must be made on forms to be obtained from the undersigned and be sent in with copies of not more than three testimonials on or before December 1st, 1937.

CHARLES H. BISSELL,
November 1st, 1937. Secretary.

THE LONDON LOCK HOSPITAL

Applications are invited for the post of RESIDENT MEDICAL OFFICER to the MALE DEPARTMENTS (Out-Patients' Department, 31, Harrow Road). Candidates must be duly qualified and duly registered.

The appointment is for 6 months commencing December 3rd, salary at the rate of £150 p.a. with furnished rooms at the Harrow Road Hospital, full board and laundry.

Applications, enclosing copies (only) of three recent testimonials, must be in the hand of the undersigned by Saturday, November 20th, and from whom a copy of the By-Laws relating to the appointment or any further particulars can be obtained.

51, Harrow Road, W.9. J. J. MORTON,
October 28th, 1937. Secretary.

BOLINGBROKE HOSPITAL, Wandsworth Common, S.W.11 (135 Beds.)

CASUALTY OFFICER (male, unmarried) required. The appointment is for six months, commencing on December 1st, 1937. Salary £150 p.a. with board, residence and laundry. Candidates must be fully qualified and registered.

Applications, stating age, qualifications and experience with copies of not more than three testimonials, should be sent to the undersigned on or before November 20th, 1937.

W. S. RANDOLPH BISS,
Secretary-Superintendent.

METROPOLITAN EAR, NOSE AND THROAT HOSPITAL, 211, Fitzroy Square, W.1 (Founded 1838)

MALE SENIOR CLINICAL ASSISTANT

A vacancy having occurred for the above, applications are invited and should be forwarded on or before November 30th, 1937, to the undersigned from whom all particulars may be obtained.

L. L. PHILLIPS,
Secretary.

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common, S.W.4

Applications are invited from fully qualified Medical Women as CLINICAL ASSISTANT for Gynecological Out-Patients' attendance on Monday afternoons and Tuesday and Friday mornings; for Urological Out-Patients to attend on Friday afternoons; for Medical Out-Patients to attend on Monday afternoons; and for Orthopædic Out-Patients to attend on Thursday afternoon.

Application with testimonial to be sent to the Secretary at the Hospital.

ISLINGTON DISPENSARY (Founded 1811) 303, Upper Street, N.1

Applications are invited for the post of ASSISTANT RESIDENT MEDICAL OFFICER (lady, unmarried). Salary £150 per annum with furnished apartments. Applicants must be registered medical practitioners.

Applications not later than November 13th on printed forms to be obtained (by postcard) from the Secretary, 1, St. George's Road, N.13.

KING GEORGE HOSPITAL, ILFORD, near London (207 Beds.)

Applications are invited for the posts of two CLINICAL ASSISTANTS to the ANÆSTHETIC DEPARTMENT, one to attend on Tuesday mornings and one on Friday mornings. Allowance of £10 10s. p.a. for travelling expenses. Applications should be sent to the undersigned not later than November 15th.

G. AUSTIN HEPWORTH,
Secretary and Superintendent.

Applying for Hospital Appointments

SIR,—It has recently been my lot to submit applications for appointment to the honorary staff of three different hospitals, and I wish to call attention to certain unnecessary hardships which affect those who apply for these posts First, it is practically essential to submit a printed application for a post on the honorary staff, and often desirable to do so even for the post of registrar, the cost of doing this is by no means negligible, averaging between £2 and £2 10s for each appointment applied for Further, the time taken to get in fresh testimonials and have the application printed curtails the short interval usually allowed before the application has to be sent in Secondly, it is necessary to persuade one's present or late "chiefs," or other well-known medical men one may happen to know, to give fresh testimonials for each post applied for, a proceeding which becomes irksome to them and embarrassing to the man who has to ask these favours several times at short intervals, after a succession of failures to secure posts Lastly, the most important grievance that I wish to air is in respect of visiting members of the honorary staff, generally at their consulting rooms It is essential to do this as some of them are deeply offended by any failure on the part of the candidate where this formality is concerned Of course it is a pleasure to call on some of them, who could not be more courteous or considerate, but there are unfortunately not a few whose conduct is distinguished by a lack of consideration and even of common politeness I have several times had appointments made and have found on arrival, at a time arranged to suit the consultant though at considerable personal inconvenience, that he has not troubled to keep the appointment Sometimes they or their secretaries rudely say that they will not see you, as if you were insulting them by asking, which unfortunately one has to do as things are at present Again, others think nothing of keeping one waiting sometimes as much as an hour or more, and when they eventually do deign to see one they glibly say that they are not interested in the appointment and will not be attending the meeting These formalities have to be complied with by those seeking appointment to the honorary staff, but they also apply, though usually to a lesser degree, to those seeking the post of registrar, and, in some hospitals, even to house appointments

By way of constructive criticism I would like to suggest

1 That the general rule should be that applications are to be typed or duplicated, which is quicker, cheaper and just as legible as printing

2 That the hospital secretary should definitely ascertain which members of the staff wish to be called on and should inform the candidates that they must call on these consultants and on them only

3 That some sort of preliminary selection from among the candidates should be made by the committee and the obviously unsuitable candidates ruled out before the stage of visiting begins It is obviously absurd for twenty or more candidates for one post to call on all the members of the staff when a 'short list' of the likely men would surely suffice

4 The farce of submitting testimonials might well be done away with generally most of the committee do not read them and if they do most of the testimonials read much the same— I have formed a very high opinion of Mr Smith's abilities as a surgeon. He is an agreeable and hard working man with sound judgement and fair operative ability I have pleasure in recommending him as surgeon to your hospital, etc'

The whole thing is reminiscent of the giving of a "character" to a retiring maidservant, and it would seem that some more useful and enlightening method of selection could well be adopted In view of the fact that I am likely to continue "applying for jobs' for some time to come, I beg the indulgence of remaining anonymous for my own protection—I am, etc,

London, W 1, Dec 1 F R C S

Inhalational Therapy

SIR,—Having had experience of this therapy, based on a long period of clinical investigation, I feel it would be unfair to the organization responsible for its introduction into this country, unfair also to the thousands of doctors using this treatment in different parts of the world, and unfair, too, to the numerous hospitals and institutions where it is being also used, if Dr Harrington's letter (November 20, p 1047) were left unanswered The letter, too, may be productive of a more serious injury in that it may prevent those contemplating the use of this treatment from carrying out their intention The ingredients used in the medicament have been published There is no secret about the machines, thousands are in use in different parts of the world, and I am assured there is no patent on them The treatment is only given to patients on the recommendation of their own medical attendants, and always under medical supervision The organization has never advertised How is it possible to curb newspapers when they hear of sensational benefits derived? Surely Dr Harrington does not intend to convey to those medical men using the treatment with advantage to their patients that, because of this publicity, they should dissociate themselves from the treatment.—I am, etc

Weybridge, Nov 22 A. C GREENE.

*** We understand that the formula for the mixture of drugs used in the Duke-Fingard treatment still remains undisclosed—ED, *B.M.J*

R M B F Christmas Gifts

SIR—My anxiety increases as the time for the distribution of our Christmas gifts draws near I am indebted to many of your readers who have responded to the appeal which was made in October, but I fear that the amount subscribed to date falls far short of the sum which is needed if we are to give the much-valued Christmas gift of 30s to all our regular beneficiaries

Christmas Day to all of us is a very special day, it brings back memories of happy days in the past, and all have the wish to make each Christmas Day a happy day in our own home life I have intense sympathy for so many of our beneficiaries living in loneliness, some in one bed-sitting room at a rental of 10s a week without relatives and without friends and who can look only to the Fund as the society which "never forgets them" on Christmas Day

I ask everyone who reads this last appeal not to pass it by but to send a donation, however small or large, without delay to the Hon Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, Cavendish Square, London, W 1, so that we may be in a position to give the 30s Christmas gift to those who have so little of their own and who are befriended by the Fund—I am, etc,

THOS BARLOW
President.

Dec 1

APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA CLYDACH VALE PENYCRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OAKDALE, MON *(Medical Officer for Medical Aid Association)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	MID RHONDDA MEDICAL AID SOCILTY *(Assistant Medical Officer)*	OGMORE VALLEY GLAMORGAN *(Windham Colliery Medical Aid Society) (Workmen's Medical Scheme)*
	NEATH AND DISTRICT *(Medical Aid Association)*	

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House Tavistock Square, W C 1

Town or District	Hon. Sec. of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec., Western Australian Branch British Medical Association, Shell House 68 St George's Terrace Perth, Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A House 6 Wickham Terrace Brisbane B 17				

November 3, 1937 By Order of the Council G C ANDERSON *Secretary*

ST JAMES HOSPITAL for Nervous and Mental Diseases, Milton Portsmouth

LOCUM TENENS ASSISTANT MEDICAL OFFICER (Male) required are not to exceed 35 years. There is a possibility of a permanent appointment Seven guineas a week with board lodging and laundry

Appy to the Medical Superintendent

F J SPARKS
Town Clerk,
Clerk to the Committee of Visitors

The Guildhall Portsmouth
October 0th 1937

ANCOATS HOSPITAL, MANCHESTER

ASSISTANT PATHOLOGIST lady or gentleman whole time appointment no private work allowed Salary £350 to £400 p a according to experience live out Luncheon and tea provided During the first six months a certain amount of research will be conducted

Applications stating age experience and full particulars together with three recent testimonials to be forwarded to the undersigned not later than November 10th next

By order of the Board
HERBERT J DAFFORNE,
General Superintendent and Secretary

ROYAL HAMPSHIRE COUNTY HOSPITAL, Winchester (167 Beds)

HOUSE SURGEON

APPLICATIONS are invited from fully qualified men for the above post to take up duties on December 1st next Six month appointment Salary £125 p a with board residence and laundry

Candidates who must be of British nationality to make application to the undersigned enclosing copies of three testimonials

HERBERT MASLEN
October 21st 1937 Secretary

ROYAL EAST SUSSEX HOSPITAL, Hastings

The Committee of the above Hospital invite applications for the posts of THREE additional HONORARY ANAESTHETISTS These posts have been created to facilitate the surgical and dental work of the Hospital

Successful candidates will have to be prepared to deputise for any other members of the Honorary Staff in the event of their temporary absence through illness holidays etc

Applicants must be legally qualified medical practitioners and also be duly registered under the Medical Acts

Hours of duty for Anaesthetists will be arranged to suit mutual convenience at a meeting of the Staff after the election has taken place

Applications should be received by the Secretary Royal East Sussex Hospital Hastings by November 20th 1937 WILFRID G KEMSLEY
Secretary

MILLER GENERAL HOSPITAL, Greenwich Road S E 10

Applications are invited for the post of RESIDENT SURGICAL OFFICER AND REGISTRAR (the senior of six resident posts) Salary £250 per annum Candidates (male) must be unmarried Board residence and laundry are provided Duties to commence on January 1st 1938

Application forms can be obtained from the Secretary and must be returned not later than November 22nd 1937

November 2nd 1937

BEDFORD COUNTY HOSPITAL

Wanted a THIRD HOUSE SURGEON for a term of six months at a salary of £150 per annum He must be fully qualified male, unmarried and with previous hospital experience. Board lodging and laundry

Applications stating age nationality qualifications with three recent testimonials to be sent to the Hon Secretary Hon. Medical Staff Committee.

HOSPITAL CONVALESCENT HOME, Parkwood Swanley Kent.

For the reception of patients (women and children) in an early stage of convalescence from the London Hospitals (10 Beds)

The Trustees of the Home invite applications for the post of LADY RESIDENT MEDICAL OFFICER which will become vacant on December 1st 1937 The appointment is for a period of six months Salary £100 p a with quarters and full board Candidates should have had recent Hospital experience

Applications stating age qualifications and full details of experience should be accompanied by copies of three recent testimonials, and addressed to C M Lower Esq Secretary Hospital Convalescent Home c/o Westminster Hospital London S W 1 on or before Friday November 12th 1937

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL

Applications are invited for the post of HONORARY PHYSICIAN at the above Hospital Candidates must be members of the Royal College of Physicians of England and undertake not to engage in general practice

Preference will be given to those willing to reside in the district

Applications should be sent by November 13th to the undersigned from whom further particulars may be obtained

JOSEPH E. SEARJEANT F C C S
House Governor and Secretary

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL Whitehaven

HOUSE SURGEON required for end of November Six months appointment Salary at the rate of £150 p.a. with board residence and laundry Two Resident House Surgeons —Apply with copies of three recent testimonials, to the Secretary

(Advertisements continued on p. 67)

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Urinary retention is due in the first place to the enlargement of the gland but both the congestive and spasmodic factors must be taken into consideration, as they, in themselves can cause as much obstruction as the simple enlargement.

The progress of adenomatous enlargement is slow yet the symptoms of urinary disorder, frequency, difficulty and retention, show no constant relationship between the increase in the size of the gland and the phenomena of retention.

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EXPERIENCED LADY DISPENSER SECRETARY seeks post Apothecaries Hall qualification also good knowledge of shorthand typewriting book keeping and accounts —Address No 16.5 B M A House Tavistock Square W C 1

M R C S., ENG MIDDLE AGED RETIRED desires DAILY WEEK END OR EMERGENCY ENGAGEMENTS MORNING OR EVENING PANELS moderate remuneration Satisfactory refs —Address No 1690 B M A House Tavistock Square W C 1

SECRETARY EXPERIENCED YOUNG lady keenly interested medical work desires PART OR WHOLE TIME WORK of any kind with doctor clinic or hospital in Birmingham 20 Melville Hall Edgbaston Birmingham

SURGEON WANTED TO MANAGE SURGERY in a group practice in Ontario Must be young Protestant, and well qualified —Address No 1408 B M A House Tavistock Square W C 1

THE LONDON AND PROVINCIAL MEDICAL STAFF BUREAU (Licensed annually by the L C C.) 24b Hereford Road W.2 will supply qualified Dispensers Secretaries Receptionists etc., without fee to Medical Practitioners Phone Bayswater 08.3

THE ROYAL ARMY MEDICAL CORPS ASSOCIATION 85 Eccleston Square S W 1 (Telephone Victoria 272.) supplies qualified Dispensers Book keepers, Laboratory Assistants Sanitary Assistants Male Nurses Mental and Special Treatment Orderlies Dental Clerk Orderlies Porters Caretakers etc without charge to prospective employers

PARTNERSHIPS

WANTED A THIRD PARTNER IN steadily increasing practice in pleasant rapidly growing town within forty miles of London Receipts nearly £5 000

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WANTED PARTNER ENGLISH OR SCOTS after short assistantship Prosperous town near London Share worth £700 to £800 now two years purchase Good scope for increase.— Address No 1695 B M A. House Tavistock Square W C 1

WANTED PARTNERSHIP ABOUT £1 250 (or assistantship with early view) by Scotch graduate (19 5) Age 38 Retired R.A.M.C family reasons Ex H S H P Special experience E.N T anaesthetics ordinary surgery Capital available. Married family —Address No 1034 B M A House Tavistock Square W C 1

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EAST ANGLIA PARTNERSHIP THIRD OR HALF SHARE in good middle-class practice in country town averaging £4 000 panel 3 000 Hospital 60 Beds surgery essential Premium 2½ years purchase house available to rent.—Address No 1605 B M A House Tavistock Square W C 1

EASTERN COUNTY MARKET TOWN WITH cottage hospital Half SHARE offered in old-established unopposed practice of £3 200 (about half from panel and appointments) unusual scope Two years' purchase. Good house with garden double garage and ample accommodation Free hold £2 .50 —Address No 1631 B M A. House Tavistock Square W C 1

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JUNIOR PARTNER REQUIRED SHORTLY IN old-established practice South coast town Aver age £3 000 p a Panel 2 700 One-quarter or one third share available at two years purchase. House and garden for sale or rent —Address No 1633 B M A House Tavistock Square W C 1

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LONDON N —PARTNER WANTED IN sound mixed practice with good appointments English or Scottish preferred Panel 2 600 Average receipts last three years over £4 000 One third share offered at first at 2 years purchase with option of increase to one half share later Modern house with garage can be bought or rented — Address No 1617 B M.A House Tavistock Square W C 1

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WANTED BY MIDDLE AGED experienced Practitioner Small country PRACTICE PARTNERSHIP or Post £ 00 to £800 p.a Small house to rent S Midlands preferred — Address No 1415 B M A House Tavistock Square. W C.1

WANTED IMMEDIATELY PRACTICE OR PARTNERSHIP panel and private income from £1 400 Edinburgh graduate experienced in all branches of medical practice House preferably to let —Address No 1606 B M A House. Tavistock Square W C 1

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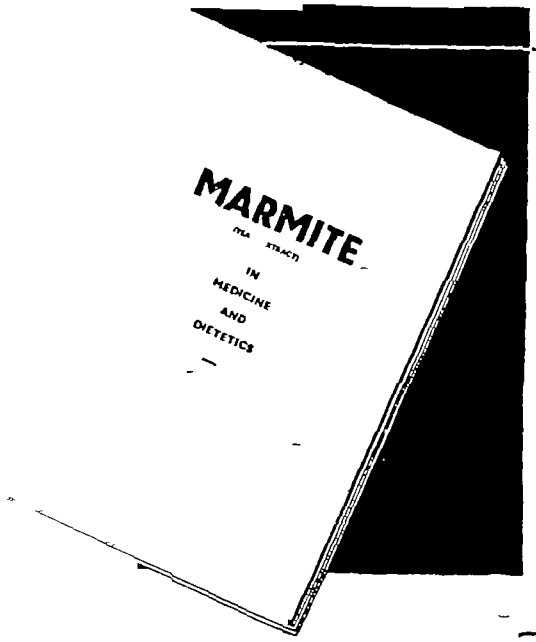
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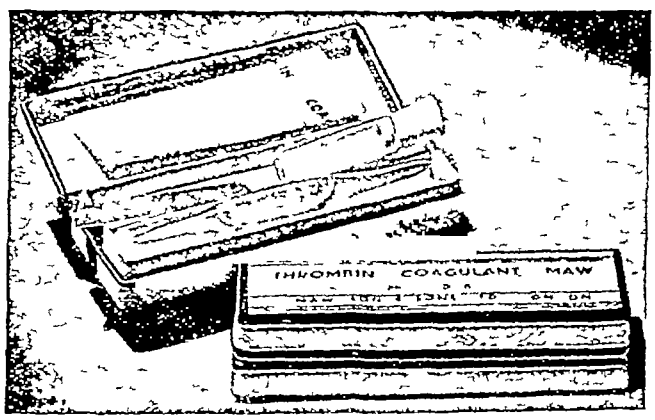
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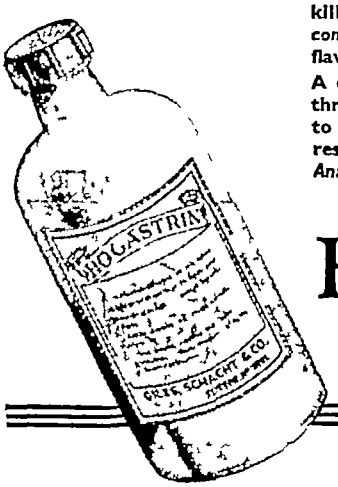
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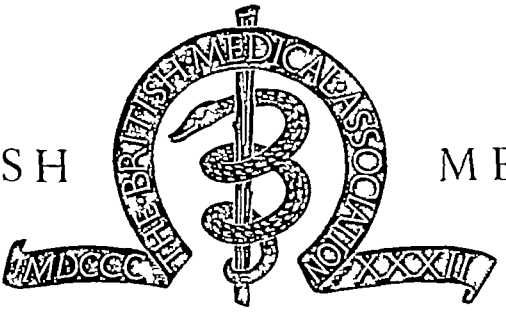
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WITH SUPPLEMENT AND EPITOME

LONDON

BRITISH MEDICAL ASSOCIATION

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WEEKLY, PRICE 1/3, No 4010

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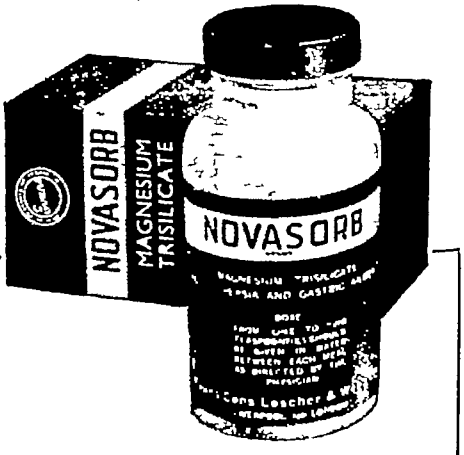
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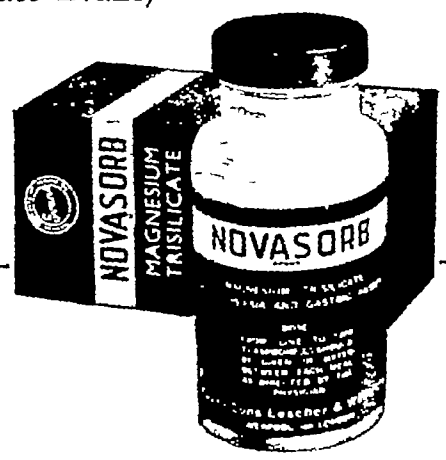
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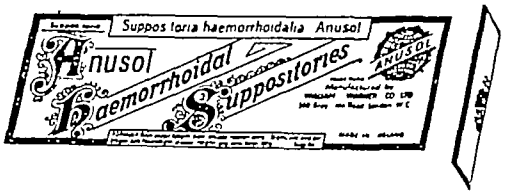
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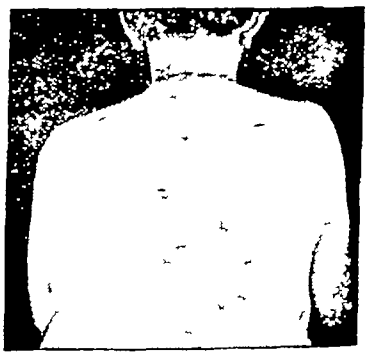
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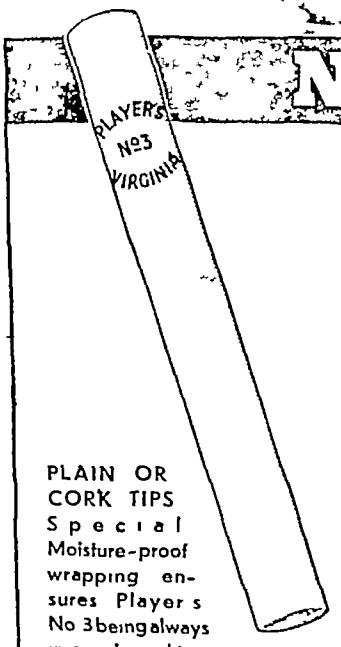
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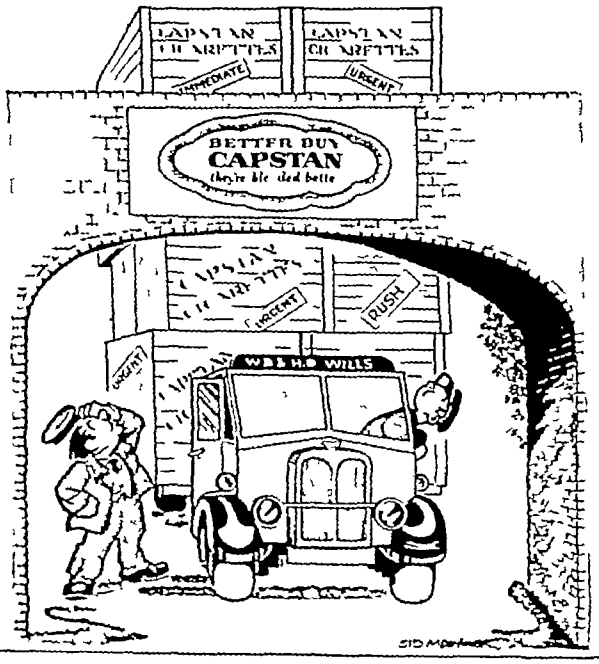
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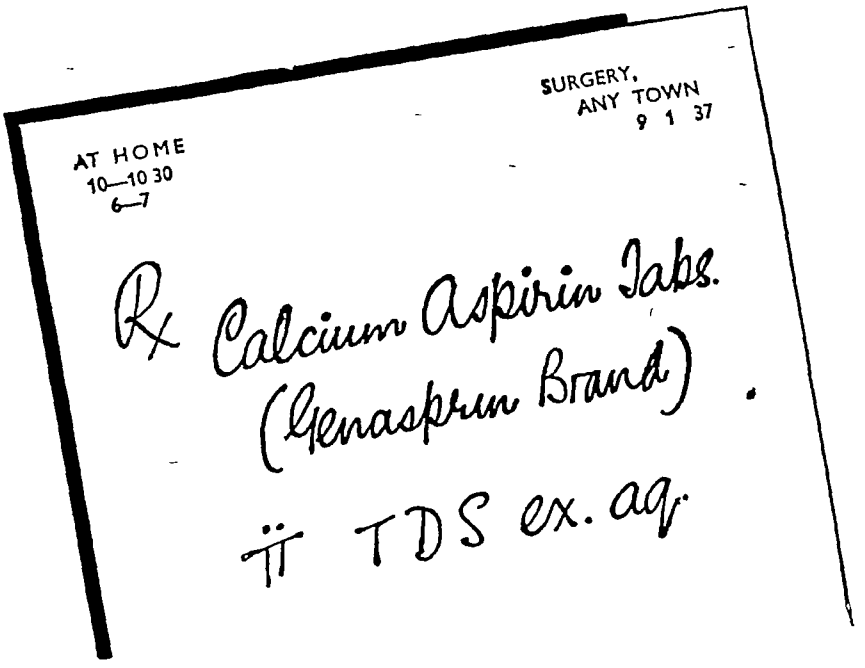
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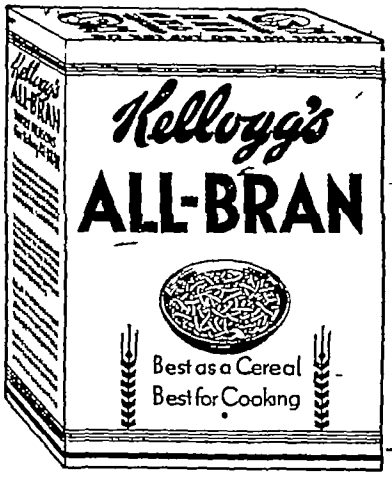
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as effective as strong laxatives... *without the consequence*

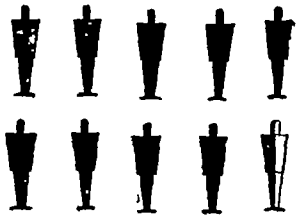
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Expectant and Nursing Mothers thrive upon Lactagol

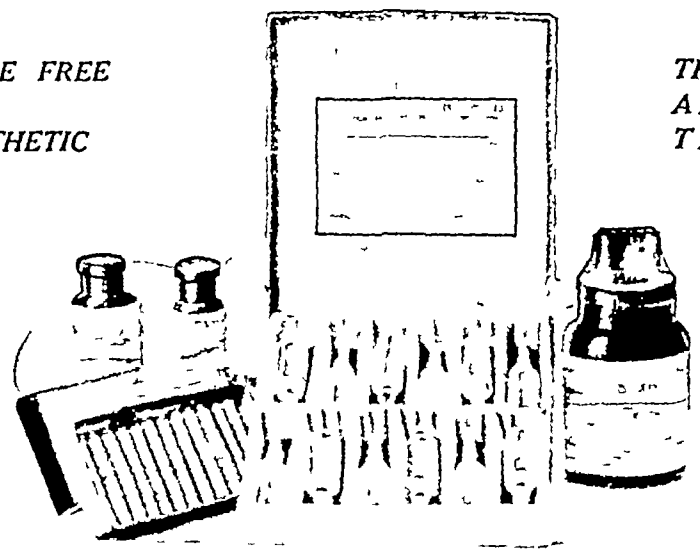
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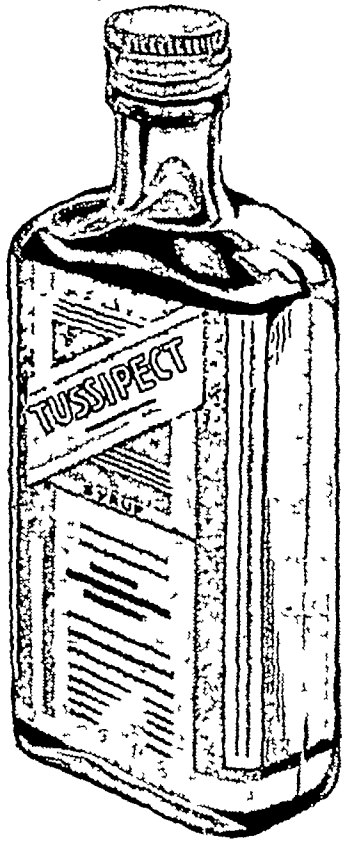
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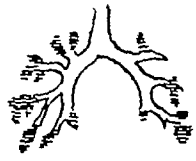


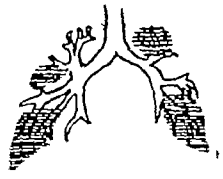
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"Vitamin B_1 deficiency an outstanding fault

in the diet of many millions of people"

(*B.M.J.* 16 Oct., 1937, p 753)

The reduction in Vitamin B_1 intake, due to changes in dietary habits during the last hundred years, normally amounts to at least 50 per cent, and may be as much as 70 per cent

It has been demonstrated, both experimentally and clinically, that a shortage of Vitamin B acts as a limiting factor in the maintenance of health and nutrition, and often results in gastro-intestinal disorders, loss of appetite, indigestion, constipation and, if long continued, to neuritis and arthritis

The logical way to rectify such shortage is to restore to the diet the Vitamin B-containing substance whose removal is responsible for the deficiency

This substance is available in the form of Bemax

1 For years it has been the policy of the proprietors of Bemax to ensure its Vitamin B_1 activity by biological assay of *every day's output* So far as is known, Bemax is the only food product for which such a claim is or can be made.

2. The quantity of Vitamin B_1 supplied by the normal daily dose of Bemax—one tablespoonful—is 200 International Units, an amount sufficient to raise a deficient diet to an optimal level.

3 The normal daily dose of Bemax supplies, in addition to Vitamin B_1, significant quantities of Vitamins B_2 and B_6, Copper, Iron and Phosphorus as well as rich quantities of Vitamin E and other essential dietary elements

4 Bemax is an entirely natural product consisting only of stabilised wheat germs selected for their Vitamin B_1 activity with no addition whatsoever

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malignancy, and set forth his conclusion that malignant transformation of a peptic ulcer is an uncommon event Dible (1925), in a series of 126 resected gastric ulcers with no clinical suspicion of malignancy, found no microscopical evidence of cancer In cases in which a clinical suspicion of malignancy was entertained 4 per cent showed carcinoma Stewart (1931) found an incidence of 6 1 per cent of carcinoma in a series of 277 chronic ulcers removed at operation, and in 109 operation specimens of carcinoma of the stomach he found 15 6 per cent showing evidence of having originated in a pre existing simple ulcer Newcomb (1932) in another careful pathological investigation found that 3 75 per cent of the gastric ulcers showed malignant change, and that 13 per cent of cancers gave evidence of previous peptic ulceration I would remark that it is much more difficult to be sure on histological grounds that a cancer has been preceded by an ulcer than that an ulcer is showing an early cancerous change

There are, however, considerations other than the histological evidence to be taken into account, and not the least important is the marked difference in the prevailing sites of ulcer and of cancer I have reduced Stewart s statistics on this point, which are based on a large number of cases, to the form of diagrams (Figs A and B) You

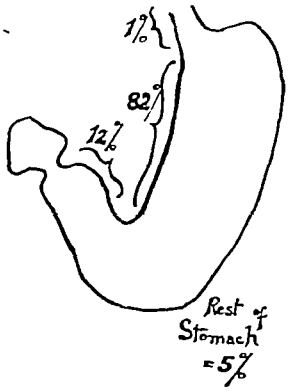


FIG A.

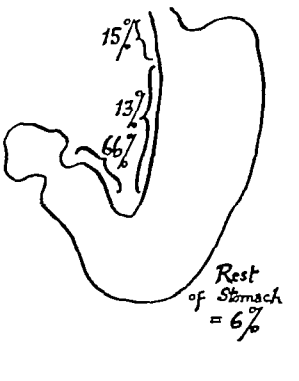


FIG B

will see that whereas in chronic ulcer 82 per cent occur on the middle two-thirds of the lesser curvature and only 12 per cent. in the prepyloric region, in cancer 66 per cent are found in the prepyloric region, and only 13 per cent on the portion of the lesser curvature that is the favourite site of ulcers These figures speak most eloquently against any close causal connexion between ulcer and cancer

Another important piece of evidence on this point is found in the hour-glass stomach 90 per cent. of these occur in females, and they result from lesser-curve ulcers of extreme chronicity, with an ulcer history commonly extending back some twenty or thirty years Surely if the irritation of gastric ulcer commonly gave rise to cancer, it is in these hour-glass ulcers that the incidence of cancer should be the highest Yet we find that such a change is of extreme rarity Thurstan Holland (1921) in a radiological and clinical investigation of 128 cases of hour-glass stomach (120 females and eight males) found that only one female and two males proved to have cancer To suggest as Sir James Walton (1936) does, that the ulcers giving rise to hour-glass contraction are different from ordinary gastric ulcers seems to me unwarranted There is no histological basis for the suggestion, and the preponderance of female cases is simply due to the different shape of the long narrow J-shaped stomach in the female, in contrast with the shorter and broader stomach of the male

Again, the clinical evidence derived from a study of the duration of gastric symptoms provides a powerful argument against a close connexion between the two lesions I pointed out some years ago (1923) that in fifty-four cases of proved cancer of the stomach the average duration of gastric symptoms before examination was 12 7 *months* whereas in forty-five cases of proved simple chronic ulcer the average duration of symptoms was 10 3 *years*

I should be the last to deny the possibility of a carcinoma originating in an ulcer, but I hold that the malignant transformation of ulcers is less common than many authorities would have us believe It sometimes happens that a carcinoma originates in the same stomach as an ulcer at some point remote from the ulcer In one of my cases, that of a woman with fifteen years' history of ulcer and six months symptoms of pyloric obstruction, I found an early annular carcinoma of the pylorus, and an inch away from it, and separated from it by healthy mucosa, the crater of a chronic ulcer Had that stomach been removed a little later, when the malignant growth had encroached upon the ulcer crater, one would have been tempted to believe that the cancer had started in the ulcer I have seen three cases of old duodenal ulcer in which, some years after gastro enterostomy for the ulcer, cancer developed independently in the body of the stomach Had these ulcers not been proved to be duodenal by the previous operation they would probably have been held to be the precursors of the malignant growths

It is probable that many of the cases diagnosed on clinical history as ulcer-cancer are really cases of primary cancer of unusually slow growth We are familiar with the very slowly progressive atrophic scirrhus in the breast It is not uncommon to see them after four or five years of growth and even longer, still without widespread or obvious secondaries, and comparatively small in size It is not sufficiently realized that while most cancers of the stomach run a course of under two years from the first symptom to the fatal end, yet there is a type of cancer, not very uncommon, which may arise in any part of the stomach and is so slow in growth that the total duration of the symptoms may be three, four, or even five years from start to finish This type of growth may simulate simple ulcer clinically to a remarkable degree, and yet be a cancer from the beginning Beyond doubt, in my view, these slow-growing ulcer-simulating cancers have unduly swollen many surgeons' lists of cases of ulcer-cancer

The Relation of Gastritis to Cancer

But if I have convinced you that the danger of malignant degeneration of a simple gastric ulcer is to a great extent a bogy, we have not yet exhausted the possible predisposing causes of gastric cancer In 1929 A F Hurst in his Schorstein Lecture lent all the weight of his great authority on this subject to the view that diffuse atrophic gastritis associated with achlorhydria is an almost universal precursor of cancer of the stomach, and that the chief hope we have for the prophylaxis of this dread disease lies in the recognition and treatment of the gastritis He holds that ' the achlorhydria so commonly associated with cancer of the stomach is a result of chronic gastritis which precedes the onset of the carcinoma and is in fact the most common predisposing condition He says, I have never seen a case of carcinoma in which free hydrochloric acid was present at an early stage and disappeared as the disease advanced ' When a physician of Hurst s great experience of gastric disease makes such a categorical statement we

"Vitamin B_1 deficiency an outstanding fault

in the diet of many millions of people"

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found that in a total of 5,204 people the incidence of anacidity was as follows

TABLE II

Age	Number of Patients	Percentage of Achylia
20–29	866	5.3
30–39	1 354	9 5
40–49	1,299	16 7
50–59	1 043	24 0
60 and over	642	35 4

It is noteworthy that achlorhydria is more frequent in women than in men in the ratio of 5 4 or 4 3, whereas the ratio of cancer of the stomach is six males to three females In Polland's series there were 17 4 per cent of females with anacidity, as against 12 9 per cent of males

It would appear from these tables that among the general population of the usual cancer age some 20 to 50 per cent of individuals have true achlorhydria without necessarily showing any gastric symptoms While there is good pathological evidence for the view that this achlorhydria may result from a clinically unrecognizable atrophic gastritis, I can see no convincing evidence in favour of Hurst's theory that the gastritis is a common predisposing cause of cancer It is a theory of great interest, and it demands careful criticism in the light of all the clinical and pathological material that we can study, but the evidence against it is considerable and that in favour of it as yet slight

Classification of Cancer of the Stomach

The usual classification of cancers of the stomach is based on their gross pathological features, and we describe fungating, ulcerating, colloid, and leather-bottle cancers Unfortunately, there is a good deal of overlapping between these types, and the classification is of more interest to the morbid anatomist than to the clinician I prefer to take a simple anatomical basis for our classification, and to divide them, according to the part of the stomach affected, into (1) cancer of the cardiac end, (2) cancer of the body of the stomach, and (3) pyloric and prepyloric carcinoma

SYMPTOMS

The first symptoms to be noticed in the great majority of cases are a vague discomfort after meals and an unaccountable failure of appetite The patient is usually of the cancer age, and has never suffered from indigestion before With the failure of appetite there is a steady loss of weight, and as a rule a progressive development of anaemia

We may now consider certain features that depend upon the site of the cancer

1 *Cancer of the Cardiac End*—In this type there is commonly, but not always an early onset of dysphagia, due to stenosis of the cardiac orifice The condition can only be diagnosed from carcinoma of the lower end of the oesophagus by radiological examination, which shows a filling defect extending into the upper part of the stomach

2 *Cancer of the Body of the Stomach*—In this position any considerable degree of obstruction is most unusual, and consequently the symptoms are vague In some cases we find no specifically gastric symptoms beyond an unaccountable loss of appetite In others there is a feeling of flatulent distension after meals, and the patient complains of offensive eructation of gas Pain is, however, slight or absent in the early stages of the disease, and the most noticeable features are a suspicious pallor of the face, some shortness of breath on exertion, due to a rapidly developing anaemia of the secondary type and progressive loss of weight Vomiting is unusual and only occasional, owing to the absence of obstruction

3 *Pyloric Cancer*—This is both the commonest type and the most hopeful It is hopeful because obstruction often arises early, and because the growth is accessible for surgical removal Pain is the most marked feature when pyloric stenosis is present, and it may closely simulate that of ulcer It often begins an hour or so after meals, it may occur in periodic attacks lasting a few days, with some days of freedom between attacks, though these remissions soon disappear, and are seldom as long as in cases of ulcer Relief is obtained by vomiting, which may be self-induced, and articles of diet taken the day before may be recognized in the vomited material If the patient is examined after a meal we find splashing in a large dilated stomach, and may see waves of visible peristalsis rolling across the stomach from left to right

A mobile palpable tumour with very little tenderness may be detected early or late according to the thickness of the abdominal wall and the position of the growth While a tumour is as a rule a late sign, it is certainly not true to say, as some do, that by the time the tumour can be detected the growth is inoperable.

Late Signs in Cancer of the Stomach

These consist in the detection of outlying secondary deposits in the liver or peritoneum, the umbilical scar, the lymph glands of the left supraclavicular fossa, or the ovaries The pouch of Douglas should be examined in both sexes for hard secondary nodules, and in the female pelvic examination may reveal the large secondary ovarian masses known as Krukenberg tumours When the peritoneum is widely invaded we find, in addition to secondary masses in the omentum, a more or less considerable ascites Massive secondary deposits in the liver soon give rise to some degree of obstructive jaundice, and are often associated with a slight irregular pyrexia and a moderate leucocytosis

Differential Diagnosis

(*a*) *From Pernicious Anaemia*—The non-obstructive type of cancer of the body gives rise to symptoms closely simulating those of pernicious anaemia There is the same lemon-yellow pallor, shortness of breath, and loss of energy In pernicious anaemia, however, there are rarely such pronounced feelings of epigastric discomfort after food, and hardly ever is there the rapid loss of weight that occurs in cancer Yet cases frequently occur in which the diagnosis can only be settled by x ray and blood examinations

(*b*) *From Simple Ulcer*—We have seen how closely cancer may simulate simple ulcer, particularly when it is slow-growing and at the pyloric end If an x ray shows that the lesion is on the duodenal side of the pyloric ring we can dismiss the fear of cancer, for cancer hardly ever occurs in the first part of the duodenum, and gastric cancers never spread over the pyloric barrier into the duodenum The differentiation of cancer from simple gastric ulcer is, however, much more difficult In view of the site of election of the two conditions, an ulcer in the prepyloric region must be regarded with considerable suspicion, and if after two or three weeks of strict medical treatment occult blood is still found in the faeces it is not wise to delay surgical measures Even on the part of the lesser curvature specially liable to simple ulceration the x-ray appearances may be most misleading, as in the following case

A lady aged 60 consulted her doctor with vague indigestion pains of very short duration and some loss of weight She had never suffered from indigestion before A radiograph

ANDREWS LIVER SALT

combines the laxative action of

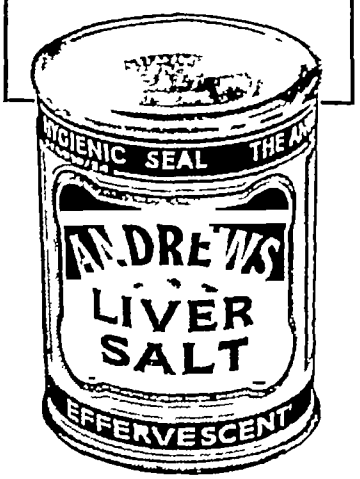
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Each tin of Andrews is now sealed by a patented damp-and dust proof Cellophane Cap, which maintains original Laboratory condition making a good product even better



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Scott & Turner Ltd
Andrews House
NEWCASTLE-ON-TYNE.

1 ANDREWS LIVER SALT is a pleasant tasting effervescent aperient with tonic properties Its laxative action is due to the presence of magnesium sulphate and other salts which, by their Osmotic action, induce the flow of water through the bowel wall from the surrounding tissues In this way, the walls of the bowel are thoroughly cleansed, and its contents are maintained in a semi fluid condition, thus ensuring an easy painless evacuation

2 By removing from the system the poisonous waste food substances which slow down the digestive process and impede the action of the liver, ANDREWS acts as a tonic to the whole system and is a valuable aid in maintaining perfect fitness

3 ANDREWS stimulates the flow of bile and thus assists in the later stages of food assimilation and in destroying the toxins of faecal stagnation

4 It is antacid in action, and the carbon dioxide which is liberated when ANDREWS is dissolved in water has a sedative effect on the stomach and a physical cleansing action on the stomach walls It is, therefore, valuable in cases of indigestion, sickness and sick headaches

5 Rheumatism, when due to bowel sepsis, may be safely treated with ANDREWS LIVER SALT and the treatment of all forms of this disease is assisted by the effective bowel evacuation induced by ANDREWS.

6 It relieves headaches caused by excessive intercranial pressure, by reducing the amount of fluid passing through the brain

7 It may be used as a hydragogue purgative in the treatment of oedema, ascites, pleuritic effusions, and nephritis, and with safety even in failing cardiac conditions

8 In cases of fever, its brisk effervescing solution in water makes a refreshing and invigorating drink, quenching thirst, diluting the toxins, and relieving the strain upon the kidneys

9 It is useful in pharyngites and post nasal catarrh, dissolving secretion in the throat and clearing the stomach of discharges that have been swallowed

10 It may be taken with perfect safety by the most delicate adult or child, and may be confidently used in pregnancy where the stronger purgatives might be harmful ANDREWS does not produce any violent disturbance in the system, nor does it affect the secretion of milk

DOSE:—*as a laxative, the usual dose is two teaspoonfuls stirred into a glass of water and taken on rising in the morning or last thing at night, but this should be adjusted to individual needs and, in the case of children, graduated according to age*

MASTOID OPERATIONS

BY

WALTER HOWARTH, M A, M B, F.R.C S.
Surgeon to the Ear, Nose and Throat Department St Thomas s Hospital

AND

GEOFFREY BATEMAN, B M, F.R C.S.
Chief Assistant to the Department

Several different mastoid operations are in common use, and the object of this paper is to discuss these in order to estimate the value of and the indications for each There is little need to discuss acute infection of the mastoid When operation is indicated Schwartze's is the one almost universally performed There are many minor variations in technique, particularly in after-treatment, but we do not propose to consider these technical points

There is, on the other hand, much difference of opinion about the choice of operation for chronic otitis media The first point to be decided is whether one is necessary In the majority of cases seen in hospital practice the patient has had little or no previous treatment for his otorrhoea, and it is usually impossible at the first visit to say whether he will require operation We make it a rule to give these patients adequate conservative treatment and to observe the results of this before coming to a decision Adequate conservative treatment consists merely of aural hygiene The ear is syringed daily with normal saline, and spirit drops are instilled When the ear is cleaned up by this method granulations may be cauterized with silver nitrate, and accurate observations of the state of the middle ear and hearing can be made An appreciable number of the cases of chronic otorrhoea are cleared up in this way, but if after six weeks there is no improvement and no need arises for some simple operation such as the removal of adenoids or tonsils, then a mastoid operation is advised.

The objects of a mastoid operation for chronic otorrhoea are (1) to make the patient safe as regards intracranial complications, such as extradural abscess, lateral sinus thrombosis, meningitis, brain abscess, and facial palsy, (2) to preserve the hearing, (3) to cure the otorrhoea, (4) to avoid the necessity for prolonged supervision

Clearly the most important aim is to make the patient safe The radical mastoid operation, which was for many years almost universally employed in this clinic, achieves this, but only by sacrificing objects (2) and (4), and often (3) as well We were therefore stimulated to find some alternative, and the conservative method used by many surgeons seemed the ideal operation, provided that the claims made for it were verified With the view of finding to what extent it achieved the objects just set out, and to discover, if possible, any contraindications to it, we decided for a definite period to treat all cases of chronic otorrhoea under our care at the hospital by the conservative method, with or without a muscle graft The cases were therefore consecutive ones and not selected in any way

Conservative Mastoid Operation

The technique consists in exposing the mastoid antrum and clearing out the diseased mastoid air cells The aditus is enlarged by removal of the outer wall of the attic The incus can then be seen, and this is also removed The bony posterior meatal wall is left The skin is sewn up a small corrugated rubber drain being inserted in the bottom of the wound A modification is to turn down a flap of temporal muscle on an anterior pedicle so as to obliterate the cavity If this procedure is employed the wound is sutured without drainage

A third method which we have used on rare occasions deserves mention, as we feel that it has its place in the surgical treatment of chronic otorrhoea The bone surgery is done as before, but at the end of the operation the wound is left open and packed The meatus and the wound are then syringed daily with a mild antiseptic, 1/2 per cent eusol, and in two or three weeks the ear will probably be dry The post-auricular wound can then be closed with a temporal muscle flap if, as often happens, the bone does not granulate quickly This operation is not included in our series, as the cases in which it was employed are too few

For over two years we aimed at using the conservative mastoid operation in all cases of chronic otorrhoea which needed surgery There were, however, cases in which the disease was so gross that this method would obviously have been valueless and others in which a previous operation had rendered it impracticable, these were treated by the radical mastoid operation During this two year period eighty-three conservative mastoid operations were performed In thirty-six of these cases the middle ear became dry and the patients were rendered symptom free, except for a varying degree of deafness, though on the whole the hearing is very good after a conservative mastoid operation In twenty-five cases some discharge from the ear continued, but this appeared to come only from the middle ear, and it seemed unlikely that any further operation would be necessary Seventeen cases have needed a further operation because the discharge persisted and alarming symptoms developed The remaining five have a persistent discharge and, in our opinion, will require further operation before the ear is in a satisfactory condition Thus, in eighty-three cases there were thirty-three successes (43 per cent), twenty-five qualified successes (30 per cent), and twenty two failures (27 per cent)

These results show a good proportion of successes, but the failures have made a great impression on us, as at the second operation it was usual to find a large suppurating cavity in the mastoid high up in the region of the tegmen antri and roof of the aditus, very often with the dura forming one of the walls of the cavity The dura is then thickened and covered with granulations, and the patient is potentially in a dangerous condition These findings have been very constant in the cases which have been reopened, and are most disquieting Some of the cases requiring a second operation had been dry before they started to discharge again This brings all cases under suspicion for a time, and we cannot feel entirely satisfied even with those which have ceased to discharge Of the seventeen cases operated on a second time eleven have had a radical and six a modified radical operation

We therefore reached the conclusion that the conservative method was not suitable for all cases of chronic otorrhoea requiring operation As, however, 43 per cent did become symptom free with a dry ear it appeared to be a good operation provided some criteria for the selection of cases could be found

Analysis of the Cases

Analysis does bring forward some factors common to the successes and common to the failures

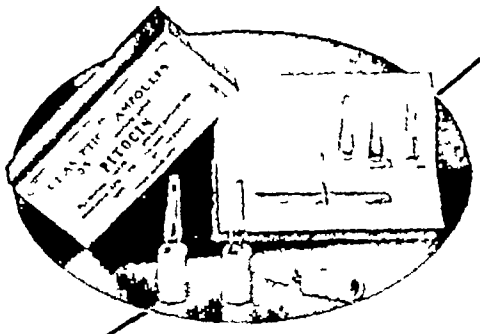
Hearing—On the whole the successful cases heard well, some successes had poor hearing whereas in some of the worst failures, with attic cholesteatoma, it was very good

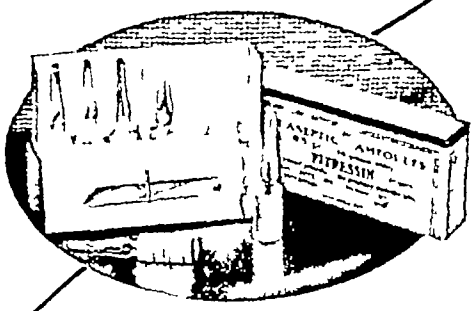
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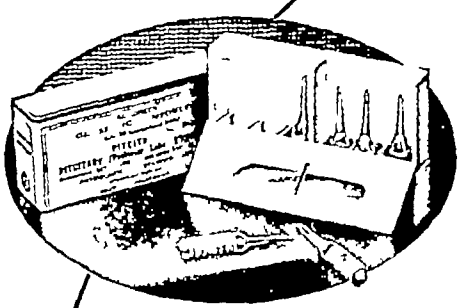
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DISSEMINATED FOCAL PNEUMONIA

BY

J G. SCADDING, M D , M R C P.

First Assistant Department of Medicine British Post-graduate Medical School

(WITH SPECIAL PLATE)

Cases conforming to the classical descriptions of pneumonia comprise only a proportion of the total number of acute pulmonary infections While lobar pneumonia has been studied extensively, and detailed experimental investigations have been made into the various bacteriological types of pneumonia, the atypical pneumonias which are of such importance to the clinician are as yet largely unclassified It has been the observation of many that such cases are becoming relatively more numerous , this point is stressed in a recent study by Olmer *et al* (1936) Allen (1936) has described a relatively benign form of pulmonary infection which he has studied radiologically and termed "acute pneumonitis' I wish to draw attention to some cases of acute or subacute pulmonary infection which seem to form a recognizable clinico-radiological group, important on account of the unusual and possibly prolonged course and the resemblance of the radiological changes to those of pulmonary tuberculosis

Case I

A man aged 25 a carpet planner was first taken ill on August 27 1936 with malaise, frontal headache, backache, pain below the left clavicle, and two mild shivering attacks He took to his bed in two days he attempted to go back to work, but had to return home He developed a slight cough, with scanty expectoration He had had no serious illnesses previously and his family history revealed nothing of note

On admission to hospital on September 3 he was drowsy and flushed and complained of frontal headache Temperature 102 2° F, pulse 102 respirations 18 The tongue was furred and fauces injected The chest showed some diminution of movement on the left side with impairment of percussion note over the upper half especially anteriorly Over this area a few medium rales were audible the breath sounds were vesicular Examination of other systems showed nothing abnormal The course of the pyrexia is shown in Chart 1

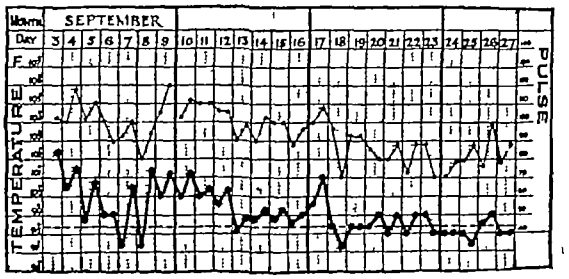


CHART 1 —Showing course of the pyrexia in Case I

For the first few days prostration continued and there was much sweating the respiration rate remained at or below 20 per minute until September 9 when it rose to 30 and then ranged between 20 and 30 for a week A skiagram of the chest on September 8 (Plate Figs 1 and 2) showed extensive mottling in the upper and middle zones of the left lung, suggestive of tuberculous infiltration

At this stage pulmonary tuberculosis was suspected and the advisability of pneumothorax treatment discussed but it was decided to await bacteriological confirmation The sputum at first scanty and muco purulent gradually became more profuse and purulent reaching a maximum of 120 c cm on September 17 The pulmonary physical signs at the left upper zone extended somewhat at first, and generalized rhonchi were occasionally heard Hoarseness of the voice was noted on September 6 Mr J I Griffiths reported a simple laryngitis on September 14 By September 22 the temperature was settling rales were still audible over the left lung, but the percussion note was less impaired A skiagram on this date showed some resolution of the mottling By October 5 there was very marked improvement sputum was reduced to a trace *On account of some* nasal obstruction the nasal sinuses were investigated , the left antrum was somewhat opaque but on puncture only debris resulted On October 9 a skiagram showed only slight relative want of translucency in the left upper and middle zones

The patient was discharged on October 21 and was seen again a month later feeling quite well, the only residual symptom being cough with some mucoid expectoration.

LABORATORY EXAMINATIONS

The sputum was examined five times for tubercle bacilli with negative results Mouse inoculation on September 4 failed to show pneumococci Culture on September 23 gave a growth of *H influenzae Strep viridans* and *N pharyngis* A blood examination on admission showed a normal red-cell count, and 9,400 leucocytes per c mm , of which 48 per cent. were polymorphs The maximum leucocyte count recorded was 14 000 per c mm with 70 per cent polymorphs on September 15 Agglutination tests for the typhoid group and *Brucella abortus* were negative on September 18

Case II

A man aged 27, a motor assembly engineer was taken ill on December 2 1936 with malaise and shivery sensations, and had to return home from work The next morning he felt better and went to work but felt so weak with headache, cough, and feverishness that he went home again to bed In *the succeeding days he had a troublesome unproductive* cough excessive sweating day and night some dyspnoea but no pain and he vomited once His previous health had been good apart from an attack of pneumonia at the age of 8 years His mother had died of pulmonary tuberculosis

The patient was admitted to hospital on December 9 he was rather thin, looked ill and pale, sweated freely, but there was no cyanosis Temperature 101° F pulse 98 respirations 28 There was slight faucial injection The chest was moving less on the right side and the percussion note was slightly impaired over the lower half of the right lung The breath sounds were vesicular on the left side with a few rhonchi at the base on the right they were weak with many scattered rhonchi and medium rales *below the angle* of the scapula Examination of other systems showed no abnormality The course of the pyrexia is shown in Chart 2

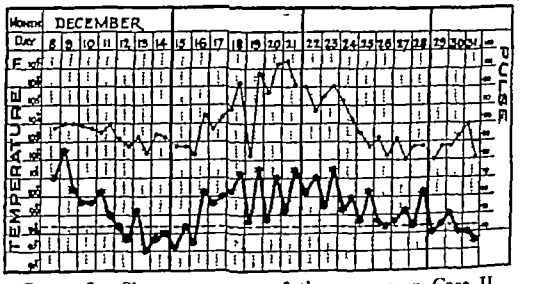
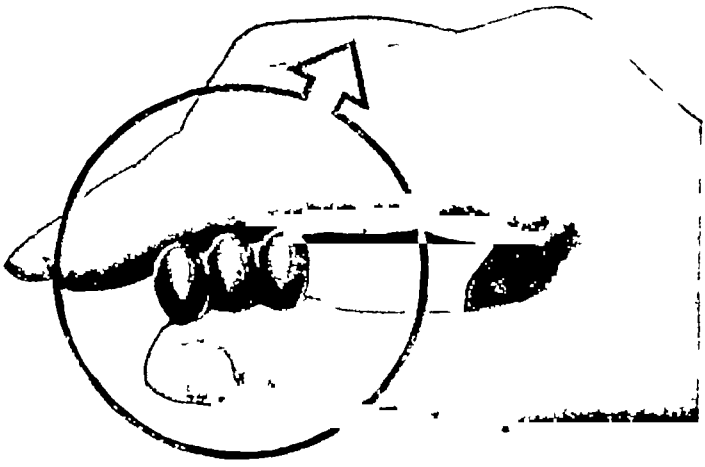


CHART 2 —Showing course of the pyrexia in Case II

For the first few days after admission the temperature fell, though there was little change in the symptoms Sweating was noted to be extraordinarily profuse Small amounts of purulent sputum were produced, once slightly blood stained The rales on the right side extended upwards to below the clavicles

A skiagram on December 10 (Figs 3 and 4) showed wide spread coarse mottling of the right lung most dense in the



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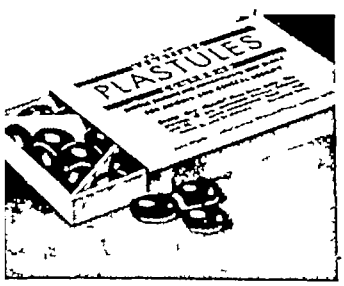
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with normal recovery On October 7 a lipiodol examination showed no gross abnormality there was slight cylindrical dilatation of the posterior branches of the left descending bronchus

Though the general condition was still far from satisfactory he was discharged from hospital on October 9 at his own request

LABORATORY EXAMINATIONS

The sputum was examined for acid fast bacilli five times, with negative results On August 26 culture yielded *Strep viridans Strep non haemolyticus N pharyngis* and *M tetragenus* A blood examination on August 24 showed 6 000 leucocytes per c mm., with a normal differential count

On November 12 he was admitted to St. Charles' Hospital on account of vomiting, dysphagia, and loss of weight, of ten days duration A laryngeal palsy developed, dysphagia was progressive and it became clear that these symptoms were due to a lesion of the central nervous system A skiagram of the chest taken on November 16 showed changes similar to those in Fig. 9 but somewhat obscured by lipiodol residues

He died on November 28 A necropsy was carried out by Dr A B Bratton The immediate cause of death was a bulbar encephalitis probably polio encephalitis with peri vascular cuffing" focal degeneration of nerve cells and small areas of softening and of haemorrhage in the medulla, pons and mid brain The changes in the lungs were described as follows

On removal the lungs were unusually firm, somewhat suggesting red induration, and there was consolidation at the right base On microscopical examination a section from the right lower lobe shows an ill-defined area of organizing pneumonia in the rest of the section there is chronic interstitial inflammation and slight fibrosis of the alveolar walls, and oedema and recent haemorrhage in the alveoli A section of another part of the lungs shows oedema and congestion, and a focal but widespread distribution of slight fibrosis and slight chronic inflammatory infiltration of the alveolar walls There was no evidence of tuberculosis"

Nature of the Pulmonary Lesion

The clinical and radiological evidence suggests that the pulmonary lesion in these cases was essentially a pneumonia in small foci disseminated through lobes or parts of lobes of the lungs, and liable to enter on a phase of delayed resolution The pathological evidence in Case IV—'focal but widespread distribution of slight fibrosis and slight chronic inflammatory infiltration of the alveolar walls'—lends support to this view This pathological picture has distinct affinities with that observed in three more chronic cases which terminated fatally, recently reported (Scadding, 1936) In these a pulmonary infection of subacute or chronic course closely simulated pulmonary tuberculosis, both clinically and radiologically at necropsy the chief finding was a simple pneumonia in diffuse foci showing recent consolidation, resolution, organization, and suppuration The lesions in the two series seem essentially similar, those of the present series undergoing resolution at an earlier stage and showing less tendency to progress to the more chronic phase of organization and fibrosis

Thus there arises the concept of a process characterized by pneumonic consolidation in small scattered foci, the individual foci at any time may be of different ages and at different stages of evolution towards resolution, organization, or suppuration They may clear almost completely or may leave more or less residual fibrosis The process shows little of the tendency to a clear-cut termination seen in the more usual types of pneumonia, and may enter a subacute or chronic phase Clearly, if a case presenting this picture comes to necropsy there will be little that is striking to the pathologist except the focal distribution of the lesions, the main interest of the picture is clinical As a clinically convenient term, not involving any aetiological assumptions, I propose to describe the condition as "disseminated focal pneumonia"

Clinical Picture of Disseminated Focal Pneumonia

The symptoms differed clinically from those of other forms of pneumonia in several important respects The onset was not sudden as in lobar pneumonia, and there was no evidence of a previous descending respiratory infection as in some of the commoner forms of bronchopneumonia The initial symptoms were mostly constitutional—malaise, headache, sweating, and shivery sensations short of an actual rigor While there was some dyspnoea there was no respiratory distress at rest Pain in the chest was not a prominent symptom, it was entirely absent in two cases, and in the other two was not of typical pleuritic type Cough at the onset was dry The course was subacute or chronic, and fever variable, not sustained, terminating by an indefinite lysis, and in the more chronic cases amounting only to an inconstant evening rise Sweating became a prominent symptom The cough, at first dry, subsequently became productive of increasing amounts of purulent sputum, reaching a maximum after several weeks, and continuing thereafter according to the progress of the case Defervescence occurred in the fourth or fifth week in the two more febrile cases in which the whole course was observed and symptoms, especially cough and sputum, continued for another week or two In the two less acutely febrile cases symptoms continued for a longer time after the temperature was normal If the cases in my previous series be accepted as belonging to the same category the possibility of a chronic progressive course must be recognized

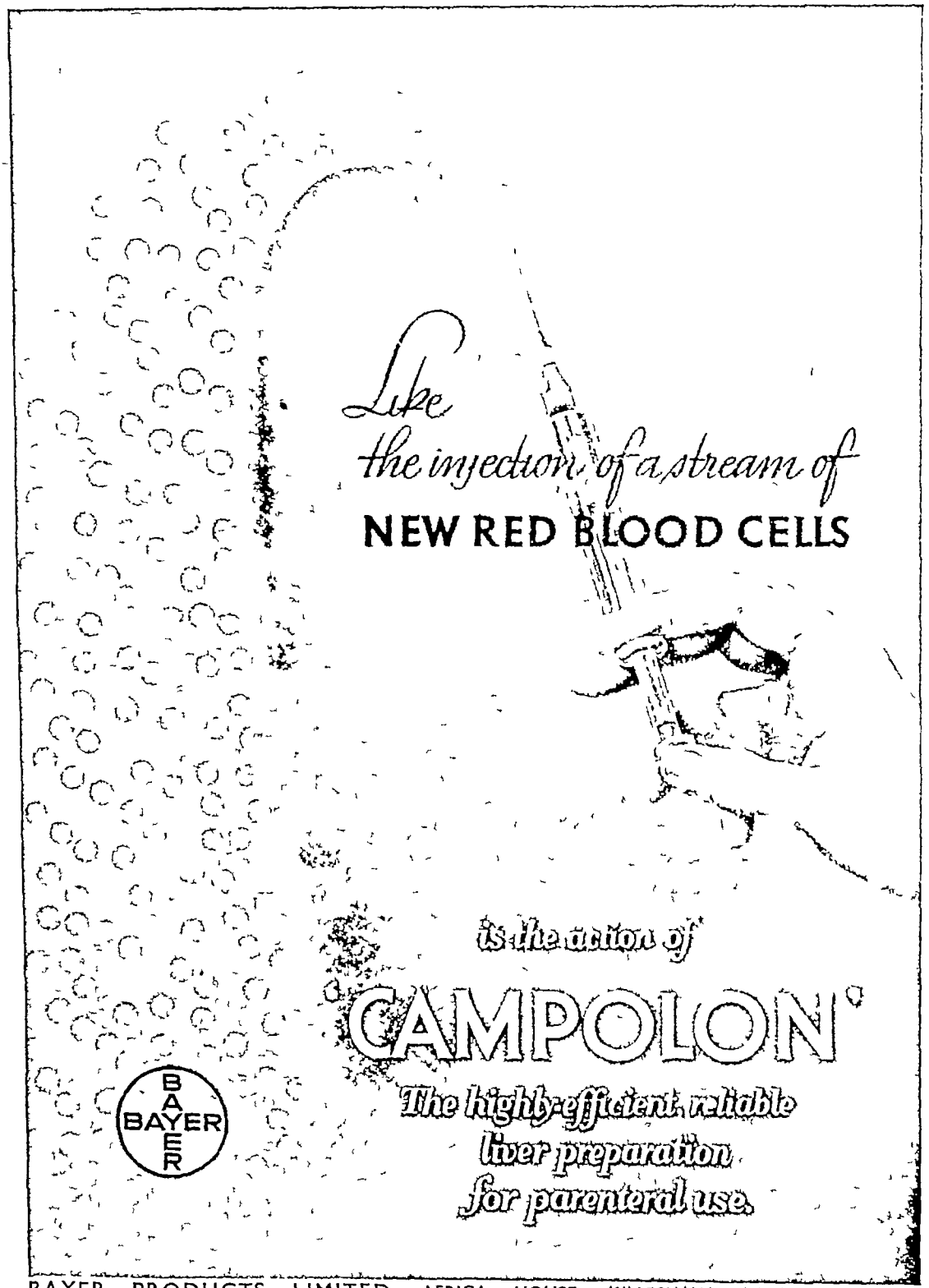
The physical signs were most evident over the upper lobes in two cases and over the lower lobes in two They consisted of moderate impairment of percussion note, weak breath sounds, and numerous fine to medium rales No definite consolidation signs were detected

Radiologically the picture consisted of areas of diffuse rather coarse mottling, in foci varying from about 2 to 5 mm in diameter These changes were confined to the left upper lobe in one case and affected parts of more than one lobe in the rest Resolution was slow in all but one case, in one it was not complete for at least twelve weeks from the onset The resemblance of the infiltration to that of tuberculosis was at times striking

Aetiology

The most remarkable feature of the bacteriology of the sputum in these four cases was the absence of organisms usually associated with pneumonia in two the result of culture was confirmed by a negative result from mouse inoculation Only organisms which might be found in any respiratory tract were isolated *Strep viridans N catarrhalis* micrococci, and diphtheroids, and in one case each *H influenzae* and *H para influenzae* In no instance was there evidence of a fungus infection, and the presence of tubercle bacilli was excluded by repeated direct examination of the sputum, and in one case by guinea-pig inoculation

The question of an influenzal aetiology arises but there was no epidemic prevalent at the time of onset of any of these cases, nor was there any illness among contacts, and when an epidemic of proved virus influenza



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injection of perchloride of iron into the cyst effected a cure From the description this must have been in the nature of a haemangioma rather than a true varix Bennet (1890) describes two cases One was that of a girl aged 5 who had a small, flattened, softish tumour over the middle of the left sterno mastoid to the outer side of the external jugular vein, with which it was pretty obviously connected This showed the usual signs of purplish colour and an increase in size during laughter, crying, or on exertion The second case was that of a man aged 41 who complained of a tumour over the right sterno mastoid, partly overlapping the external jugular vein If the patient held his breath or compressed the vein on the proximal side the swelling became much more prominent More recently Sussig (1923) and Biesenberger (1928) record cases The cyst described by Sussig was attached to the internal jugular vein by a small venous stalk about the size of a match-stick In the case reported by Biesenberger the condition had been present for ten years in a young woman of 22 The swelling in the neck appeared on exertion, but had always disappeared again, either of its own accord or after slight compression The patient eventually came for treatment because after lifting a sheep the swelling had persisted In this case the cyst was so closely attached to the external jugular vein that this vessel had to be ligated Jura (1935) reports two cases and gives a very full review of the literature

Jura's Cases

Case 1—The patient a woman aged 45, noticed a swelling in the right side of the neck one year before she came for treatment. The lump was then about the size of a hazel nut, but had increased until it reached the size of a pigeon's egg During forced inspiration the external jugular vein was clearly defined entering at the superior and leaving at the inferior poles of the tumour The swelling which had a smooth surface, was of soft elastic consistency and disappeared on pressure It was non pulsating and painless By exploratory puncture blood of a venous character was withdrawn On operation it was found that the tumour was attached to the external jugular vein and it was therefore necessary to ligate the vein above and below the cyst This was loculated and filled with partly liquid and partly coagulated blood Sections of the tumour showed organizing clot, though portions had the characteristics of a simple haemangioma

Case 2—This patient, a girl aged 11, complained of a swelling in the right side of her neck Over the external jugular vein was a pyriform tumour which increased in size on forced inspiration From the margins of the tumour particularly on its anterior and inferior aspect numerous dilated veins emerged No pulsation was present in these veins which disappeared on pressure At operation the external jugular vein and the numerous vessels proceeding from the varix had to be ligated The cyst contained fluid venous blood Jura considers this swelling to have been a dilatation of the external jugular vein at the point at which it is joined by the transverse anastomotic veins from the opposite side Microscopically venous structure was found in sections of the cyst wall with here and there noticeable thickening of the intima and lymphocytic infiltration of the adventitia

Report of Present Case

A boy aged 13 complained of a small lump above the clavicle on the right side The swelling was first noticed by his mother about three months before Since then the lump had remained much the same size It was painless and appeared to grow larger when the boy talked much or shouted

On examination a small bluish rounded swelling was seen about one inch above the right clavicle lateral to the sterno mastoid It was tense fluctuant not adherent to the deeper structures, and freely mobile from side to side but limited vertically On compression a smaller swelling appeared a quarter of an inch above the upper border of the original tumour When the patient held his breath the swelling grew to about twice its former size It seemed to pass beneath the clavicle along the course of the external jugular vein No pulsation was present and nothing could be heard on auscultation The heart and lungs were normal

At operation a small almond shaped swelling the colour of black currant jelly, lying in the subcutaneous tissues, was excised A fine stalk connected it to the external jugular vein The contents of the cyst were partly blood-clot and partly some solid material

The pathological report was Sections show old and recent blood-clot with blood pigment in various places In the centre is an area of granulation tissue with young fibroblasts, young blood vessels, and small round cell infiltration Scattered through the section are numerous giant cells These appear to be of the foreign body type Section of the venous stalk shows a much collapsed vein capable of considerable distension The walls of the vein are unusually vascular'

Discussion

A most comprehensive survey of this condition is made by Guibal (1903), and I have used his paper in this discussion The time of appearance varies considerably, from a few weeks after birth to middle age The frequency of the condition in early life, however, favours the congenital origin of these cysts In those cases which go on into middle age the cyst is probably of the type recorded by Biesenberger (1928), in which the swelling appeared on exertion but disappeared again spontaneously, though undoubtedly some of these are acquired Jura (1935) is of opinion that the majority of those appearing in later life are acquired

The pathology presents some points of interest Paget (1853) mentions sanguineous cysts and describes, among others, one type as 'of proper origin" which seems to be very similar to the varices described above Some authors (Sussig, Biesenberger, Jura) have noted the presence of atrophic smooth muscle fibres, probably part of the degenerated venous musculature The contained blood clot in all cases showed evidence of organization, and the resulting formation of a network of capillary vessels had some characteristics in common with simple angiomata In no case from the literature was the presence of giant cells recorded, the significance of which it is difficult to determine

Generally it is only by chance that the cervical swelling is discovered by the parents Neither pain nor discomfort is usually caused by the swelling, and compression symptoms even in very large varices have never been reported More rarely definite symptoms may occur, such as pain on exertion or on moving the head, tinnitus and vertigo on stooping In size these swellings vary from that of a hazel nut to an orange, though Guibal mentions that in extreme cases the whole side of the neck may be occupied by the tumour Their shape is generally pyriform, the surface is smooth or may give the impression of lobulations The limits are easily defined, and the vein can occasionally be palpated entering and leaving the swelling (Jura) The skin is bluish in colour and freely mobile These signs may be modified by the depth of the tumour On palpation the swelling is tense, frequently fluctuant, and non pulsating Pressure will reduce it, and on relaxing the cyst refills Violent expiratory movements cause the tumour to increase in size to twice or thrice the normal Wolff (Guibal) records a case in which the tumour became more prominent as a manifestation of the patient's annoy-

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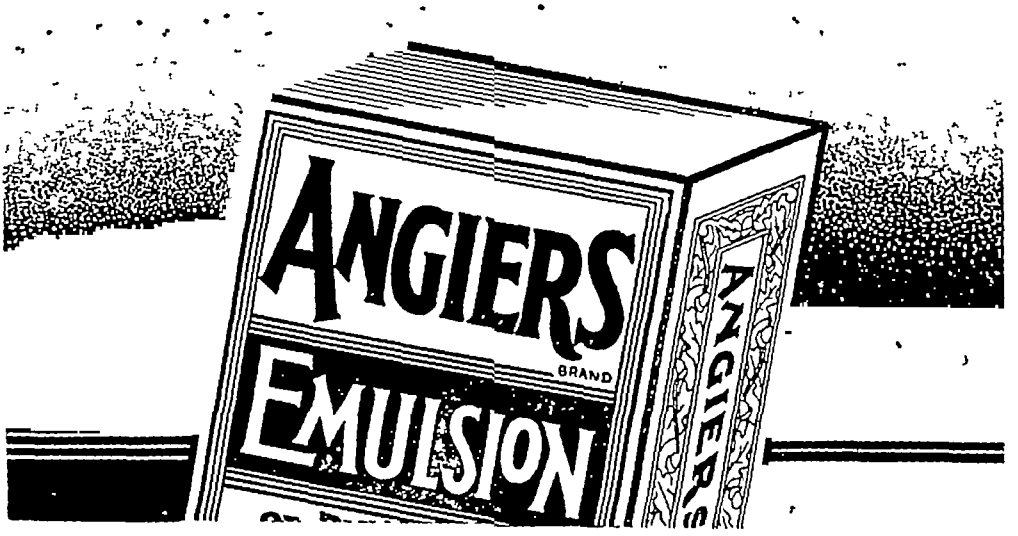
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and the gastro intestinal tract was normal. In the right iliac fossa was a large mass of tumour tissue which was infiltrating the psoas muscle. The right ureter ran through this mass. Section through the tumour showed it to be composed of white tumour tissue showing areas of necrosis at places. The tumour tissue had a radiate appearance which started from a point in the ureter just above where it crossed the pelvic brim. In an upward direction the wall of the ureter was involved to a point 3 cm. from the pelvis, and in a downward direction to very near the opening of the bladder. In spite of the extensive ureteric involvement in an upward and downward direction from the primary focus there was no obstruction of the tube, and the renal pelvis showed no dilatation. The kidney on the affected side contained two nodules of tumour tissue in its substance, each slightly smaller than a pea (see Plate). The left kidney was normal. The para-aortic glands were fairly extensively involved by secondary tumour growth. The fourth and fifth lumbar vertebrae also showed invasion by tumour tissue.

Sections of the ureter and kidney were examined histologically. The tumour was found to involve the whole thickness of the ureter and to spread for some distance outside this at its point of maximum growth, but even here the remains of circular muscle and fibrous tissue were present, thus preserving the tube-like appearance. The mucous membrane was replaced by ulcerated tumour tissue. The tumour cells were rather small and were spheroidal in shape. Here and there a multinucleated cell was apparent. The tumour had a definite alveolar arrangement and was obviously a papillary type of carcinoma, resembling that got in the renal pelvis.

Commentary

The case described presents some interesting features.

1. *The Absence of Obstruction of the Ureter*.—A tumour growing outside the ureter and pressing on the tube very readily causes obstruction with secondary hydronephrosis. A primary carcinoma of the ureter apparently in many cases does not do this (McCown, 1930). In our case signs of obstruction were absent or slight. Examination of the specimen readily showed why this was so. The tumour was seen to be growing outwards in a radiating manner from its focus of origin, and in this way appeared actually to hold the tube open instead of obstructing it. Moreover, a carcinoma growing from outside the ureter compresses it for a time before actually infiltrating it, whereas a primary carcinoma of the tube early ulcerates into its lumen, and necrotic cells on the surface are liable to be washed down with the efflux of urine. The growth of tumour for some distance upwards and downwards along the ureter should also be noted.

2. *The Absence of Urinary Symptoms*.—This absence of symptoms is well known, and in many of the cases reported in the literature the diagnosis of renal disease was not suspected before the necropsy (McCown, 1930). This lack of symptoms is associated in many cases with the absence of obstruction of the tube. The absence of even haematuria was a notable feature in the present case. This has also been noted by other writers (Wising and Blix, 1878, Adler, 1905, van Capellen, 1916, Hektoen, 1896, Toupet and Guéniot, 1898).

Summary

The case of carcinoma of the ureter showing some interesting features is described, and others in the literature are summarized.

My thanks are due to Mr. Milne McIntyre and to Professor J. S. Dunn for permission to use the clinical and pathological notes of this case.

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SPONTANEOUS SUBARACHNOID HAEMORRHAGE

REPORT OF A CASE

BY

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WITH

NOTES ON POST-MORTEM FINDINGS

BY

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(WITH SPECIAL PLATE)

Rupture of a congenital aneurysm has been recognized as an important and comparatively frequent cause of *spontaneous subarachnoid haemorrhages*, especially in young non-syphilitics. The subject has been studied in detail by Eppinger (1887), Fearnsides (1916), and several other workers. Forbus (1930) investigated the histological aspect in particular, and offered certain explanations on developmental basis.

The following case is described chiefly because a detailed post mortem examination was available and the histological studies showed certain differences in the structural changes from those described by Forbus.

Clinical History

A man aged 30, a hotel servant, developed a severe headache overnight. The next morning he felt giddy and fell down in a semi-comatose condition in the lavatory, when he was brought to the hospital.

On admission (March 27, 1936) the patient was dazed but answered simple questions in a slow thick voice. He complained of a severe headache, but otherwise felt well, though he had a sense of impending disaster.

On examination he was seen to be well nourished, with no marks of injury and material from gastric lavage showed no poison. Breathing was rapid and deep, and there was a definite rigidity of the neck and exaggeration of deep reflexes. Kernig's phenomena and the plantar reflex were equivocal and abdominal reflexes were present. Lumbar puncture brought out fluid under tension uniformly mixed with blood. No clot was found on keeping the supernatant fluid had a golden yellow colour. The pulse was slow—52 per minute—and full and the blood pressure 143/100. Heart sounds were normal.

Laboratory Examination.—The urine showed a fair amount of albumin but no casts, no red blood cells, no pus cells. Blood culture revealed no organisms. The blood count was normal, there were no malarial parasites, and Widal, Wasser mann and Kahn reactions were negative. The cerebrospinal

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the bronchi being dilated in the atelectatic lobe, as are the alveoli of the sound lobe, in an attempt to fill in the space left by the collapsed lung tissue

Recognition of the Association of Atelectasis and Bronchiectasis

As Findlay points out, this mode of production of bronchiectasis has been recognized for over a hundred years, but the ocular proof of the association was not given until, in 1926, Singer and Graham with lipiodol radiographs demonstrated bronchiectasis within triangular basal lung shadows These shadows were proved at operation to be those of atelectatic lower lobes, and their presence is now accepted as suggestive evidence of bronchiectasis This work has since been many times confirmed, notably by Warner and Graham (1933), who found that the bronchiectasis was usually of a cylindrical type Both lower lobes and right middle lobes were liable to be involved Often the bronchiectasis was seen in the early stages of atelectasis—for example, six weeks from its onset—and pathologically in this instance and in other cases no pulmonary fibrosis was found These writers discovered bronchiectasis in all the triangular shadows which they investigated, but W E Anspach (1934) found no bronchiectasis at necropsy in a few infants with atelectatic lower lobes He also failed to find bronchiectasis in certain adults whose atelectatic lower lobes had re-expanded He regarded the atelectasis as the forerunner of bronchiectasis in all cases, and emphasized the factor of inspiratory pull in producing the bronchial dilatation All modern writers agree in describing the atelectasis as usually an acquired condition (Jones and Cournand, 1933) Bronchiectasis in an atelectatic lobe must be distinguished from congenital cystic disease

It is probable that a cylindrical dilatation of bronchi will occur during life in all atelectatic lobes of the type described That Anspach failed to demonstrate it in infants after death is accountable by the fact that the tension exerted during life was no longer present at the time of his observation The case reported by Fletcher and Dimson (1935) as showing no bronchiectasis in an atelectatic left lower lobe does not appear to have any lipiodol in the bronchi of the atelectatic lobe, according to the picture which they reproduce

Bronchial dilatation has been reported by Boyd (1935) fourteen days after the occurrence of atelectasis, and probably it could be demonstrated almost from the onset of collapse Neither Boyd nor Scott Pinchin and Morlock (1930) considered the possibility of recovery from a demonstrable bronchial dilatation The last two writers diagnosed a triangular basal shadow as representing fluid because after its disappearance no bronchiectasis remained

Possibility of Disappearance of the Bronchiectasis

It has been established that bronchial dilatation may be present in an atelectatic lobe without any fibrotic lung change and without any marked change in the bronchial wall The transience of atelectasis was radiologically demonstrated, notably by Anspach (1934) and by Sparks (1931) In Anspach's cases no bronchiectasis remained after re-expansion, but that it had been present was neither proved nor thought likely In Sparks's cases bronchiectasis persisted after re expansion Not until 1935 was the transience of bronchiectasis demonstrated, and then in two cases Findlay showed that when the atelectatic lobes re-expanded the compensatory bronchiectasis within them disappeared His cases were both in children As the importance of his observations would still seem often to be overlooked the following striking case of the same type in an adult is quoted

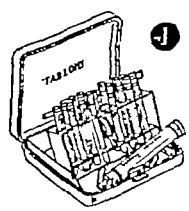
Case Report

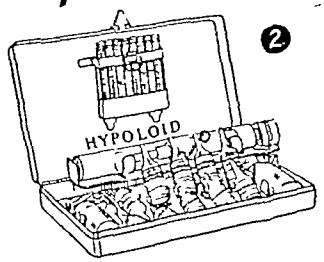
A man of 35 years, a labourer, gave a history of "pneumonia" two years and four years before admission These attacks did not appear to have been severe, though the patient's memory was not good enough for him to give accurate details It seemed possible that the attacks were of a similar nature to the present one A week before admission he was seized with a pleuritic pain at the base of the left lung He felt quite well apart from the pain and a troublesome dry cough On examination he was high-coloured and slightly cyanosed, with dyspnoea and a respiratory rate of 30 Temperature was 102° and the pulse rate 100 A Harrison's sulcus was present, more marked on the left side of the chest, and this side showed restricted movement At the left base posteriorly there was a triangular area of dullness in which the breath sounds were bronchial in character In this area, and in both lower zones generally, numerous rales occurred There was some pleural friction in the left axilla For the next week the patient showed a gradual diminution of fever, and he was apyrexial on the eighth day after admission Cough produced from one to three ounces of thick yellow sputum daily for the first eight days, and the amount then rapidly decreased No tubercle bacilli were present Radiographs of the chest soon after admission revealed a triangular basal shadow on the left side, reported by Dr Duncan White as "extremely suggestive of atelectasis of the left lower lobe" (Plate, Fig 1) Breathing exercises were started on the twelfth day after admission On the eighteenth day the patient was symptom-free, but the signs of atelectasis persisted, though there was now a smaller area of dullness and less marked bronchial breathing A lipiodol radiograph taken at this time revealed cylindrical dilatation of the bronchi of the left lower lobe (Fig 2) Five days later the left lower lobe appeared clinically almost entirely to have re expanded This was confirmed radiologically ten days after the first lipiodol injection The bronchi were reinjected at the same time and showed no dilatation. The patient was discharged, and when seen recently (over four months after the onset of his illness) was quite well and had no chest signs A third lipiodol radiograph (Fig 3) confirmed the previous finding of a normal bronchial tree

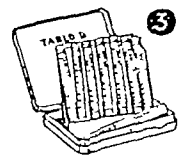
Conclusion

A patient is described who in the course of an attack of severe acute bronchitis, with probably small areas of bronchopneumonia as well, developed an atelectasis of the left lower lobe This quite possibly was due to plugging with secretion of the bronchioles in that lobe during a time when movements of the left lung were restricted on account of pleuritic pain At all events, when sputum was coughed up later the lobe re expanded In this process it was assisted by respiratory exercises A cylindrical dilatation of the bronchi developed within the collapsed lobe With re-expansion of the lobe the bronchi became of normal width, as demonstrated by lipiodol injections As nearly as can be estimated the lobe was collapsed for a month The case described, like those of Findlay, illustrated the possibility that bronchial dilatation in atelectatic lobes may disappear if the lobe re expands For this reason it is urged that methods for promoting early re expansion of atelectatic lobes should be employed Among these, postural and bronchoscopic drainage inhalation of CO_2, and respiratory exercises have all been used with success Not until such methods

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acute appendicitis or, less commonly, intestinal obstruction or cholecystitis

Morris (1932) states that incomplete torsion of the omentum may give rise to puzzling abdominal symptoms, and this possibility should be kept in mind in making a differential diagnosis

The specimen weighs 15 oz and measures 13 inches in length, and has been deposited in the pathological museum of Manchester University under Professor S L Baker The photograph reproduced in the Plate shows the pedicle and the direction of the torsion

My thanks are due to Mr P McEvedy for reading the manuscript and for making valuable suggestions and to Mr T J Shields librarian of the British Medical Association, for references to the literature

Warrington J S MANSON M D

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A Case of Rupture of the Aorta

The interest of this case lies in the rarity of the condition and the diagnostic difficulties which it presents, and in the absence of any obvious cause

CASE RECORD

I was called at 1 o clock one morning to see a married woman aged 63, she gave the following history Her last meal had been at 8 o clock the previous evening, and she went to bed at 10 p m feeling quite well She awoke at 12 o clock, turned over in bed, and was immediately seized with acute pain in the epigastrium which passed through to the back and the region of the left shoulder-blade The pain was constant and very severe Vomiting occurred twice with no relief

On examination the patient was very pale her face was covered with perspiration and wore an anxious expression She was obviously in great pain but could move in bed and had tried walking about her room in an attempt to get relief There was acute tenderness on pressure in the epigastrium but no rigidity The heart sounds were rather weak, the area of cardiac dullness being slightly increased towards the left the apex beat could be felt half an inch outside the mid clavicular line The pulse was full and regular and the rate 50

The most probable diagnosis appeared to be a perforated gastric ulcer still in the latent period as regards physical signs The bradycardia was thought to be possibly due to reflex vagus stimulation This diagnosis was strengthened by the fact that I had operated upon her five years before for a pyloric ulcer the operation consisting of posterior gastro-jejunostomy embedding of the ulcer, and occlusion of the pylorus (her general condition at the time was too poor to justify more radical measures) She was therefore admitted to hospital as an emergency case A short period of observation sufficed to overthrow the original diagnosis No further abdominal signs developed The patient s condition became rapidly worse she was dyspnoeic and much distressed At 2 a m the pulse rate was 48 full and regular the cardiac signs were unchanged and the blood pressure was 140/70 At 7.20 she had an epileptiform convulsion and became unconscious Death took place fifteen minutes later

NECROPSY

Post-mortem examination revealed a clean transverse split involving the inner coat of the ascending aorta just above the semilunar valves and extending around two-thirds of the circumference The escaping blood had made its way between the inner and outer coats of the vessel (whether the media was split with the intima it was impossible to say), forming a dissecting aneurysm which extended to within an inch of the lower end of the thoracic aorta Secondary rupture had taken place into the pericardium, which was distended with blood clot Apart from one small patch of atheroma in the ascending aorta the vessel appeared to be perfectly healthy The coronary arteries were somewhat thickened There was no other sign of vascular disease

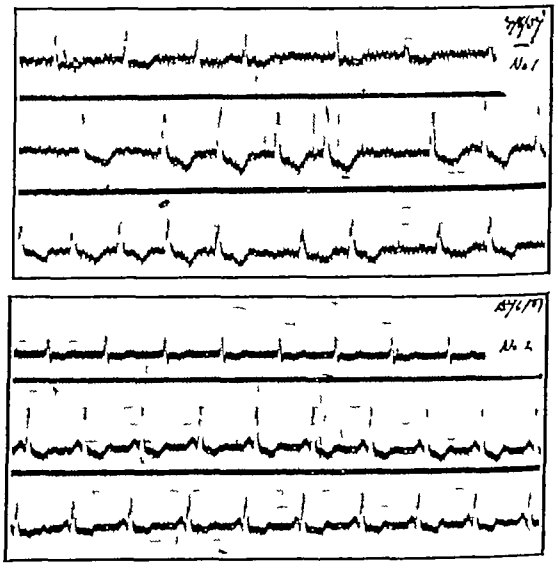
CONSTANCE OTTLEY B M, B Ch, F R C S
Brighton Assistant S rgeon New Sussex Hospital.

Thrombosis Complicating Hyperthyroidism

In view of the notes on a case of thrombosis of the subclavian vein complicating hyperthyroidism in the *British Medical Journal* of April 17, 1937, the following may be of interest

A married woman, aged 52 had for some years lived an invalid life, spending weeks in bed and rarely being able to carry out all her household duties When seen two years ago with Dr Foster of Churchdown she had the symptoms of toxic goitre dyspnoea palpitation sweating loss of weight, and slight general enlargement of thyroid, and her heart was fibrillating Rest iodine and digitalis had little effect.

When seen again on April 13, 1937 her general condition was worse her heart was enlarged and was fibrillating. On April 24 she was admitted to hospital and treatment with Lugol s iodine solution was started at once The following morning she complained of pain along the inner side of the right arm and axilla The right upper limb was swollen and tender on the inner side, with slight pitting on pressure The radial pulses were alike, there was no tenderness in the neck Her temperature which was 100 on the day of admission, never rose above 99 during the next four days, when it



became normal Her pulse, about 140 and irregular on admission dropped to just above 100 Digitalis was first given on the 28th The swelling of the arm increased for the first four days and then gradually decreased at the end of a fortnight all swelling and tenderness had disappeared On May 26 a subtotal thyroidectomy was performed by Mr Alcock of Gloucester On June 7 an electrocardiogram still showed the fibrillating heart (Fig 1) On June 10 quinidine was given for the first time and on the 12th the heart beat was regular. Fig. 2 shows the result on June 18

The patient made a good recovery, was able to go away for a real holiday, and has put on weight

DOUGLAS E FINLAY M B, B.S
Gloucestershire Royal Infirmary

BRITISH MEDICAL JOURNAL

LONDON SATURDAY NOVEMBER 13 1937

CARCINOMA OF THE STOMACH*

BY

JOHN MORLEY, Ch M, F R C.S

Professor of Surgery Manchester University Honorary Surgeon Manchester Royal Infirmary

(WITH SPECIAL PLATE)

I need not apologize for discussing the problems of cancer of the stomach for the stomach is by far the commonest seat of cancer in the body It is true that in the female population the incidence of cancer of the breast is slightly greater but taking males and females together, in 1934, the last year for which official figures are available there were in England and Wales 12,269 deaths from cancer of the stomach as against 6 687 from cancer of the breast. This figure is certainly an understatement, since there were some 2,400 deaths notified as from cancer of the liver in the same year and a large proportion of those must have arisen from a latent primary growth in the stomach In the 12,269 deaths from cancer of the stomach approximately 6,600 were in men and 5 600 in women—a discrepancy between the incidence in the sexes less marked than is usually supposed One third of all cancers in men and one fifth of those in women are in the stomach

The problem of aetiology remains as baffling in cancer of the stomach as in the wider field of cancer in general One thinks of the bright hopes engendered by the discovery of Fibiger in 1913 that a form of cancer of the stomach in rats was caused by a nematode worm This worm infests the cockroach in Copenhagen and rats fed on a diet of infected cockroaches developed first a gastritis then a polyposis and finally a cancer of the stomach, capable of giving rise to distant metastases Although the worms were found in the primary gastric neoplasm they were absent from its metastases These early experiments, though they aroused a keen interest in the parasitic theory of cancer would seem to have no bearing on the aetiology of cancer of the stomach in man

Nor can it be said that the more recent work of Gye on the filterable virus of the Rous chicken sarcoma has yet solved the riddle of malignant growths in man though the solution may well be found on the lines indicated by Gye On the causation of the commoner types of cancer in man we must still admit a large degree of ignorance On certain occupational cancers of the skin and the urinary tract some light is beginning to dawn and much knowledge has been gleaned concerning the experimental tar cancer of animals but when we come to consider cancer of the stomach and intestinal tract the breast and the uterus the darkness is still profound and we can only hope that it precedes the dawn

* A lecture delivered to the Birmingham Branch of the British Medical Association March 18 1937

Predisposing Factors

While we admit our fundamental ignorance as to causation we must consider briefly what we know of the predisposing factors in cancer of the stomach Though it occurs rarely under the age of 40 it is in exceptional cases seen in the early twenties and the youngest patient I have had was a girl of 22 As in other organs it holds in the stomach that the younger the patient the more virulent is the malignancy In sex incidence the males preponderate, but only in the proportion of six to five

The factor of heredity is more difficult The work of Maud Slye (1927) has established belief in a hereditary factor in the cancer of mice and there is a growing tendency to believe that heredity may have a place in the aetiology of human cancers But it is not proved and is certainly not the most important factor

The Relation of Ulcer to Cancer

Of all the predisposing factors in the causation of cancer of the stomach the tendency of chronic gastric ulcers to undergo a malignant transformation is the one on which opinion has fluctuated most widely and controversy on this point has been most keen That we should know the truth about this relation is of obvious importance, for the conclusion to which we come must colour our whole attitude, both to the treatment of chronic gastric ulcers and to the prophylaxis of cancer of the stomach

In 1909 Wilson and MacCarty of the Mayo Clinic startled the medical world by claiming that 68 per cent of apparently simple gastric ulcers showed early malignant changes on microscopical examination and that 71 per cent of carcinomas of the stomach provided histological evidence of a previous simple ulcer This view was severely criticized by many both from the pathological and the clinical point of view Spilsbury (1921–2) pointed out that there are commonly found at the edge of a gastric ulcer gland cells which have penetrated deeply into the scar tissue and are cut off from the regenerating glands It was these cells detached from the regenerating epithelium and buried in the fibrous tissue of the ulcer, which were sometimes described as precancerous or even as the malignant transformation of an ulcer He regarded this as the error which had led the Mayo Clinic pathologists to the conclusion that 68 per cent of the peptic ulcers removed at operation showed microscopical evidence of

and comparison of Aristotle's *de Anima* with Thomas Aquinas's *Quaestiones disputatae de Anima* by someone versed in modern psychopathology and physiology would be a valuable contribution to literature

Speaking of Mr Monsarrat s book as a whole, we may properly say that "it is a serious contribution to the anatomy and physiology of thought To some readers it will recall the *Grammar of Science* Mr Monsarrat, though a very competent writer with a sense of humour not among Karl Pearson s gifts (Karl Pearson could hardly have written ' the alleged survival of the fittest was, by a somersault of logic, called in to justify the social and political actions of some who held a private complementary belief that they alone represented the fit "), is scarcely a match for the famous Grammarian in vividness of expression But he covers a wider field, and admirers of the *Grammar* are agreed that its author s subsequent attempts to enlarge its scope were not wholly successful. Parts of Mr Monsarrat's book will be hard reading for most medical men , but the truth is that clear-thinking about difficult things must be hard, and many should be grateful to Mr Monsarrat for inducing them to make an effort

THE PROBLEM OF BONE REPAIR

L Ostéosynthèse au Point de Vue Biologique Influence de la Nature du Métal (Étude Expérimentale) By G Menegaux and D Odiette (Pp 176 , 71 figures 35 fr) Paris Masson et Cie 1936

This monograph comes from the Cancer Institute of the Faculty of Medicine of Paris and is the work of Dr G Menegaux, who is surgeon to the Paris Hospitals, and Dr D Odiette, an assistant in the Cancer Institute of Paris, which is under the direction of Professor G Roussy There is an introduction by Professor Jean Verne, who upholds the value of laboratory and experimental inquiries on the part of surgeons and states that M Menegaux is one of those who believe surgery may profit from experimental work, while for the specialized technique which tissue culture requires he has had the expert laboratory assistance of M Odiette Professor Verne maintains that the reactions of the osteoblast are the key to the solution of the whole problem of bone repair, and that in his opinion the investigations of the authors of this monograph make une très belle contribution We agree with both these observations

In their introduction the authors state that this publication is the result of two years of personally conducted research work of nearly two thousand tissue cultivations and a series of animal experiments The treatise is divided into four parts, the first comprising general observations relating to the subject and particularly to the reaction following the fixation of fractures by metal splints such as plates and wires applied directly to the bone, the second and third concerned with tissue culture experiments, and the fourth a critical survey of the results of the investigations Both the arrangement of the material and the illustrations—x-ray photographs and photomicrographs—are excellent It is over a hundred years since the fixation of fractured bone fragments with metal was first carried out by Kearny-Rodgers (1825), and yet many problems relating to it remain unsolved Perhaps one of the chief is the occasional failure of union to take place in the presence of what appear to be ideal local conditions and in the absence of any general disease This is one of the questions which the authors of this monograph set themselves to solve and in connexion with this they have investigated the relative toxicity of various metals in regard to the osteoblast The results of these inquiries merit close attention on the part of all who are interested in bone growth and development

This monograph forms a valuable contribution to the subject of bone healing and is worthy of study by all surgeons who work with bone

THE FIELD OF RHEUMATIC DISEASES

Recent Advances in the Study of Rheumatism By F J Poynton M D , F R C P and Bernard Schlesinger, M D , F R C P Second edition (Pp 380 51 figures 15s) London J and A Churchill Ltd 1937

We welcome the second edition of this valuable volume in Messrs Churchill s recent advances series In the six years which have elapsed since the publication of the first edition there has been no lack of material to draw upon, but, as the authors remark, whether all this flood of papers and books represents any advance is entirely another matter After all, we are not absolutely agreed on the subject of nomenclature , there is profound disagreement with regard to the causation of rheumatism, and as to whether all forms of chronic rheumatism are attributable to the same cause or not and how far they are related to acute rheumatism on the one hand or to gout on the other As for treatment, the multifarious forms and varieties, which are recommended with an assurance which is inversely proportionate to the experience of the advocate, show how far we are from finding a panacea for this disease which takes such a toll of the community

As in the first edition, the first part of the book is concerned with acute rheumatism, and the recent theories of virus affection and allergic reactions are discussed, as well as the organization of properly equipped convalescent homes for children who have been subjected to rheumatic infection In the second part chronic arthritis is dealt with, and in the treatment section gold therapy and the administration of bee venom are reviewed, among other methods Dr Howitt contributes a chapter on physiotherapy in chronic arthritis, and Mr Eric Lloyd one on surgical methods

The practitioner will find in this volume an indication of the great activity which is going on in the investigation of the field of rheumatic diseases, but he will have to await the appearance of the next or perhaps of several further editions before he will be able to discover any definite terra firma on which he can build a clear-cut structural scheme for the diagnosis and treatment of these conditions

LOOSE-LEAF SURGERY

Nelson New Loose-Leaf Surgery Editor in-Chief, Allen O Whipple M D Associate Editor Fordyce B St. John M D Eight volumes and index volume. New York, Edinburgh, London etc Thomas Nelson and Sons 1937

When reviewing the *Nelson Loose-Leaf Living Surgery* in 1929 we said that this work in eight volumes was produced in a way which made its appearance a new departure in surgical literature The purpose of the advisory board, under the general editorial direction of Professor Allen O Whipple, was to reject from time to time every part of the work as soon as it became obsolete, and to substitute for it a new and up-to-date section to be supplied to subscribers by the publishers "In this way the book, like a living organism, should be constantly extruding worn-out parts and acquiring new ones in their place A complete set of the latest edition of this work has now been received Among the many new features which will be noted by readers familiar with *Loose-Leaf Surgery* may be mentioned the revision of Dr Hugh H Young s chapter on

are tempted to infer that such cases never occur Hurst says further 'I only know the history of two cases in which a test meal had been given before as well as after the development of carcinoma of the stomach associated with achlorhydria and in both achlorhydria was already present on the first occasion" In opposition to Hurst's contention that achlorhydria always precedes a primary cancer of the stomach Robertson (1935) has reported two cases of cancer of the stomach in which considerable free hydrochloric acid was found in the earlier test meals, while succeeding tests showed a diminution of the acidity parallel with the progress of the cancer, until finally complete achlorhydria was found I reproduce one of Robertson's charts (Fig C) Robertson quotes other similar cases from the literature

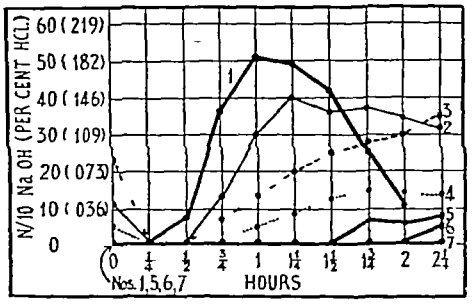


FIG C—Chart of Dr Robertson's case Curves of the secretion of free hydrochloric acid from November (No 1) to the following August (No 7)

Dr J F Wilkinson has kindly given me details of a case of proved cancer of the pyloric end of the stomach at which two test meals at an interval of four months showed a similar change from a low normal acidity to complete achlorhydria (Fig D) He has also provided

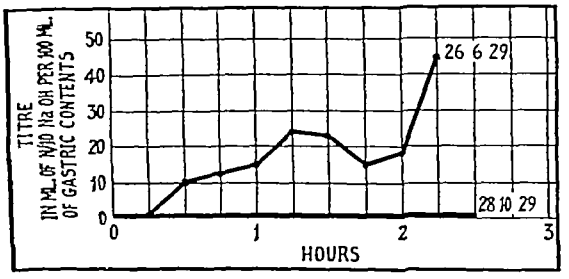


FIG D—Chart of Dr Wilkinson's case

me with test meal charts from fourteen other cases of proved cancer of the stomach, all of them, judging by the short history, primary cancers Eight of these charts showed normal acid curves and six hypochlorhydria but not achlorhydria

We know that free hydrochloric acid is present in the gastric juice of about 30 per cent of cases of cancer of the stomach Hurst regards this group of patients as suffering not from primary cancers but cancers originating in ulcer This view however involves a belief in a frequency of ulcer-cancer far greater for reasons I have already given than is warranted by the clinical and pathological data available He takes a history of over eighteen months gastric symptoms as a sufficient criterion of ulcer-cancer I hold that this is far too short, and that many primary cancers of the stomach run a much longer course than eighteen months

One difficulty in considering the validity of Hurst's theory lies in the impossibility of recognizing the atrophic gastritis without a fractional test meal. Chronic gastritis, with complete achlorhydria, states Hurst 'is often completely latent, probably the majority of cases give rise to no symptoms of any kind As patients are rarely submitted to a test meal without previous symptoms and post-mortem changes in the stomach are a great obstacle to histological studies, it is difficult in most clinics to find first-hand evidence as to the frequency of atrophic gastritis and we must fall back on the few workers who have carried out extensive researches on this matter Faber (1900), to whom in great part we owe the conception of chronic gastritis as a pathological entity made a great advance in the study of this problem when he introduced the method of injecting 10 per cent formalin into the stomach immediately after death in order to fix the mucosa for histological study and so obviate the difficulty of post mortem changes Freshly removed gastrectomy specimens have also been studied extensively, though in these there is usually (and should be always) a gross lesion such as an ulcer or cancer already well established and opinions differ widely whether the associated gastritis is a primary lesion or a secondary effect

The fractional test meal augmented by the injection of histamine that powerful stimulant of the secretion of hydrochloric acid has also been used in the study of achlorhydria By this means Faber (1927) has classified achylia as follows (1) False achylia with a scant and tardy secretion of hydrochloric acid (2) True total anacidity but with preserved pepsin secretion and chloride elimination (3) True anacidity with more or less impairment of pepsin and chloride production (Faber never found complete absence of pepsin formation) Faber states that there may be complete anacidity for a long time, though the glands of the mucosa are still intact and apparently capable of being restored to function, but he finds various stages from diffuse round-cell infiltration of the mucosa with intact glands to complete atrophy of the mucosa with destruction of the entire secretory apparatus though this last is a rare event He gives us valuable information as to the great frequency of true achylia a frequency increasing with age (Table I) Of 1 000 consecutive cases admitted to hospital there were no fewer than 306 with true achylia and you will note how the percentage increases with each decade

TABLE I—*Incidence of True Achylia (Faber)*

Age	Patients Admitted	Achylia	Percentage with Achylia
0–20	102	7	6 9
20–29	224	28	12 5
30–39	221	51	23
40–49	190	81	42 6
50–59	182	95	52
60–69	78	40	51
70 and over	5	4	80

Faber considers that achylia is not a constitutional and hereditary condition but an acquired condition due either to some remote infective cause possibly in childhood or to the irritation of food or drink and notably alcoholic drinks He contrasts this diffuse atrophic gastritis with a form of gastritis localized to the prepyloric region and associated with normal or excessive acidity which he regards as the main predisposing cause of gastric and duodenal ulcers It must be noted that Faber himself made no suggestion that he found any evidence that atrophic gastritis with achylia is a predisposing cause of cancer of the stomach

Bloomfield and Polland combined the investigations of a number of observers who used the histamine test, and

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THE ACTION OF IRON

Haematologists are beginning to realize that they know less about the pathology of pernicious anaemia and idiopathic hypochromic anaemia than they thought they did five years ago Both diseases were explained as conditioned deficiencies brought about by lesions of the stomach, in the former lack of Castle's intrinsic factor and in the latter lack of hydrochloric acid If, as we now have reason to believe, Castle's factor is secreted by a different area of the stomach from that which secretes the acid, and by the upper intestine as well, what is the reason for the achlorhydria found in practically 100 per cent of patients with pernicious anaemia? Idiopathic hypochromic anaemia was considered to be due to loss of iron during menstruation and pregnancy and to failure to replace it from the diet, lack of the solvent hydrochloric acid being an important predisposing factor Iron was poorly absorbed, especially in the ferric valency, and therefore massive doses must be given to cure anaemia The iron absorbed was converted quantitatively into haemoglobin, and a rise in haemoglobin of 1 to 2 per cent a day corresponded with the absorption from the intestine of 25 to 50 mg of iron, the actual amount contained in the newly formed haemoglobin

Schulten[1] noted that 2 grammes of reduced iron a day might have no effect on a case of anaemia, while 6 grammes produced a prompt response This threshold phenomenon has been confirmed by other observers, and it is difficult to explain it on the theory that iron retention and iron utilization are synonymous, unless we postulate a threshold above which the level of iron in the alimentary tract must rise before absorption can occur J F Brock[2] dealt the final blow at the current theory of the action of massive doses of iron by showing that very much more iron was absorbed than was converted into haemoglobin One of his patients retained 1,665 mg of iron during nine days' treatment, but only 299 mg were converted into haemoglobin Brock's results were received with a surprise that bordered on incredulity, one speaker at the Association of Physicians saying that if they were true he would have expected his patients to be converted into pillars of iron, but the results have been confirmed by other workers[3] It appears that with doses of the order of 60 to 120 grains of iron and ammonium citrate or 45 to 90 grains of Blaud's pill a day, from 50 to 250 mg of iron a day are retained but only 25 to 50 mg are manufactured into haemoglobin If smaller doses are used, or if treatment is interrupted prematurely, many patients will not be cured, in spite of the absorption and deposition of large quantities of the metal[4] Though theories change, massive and prolonged iron therapy is considered as essential as ever in hypochromic anaemia, nor has any evidence been obtained that the presence of such large quantities of iron in the intestine interferes significantly with the absorption of other elements[5]

Inspired partly by Brock's results and partly by their fascinating study of the metabolism in polycythaemia vera, McCance and Widdowson[6] have propounded a new theory of the absorption and excretion of iron They were surprised to find how little iron a woman with polycythaemia lost during a considerable haemolysis induced by phenyl hydrazine,[7] and they came to the conclusions that the body has little power of excreting iron and that the metabolism of iron in normal circumstances is governed by control of absorption There is, indeed, no convincing evidence for the classical view that iron metabolism is regulated by excretion through the colon The concentration of iron in the intestine of a person on an average diet is so low that the diffusion gradient is not steep enough for much absorption to occur, unless the concentration of iron in the body fluids and tissues is subnormal, as happens in anaemia, after haemorrhage, or during rapid growth Achlorhydria decreases the retention of iron from a normal dietary intake of the metal but does not influence the retention when large amounts are given by mouth[8] Iron is transported by the plasma and its concentration is normally low The moment the concentration of iron in the plasma rises the excess is competed for by the storage organs and the excretory organs, and "the former always win" It would be a serious thing for the body if this were not so, for one-thirtieth of the erythron is destroyed every day, involving the catabolism of about 29 grammes of haemoglobin or 90 mg of iron, much of which must be carried in the plasma from the haemolytic to the haemopoietic tissues

With intakes of iron which are quite outside the physiological range, as in massive iron therapy, the

[1] *Munch med Wschr* 1930 77 355
[2] *Quart J Med* 1937 6 5
[3] Fowler W M and Barer A. P *Arch intern Med* 1937, 59 561
[4] Brock J F *British Medical Journal* 1937 1 314
[5] Brock J F *Clin Sci* 1937 3 37
[6] *Lancet* 1937 2 680
[7] *Quart J Med* 1937 6 277
[8] Barer A. P and Fowler W M *Arch intern Med* 1937, 59 785

showed a penetrating ulcer on the middle of the lesser curvature (Fig. 1 Special Plate) The picture was typical of simple gastric ulcer and the usual medical treatment for that condition was advised Six weeks later she was rather better and had put on a few pounds in weight. A second radiograph taken now showed the ulcer crater nearly filled up (Plate Fig 2) After a further four months she was again losing weight and feeling rather more discomfort in spite of medical treatment. A third *x* ray taken some six months from the onset of symptoms showed a definite carcinoma at the site of the original ulcer crater (Plate Fig 3) I explored the abdomen but found early secondary deposits scattered through the peritoneum so that gastrectomy was out of the question

It is quite plain that, in spite of the deceptive *x*-ray appearance at first, this was a carcinoma from the beginning and it affords eloquent testimony to the fact that the clinical history is more important than the radiological signs I do not wish to belittle the value of an *x* ray examination It is by far the most important diagnostic weapon in our hands and it is imperative, if cancer of the stomach is to be diagnosed earlier, that every patient over 40 who complains of persistent indigestion for the *first time in his life should* be examined by *x* rays But cases do occur not uncommonly, in which the most skilled radiologist cannot be sure whether the ulcer is simple or malignant, and it is in these that the clinical history is all important

Whether the use of the flexible gastroscope will prove of great value in the differentiation between simple and malignant ulcers is doubtful Sometimes we meet with ulcer in which a careful naked-eye examination after gastrectomy does not enable us to make a positive diagnosis and we have to wait for the result of a microscopical section I conceive that the gastroscope will never be of great use in this not uncommon type however valuable it may prove in the more usual cases that present no difficulty in radiological diagnosis

Treatment

Some form of gastrectomy is of course, the only treatment that offers any hope of cure Fixation of the growth to the transverse colon or mesocolon does not necessarily rule out gastrectomy Fig 4 (Plate) shows a stomach removed by gastrectomy in which the greater part of the transverse colon had to be removed as well The patient made a good recovery and returned to work, though the growth recurred later

Where a cure is plainly impossible a palliative gastroenterostomy is only of value if there is definite obstruction at the pylorus with either vomiting or delayed emptying of the stomach shown by the radiograph If there is no such obstruction a case that is inoperable by reason of secondaries is better left alone In cancer of the cardiac end radical operation is hardly ever feasible and a palliative gastrostomy has rarely in my experience afforded much relief

I can best illustrate the question of treatment by summarizing a series of 207 cases under my care (Table III)

TABLE III —*Showing Surgical Procedure in 207 Cases of Cancer of the Stomach*

Gastrectomy	58
Palliative operations	60
Inoperable but explored	37
Inoperable	52
	207

Gastrectomy was performed in fifty eight cases with an operative mortality of fourteen or 24 1 per cent Most of them were done by the Schoemaker method, for which I have an increasing preference, since it is possible to remove at least as much of the lesser curvature by this operation as by the more usual Polya gastrectomy The high mortality is in striking contrast with that of gastrectomy for simple gastric ulcer It is due in part to the poor condition of these patients by the time they come to operation, and in part to the fact that one feels it a duty to attempt the one hopeful procedure wherever it is reasonably possible, in spite of the risk involved

Palliative operations chiefly gastro enterostomy, were done in sixty, thirty seven were explored but found to be inoperable, and in fifty-two operation was contraindicated, as radical measures were plainly impossible and there was either no obstruction to relieve or no reasonable hope of relieving it

In the palliative medical treatment I would stress the importance of treating the anaemia Many of these patients have a profound secondary anaemia, and can only be made fit for gastrectomy by a short course of iron in massive doses *This may be given as ferrous chloride or* 30- or 40 grain doses of iron and ammonium citrate A fortnight devoted to this treatment before the operation will often bring about a *remarkable improvement in the* blood picture, and transform an almost prohibitive risk into a reasonable one Even in the hopeless cases it is often possible to mitigate the distressing effects of anaemia in this way, and it should never be neglected

As to the end results of gastrectomy of forty-four *patients who recovered after* the operation one is alive and well after thirteen and a half years , one after eleven years *one after nine years* one after eight years , two after *seven years two after three years* and six under two years making a total of fourteen still surviving Twenty eight have died from recurrence usually within eighteen months and two are untraced *These results are not* materially different from those of other surgeons Partial gastrectomy will only cure a relatively small proportion of our cases, but in the present state of our knowledge it is the one hopeful method we have The results can be improved only by earlier diagnosis, and the main purpose of these remarks is to insist that all our efforts should be directed to recognizing the condition at the earliest possible stage, and acting with equal promptitude

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From dissections of 100 cases B Chlyvitch and A Kozintzev (*Ann Anat path méd-chir* June 1937) conclude that the so-called intrapancreatic portion of the common bile duct lies really in a canal formed by a fold in the gland which can easily be opened without damaging the gland substance by blunt dissection along a cleavage plane of connective tissue which is indicated by a fine groove on the posterior surface of the head of the pancreas This method of approach besides avoiding damage to the pancreas also exposes the distal part of the duct of Wirsung and the vessels crossing the intrapancreatic part of the common bile duct

the last year over 6,000 out of 14,000 cases were treated in its hospitals, and the number of new artificial limbs required was 4,200, and were dealt with by the Ministry's own limb-fitting surgeons at sixteen centres While the majority of these cases were renewals, in seventy-seven cases the provision became necessary as the result of primary amputation during the year Ministry clinics, which were always predominantly for the provision of physiotherapy, continue to function, but on a very much diminished scale The whole of the Ministry's pathological work is now carried out by means of a postal service, the central laboratory being located at Roehampton This work required 25,000 examinations during the year, and it is of interest to learn that to-day, out of all the tens of thousands of tropical cases with which the laboratory has had to deal, while the entamoeba is occasionally found the presence of malarial parasites is so rare as to be virtually non-existent Among those cases which are cared for on behalf of the Ministry by local authorities there are 5,500 men in mental hospitals, each of whom is visited yearly by the Ministry's mental specialist

Of general interest will be the experience of the Ministry that with the decline in in-patient treatment there has occurred an increase in out-patient treatment This is attributed, on the one hand, to the finding that out-patient treatment is likely to be as effective as in-patient in those cases in which repeated admission to hospital has failed to effect a cure, and, on the other, to the fact that with improved conditions of employment men wish to hold their work, and for them evening clinics are provided The marked increase in the demand for surgical appliances seems undoubtedly due to the inability of pensioners to withstand the onset of general loss of tone inseparable from advancing years Lastly it may be noted that the day-to-day functions of the Ministry still require the employment of some eighty whole-time medical officers, quite apart from a considerable number working on part-time

SURGICAL RESEARCH

The Scientific Report of the Royal College of Surgeons of England for the year 1936–7 affords evidence of great and varied achievement, despite the many difficulties inevitable in a period of transition such as the College has been undergoing during the past twelve months It must be a source of gratification to the Council and staff, as it will be of interest to our readers, that the end of this period is in sight, and that it is to have its reward in the opening of the new Bernhard Baron Research Laboratories of the College in December In all the scientific departments work has necessarily been affected by the rebuilding programme The Museum rooms were involved in the structural alterations to a much greater extent than was at first anticipated, but in spite of this they were closed for only a brief space of time The staff availed themselves of this to continue the programme of rearrangement and replacement of specimens begun last year, and constant visitors to the Museum will not fail to notice the improvement In view of the fact that all workrooms on the upper floors of the College building had to be evacuated, and that the temporary basement accommodation was extremely limited, it is surprising that so much has been done to increase the usefulness of the collections and to facilitate the researches of outside workers in such varied fields as anthropology, anatomy, physiology, human and comparative osteology, and pathology

It is agreeable to note from the list of additions to the collections, recorded by the report, that the scientific public are showing in tangible form their appreciation of the benefits which the Museum affords That there was ample justification for the support which the College received from outside bodies in the provision of temporary laboratories for its research activities, to augment the facilities at the Buckston Browne Farm, is demonstrated by the excellent quality of the work described in the report and by the variety of its scope Further valuable contributions have been made to the problems of traumatic shock and intestinal strangulation, and in the latter case the results of investigations on human material have done much towards dispelling any doubts that may have been entertained as to the appropriate surgical treatment in the various types of strangulation This problem was also approached from the biochemical angle with a view to isolating the depressor substance or substances thought to be responsible for that fatal circulatory collapse which is so often the outcome of intestinal strangulation Experiments are being carried out with a view to increasing the scope of intrathoracic surgery, and important new lines of investigation have been pursued in relation to cardiac ischaemia, with highly successful results The work on the production of hypertension and of glomerulo nephritis begun last year has continued, and there is no doubt that its practical applications will be of great value Research on the massive collapse of the lung and on the production of pleural adhesions has proved itself of no less moment from a clinical point of view New ground has been covered by investigations into the physiology of the ureter, and such fundamental questions as the relation between the hypothalamus and carbohydrate metabolism, and

Cholesteatoma—This can be taken as a definite contraindication to the conservative operation It is sometimes difficult to diagnose before, but can usually be diagnosed when the aditus is enlarged during the operation In this case the modified radical method is substituted for the conservative operation arranged for previously

Polypi and Granulations—We have had several successes with the conservative mastoid operation, in spite of the presence of polypi which thus cannot be taken as a definite contraindication, they should, however, be carefully removed when operating They are usually found to arise from the posterior meatal wall, external to the tympanic membrane, and often have a process passing through the perforation and lying in the tympanic cavity This should be sought for and removed, as it keeps up the discharge and is difficult to treat by cauterization If the polypi are removed at the beginning a fair idea of the state of the middle ear can be obtained and the type of operation then be decided upon

Site of Perforation—This is the most important factor in planning the proper operation Cases with central perforations on the whole do well Those with marginal perforations do badly, whilst the conservative operation is definitely contraindicated in cases with attic perforations The majority of successful cases have been those with a low perforation which does not extend to the tympanic ring

Nature of Discharge—A scanty very smelly discharge contraindicates a conservative operation because it usually indicates a cholesteatoma A mucoid or muco purulent discharge predisposes to success but cases in which this occurs should have adequate treatment first as they can often be cleared up without operation on the mastoid

The Modified Radical Operation

This is indicated in all cases in which the conservative operation is contraindicated except where such gross damage has been done to the tympanic membrane and ossicles that there is almost nothing to preserve and the hearing is so badly damaged that no hope remains of obtaining a useful ear In these cases the radical mastoid has no disadvantages as compared with the modified radical, and a shorter post-operative period of treatment may be expected

We have performed the modified radical operation in twenty five cases In no instance has any further intervention been required The hearing is on the whole as good as could be expected after a conservative mastoid operation Two months usually elapse before the ear is dry, but it may take longer

In the modified radical mastoid operation as performed by us the antrum is opened and all infected air cells cleared The posterior meatal wall is taken down and the bridge removed The outer attic wall is next extirpated A Korner flap of the posterior meatal wall is then cut and is pulled out through the meatus to give a good view of the middle ear Polypi are removed and any overhanging shelves of bone chiselled away The ossicles and remains of the tympanic membrane are left untouched, though a grossly diseased incus may with advantage be removed The flap is put back and the cavity packed with ribbon gauze impregnated with bismuth subgallate iodoform or some other suitable antiseptic The wound is then completely sewn up The packing is left for seven days and is then changed on alternate days Packing is usually stopped fifteen days after the operation The cavity is inspected regularly and any excessive granulations are cauterized with silver nitrate A dry, epithelialized cavity may be expected in two months

The results of this operation are satisfactory in making the patient safe and with regard to the hearing and to the cure of the otorrhoea The patient must be seen fairly regularly afterwards, as wax tends to collect in the cavity, and if this is left for long it leads to reappearance of the discharge

In the light of the analysis of these cases we have been able to work out a scheme for the treatment of chronic otorrhoea as follows The patient when first seen is thoroughly examined and any focus of sepsis in the nose or nasopharynx is dealt with Conservative treatment for the ear is instituted and any polypi or granulations are cauterized weekly with silver nitrate At the end of six weeks the cases are reviewed and those not making satisfactory progress are recommended for operation Those with a central perforation, fairly good hearing and a discharge which does not smell offensive are selected for a conservative mastoid operation These patients may expect to have a healed wound, a dry ear, and an ear that will require no further attention, four weeks after operation

Cases with polypi but fairly good hearing are chosen for either a conservative or a modified radical operation At the time of operation the first step is the removal of the polypi and inspection of the middle ear If the perforation is not marginal a conservative mastoid operation is performed, but if the perforation is marginal, and particularly if the discharge is offensive even after six weeks treatment, the choice is a modified radical

Those cases with a cholesteatoma marginal perforations, an offensive discharge, or excessive granulations are treated by a modified radical operation, even if the hearing is bad, whilst the radical mastoid is reserved for cases with gross destruction of the tympanic membrane and ossicles and those with such complications as facial paralysis or extradural abscess, when complete drainage must be established

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K Lindemann (*Z Orthop* 1937 **66** 4) discusses the nature of the process described as intra-uterine amputations which is said to be due to constriction of the limbs by amniotic bands etc He describes twenty four cases of peromelia investigated both clinically and radiologically He first discusses twenty-two cases of amputation of the forearm with stumps of varying length and shape thirteen of which showed rudimentary knob like projections in most cases there was definite hypoplasia of the elbow joint and in seven dislocation or subluxation of the head of the radius which was also hypoplastic Three cases showed radio ulnar synostosis and the majority of the longer stumps were provided with rudimentary fingers Lindemann then describes five cases of abnormalities of the lower limbs including one of a female infant with bilateral peromelia of the thighs, bilateral dislocation of the hip, and other defects A number of cases showed defects of both upper and lower limbs Thus in the majority of cases of peromelia the limb defects are not only multiple but on radiological examination show associated changes which can hardly be due to mechanical causes but seem rather to suggest a close connexion between peromelia and other hereditary somatic defects The author concludes therefore, that most cases of peromelia are due to non mechanical factors and suggests that the terms spontaneous amputation or "constriction defect" should be reserved for those cases in which the "amputated part of a limb is actually found, during or after birth.

the interesting but more recondite question of how the viruses of human and swine influenza are related Swine influenza is due to the combined action of a virus and a bacterium, the latter, *H influenzae suis*, is related closely to human *H influenzae* (Pfeiffer's bacillus) Whereas swine can be protected completely against this disease by virus vaccines, only partial protection, resulting in a modified attack, follows injection of *H influenzae suis* vaccine This however is something and since the more serious cases of influenza and especially those complicated by bronchopneumonia, have some accompanying bacterial infection it would be rash to deny altogether that bacterial vaccines can afford any protection This protection, in so far as it exists, would no doubt be better and more constant if the number of these bacteria and their serological types were not so numerous

THE BIOLOGY OF POPULATION

On November 4 Professor Raymond Pearl of Johns Hopkins University completed his Heath Clark lectures on the biology of population Professor Pearl has based the course on a thorough investigation of events within the Birth Registration Area of the United States of America Not only did he provide a minute statistical analysis of the official data, but he had obtained very precise information respecting the sexual life of a large sample (about 30 000) of American married women delivered in hospitals, and was therefore able to assess the part played by birth control in modern life more adequately than those who have depended upon the data of birth control clinics It would be impossible to give an intelligible account of Professor Pearl's detailed exposition without citing many statistical results and tabulations, and we shall now only refer to the general trend of his arguments It was made clear that the practice of birth control is in certain economic classes a major factor of declining fertility, and equally clear that according to the American data, criminal abortion reinforcing, or perhaps compensating for the inefficiency of, anti conceptual methods was a by no means negligible factor The comfortable notion that abortion is an alternative to birth control, that those who practise the latter have no use for the former, is without statistical justification But Professor Pearl was of the opinion that the modern trend of world fertility cannot be wholly, perhaps cannot be mainly, explained by the popularization of birth control Under natural conditions animals unable to fend for themselves perish Down to a time which on the scale of world or even human history, is but a moment ago that law applied in its fullest rigour to *Homo sapiens* Indeed as many recent examples prove so soon as a group is menaced, or believes itself to be menaced, by extinction or even by serious loss of the pleasures of existence, no moral principles exercise control over its actions But at the present time in the United States of America and some parts of West Europe ethical principles—for instance, the Christain duty to succour those who cannot help themselves—do find expression in State policy In the aggregate millions of human beings who under existing conditions cannot support themselves are supported by the labour of others Further in Professor Pearl's view the rate of exhaustion of the material resources of the earth—not so much food supplies as mineral resources—indicates a definite limit to the world population In his opinion the position is critical and his faith in the political wisdom of the rulers of mankind is not enthusiastic But, as he remarked, man has shown himself the most adaptable of animals in the past and may therefore get out of the mess in which he finds himself

It will be clear that the Heath Clark lectures in book form must stimulate lively discussion, and we look forward to early publication It would be premature to enter upon that discussion now, because, as we have said a good deal turns upon the interpretation of detailed statistical evidence We would only remark that Professor Pearl's lectures proved that official and unofficial machinery in the United States has made available much more information respecting the demographic position in North America than we have for our own country It is therefore satisfactory to know that in British official circles steps are being taken to extend our own sources of information It is unfortunately not true that when full knowledge is available wise decisions are always made But it is always true that without full information wise judgements are impossible

GYNAECOMASTY AND TESTICULAR FUNCTION

The development of mammary tissue in the male has always aroused considerable interest, and the older literature contains accounts of males who have even been able to suckle their own children Swelling of the breasts in newborn infants of both sexes is relatively common, and some slight degree of mammary development in pubescent boys is also not very rare Two accounts have recently been given of breast development in adult males which appeared to be closely related to testicular dysfunction and in which hormonal investigations were made The first patient, reported by Drs Bergeret, Caroli, Millot, and Simonnet,[1] was a male aged 43, who came under observation on account of glandular enlargement which proved to be secondary to carcinoma of the testicle although on first examination the testicles showed no clinically recognizable abnormality A year later when the secondary deposits had advanced in spite of radiotherapy a tumour of the right testicle was found associated with bilateral tumefaction of the breasts A biopsy of one of the breast tumours showed the appearance of an adenofibroma in which there was marked hyperplasia of the galactophoric ducts These appeared more numerous than normal in the male, and were lined by columnar cells showing evidence of active proliferation Detailed histological studies of both the primary tumour of the testicle and the secondary deposits were made post mortem Estimations of both folliculin and gonadotropic hormones which were made on several occasions in both blood and urine showed what the authors consider a marked dissociation between the two hormones The values of prolanaemia progressively increased to amounts greater than those often recorded during

[1] *Bull Mém Soc med Hôp Paris* 1931 21, 849

middle zone Another on December 15 showed some clearing in the upper and lower zones the middle zone remaining as before On December 16 the temperature started to rise again though the respiration rate never exceeded 28 per minute On December 21 there was some pain in the right renal area no gross abnormality was found on chemical microscopical or bacteriological examination of the urine The lung signs remained much the same on the right side a few rales appeared at the left base On December 22 another skiagram showed extension of the mottling in the right middle and lower zones

About this time the cough became more productive purulent sputum averaging about 180 c cm. daily and reaching a maximum of 210 c cm on December 29 Improvement now started On January 4 1937 when he had been afebrile for three days a skiagram (Fig 5) showed much clearing The cough and sputum gradually diminished By January 17 there was a trace of sputum daily but on examination numerous fine rales were heard over the whole of the right lung and at the left base, a skiagram showed no further change He was discharged to a convalescent home on January 26 *The patient was seen again on March 23 when he* felt quite well apart from slight morning cough a skiagram showed only a slight increase in the linear striations at the right lower zone

LABORATORY EXAMINATIONS

The sputum was examined for tubercle bacilli thirteen times by direct examination and once by guinea pig inoculation with negative results Culture yielded the following December 10 *Strep viridans* micrococci *H para influenzae* December 11 *Strep viridans N catarrhalis* diphtheroids, December 12, *Strep viridans* micrococci diphtheroids January 13 *Strep viridans* micrococci *H para influenzae* On December 28 mouse inoculation failed to demonstrate pneumococci A blood examination on December 9 showed a normal red-cell count and 12,000 leucocytes per c mm of which 79 per cent were polymorphs on December 18 the leucocyte count had risen to 28 400 with 96 per cent polymorphs The Wassermann reaction was negative

Case III

A man aged 67 a boot salesman was taken ill early in October 1936 with slight frontal headache malaise nasal catarrh anorexia, profuse sweating constipation and insomnia He continued his normal activities for three weeks before he took to his bed He was found to be febrile and developed a slight dry cough His previous health had been good apart from a brief febrile illness diagnosed as influenza thirty years previously which had left him with a moderate degree of deafness His fingers had been clubbed all his life and he said his father's fingers had been similarly affected there seemed to be no symptoms of chronic intrathoracic disease to account for this finding

On admission to hospital on November 11 1936 he was found to be well nourished and of rather florid complexion slightly dyspnoeic on exertion but in no distress at rest Temperature 98.9 F pulse 88 respirations 24 The upper respiratory tract showed only slight injection of the fauces with a middle-ear deafness On examination of the chest there was a lower dorsal kyphosis with generally poor expansion the breath sounds were vesicular throughout and at both bases there were very numerous rales of mixed types more on the right side No abnormality was found in other systems

For the first week in hospital the pyrexia was remittent to 99 -100 F (Chart 3) and thereafter showed only an occasional slight evening rise above normal. On November 17 the pulmonary physical signs remained unchanged a skiagram of the chest (Figs 6 and 7) showed much coarse mottling of the middle and lower zones of both lungs with a calcareous focus in the right lower zone The cough became more productive until by the beginning of December sputum amounted to 120 c cm daily Further skiagrams on November 26 and December 12 showed little change in the appearances By December 23 an improvement in the general condition was noted sputum was reduced to 15 to 30 c cm daily and the rales at the bases were less numerous A skiagram on December 31 showed a diminution of the mottling previously noted He was discharged on January 1, 1937

The patient was seen again on January 22 now free of cough and feeling well. Examination showed a few rales after cough only at the right base and a skiagram (Fig. 8) showed practically complete clearing A lipiodol examination on February 11 outlined the branches of both descending bronchi without showing any evidence of dilatation

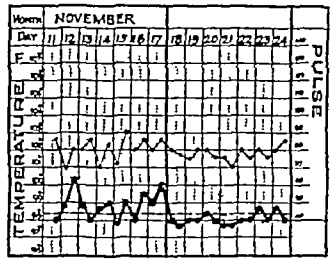


CHART 3—Showing course of the pyrexia in Case III

LABORATORY EXAMINATION

The sputum was examined three times for acid fast bacilli with negative results culture on two occasions, on December 3 and December 5, yielded *N catarrhalis Strep viridans micrococci and diphtheroids* anaerobic culture failed to demonstrate actinomyces A blood examination on November 12 showed a normal red cell count and 11,000 leucocytes per c.mm. of which 77 per cent were polymorphs On November 13 blood culture was sterile and agglutination tests for the typhoid group and *Brucella abortus* were negative The blood Wassermann reaction was also negative

In the fourth case the clinical picture was obscured by other morbid processes, the patient coming under observation first on account of rheumatoid arthritis and eventually dying of polio-encephalitis However, this provided an opportunity of correlating radiological with necropsy findings

Case IV

A man aged 29 a drain fixer was first admitted to hospital on July 11 1936 on account of an arthritis of rheumatoid type which had started in January 1935 in the hands and subsequently affected the shoulders elbows and knees At this time there were no respiratory symptoms or signs and no fever and apart from the joints the only abnormality was a chronic tonsillitis The blood Wassermann reaction was negative and the blood count normal as regards both red and white cells He was discharged on July 22 to return for tonsillectomy

He was readmitted on August 22 The arthritis was worse A few days after discharge from hospital he had developed a cough accompanied by scanty expectoration increasing dyspnoea and a feeling of tightness in the chest On examination the chest was symmetrical but showed generally poor movement persistent medium rales were heard at the right base The temperature chart for three weeks showed an occasional evening rise to 99 F and then was normal The pulmonary physical signs increased until at the beginning of September there was slight impairment of the percussion note at both bases the right more than the left and numerous crepitant rales at both bases with normal vesicular breath sounds A skiagram on August 29 showed a diffuse somewhat mottled opacity at both lower zones (Fig. 9) and another on September 5 showed no change By September 19 the physical signs had cleared and a skiagram showed both lower zones to be more translucent but with some evidence of increase in fibrous tissue On September 30 tonsillectomy was performed,

ANAESTHESIA IN GENERAL PRACTICE

This concludes the series of articles on anaesthesia contributed by invitation

ANAESTHESIA AND THE LAW

BY

D. HARCOURT KITCHIN

Of Gray's Inn Barrister at Law

The legal principles which govern the position of the anaesthetist are few and simple He is bound to use reasonable care and skill, and he must not give an anaesthetic without first having obtained the patient's consent Having said that, one has practically exhausted the law on the subject, and it only remains to consider some of the practical implications

Reasonable Care and Skill

The degree of care and skill which is reasonable varies according to the circumstances in each case and according to the mind of the judge or jury In practice, the standard required of a specialist is very high, and even a slight lapse by a man who makes anaesthesia his profession will render him liable to pay damages If, however, as happens every day, the anaesthetist is a general practitioner, it is not reasonable to expect of him the same high degree of skill, and if the court is satisfied that he has taken every reasonable care and done his best it will not find that he has been negligent At the same time, a reasonable degree of skill is always demanded, and a general practitioner who happens not to have given an anaesthetic for many years should not do so except in an emergency, if he has a mishap it will be no excuse to say that he did his best, because he should not undertake any task unless he has reason to believe that he can perform it safely An error of judgement not due to lack of care or skill is not negligence, but when a doctor has actually made a mistake and is charged with negligence he will find it difficult to satisfy a jury of uninstructed laymen, and even a judge sitting alone, that his mistake was not due to negligence The test question is always, Did the doctor do everything that could reasonably have been expected of him in the particular circumstances of the case?

Emergency may excuse a considerable amount of what might otherwise be negligence Most medical men agree that only an emergency will justify a doctor in giving an anaesthetic without first examining the patient to see that he is fit to receive the type of anaesthetic it is proposed to use Some authorities consider that, except in an emergency, a doctor should not act as surgeon and anaesthetist at the same time, but there are several exceptions to this rule in everyday practice For example, it would be unreasonable to say that a dentist doing a simple extraction, or a doctor doing a minor operation, was negligent in not calling in a colleague to give the anaesthetic In many parts of the country he would be unable to do so Many doctors have to perform long and difficult obstetrical operations alone The line will be drawn according to the evidence of what is considered reasonable by the consensus of medical opinion, and an emergency may justify a doctor in giving his own anaesthetic for an operation at which he ought not to give it in ordinary circumstances

It is unwise to anaesthetize a woman unless some reliable third person—for example, a nurse—is either present or within call, as, for instance, in an adjoining room with the door open or unlocked The patient may charge the doctor with an indecent assault, and he may find it very difficult to defend himself

Injuries associated with anaesthesia fall roughly into five classes (1) death, which may not be due to the anaesthetic at all, (2) burns, (3) mechanical injury to the mouth, and other injuries due to swallowing or inhaling foreign bodies, (4) mishaps with local anaesthetics, and (5) injuries due to unconsciousness

Anaesthetic Deaths

Death due to the anaesthetic itself is often promoted by the ill-health of the patient Many operations are undertaken as a last resort, some are unsuccessful and no one is to blame, for the patient would certainly have died in any event When, however, a patient dies from the effects of the anaesthesia alone, the two commonest causes are asphyxia from inattention to maintenance of the airway, with the action of the anaesthetic superadded, and overdose Fatal injury results on rare occasions from rupture of the stomach caused by the insertion of an endotracheal tube into the oesophagus, if the mistake is not corrected A number of deaths though not many, are due to faulty assembly of the apparatus, so that a wrong mixture is delivered at the mouth piece or unvaporized liquid is injected into the trachea Anaesthetists have been known to use apparatus in which the gas cylinders were connected to the wrong inlets, or wrongly named, so that they gave carbon dioxide or nitrous oxide gas in mistake for oxygen In spite of the ingenuity with which manufacturers attempt to make apparatus fool proof, loopholes seem to persist. At least one accident has occurred because the bottles in a Shipway apparatus were not arranged in the way the anaesthetist expected It is not safe to test Junker's apparatus only with the hand bulb, because its feeble pressure cannot be relied on to drive the liquid anaesthetic up the inlet tube if the chamber has been connected up wrongly The apparatus should be tested under working conditions, and the precautions taught in hospital carefully followed One safeguard is for the anaesthetist himself to inhale a little of the mixture at the mouth-piece

Patients have died under an anaesthetic from heart failure due to an overloaded stomach It is the anaesthetist's duty to make sure that the patient is in a fit state to be anaesthetized, but he probably has the right to assume that the patient, or the hospital staff, has obeyed his clear instructions In hospital practice, if an anaesthetist began to cross examine the ward sisters about the preparation of every patient they brought to the operating theatre there would soon be a mutiny One general principle of a doctor's liability for a nurse is that he may properly delegate certain tasks to her and assume she has done them The preparation of a patient for operation is a task which is properly given to the nurse, the anaesthetist cannot be present to supervise her, and cannot, I submit, be made liable for the consequences of her negligence It is probably his duty to make sure that routine general instructions have been issued to the ward staffs but not to ask the sister every time whether they have been carried out Nevertheless, the question whether in a particular case a particular task was rightly left to

occurred and a study of the lung changes was made (Scadding 1937) nothing comparable with these cases was observed

There was no undue incidence of previous respiratory illness in these cases two at least of them occurred in young men who had been entirely free from such troubles The aetiology thus remains obscure

Discussion

Appearances attributed to bronchopneumonia in miliary foci have been described by numerous radiologists (Wessler and Jaches, 1923 Santé, 1930) In a few instances only has confirmation of the simple pneumonic nature of these shadows been obtained by necropsy (Assmann, 1934 Oberndorfer 1928 Peschel 1930) A miliary bronchopneumonic type of influenzal pneumonia has been described (Liebmann and Schmitz 1921 Elmer and Kestermann 1931) The chief point of discussion in most of the reports in the literature has been the radiological diagnosis from pulmonary tuberculosis but in a few the clinical picture is presented in sufficient detail to enable it to be compared with that of the present series Cases recorded by Blechschmidt *et al* (1926) Münchbach (1929), and Thums (1931) have in common with the present series a similar radiological picture a gradual onset with predominantly constitutional symptoms, and a prolonged course with eventual complete resolution

In the earlier stages there may be a great similarity between the clinical picture of disseminated focal pneumonia and that of pulmonary tuberculosis of recent onset The course of the disease will settle the diagnosis in most instances without difficulty, but now that early collapse therapy is widely advocated it may be considered inadvisable to adopt a purely expectant policy where radiological evidence suggests a diagnosis of pulmonary tuberculosis Certain clinical points may be helpful in differential diagnosis The relation of the pyrexia to physical exertion which is usually so definite in cases of pulmonary tuberculosis is not seen in these cases, rest in bed does not produce that fall in the level of pyrexia which is so constant in tuberculosis A most valuable point in the diagnosis is the increasing amount of purulent sputum within a few weeks from the onset, this relatively sudden increase would not be expected in a case of tuberculosis in the absence of gross cavitation, and the continued absence of tubercle bacilli from this purulent sputum should clinch the diagnosis

The existence of the syndrome here presented calls for caution in the application of collapse therapy in cases in which pulmonary tuberculosis of acute onset is suspected on radiological grounds without confirmation from bacteriological examination

Summary

1 Four cases of pneumonia of unusual type are reported Clinically, the chief features were a relatively gradual onset with predominantly constitutional symptoms, a prolonged course, a gradual increase in the expectoration, scanty at first until about the third week, when profuse purulent sputum was being produced and an absence of signs of frank consolidation Radiologically a coarse scattered mottling affecting large areas of one or both lungs was seen

2 The aetiology is uncertain the organisms usually associated with pneumonia not being found on repeated bacteriological examinations of the sputa

3 The lesion appeared to be a pneumonia in small scattered foci, with a tendency to irregularly delayed resolution

4 Such cases form a recognizable group for which the name disseminated focal pneumonia is suggested

5 The differential diagnosis from some forms of acute pulmonary tuberculosis which may be difficult in the early stages is discussed

I am indebted to my colleagues of the department of medicine British Postgraduate Medical School for allowing me to study cases which were under their care to Dr J Duncan White for the skiagrams to Dr A B Bratton for the necropsy report on Case IV and to the Chief Medical Officer L C C for permission to publish the case reports

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VARIX OF THE NECK

BY

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(WITH SPECIAL PLATE)

The occurrence of a case of this rare condition which in the current textbooks on surgery is either not mentioned or is merely recorded in a somewhat doubting fashion prompted me to search the literature for further references

Among the first to describe the condition was William Hey (1814), who was consulted about a child aged 4 months suffering from a tumour in the left side of the neck just above the clavicle It was the size of a pigeon's egg bluish in appearance soft and painless on palpation The tumour seemed more tense when the child cried He thought that the swelling arose from the external jugular vein On puncture fluid blood was withdrawn The condition was eventually cured by repeated aspirations Liston (1847) and Holmes (1860) also describe varieties of sanguineous cysts of the neck These cysts are usually single, lying in the subcutaneous tissue and contain liquid venous blood They swell when the circulation is excited and are easily compressible Another case that of a boy aged 11, is reported by Richardson (1869) A pendulous tumour extending over the clavicle was present on the right side It was first noticed at the age of 2 The skin over the swelling was bluish On palpation the tumour felt uneven as if lobulated, it was painless and fluctuation was distinct There was no pulsation and it was irreducible On exploratory puncture dark fluid blood was obtained Something like a hard obliterated vein was to be felt in the deepest part of the empty cyst The

next year, and in the meantime the Laboratory recommend careful earthing of all equipment by a chain trailing on the floor or the use of electrically conducting rubber

If a patient is injured in this way it seems very doubtful whether the anaesthetist can be made liable for the effects of his otherwise harmless mixture after it has been exploded by a diathermy needle or statically charged trolley, which was no concern of his He could only be held liable if he had reason to suppose there was any peculiar danger in its use on that particular occasion

The surgeon and the hospital governors are surely entitled in the first place to rely on the manufacturers of their electrical apparatus, as independent experts, to supply them with apparatus suitable and safe for the purpose for which it is to be used None of them can be expected to be an expert electrician It may, however, be the duty of the owner of the electrical apparatus used in the theatre, whether it be the surgeon or the governing body of the hospital, to see that it is periodically inspected and maintained by an expert technician to obviate the risk of a defect in it causing an explosion It may perhaps also be the duty of the hospital governors, now that the risk is generally recognized and publicly known, to see that their theatre furniture is properly earthed to prevent it from accumulating dangerous static charges

Gags and Foreign Bodies

In a dental operation under a general anaesthetic the patient is sometimes injured by the gag, or by a swab or other body entering the trachea, and the legal question may arise whether the dentist or the anaesthetist is responsible If, for instance, a dentist does an extraction with an anaesthetist, a question which may arise is, Whose duty was it to pack the throat? In one case an assize court held that it was the duty of the dentist No finding of responsibility in a particular case will ever amount to a rule of law binding another court Each case is considered on its own merits Nevertheless, in another case where the facts are similar the court may well come to a similar conclusion

A dentist will often ask the anaesthetist to put in a gag The anaesthetist will do this, and in doing so may accidentally dislodge some of the teeth The question then arises whether he or the dentist is responsible for this injury Both may well be, and the damage for interfering with healthy incisors may be serious, especially if the patient is a young woman and they have a high cosmetic value Several anaesthetists have had to face claims of this kind A dentist will often place a swab at the back of the throat to keep blood and foreign bodies out of the trachea It is then his duty to take it away again, and if he has any difficulty in finding it he may ask the anaesthetist to help him Moral, apparently, for every anaesthetist at a dental operation Never, except in the direct emergency, step an inch outside your own province, let the dentist do his own work himself In everyday practice an anaesthetist cannot be so strict Everyone wants to help a colleague and even more, to do his best for the patient Nevertheless, this is a substantial legal risk and anaesthetists have fallen into it Injury has also been caused by the incautious use of too hot a gag

Local Anaesthetics

Local anaesthetics also have their hazards Mixtures may be made up carelessly so that the patient receives an overdose of one of the constituents Needles often break, for the points are very fine and the shafts are flexible The most usual point of fracture is at the butt, and the broken-off piece is very difficult to extract from the tissue If an incision is made on to it, it is apt to move away To guard against this known risk the doctor should not insert the needle to its full length, then, if it breaks at the butt, the broken piece will project and can be removed with forceps A new needle, which enters easily, is less likely to break than an old, blunt, or tarnished one Juries have been known to admit that a broken needle is not necessarily the result of negligence but usually the presumption is the other way The learned author of *Beven on Negligence*[1] says

> '*Prima facie* to sew up a sponge or an instrument in a patient after an operation is negligence Very great care and method is to be observed in accounting for all the appliances used, and this in proportion to the easiness with which they may escape observation, but even here the fact that some needle or portion of an instrument has been left in a wound is not conclusive but the conclusion from the fact *must be determined by a jury on a view of the whole* circumstances"

The technique of spinal anaesthesia is delicate and difficult, and one might expect to hear of a number of accidents and claims arising out of its use None of the authorities I have consulted, however, seems to have heard of one, and this rarity seems to testify to the care and skill of those who use this method, and perhaps also to its essential safety in competent hands

Accidents to Unconscious Patients

Hot water-bottles often burn unconscious patients, and sometimes the patient blames the anaesthetist This kind of claim is fairly common, especially when the anaesthetist is also the patient's general practitioner In hospital the duty of protecting the patient from this injury can properly be, and always is, delegated to a nurse, but in the home, even if a nurse is present, the general practitioner might reasonably be expected to supervise the patient's welfare before and after the operation

Even before a patient goes under the influence of the anaesthetic he loses sensitivity and mobility, and a semi conscious patient who is left with his feet near a radiator can easily be burned without noticing it or being able to attract attention Patients are also insensitive after the operation, when they have gone back to bed Many patients have been burned by bottles which have not been extremely hot, partly because their resistance had been lowered by the anaesthetic and the operation, and partly because they were unable to move out of reach No patient who is under the influence of a general anaesthetic should ever be left alone for an instant

Consent

To interfere, in however slight or innocent a way, with the person of another is technically an assault, and the assaulted party has a right to damages, which need not be in proportion to the gravity of the assault Most forms of assault, however, are not legal wrongs if the person assaulted consents freely to them It is undoubtedly an assault to deprive a person of his senses without his consent, and an anaesthetist who gives the anaesthetic without the consent of the patient takes the risk of being sued for damages The same rule applies to a surgical operation, and it is the practice in most, if not all, hospitals for the surgeon first to obtain the patient's written consent on a form drawn up for the

[1] 1928 2 1359

ance This increase in size is attributable to an influx of blood from the peripheral veins rather than to a reflux from the inferior vena cava On auscultation no murmur is to be heard

The diagnosis of a tumour which is compressible and which distends when the intrathoracic pressure is raised should present no difficulties in differentiating from the common cysts of the neck Nevertheless the rarity of the condition may cause it to be overlooked, as indeed occurred in the case reported Once the blood in the cyst coagulates and the tumour becomes solid an accurate diagnosis will be almost impossible without a clear history of previous compressibility The cysts of the neck from which it will have to be differentiated are

1 *Cavernous angioma* which also can be greatly reduced on pressure and which will gradually refill when the blood is released It does not increase in size on exertion or on holding the breath

2 *Naevo lipoma* which presents similar signs to angioma but does not possess the same degree of compressibility

3 *Branchial cysts* generally, which are not compressible On aspiration the characteristic yellowish semi-fluid matter will be obtained

4 *Aerocele and pneumatocele*, which are as rare as the condition described in this paper The former, a herniation of the tracheal mucous membrane between two rings reduces on pressure and will also increase on coughing The absence of a connexion with any of the cervical veins should assist in arriving at a diagnosis The pneumatocele is reducible accompanied by fine crepitus On auscultation a vesicular murmur will be present The treatment is in all cases by excision

Summary

1 A case of varix of the neck is reported

2 The aetiology, diagnosis and treatment are discussed

I am indebted to Mr Arthur Chance for permission to publish this case and to Dr F S Bourke for the pathological report.

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Tin, alloys of tin, and tin-coated metals are widely used because of their corrosion resistance in contact with practically neutral liquids such as water milk and certain canned foods Such corrosion as does occur takes the form of localized ' black spots,' which have been studied by Brennert whose findings were published in a report (Series D, No 2) published by the International Tin Research and Development Council some time ago Further work on these spots has since been carried out by T P Hoar and issued now as Technical Publication Series A, No 63 In the present work the influences of the surface condition of the tin and the concentration of chloride ion on black spot formation have been investigated and a detailed mechanism for the process is proposed Copies may be had free of charge from the International Tin Research and Development Council, Manfield House, 378 Strand, W C.2

CARCINOMA OF THE URETER

REPORT OF A CASE

BY

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(WITH SPECIAL PLATE)

Primary carcinoma of the ureter is a rare condition the first case being reported by Wising and Blix in 1876 Since that time reviews on the condition have periodically appeared, the most important being those by Spiess (1915) Judd and Struthers (1921) Meeker and McCarthy (1923) Kretschmer (1924) Glas (1926) and McCown (1930) The last named summarized a total of forty four cases from the literature including his own one and showed that the tumour occurred in the upper part of the ureter in five cases the middle in six cases and the lower end in twenty seven cases The commonest histological type of tumour is the papillary carcinoma, as found in the renal pelvis Squamous carcinoma is more rarely seen, and medullary carcinoma only occasionally (McCown 1930) Teratoid tumours are said to occur but these must be extremely rare An adenoma which is presumably derived from the Wolffian remnant has also been described (Karsner, 1931)

Because of its rarity and the very unusual appearances presented the following case of carcinoma of the ureter may be worth recording

Case Record

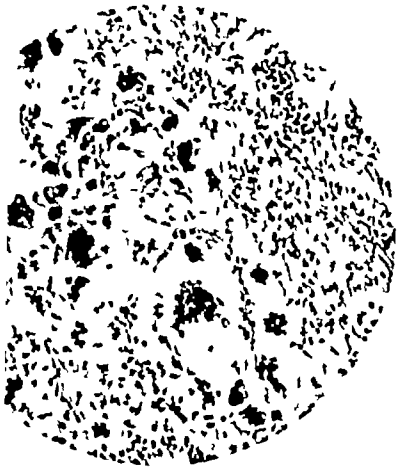
Mrs D aged 37 housewife was admitted to the surgical wards of the Glasgow Royal Infirmary on December 6 1935 complaining of pain and swelling on the right side of the abdomen Her illness had started seven months before admission during the last months of a pregnancy with pain in the right lumbo sacral region of a throbbing character and radiating to the right groin and down the right thigh One month after the start of the pain the affected leg began to swell and this gradually became worse for another month after which her baby was born The swelling of the leg then disappeared but reappeared after walking. During the two months preceding her admission to hospital the pain had become increasingly more severe it was constantly present without relief and shot down the right leg as far as the knee There was no history of bowel or urinary disturbance Upon admission the patient was emaciated She lay with her right leg semiflexed and complained of marked pain in the loin when an attempt was made to straighten it Abdominal palpation revealed a hard swelling the size of a Jaffa orange which was firmly fixed to the tissues of the iliac fossa The swelling was very tender to palpation The appearances suggested a subacute appendicular mass a tuberculous abscess, or sarcoma of the ilium X ray examination of the spine pelvis and hip showed no abnormality

On December 23 1935 the swelling was exposed through an extraperitoneal incision in the right iliac region It was found to consist of white tumour tissue resembling sarcoma A small piece was removed for histological examination The appearances microscopically were those of an acute carcinoma of unknown origin The patient's general condition gradually deteriorated emaciation became more and more marked and she died on January 8, 1936

Pathological Report

Post mortem examination was carried out thirteen hours after death The body was that of a very emaciated fairly young woman The thoracic organs showed nothing of note

H S BARBER VARIX OF THE NECK



1.—Giant cells of foreign body type in centre of granulation tissue



FIG 2.—Granulation tissue organization of thrombus



FIG 3.—Section of venous stalk, showing collapsed walls

R R MURRAY MOLLUSCUM FIBROSUM OR DIFFUSE FIBROMATOSIS



Posterior view of large tumour

J S MANSON ACUTE TORSION OF THE GREAT OMENTUM



Strangulated omentum showing pedicle and direction of the torsion

fluid showed no disproportionate increase in leucocytes on culture no organisms were found

For the next two days the patient appeared to improve and the pupils began to react briskly to light On March 30 he suddenly became comatose and died

Necropsy and Histological Findings

The body was well built and well nourished and no scar could be seen on the penis On examination the right lung showed a small subapical scar The right kidney was enlarged to about three times the normal size due to hydronephrotic dilatation of the pelvis and calices which contained about 120 c.cm. of urine The left kidney was normal

The heart was normal though the aorta contained insignificant streaks of atheroma

Examination of the brain showed that the veins in the dura were tense On opening extensive subarachnoid haemorrhage was seen the blood clots being thickest near the optic chiasm The median side of the left frontal lobe was extensively ploughed up by diffuse haemorrhage and felt boggy Both the internal carotids were smaller than normal The anterior communicating artery formed a broad band from the lower surface of which a minute branch was given off to the right frontal lobe At the junction of this vessel with the band was a pea sized dilatation with thin translucent walls This had burst leaving a round opening the size of a pin's head towards the left anterior region On the left middle cerebral artery a similar unruptured thin walled dilatation was also found at the beginning of a small branch

On opening the brain the interventricular septum and both the basal ganglia were seen to be extensively broken up by blood clots and some clots appeared in the ventricles The Wassermann test with post mortem serum proved negative

Sections were taken from both the ruptured and unruptured aneurysm and from areas where several brain vessels branched The aneurysm showed a part of the vessel with normal muscular coat and an intact internal elastic lamina Towards the aneurysmal sac the internal elastic lamina was absent There was no gradual thinning and no fraying out of the ends The intima was thickened and the muscular coat showed definite fibrosis The muscular coat rapidly thinned out and the wall of the sac proper was formed by inelastic connective tissue only. The distinction between the three coats was lost The endothelial lining was intact and no thrombus had formed Serial sections of the sac failed to show any relation of the origin of the aneurysm with the branch of the vessel

Section of the unruptured aneurysm revealed a distinct dilatation of the vessel at the beginning of the vascular branch but the defect in the muscular coat was some distance from the origin of the branch The muscular coat was well preserved at the origin The muscular wall opposite to the origin of this branch was also markedly dimpled The intima showed a definite compensatory hypertrophy and the internal elastic lamina was frayed out Sections of other vessels also demonstrated these irregularly distributed medial defects and patches of intimal thickenings at many places but the internal elastic lamina was intact and no dilatations were present

The cortical and striatal regions did not reveal any definite abnormalities of the smaller vessels Sections were also taken from the meninges to exclude the possibility of meningovascular syphilis but no cell infiltrations or vascular changes were seen The coronary branches did not show any atheromatous changes or any medial defects

Commentary

The thickening of the intima is the only finding which suggests an arteriosclerotic origin of the aneurysm The early age and the absence of arteriosclerosis in other vessels does not necessarily exclude the possibility A closer study of a large number of brain vessels does reveal a solitary case of arteriosclerosis of cerebral vessels in comparatively young persons but histological studies in these cases distinctly show patchy fibrosis and hyaline degeneration in media with well marked fragmentation of the elastic lamina The adventitia is generally uniformly thickened and the intima shows irregular thickening and hyaline degeneration Though the vessel becomes tortuous and a beaded appearance is produced sections do not demonstrate complete loss of musculature as in congenital or syphilitic aneurysms Thrombosis precedes a rupture by a considerable interval

The occurrence of congenital aneurysms is explained by Forbus on embryological grounds as being the result of a congenital weakness of vessel walls near the origin of branches This is not always borne out as in this case and in some others studied The medial defects are very often irregularly distributed Forbus also found that in many cases with defects in cerebral vessels similar latent defects occurred in other vessels an observation supported by Dugiud The coronaries were studied in the present case, but no medial defects were seen

These findings suggest that medial defects do not form a complete explanation of congenital aneurysms The internal elastic lamina can maintain the integrity of the cerebral vessels in the presence of such defects The embryological explanation of the occurrence of medial defects is also not always borne out The defects may occur independently some distance from the site of branching Further histological studies are therefore necessary before congenital aneurysms can be accounted for satisfactorily

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RE-EXPANSION OF THE ATELECTATIC LOWER LOBE AND DISAPPEARANCE OF BRONCHIECTASIS

BY

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(WITH SPECIAL PLATE)

In discussion of the factors producing bronchial dilatation it is customary to mention the weakened inflamed bronchial walls the pressure of retained secretions the expiratory strain of coughing and the possible factor of traction on the bronchial walls by intrapulmonary fibrosis

Mechanism of Production of Atelectatic Bronchiectasis

Frequently no mention is made of the constant factor of the normal elastic tension of the lung This factor, which is measurable by the intrapleural pressure is greatest in full inspiration and least in full expiration It is obviously likely to lead to pathological dilatation when the bronchial walls are inflamed and weakened In the presence of an atelectasis this force is greatly increased on the affected side as has been shown by the very high negative intrapleural pressure on that side Such pressures as −432 mm. of water have been recorded by Habliston (1928) in massive collapse of a lung On the bronchi in the collapsed lower lobes which have no expansile alveolar buffer to protect them from this external suction there is exerted a powerful and sustained dilating force Findlay (1935) has described the process of bronchial dilatation in these cases as compensatory,

ABDULLA KARMALLY AND K D MANOHAR SPONTANEOUS SUBARACHNOID HAEMORRHAGE

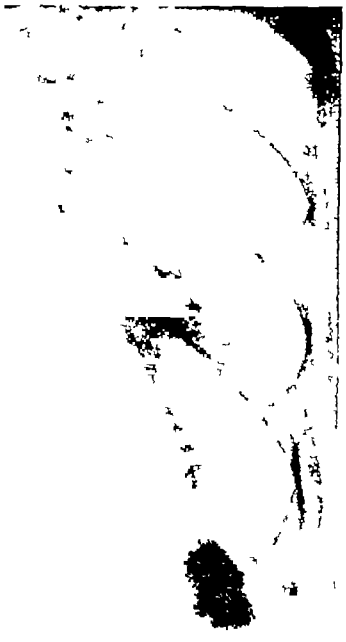


FIG 1.—The unruptured aneurysm of the middle cerebral artery Inset diagram of appearance



FIG 2.—Photomicrograph of the aneurysm

G H JENNINGS RE EXPANSION OF THE ATELECTATIC LOWER LOBE AND DISAPPEARANCE OF BRONCHIECTASIS







ril 15 1937 Skiagram showing the triangular by the atelectatic left lower lobe (contact print)

FIG 2.—May 4 1937 Contact print of skiagram showing marked cylindrical dilatation of the bronchi in the left lower lobe which is still largely collapsed (Note the crowding together of bronchi)

FIG 3.—August 20 193" Contact print showing the past three months in which the left low remained expanded its bronchi have been of nor

have been tried and the permanence of the atelectasis proved should lobectomy be considered

I am indebted to Dr J Duncan White for the skiagrams of this case and to the Chief Medical Officer of the L C C for permission to publish the case report.

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Clinical Memoranda

A Case of Molluscum Fibrosum or Diffuse Fibromatosis

(WITH SPECIAL PLATE)

In August, 1936 I was requested to see what could be done for a native woman at the D R C Mission at Madzimoyo, Fort Jameson

CASE REPORT

On looking at her one's attention was immediately drawn to the large tumour which is well illustrated in the photograph reproduced on the Plate Then one saw that in addition her body was covered all over with multiple soft tumours ranging in size from that of a pin's head to the large one It was a typical picture of a condition of multiple fibromata Of the smaller tumours some were sessile and some pedunculated All were covered with smooth skin Some had atrophied apparently leaving nothing but an empty bag of skin At the distal end of the large tumour the skin had broken down probably owing to trauma or friction against clothes leaving an ulcer about 4 inches by 2 inches This was what had caused the woman to seek treatment not the mere presence of the tumour

The large tumour was growing from the right subscapular region the circumference at the base measuring 16 inches and at the widest part 30 inches therefore though apparently pedunculated it possessed a wide base On removal it weighed just over 8 lb Haemorrhage was difficult to control

The pathological report was as follows Sections of the specimen show the structure of a simple myxomatous tissue in which there are numerous foci of chronic inflammation There is no definite indication in the sections that the lesion is of nerve origin

COMMENTARY

The specimen was taken from the base of the tumour and one wonders if a sarcomatous change might not have been about to occur in degenerated myxomatous tissue According to Alexis Thompson these tumours are composed of succulent spongy fibrillated tissue rich in cells and blood vessels or of tougher more fibrous tissue with the fibres arranged in bundles In von Recklinghausen's disease the tumours comprise both fibrous and nervous tissue but in this case the condition probably belonged to the second category of Parkes Weber—"multiple molluscous tumours of the skin unaccompanied by obvious neuro fibromatosis of the nerve trunks

It would appear that this affliction is more common in the coloured races all the cases which I have seen being in Asiatics or Africans The aetiology seems to be unknown Their origin has been traced both to the corium and to the subcutaneous tissue The relatives stated that this woman was born with a black spot from which the large tumour grew, and that as far back as 1914 it was as large as a paw paw It only began to cause pain this year The tumour is being preserved

R R MURRAY M D, F R C S Ed
Fort Jameson N Rhodesia

Acute Torsion of the Great Omentum*

(WITH SPECIAL PLATE)

Torsion of the omentum is one of those intra abdominal accidents which are rare in the experience of the ordinary practitioner and even a surgeon of long experience may not have met a case The following description therefore is of some interest, and seems worthy of record

CASE RECORD

A clerk aged 26 weight 14 st 6 lb well built muscular rather fat but still playing Rugby football was successfully operated on three years ago by Mr P McEvedy for a right inguinal hernia and had been free from abdominal pain until the present illness Vague abdominal pain commenced on Sunday April 18 after playing in a match on the previous Saturday and for this he took some cascara tablets and a saline purge He played again in a match on Wednesday April 21 and on the following day the pain became severe and colicky Next day Friday April 23 he was seen by me at 4 30 p m He had vomited twice but the bowels were normal as were the temperature and pulse To the right of the umbilicus there was marked tenderness and apparent thickening but no palpable mass and no abdominal distension or rigidity He was admitted at once to a nursing home for operation and it was then found that the temperature had risen to 100 and the pulse to 96 a diagnosis of acute appendicitis was made

Mr Peter McEvedy performed the operation at 7 30 p m He used the high transverse gridiron incision On opening the peritoneal cavity a small quantity of blood stained fluid escaped and a dark mass of strangulated omentum was seen above the incision By extending the incision into the rectus sheath and displacing the muscle inwards the mass was delivered and there came into view the pedicle about the thickness of a lead pencil This lay close to the transverse colon and was twisted tightly six times clockwise in the form of a right handed spiral After ligature of the pedicle and removal of the mass the appendix was explored and found to be healthy It was removed The patient made an uneventful recovery

COMMENTARY

Three varieties of torsion of the omentum are described by Lejars—(1) torsion combined with irreducible hernia (2) torsion with an empty hernial sac (3) torsion unaccompanied by hernia—and he states that 90 per cent of the cases are associated with hernia The mechanics of omental torsion have been studied and discussed in an exhaustive article by Morris (1932) Niemeier (1935), Salsbury (1935) and Robertson (1934) and little can be added to these discussions by a study of this case It is likely that torsion commenced during and after the first match and were accelerated by the exertions of the second one Probably in this case the omentum became lengthened and its terminal part hypertrophied during the time of his hernia this would then be a predisposing factor to the torsion In cases associated with a hernia the important point to realize is that the strangulation of the omentum is not caused by the hernia and that an abdominal incision is required to remove the omentum Cases such as the present one are usually diagnosed as

* Received for publication May 11 1937 Dr Manson died on October 24

RARE DISEASES OR SYNDROMES AND CLINICAL SOCIETIES

BY

F PARKES WEBER, M D, F R C.P

A "disease," as the term was formerly used, was a group of various signs and symptoms It was, in fact, what we now call a syndrome or symptom-complex When the cause or causes of such a syndrome have been more or less discovered the syndrome becomes a disease, but many syndromes of unknown causation are still called diseases, and 'disease" in such cases is only a "courtesy title' Thus, in Paget's bone disease, "disease" is a courtesy title for a syndrome, since hardly anything is known of its cause or causes In fact, it may turn out to be a syndrome common to more than one disease

Out of the many cases of fibrocystic disease of bones (using the term in the sense of a syndrome) a definite real disease has recently been separated, due to hyperparathyroidism from the presence of a functionally active endocrine tumour, a parathyroid adenoma, the surgical removal of which may lead to cure Before the discovery of the plasmodium of malaria ague was, strictly speaking, only a syndrome, which clinically at one time included various cases of cholangitis, malignant endocarditis, etc, as well as true malaria Though it is probably correct to speak of Cushing s pituitary disease, it is hardly correct to speak of Cushing's syndrome, since the actual clinical syndrome in question is not peculiar to pituitary, basophilia (basophilic adenoma), and was recognized before Cushing's important work on the subject.

Having to some extent explained my use of the terms "syndromes" and "diseases,' I come to the question of the value of clinical societies in their recognition, study, and treatment I believe that further progress in medical knowledge will largely be due to the study of "rare" diseases and syndromes For one common disease or syndrome there are several rare ones, the study of any of which can help scientific progress as much as the study of a common one Though I admit that special knowledge of common diseases is required for the alleviation of the vast majority of patients, the diagnosis even of common diseases can often not be established without a knowledge of rare ones, which have to be excluded in coming to the correct diagnosis Rare diseases are like the proverbial exceptions" in so far as they "prove" (*probant*) or test the current rules and theories that have been set up about all kinds of diseases and morbid processes

As I have above remarked, the diagnosis of common diseases and syndromes is greatly facilitated by a knowledge of the rare diseases and syndromes which have to be excluded Such a knowledge is made relatively easy by the formation of clinical societies, it is impossible for anyone to become acquainted with many rare diseases and syndromes by means only of his own private or even hospital practice From a former member I heard long ago of the advantages obtained by having been a member of the Society of Clinical Observation in London, a predecessor of the Clinical Society of London, which I myself knew before it became the present Clinical Section of the Royal Society of Medicine

One of the many advantages of demonstrating puzzling or rare cases at such a society, the transactions of which are printed, has been, so it seems to me, insufficiently acknowledged In a free country like England patients are fortunately—at all events in London—not compelled to keep to one doctor or one hospital, otherwise a patient with a rare disease or syndrome might be chained to the doctor who happened first of all to diagnose his condition until either cure was effected or the patient or the doctor died When such a pa ent decides to try a new hospital the inevitable inquiry which it makes is addressed to the medical or surgical registrar of the old hospital Much trouble is then saved if a reprint or printed "excerpt" of the account of the case from the pro ceedings of some clinical society can be sent in answer I wonder whether the medical authorities of the London County Council and analogous bodies quite realize the advantages to be gained by supporting (or even founding) such clinical societies, both in regard to the treatment of patients in their hospitals and in regard to the advance ment of medical knowledge in general State clinical societies claim a place in any Utopia of the future

INTERNATIONAL SOCIETY OF MEDICAL HYDROLOGY

The annual meeting of this society, at Wiesbaden and Frankfort opened with a presidential address from Dr VOGT (Breslau) who described the dynamic action of treatment by waters and climates He was followed by Professor LINKE who emphasized the value of cooling breezes at night, these being commonly encountered in watering places lying beneath hills In a further paper Professor PIÉRY and Dr MILHAUD (Lyons) reviewed the present knowledge of the therapeutic action of meteorological factors, and mentioned the supposedly beneficial effect of negatively charged air to sympathicotonics and that of positively charged to vagotonics Supplementary papers were read by Dr Z RAUSCH (Hungary), who advocated the use of Dalmady s tables, these being generally more useful than Hill s catathermometer or Frankenhäuser s ootherm. Papers were also read by Drs FLACH and PFLEIDERER on the same theme, the latter giving useful references to various instruments for measuring light Professor SEGA (Rimini) described the blood changes observed during a seaside cure He stated that the rate of sedimentation of the erythrocytes increased after a stay of one month by the sea, while other physical and chemical alterations were noted

Psychotherapy at Health Resorts

The psychological aspects of health resort practice were the subject for discussion on the second day Dr VERAGUTH (Zürich) showed that the time usually available for psychotherapeutic treatment in a health resort was short Nevertheless by reason of the fact that he was living in new surroundings and under the care of a new and unprejudiced physician the patient might be able to review his difficulties with more detachment and also be more frank in explaining them. The speaker considered that psychotherapeutic treatment should only be undertaken after the physician had given some special attention to the subject Dr R G GORDON (Bath) likewise emphasized these points, and showed that in many patients who had pains of a rheumatic' nature without physical signs the patient s state of mind supplied the clue He also pointed out that mental distress paved the way for true somatic changes Dr PENDL (Marienbad) spoke on the cardiac symptoms of neurotic origin Dr RÉCHAD (Turkey) referred in particular to the intestinal symptoms of emotional origin

On the third day the members of the society visited the Kerkhoff Institute in Bad Nauheim, where an address was given by Professor WEBER who demonstrated a new apparatus with which by means of a loud speaker, cardiac and extra cardial sounds may be heard which are generally inaudible Professor GOLLWITZER MEYER also described her recent work on the heart.

Mud and Peat in Balneology

On the fourth day the report of the committee on peloids was also presented. The work of this committee was begun five years ago and guiding principles have now been determined for the description of any mud, peat, or similar substances used in balneology This committee has been directed by Dr S JUDD LEWIS as chairman Contributions to the discussion which followed were made by Dr K. ZORKENDORFER (Czechoslovakia) who dealt particularly with iron sulphate moors and the water- and lipoid soluble sulphur which forms in these

Reviews

FATAL COMPLICATIONS OF ABORTION

Les Avortements Mortels By H Mondor (Pp 446, 43 figures. 65 fr) Paris Masson et Cie 1936

The mortality rate from abortion is difficult to assess, chiefly on account of the inevitable secrecy associated with it But it is undeniably considerable, ranging from 1 to 4 per cent in different series of figures This may not at first sight appear very high but taken in conjunction with the extremely large number of abortions procured annually the total death rate from this cause reaches formidable proportions Indeed, according to F J Browne it accounts for 25 per cent of the total maternal mortality The fatal complications themselves to which this book is devoted are diverse as they are numerous, and include uterine gangrene and abscess, peritonitis, septicaemia, pyaemia, internal haemorrhage, acute hepatic atrophy and ingestive poisoning The aetiology pathology clinical manifestations, and treatment are described individually and in detail, but excessive separation is avoided by the adoption of an admirably designed classification

In gratifying contrast to most other publications on the subject a rigidly clinical standpoint is adopted throughout each significant point being illustrated where possible by appropriate case histories The latter are indeed of chief interest for the author's unusually wide experience in this field has enabled him to choose peculiarly applicable examples for each condition

Perhaps the most interesting cases are those very occasional ones in which sudden death supervenes on an attempted criminal abortion The causes of this complication have never been satisfactorily elucidated, for the usual explanations of emotional shock, air embolism, coronary thrombosis, etc, though possibly accessory features, can only very rarely be held solely responsible The recent discovery by Davis however of a sympathetic nerve plexus in the cervical submucosa surrounding the external os is probably of prime importance in this connexion for it is reasonable to assume that undue stimulation in this region might conceivably set up a fatal sympathetic reflex, particularly in circumstances which conduce to a nervous hyperexcitability

The book is well annotated and beautifully illustrated, and is written with the author's characteristic fluency

PHILOSOPHY OF A SURGEON

Human Understanding and its World By K W Monsarrat. (Pp 480 42 figures 15s net) University Press of Liverpool London Hodder and Stoughton Ltd 1937

One of Galen's shorter works has for title That the best Physician is a Philosopher When one recalls the names of François Rabelais, John Locke and Oliver Wendell Holmes it seems that there is a good case for maintaining that the best philosopher is a physician whether by philosophy we mean a purely intellectual discipline or a general view of human nature Indeed the formulation of a true philosophy must require both erudition and that experience of mankind which a scientifically trained observer has acquired A clinician has the experience and granted erudition and a gift of literary expression, should be a sound philosopher Mr Monsarrat having all three qualities enters the field of philosophy under favourable auspices The plan of his book is roughly, this After a sketch of primitive habits of thought and ancient philosophies, he examines in rather more detail the standpoints of post renaissance writers This is followed by a very careful account of the evolution of modern chemical and physical theory, in which the obsolescence of matter or even structure and the emergence of energy as a working hypothesis are explained and illustrated Then we have an equally careful and fuller study of physiological and biological ideas, such work as that of Head Sherrington and Pavlov is skilfully expounded and its relevance to the author's general scheme made plain

Mr Monsarrat's thesis is that the conception of power or energy is the foundation of a true philosophy 'The living organism is constituted, not of organs structures cells chromosomes and other particles but of units of power of which all these are formal displays The shape the structural particulars, the functions the growth the senility of the organism are so many results of the action of one power-unit upon another Writing of speech defects in cerebral disease he remarks Their study provides a particularly striking lesson of the relation of dynamics to form, and of how persistent form and habit are two aspects of the same event The last sentence is the clue to a retort to the common sense objection The man in the street might say that Mr Monsarrat, as a surgeon, is much concerned with the reality of organs and structure and might ask with the centurion (if he remembers his Latin) Cur quis non prandeat hoc est? The answer is that philosophy is an obstinate attempt to think clearly and consistently Mr Monsarrat believes that his formulation of principles aids clear thinking in that it abolishes the antinomy of physiology and psychology The problem of relation is not physiological or psychological, but a problem of the origin of account and that origin is dual It is solved when the physiologist speaks for himself and the man speaking for himself turns physiologist"

It should be obvious that an adequate account of a book of 471 pages on subjects which have occupied the greatest minds through some thousands of years cannot be condensed into a few paragraphs It should be equally obvious that unless the reviewer (unlike the present writer) is a Scaliger or a Mark Pattison, criticism will be directed mainly to those items with which the critic is best acquainted, or to speak more modestly regarding which he is least ignorant Subject to that condition it appears that Mr Monsarrat does less than justice to the thought of Aristotle and, as a necessary consequence, to such writers as Thomas Aquinas It is a trifle too contemptuous of Aristotle's profoundly interesting psychology to say that his form is nothing but a mystery derived by fantasy and definition, and by logical process from definition To many minds Aristotle's conception of the soul as the form of the body' has been profoundly stimulating and indeed a skilful dialectician might argue that Mr Monsarrat's own conceptions are not very different from those of Aristotle Thomas Aquinas was justified in *thinking* of the grin without the Cheshire Cat, but not justified in asserting that the existence of a grin without a cat was a necessary conclusion from Aristotle's teaching Indeed Aristotle explicitly agreed with those who hold that the soul is not independent of some sort of body and yet not to be identified with a body of any sort whatever But we must not pursue this theme, our object was merely to make the point that the Aristotelean doctrine of form and its development (or perversion) by the Schoolmen were not so trivial as Mr Monsarrat's readers might infer Indeed, a careful study

THE PROGRESS OF EDUCATION

THE BOARD'S REPORT FOR 1936

The Board of Education, in submitting its report for 1936,[1] looks back to a year of considerable educational development. Its most important event, they say, was the passage of the Education Act, 1936 This raises the age of compulsory school attendance from 14 to 15, with exemption for children in beneficial employment and for those required to give assistance in the home in circumstances of especial hardship These provisions come into force on September 1, 1939 Local education authorities can now make grants during a limited period to managers of voluntary schools to assist the enlargement or improvement of existing schools and, under certain conditions, the building of new voluntary schools for senior children The authority may, subject to certain qualifications, appoint, dismiss, and control teachers in voluntary schools to which they are making these grants

Towards the end of 1935 the Board invited local education authorities to co-operate with it in formulating proposals to complete the reorganization of the elementary school system on the lines of the Hadow Report They are now able to say that they have enjoyed the co operation of all parties concerned, and that satisfactory progress is being made with the necessary building To assist authorities to meet the extra expense of preparing schools for the new age group added by the Education Act, 1936, and in making grants to voluntary schools, the grants of capital expenditure have been increased from 20 per cent to 50 per cent The school medical service has continued to make steady progress, but advance in the provision of nursery schools has been slow, in spite of the Board s encouragement to local education authorities There has, on the other hand, been a steady advance in the provision of special facilities in the infant departments of public elementary schools A large number of authorities have set up local children's safety committees, which make periodic surveys of their areas in order to minimize the risk of accidents to school children

Physical Education

The year was especially important in physical education The Board lays great stress on its Circular 1445, which contains a full statement of its views and advice to authorities on preparing plans of development Its chief points were the need for better facilities for physical training and games, more time for physical education, more trained teachers, and better organization Gymnasia, shower-baths, changing-rooms, playgrounds, and also playing-fields are necessary but lose much of their value, the Board pointed out, if these requirements are not fulfilled Authorities have already shown much increased interest in and attention to the development of facilities for physical education The Board have received and approved plans for fifty-nine new gymnasia in senior schools, and the plans of all new senior schools except the smaller ones include gymnasia Authorities have also acquired more land for playing-fields than in either of the two preceding financial years More children are being sent to camp schools and holiday camps, and over £50,000 was spent during the year on this activity, in addition to contributions from parents and others Various voluntary bodies, notably the National Council of Social Service, also provide camp accommodation for large numbers of elementary school children from the special areas Special and technical schools have also much improved in the provision of gymnasia baths, and playing-fields

The Board reminds authorities that physical education is an indispensable limb of general education without which education will be maimed and stunted They note that the elementary schools are making a regular practice of a daily period of organized physical activity The time allowed, the Board says, should not be much short of a full period if the children have to change into special kit for their exercises and bathe afterwards In the secondary schools the problem is more difficult The circular recommends three ordinary school periods a week in addition to the time allowed for games and swimming, but this will not be possible until more schools have gymnasia and fully trained teachers Instead of increasing the allowance of physical training for older children, schools tend to reduce it, and the circular asks those responsible to prevent physical training from being crowded out of the curriculum It is, the Board points out, of particular importance in secondary schools, because they are the source of the teachers

The number of evening classes in physical exercises, dancing, swimming, and so forth has increased from 5,830 to 7,023 Advanced courses of physical training for future teachers have been instituted in several training colleges, and more will probably be provided The students are required to devote more time to the subject, and modifications have been made in their final examinations The universities and university colleges have on the whole given less attention to the physical training of intending teachers than have the two year training colleges The secondary schools look to the universities for their teaching staffs, and it is desirable that members of the staff responsible for physical training should also be able to teach other subjects The universities are therefore considering the development of their opportunities for physical training, realizing that this will benefit all students as well as those who intend to be teachers More organizers have been appointed, and authorities have joined together in sharing organizers An important function of the organizers is to maintain close and friendly relations between the statutory authorities and the voluntary organizations

The Board s chief medical officer described the report of the Physical Education Committee of the B M.A as

'A comprehensive and valuable survey of the whole field of physical education It corroborates and elaborates the views expressed by the Board in their circular and powerfully reinforces them Its recommendations are of close concern to the Board, to local authorities, to the universities and training colleges, to voluntary organizations, teachers and parents and to the medical profession The report will help, no doubt for some years to come to shape the course and to guide the activities of all those who are interested in physical education"

In future the Board will regard clothes and shoes for physical training, provided that they remain the property of the authority and are kept at school, as a necessary part of the equipment which the authority may legally provide as part of its general duty to maintain the school.

School Health Services

The year also showed progress in health services Eighteen authorities have appointed more medical officers, whole-time and part-time, and others have appointed aural and ophthalmological specialists One has appointed a specialist for rheumatism Fifty-seven authorities have appointed more dentists, but the dental service is not as yet, says the Board, wholly satisfactory, although nearly 100,000 more children were examined than in the previous year Since the issue of Circular 1444, in which the Board pointed out deficiencies in the arrangements made by authorities for the care of crippled children, eight new orthopaedic schemes have been approved Over sixty authorities, however, still have no arrangements for this service The Board has received seventy-two and approved sixty-five new proposals for school clinics A few proposals have been received for open air schools and special schools for partially sighted and deaf children, mentally defective children and rheumatic children The number of students taking full time courses of vocational training was 1,642, of whom 1,190 were blind

The figures for the nutrition of elementary school children are almost exactly the same as those for 1935 At

[1] Education in 1936 London H M Stationery Office 1937 Pp 199 (3s 6d net)

surgery of the prostate the article on the surgery of the pancreas by the editor-in-chief which appears in Volume V, the account of regional ileitis in the same volume by Mr Abraham Penner and Dr Burrill B Crohn, and the account of injection treatment of hernia by Dr Arthur F Bratrud, and in Volume VII the article on forceps operations by Drs W E Caldwell H C Moloy, and D Anthony d'Escopo The new method of assembly is a decided improvement upon former binding covers, because a page can be taken out or inserted in any given place The loose-leaf device opens in the back of Volume VIII and the index volume, all other volumes open in the front There are no screws or springs and no key is required This should simplify the insertion of new pages, which are issued to subscribers every six months The price of the complete work, including three years delivery of renewal pages without further charge, is £32 which may be paid on an instalment basis or in cash with order less 10 per cent This charge also covers access to Nelson's research and consulting bureau for special information

Notes on Books

Nelson New Loose Leaf Medicine in eight volumes, with an additional index volume is kept up to date under the direction of an advisory board, with Professor W W Herrick of Columbia University as editor-in-chief The publishers are Thomas Nelson and Sons of New York Toronto London, Edinburgh, Paris, and Melbourne and a footnote at the back of the title page records seventeen fresh grants of copyright since the work first appeared in 1920 The purpose of the volumes with their handy device for insertion and removal of pages from time to time is to mirror present-day medicine, and it may fairly be said that this has been achieved through successive revisions and additions The latest complete set, bearing date 1937, includes a section on diseases of the blood edited by Dr George R Minot, with a chapter on leukaemia by Dr Claude E Forkner the section on diseases of the gastro-intestinal tract is in course of revision The volume devoted to diseases of the nervous system has been completely revised under the editorship of Dr Angus MacDonald Frantz the section on diseases of the cardiovascular system, edited by Dr Paul D White, contains some new matter, including an article by Dr Graybiel on clinical electrocardiography The price of the complete work including three years free delivery of renewal pages also information from Nelson's research and consulting bureau for special information for three years is £29 which may be paid on an instalment basis or in cash with order less 10 per cent

Anleitung zur Schmerzbetäubung by Professor FRITZ F HARTEL (Dresden and Leipzig J Steinkopff RM 10 in covers 11 50), is Volume 21 of the useful series of monographs on medical practice whose purpose is to provide the working doctor with information about important recent advances in medical science It is a book of just over 100 pages The first third of the text contains a discussion of general principles and an explanation of the relative merits of local and general anaesthesia for various forms of operative procedures while the remainder is divided equally between methods of local anaesthesia (including spinal anaesthesia) and methods of general anaesthesia A striking feature of this work is the large proportion of space given to local and spinal anaesthesia Among the general anaesthetics chief attention is devoted to ether gas and avertin Chloroform is mentioned briefly and the author remarks that although chloroform has been completely abandoned by many anaesthetists, yet it is still of use in certain exceptional cases Moreover, he draws attention to the fact that a satisfactory chloroform anaesthesia approaches the condition of physiological sleep more nearly than any other form of anaesthesia A brief account is given of the intravenous administration of evipan eunarcon, and pernocton The book provides a short description and estimate of the value of most of the new methods of anaesthesia, based on the practical experience of the surgical clinic of the Oskar Ziethen Krankenhaus (Berlin Lichtenberg)

Dr J BALFOUR KIRK Director of the Medical and Health Department, Mauritius has written *A Manual of Practical Tropical Sanitation* (Baillière, Tindall and Cox 7s 6d) in order to provide a book of reference for the use of sanitary inspectors It should also be helpful to managers of estates and others in charge of labour in the tropics especially in districts where expert advice is not readily available The earlier chapters deal with elementary anatomy and physiology and the more important communicable diseases The remainder of the book is devoted to sanitation The chief aspects of the subject are so ably covered that the book may be warmly recommended to medical men in outpost stations in the Colonial Service the mission field, and commercial undertakings who are responsible for sanitary measures in their districts and who, in many cases have not had the advantage of extensive instruction in this field of medicine This book is practical and concise The index is remarkably efficient, and the illustrations are simple and to the point

Dr EDOUARD PICHON has written an interesting book, *Le Développement Psychique de l'Enfant et de l'Adolescent* (Paris Masson et Cie 45 fr) not the least value of which is the fact that he follows the development of the mind well into young adult life remarking that the physician encounters in barracks among men of military age the same maladies as in school with its younger inhabitants Much of the material upon which the book is based has been obtained in the author's experience at a special clinic for the psychiatric problems of childhood in Professor Lereboullet's paediatric department, and a close association with general clinical medicine is obvious in the same outlook presented For a study of what is the basis of the child guidance movement in France this volume can be cordially recommended It contains a good index a rarity in French medical textbooks

The two stately volumes entitled *The Probable Mechanism of Cancer Formation* by Dr AMERICO GARIBALDI professor at the Lima faculty of medicine (Lima Facultad de Ciencias Medicas, 1936) are divided into six parts devoted respectively to the classification of the various pathogenic theories of cancer the metabolism of the cancer cells the cancer cell in its morphological and physiological aspects, the cancer soil an outline of a general theory on cancerization and the medical treatment of cancer in the light of the author's theory An extensive bibliography is attached to each part

Preparations and Appliances

A BAKELITE AURISCOPE

Messrs Gowllands Ltd of Morland Road Croydon Surrey have produced a new auriscope which they term the Friston auriscope This appliance has black moulded bakelite specula which will withstand all normal methods of sterilization They do not feel cold to the patient's touch are practically unbreakable and being completely black both inside and out can reflect no bright light into the eye of the aurist Quite apart from these obvious advantages and the fact that there is no silver plating to wear or to peel off the economy effected in manufacture enables the complete auriscope to be sold at a relatively low price It may be obtained from all surgical supply houses.

NUFFIELD BENEFACTION FOR THE ADVANCEMENT OF MEDICINE

FIRST REPORT OF TRUSTEES

The announcement of the gift by Lord Nuffield to the University of Oxford of one and a quarter million pounds for the promotion of research in the medical sciences was made a little more than a year ago Under the deed of covenant and trust dated November last certain trustees were appointed, including the Vice-Chancellor and the Regius Professor of Medicine, whose duty it is annually to report to the University Their first report, a record of eight months preparatory work, was presented to Convocation on November 2 Appended to it was the more detailed report made to the trustees by the Nuffield Committee, a body on which the associated hospitals (of which the Radcliffe Infirmary is the chief) and the scientific departments of the University are represented During the period under review there have been seven meetings of the trustees, ten of the committee, innumerable meetings of subcommittees, and continuous informal discussion and consultation

Of the many problems in course of solution the most difficult has been the relation of the Nuffield School to the associated hospitals on the one hand and the scientific departments of the University on the other The school, according to the intention expressed in Lord Nuffield s original letter to the Vice-Chancellor, is based on the three traditional branches of clinical work—medicine, surgery, and obstetrics and gynaecology—to which a department for anaesthetics and another for orthopaedic surgery have been added These various sections are being developed in such a way as to endow clinical research in the associated hospitals with facilities at least equal to those already provided for research in the various scientific departments of the University When the development is more complete there will be every inducement and opportunity for that fruitful co operation between the departments which was envisaged by Sir Farquhar Buzzard in his Presidential Address at the Oxford Meeting of the British Medical Association As the trustees point out, it is hardly to be expected that every part of the new school will be fully equipped to make its maximum contribution from the start Delay is distasteful to the keen worker, and the temptation to anticipate the natural course of events must be strong, but the trustees applaud the restraint of the Nuffield Committee in creating only those new posts which are essential before any serious work can begin at all, and they also congratulate the University on having in anticipation of possible developments, strengthened its preclinical departments, to which, with a view to facilitating the co-operation of those departments with the clinical professors, the trustees have authorized certain grants

Position of the Hospitals

The position of the hospitals is different from that of the preclinical departments A first-class hospital providing for the needs of its district is not in all respects a ready-made home of clinical research What is needed for research at the outset is not something better than for clinical treatment but often something different and more expensive Under the trust deed expenditure is allowed on provision for research by hospitals A progressive policy has characterized these hospitals, largely as a result of previous generosity by Lord Nuffield himself and the trustees have no doubt that this process will continue, and that the hospitals will live up to any raising of standards which may be called for as a result of their association with the school

Here again, however, it is felt that the developments and adjustments should be allowed to occur naturally instead of being artificially accelerated So far as acceleration must occur before serious work in the new departments can begin, the cost of it—that is to say, the difference between making provision at once and waiting until the time when such provision would naturally have to be made—is a proper charge on the scheme The example of neuro surgery is quoted This is a comparatively new branch of surgery, though in a not remote period all considerable hospitals may be expected to have a neuro-surgeon But it happens that the Nuffield Professor of Surgery, Mr Hugh Cairns, is a specialist in this branch, and therefore it is considered opportune and fitting to accelerate the provision of a neuro surgical unit, which would in ten years' time in any case have been necessary

The trustees had feared that the large capital expenditure which is proving inevitable would necessitate the postponement of some desirable developments and the abandonment of others But the further sum of £200,000 which Lord Nuffield has lately given for expenditure on buildings required in connexion with the scheme has relieved any apprehension on this score It is proposed that this sum shall be applied to the cost of two new wards at the Radcliffe Infirmary for the use, in the first instance, of the Nuffield Professors of Surgery and of Obstetrics and Gynaecology, with operating and x ray theatres, and of a new wing in the maternity home at the Infirmary, as well as of any further buildings in connexion with the scheme

The Nuffield Professors

The report of the Nuffield Committee mentions that powers have been obtained from the University to pay a special annual allowance of £500 to any of the Nuffield professors who undertake not to retain fees accruing to him by reason of attendance on patients in the associated hospitals, and the Professors of Obstetrics and Gynaecology and of Anaesthetics have been granted this allowance

Professor Hugh Cairns was appointed to the Nuffield chair of surgery from January last, but in the absence of facilities for his type of surgery, forwent his stipend until September , in the meantime he took an active part in the work of committees and in planning his department Professor R R Macintosh was appointed to the chair of anaesthetics as from February, but was granted leave of absence for the remainder of the academic year, and spent the time in preparation, including a visit to America to investigate anaesthetic practice there Professor Chassar Moir was appointed in April to the chair of obstetrics and gynaecology, his appointment to date from October, 1937, and he too has been engaged in constructing his department, which will be in working order several months earlier than would otherwise have been the case The honorary clinical director of the Wingfield Morris, one of the associated hospitals, Professor G R Girdlestone, has been appointed to the Nuffield chair of orthopaedic surgery, but without stipend or restriction as to private practice, and it is hoped to provide him with an assistant who may ultimately be a Nuffield Reader

It is announced this week that Professor L J Witts has been appointed Nuffield Professor of Clinical Medicine Until this important post was filled many questions as to laboratory services affecting other departments had to remain undecided The authorized appointment of a

diffusion gradient in the intestine rises and positive balances must be expected It seems as if the marrow is sluggish in hypochromic anaemia and can only be goaded into activity by the presence of high concentrations of iron, and owing to the activity of the storage organs these can only be maintained by the continuous ingestion of huge doses The threshold phenomenon is therefore due to a threshold of marrow stimulation and not of intestinal absorption There is no explanation why the marrow becomes sluggish nor why iron sequestered during therapeutic administration seems no longer available to the organism, while the iron stored spontaneously by the newborn infant or by the patient with pernicious anaemia is readily used for erythropoiesis A wealth of problems remains to be solved, but the analysis of iron metabolism is so arduous that progress must be expected to be slow The action of iron differs significantly in animals and in man, and progress in therapeutics depends ultimately on close collaboration between the wards and the laboratories Members of the British Medical Association will take pleasure in the knowledge that part of J F Brock's experiments were carried out during tenure of a Walter Dixon Scholarship

MEDICAL WORK OF THE MINISTRY OF PENSIONS

Throughout the decade following the war the medical work of the Ministry of Pensions, though necessarily decreasing continued on an immense scale Medical boards were called upon to make some five million examinations The Ministry's own hospital accommodation alone averaged 8 000 beds, while pensioners altogether received 80 000 courses of in patient treatment and were fitted with 11 000 artificial limbs annually Last year the number of medical boards had declined to 5 200, and the number of beds in Ministry hospitals to 1 800—still requiring a nursing service of 200 and some 800 other subordinate hospital staff

The numerical diminution from earlier years is so considerable that it might be assumed the medical work of the Ministry is now circumscribed within a narrow routine This is far from being the case, since the decrease in the quantity of work has to a large extent been balanced by its complexity as the war becomes more distant In the years closely following the war it was relatively easy to decide on the relation of current pathological conditions to the effects of war service Now after nearly twenty years the ex-service man is passing into later middle age and has suffered a long-continued period of civilian economic stress The connexion of his present clinical condition with war service raises many difficult problems Does it of necessity follow that because a man who is now becoming a chronic rheumatic or bronchitic suffered from a slight attack of rheumatism or bronchitis during the war and even received a pension for it his present condition is directly related to war service, and how far is the need for treatment to-day the outcome of war service to the exclusion of the effects of civilian life and advancing age? What is the possible connexion with war service in the case of a man in whom keratitis or tuberculosis is now found to be developing? Or again, on the death of a pensioner, to what extent has his war service determined the cause and the time of his death?

These are the kind of intricate medical problems to which the Ministry must find an answer compatible with the most recent medical knowledge and fair alike to the pensioner his dependants, and the State The need for such allocation of pathological causation to different, often indeterminate and largely interlocked factors is for the most part foreign to normal medical practice, though analogous to compensation insurance work, and the medical staff of the Ministry has been navigating a largely uncharted sea Its consultants, drawn from the teaching hospitals have naturally played a large part in the determination of these problems, but even so it not seldom becomes necessary in order to co-ordinate differing specialist opinion to refer cases to independent medical experts appointed by the Presidents of the Royal Colleges of Physicians and Surgeons and in the last year the number of such references was 141 As might be expected, the problems were mainly medical and neurological rather than surgical The relationship between thrombo-angiitis obliterans and gunshot wounds, that of latent keratitis to gassing of gastric ulcer to a previous dysentery, or tuberculosis to gunshot wounds of the chest or gassing, are among the conditions to be sifted each on its individual merits Naturally in considering the fresh claims to pension at this date attention must be given to the experience derived from a mass of clinical records, the evidence from which often throws considerable doubt on many of those statements which are handed on from one textbook to another as to causation and connexion with disease or trauma, of which there had been little experience

Apart from its pension problems (increasingly widows' cases) and those of medical administration, a large part of the Ministry's work is to treat disabilities peculiar to war service and a visit to any one of its hospitals will show that its continuous aim is to keep abreast of the times indeed it would be lacking in its duty if it did not do so, since during

injection, mostly of iodine preparations, and in quite a number of cases the tonsil had shrunk considerably He believed radium in the early cases to be the ideal treatment when combined with the usual constitutional measures Mr M F NICHOLLS said that tuberculous glands of the neck appeared now to be extremely uncommon in a children s hospital compared with a former period Those he had seen were in young adults rather than in children, and usually the infection was a relatively mild one—a point to be borne in mind when assessing the value of any form of treatment Mr A SIMPSON-SMITH spoke to the same effect The condition as seen in the present day must be very different from that observed by the older surgeons The great disadvantage of medical treatment, even radium treatment, was the length of time entailed His practice had been to send the children away for open-air treatment for three months, and if the glands had not then subsided to operate The results had been good, excepting only in cases in which there had been marked periadenitis Mr CHARLES DONALD mentioned that in diagnosing the condition from branchial cysts his experience was that, unlike tuberculous glands, branchial cysts were not tense at all, it was as if the capsule were too big for the fluid within

Professor GREY TURNER from the chair, said that in former days it was customary to operate in practically all cases, and he had never seen better dissections than those carried out by some Newcastle surgeons, especially Rutherford Morison, but unfortunately the results were very uncertain Some patients were permanently cured, in others the results were not satisfactory In one group of cases infection was quite obviously from the naso-pharynx, and in another the glands were merely the outcrop from a focus in the mediastinum or mesentery In the first group he was quite satisfied that the patients could be cured by an adequate surgical operation, no niggardly intervention would serve In the other group it might be necessary to intervene because the glands were breaking down, but treatment along general lines was more rational

AURAL VERTIGO

At a meeting of the Section of Otology of the Royal Society of Medicine on November 5 Mr A J WRIGHT brought forward a clinical study of aural vertigo It was based on seventy-three cases in all of which vertigo had been the principal symptom complained of, which had been referred to an aurist, and from which middle-ear suppuration was absent

Many of these cases had a history of auditory deafness dating back to early adult life In the group in which the auditory symptoms had preceded the vertiginal, the interval before the onset of vertigo, except in two cases, was a period of months or years, in one case extending even to thirty years So far as the affected side was concerned, there was some loss of hearing in all cases except two, and even in these two there was temporary deafness during the attack In half the total number the hearing on the unaffected side was normal, in the other half there was a bilateral defect, so extreme in eight cases that no useful hearing remained With regard to tone loss, the upper portion of the scale was lost in eighteen cases, the lower portion in nine, and in twelve the defect was for all tones The degree of loss of hearing was not a reliable guide in estimating prognosis

With few exceptions the vertigo was severe in degree The complaint by its nature was mentally disturbing and produced such a feeling of insecurity that, as was only to be expected, some subjective giddiness persisted for a time as a functional manifestation after the organic changes had ceased to make progress either spontaneously or as a result of treatment In addition to tinnitus a sensation of numbness was experienced One or more foci of infection were noted in all cases, such as infected teeth, tonsils, antra, gall-bladder, or uterus , Dental, tonsillar, and antral infections were in great preponderance

The grade and duration of this complaint were variable Over long periods there might be complete freedom from giddiness While the complaint was progressive, the progress might be spontaneously and permanently arrested at any stage As a result of this review of these seventy three cases Mr Wright believed that the picture of a definite disease could be recognized The picture as seen by him was a chronic progressive lesion of the labyrinth, running a very irregular but long course, and always producing some permanent damage as evidenced by loss of hearing The disease did not result from a lesion in the middle ear, but was primarily a condition in the labyrinth, and increased irritability of the labyrinth marked its course A parallel clinical picture was to be seen in chronic iritis As for treatment, the only procedure was to get rid of the focus of infection, by draining the antrum or taking out the teeth, as the case might be The condition was a chronic inflammatory lesion of the labyrinth secondary to an infective focus

Sea sickness

Dr T GWYNNE MAITLAND medical superintendent of the Cunard White Star Line, in opening a discussion on sea-sickness, said that the symptoms associated with this term could be produced in many other ways than by exposure to the rolling and pitching of a ship Other experiences causing vertigo, nausea, vomiting, and prostration in a greater or lesser degree, though apparently different, were not fundamentally so These included travel by air, exposure to the swift rise and fall of a lift or to the rotation of a Bárany chair, as well as travel by motor car or by train, and all these experiences resolved themselves into a failure of equilibrium The peripheral reactions, such as gastric atony and diaphragmatic tug were a direct consequence of some dysfunction of the central organs of equilibration In all experiences entailing acceleration of gravity—the "g" of physics—as in a sharp rise and fall, the abdominal walls played a part in emptying the stomach in that they reflexly contracted to avoid visceral displacement, but there were still a variety of experiences in which "g" was not a factor, and yet vomiting was unfailingly excited Acidosis in the initial stage of vomiting was no longer considered a factor The only direction in which there had been any substantial progress in research was with regard to the importance of the centres controlling equilibrium, and it was agreed that the middle ear was the chief offender in causing disequilibration

Mr H V FORSTER said that sea-sickness was the reaction of susceptible individuals to a disturbing and unusual environment Competent seamen might be susceptible Some passengers declared that they did not suffer unless a corkscrew motion developed The otologist might see in this quick tilting a test of the efficient action of the semicircular canals, but such an abrupt stimulation of the vestibular nervous system, according to Kotyza, increased particularly the tonus of the parasympathetic vegetative nervous system The mechanical theories of the causation of sea-sickness were said to be discredited, nevertheless, the otologist might inquire whether labyrinth stimulation might not be an important factor in its development Deaf mutes were said not to be susceptible Giddiness was sometimes complained of, but not often The otologist might also ask whether nystagmus was observed He was informed that it was not recognized as a definite physical sign

In the course of further discussion Mr ERIC WATSON WILLIAMS said that there appeared to be two distinct mechanisms at work, one rectilinear and the other rotatory, each of which produced its chief effect at different periods of life—the rectilinear in children, the rotatory in older persons Mr DOUGLAS GUTHRIE mentioned that there came to a school for the deaf in Edinburgh a number of

the bearing of the secretory mechanisms of the gastric mucosa on ulcer production, have been tackled with skill

We cannot but rejoice that the young surgeon of the future will be afforded such an excellent opportunity, in the Bernhard Baron Research Laboratories, of combining the experience of the clinic with research on a scientific basis into the practical problems which confront him in his hospital work These laboratories spacious and equipped with the most up-to-date apparatus, will certainly attract many more research workers than it has hitherto been found possible to house, and the outlay of the Royal College of Surgeons on research must of necessity be greatly increased As was pointed out last year, only £3,000 of the £11,000, which represents the annual expenditure on scientific activities, is derived from specific endowments, and it would indeed be unfortunate if the pioneer work of this new research institute were to be handicapped by lack of the funds necessary to meet its running expenses We therefore hope to learn, in the not very distant future of endowments expressly designed to further what is undoubtedly a most promising beginning

RESEARCH ON MENTAL CONSTITUTION

When Mrs R G Burden warden of the National Institutions for Persons requiring Care and Control considered how she could best help the mental health of the country she wisely decided that the problem must be approached fundamentally She therefore gave £10 000 to trustees for the study of problems underlying the causation and inheritance of normal and abnormal minds and asked that both principal and interest should be expended over a period of not less than five years The managers of the Burden Mental Research Trust include representatives of the British Medical Association the Medical Research Council and other official and unofficial bodies of first-class standing The principal investigator Dr J A Fraser Roberts and two assistants have been carrying out work along three main lines Their objects are complete ascertainment of the mentality of a cross section of mentally normal school population an analogous study of a known and certified mentally abnormal population and an examination after death of brains of persons of both classes in order to ascertain how if at all they differ They have already tested all the children in Bath City whose dates of birth fell between September 1 1921 and August 31 1925—a total of 3 400 Among other studies they have analysed the distribution of intelligence test scores the resemblance between brothers and sisters the relation of intelligence to family size and mental function in relation to health, maternal age at birth and other factors The lowest 8 per cent of Binet intelligence quotients form a special group of 260 a most instructive group conclusions from which will help to interpret the findings in other studies of institutional defectives The known abnormal material is at Stoke Park Colony which even before the Burden Trust had been making most careful records of the physical mental and social conditions of defectives Since the Trust began its work 1 000 more consecutive case reports have been made Analysis of this material has not yet started but is awaiting the completion of the work on the normal children Portions of it are however giving valuable data for comparison Up to October this year the Trust had collected the brains of 123 defectives and 82 normal persons—a unique and valuable assembly which is available for research by anyone who applies for permission The staff are examining the size weight convolutional pattern embryological errors and pathological conditions of the defective brain as compared with the normal and are making an intensive histological study of the cortical differences between the two classes They are also preparing an atlas which will depict photographically the brains of a consecutive and unselected series of 120 mental defectives with all relevant data compared with the brains of normal individuals of the same chronological age The material will thus be available to a wider circle of trained observers The programme will require much longer than the five years mentioned in the trust deed The Bath scheme will be completed within the period originally planned but useful extensions would be possible—for example a thorough follow up of certain remarkable families The results hitherto have been so satisfactory that arrangements are being considered to continue the activities of the Trust as part of the regular work of the colony If this is done outside survey work can remain part of the activities and for this the trustees hope to secure facilities in Bristol Dr Roberts has taken a wide view of the terms of his reference and has tried to make the work of the Burden Trust complementary to and not overlapping that of the Darwin Trust This is one of the most important pieces of mental research that have been undertaken in any country and its results will be awaited with keen interest

INFLUENZA PROPHYLAXIS

There are unfortunately no considerable advances to record in the difficult sphere of specific immunization against influenza Such small scale attempts as were made last winter to produce immunity by injections of inactivated virus produced no significant results and the discovery that there are several strains of the influenza virus which to some extent at least are immunologically distinct has complicated this difficult question still further There seems to be no prospect at present of material for this treatment becoming generally available and the main practical question is still whether vaccines made from respiratory tract bacteria have any protective value Most of the evidence in their favour concerns the prevention of colds only, and a good deal of it emerges in sorry shape from statistical study while some reports deny the efficacy of this proceeding altogether A small crumb of comfort is perhaps to be found in recent work by Shope [1] which is concerned largely with

[1] *J exp Med* 1937, 56 151 169

Radiological Abnormalities

A common difficulty in the medicine of to day, Sir Edmund said, was that of the diagnosis of affections of the small intestine in cases in which radiological abnormalities or peculiarities were observed Various deformities—kinks, narrowings, loops, immobility, or adhesions—were often recognized or suspected radiologically To attempt an exact diagnosis from such observations alone would be to ask too much, but with skilled observation these radiological findings were in most cases confirmed when there was occasion for operation Four cases were described in which a fixed ileum, seen radiologically, was found at operation to be free from adhesions itself but immobilized because the caecum was adherent to the ovary, or the ascending to the transverse colon, or because the appendix was inflamed Such cases explained the caution displayed by radiologists of experience in interpreting what was shown on the screen or the plate It was necessary to have as much evidence as possible about the state of adjoining organs, and particularly the appendix and other parts of the alimentary canal

R P Picton-Davies had analysed 410 cases (excluding those in which a gastro-enterostomy had been done, and others in which appendicitis was recognized clinically) which had had some radiological investigation, by O A Marxer, of the small intestine In 283 there was no symptom referable to the ileum, and there had been no operation In these cases the conditions reported were as follows ileum and caecum not normally mobile, 119, terminal ileum not normally mobile, 81, ileum and caecum not separated by manipulation, 21, ileum and appendix not separated by manipulation, 5, ileal stasis, which was only recorded if there had been several hours delay, 57 In the remaining 127 cases symptoms were complained of which might have been associated with the small intestine, but in ninety-two of them other diagnoses were made In thirty-five cases the symptoms were believed to be due to interference with the small intestine from a variety of causes These various disturbances were not, strictly speaking, diseases of the small intestine, but they were more frequent than the accepted diseases, and were therefore clinically more important Even so the incidence in this series of over 8,500 patients was only 0 4 per cent

The speaker then described a series of cases of disorder of the small intestine due to (1) ileal stasis—this was defined as a delay of up to forty hours from lack of tone, the absence of adhesions being confirmed at operation, (2) adhesions following appendicectomy, ovariotomy, and other operations, (3) tuberculous glands, (4) partial volvulus, (5) a previous peritonitis, (6) tumours in the abdomen In five cases the cause of the disturbance of the small intestine was unknown There was a general likeness between the symptoms of various disorders of the small intestine, they suggested usually a mild chronic obstruction with irritation In the thirty-five patients the symptoms noted in order of frequency were flatulence, relieved by flatus or gurgling, pain or discomfort in the right iliac fossa, which might be grumbling, aching, or colicky in type and was often felt after taking food, nausea, occasional vomiting, loss of appetite, diarrhoea, constipation, or alternating diarrhoea and constipation, and general symptoms such as headache exhaustion, and sleeplessness Nervous accompaniments were usually prominent The signs were distension tenderness, and visible peristalsis the x-ray evidence, and abnormal stools, sometimes pultaceous An enormous dilatation of the jejunum could be borne if it took place gradually

Treatment and Progress

The progress of the cases was better than might have been expected Eighteen out of the thirty-five were improved by medical treatment and exploration was not needed, five were operated upon successfully

The treatment varied for every case It included poultices, massage, faradism, exercises, and the use of a belt, rest and posture, a mixed diet, with or without fruit, salads, and greens, and having a fat content adjusted to the digestive capabilities of the individual patient, and in addition there was the usual calming of the patient's fears and general encouragement Of medicines, paraffin, sulphocarbolate of soda, β-naphthol, belladonna, kaolin, and sometimes castor oil were perhaps most useful When the small intestine was disturbed the colon had to be treated, it was remarkable what relief of discomfort followed its evacuation in some cases

Finally, Sir Edmund said that, whatever the original lesion, if the action of the jejunum or ileum was interfered with such interference would give rise to characteristic symptoms In the diagnosis of difficult cases, after other and commoner sources of disturbance had been excluded, it was well, as the examples quoted showed, to remember the small intestine

General Discussion

In the discussion which followed Mr CHARLES WELLS asked whether Sir Edmund Spriggs thought that there was anything to be gained by conserving the ileo-caecal valve whenever possible in anastomosing the large and small intestine To do so might entail more technical difficulty in the operation, but would result in less drastic alteration of the content of the small intestine It had been suggested that following entero-colostomy there was a grave risk of toxaemia, and he asked Sir Edmund's opinion on the likelihood of this occurrence Sir Edmund seemed to have advocated gastro-enterostomy for the relief of symptoms caused by duodenal diverticula In the few cases which Mr Wells himself had dealt with it had been possible to dissect out the diverticulum and close off the opening into the duodenum without undue difficulty, and this seemed to be the operation of choice provided it did not involve any unwarranted risk Finally, the subject of foreign body was always an interesting one In the duodenum pins and hair slides were not uncommonly seen, especially in children In one case a hair-slide had penetrated the wall of the duodenum and come to lie in the pelvis of the kidney, where it had caused a pyonephrosis In another case—of intestinal obstruction in an old lady—Mr Wells said that he had found a foreign body obstructing the small intestine where it was narrowed by an adhesion to an old laparotomy wound On removing the offending object he was amazed to find an intact grape which had inadvertently been swallowed whole

Mr W A THOMPSON agreed that resection was necessary in some cases of ileo-caecal tuberculosis, but thought a short-circuiting operation was a safer primary procedure In three cases he had found that the contemplated resection was not necessary as the patients had improved so considerably The site and extent of the resection were probably the most important factors in occasionally causing severe and intractable diarrhoea He had had some twelve cases in which resections involving lower ileum, caecum, and varying portions of large bowel had produced no such complaint He was opposed to attempts at retaining and utilizing the ileo-caecal valve, believing such a doubtful addition to an already serious operation added materially to the mortality Large objects had been known to pass down the small intestine, but so far as children were concerned he was convinced that open safety-pins and 'kirbigrips' or other solid articles two and a half inches or more in length should be removed while they were still in the stomach rather than wait until they reached the second portion of the duodenum, where so many of them ultimately were held up and where operation was more difficult

Dermoid and Allied Renal Cysts

At the same meeting Mr J COSBIE ROSS read a short paper on dermoid and allied cysts of the kidney

pregnancy, whilst the folliculinaemia showed a progressive decrease The second case reported by Drs Monier-Vinard Caridroit, and Brunel [2] was that of a coloured male aged 47 complaining of impotence after previously enjoying "un appetit et une activité génitale extraordinaires" The impotence had been noticed for a year, and had been preceded for some years by an irregular increase in the size of the breasts At the time of examination these resembled the breasts of a girl at puberty the nipples being surrounded by a brown areola and the glandular tissue being lobulated and clearly limited Examination of the testicles showed bilateral atrophy Biological assay of the male and female hormones in the urine revealed that both were present, but that the former was less than in the normal subject, whilst the second was greatly increased The patient was treated with subcutaneous injections of acetate of testosterone at two daily intervals 130 milligrammes were injected altogether Under this treatment there was a definite diminution in size and a softening of the breast tumours whilst the patient announced "qu'il avait retrouvé un impérieux appetit génital et que l'accomplissement de la function sexuelle s effectuait d une façon aussi satisfaisante qu'il pouvait le désirer" Unfortunately this happy result was only of temporary duration subsequent injections having progressively less effect The authors note with satisfaction however that the breast enlargement remains sensibly diminished

THE LIVER AND THE NERVOUS SYSTEM

That there is an intimate if obscure relation between disorders of the liver and of the nervous system is by now too well substantiated to be questioned The subject has lately been discussed in a series of papers from Marseilles edited by L Cornil [3] The best-known instance of combined disease of the liver and the brain is perhaps Wilson's disease or hepato lenticular degeneration In this a biliary cirrhosis is associated with progressive degeneration of the corpus striatum That the disease of the liver is primary, or at least antecedent, to that of the brain is suggested by a number of records some of them recent, where this sequence has been established by clinical observation One of the most clearly authenticated examples of this kind is quoted by H Roger L Cornil and P L Paillas a girl of 12 years underwent splenectomy for gastric haemorrhages associated with splenomegaly and was found at operation and subsequent biopsy to have hepatic cirrhosis Six months later she developed a striatal syndrome Again, as these authors point out it has been possible to produce histological lesions resembling encephalitis lethargica in dogs by the establishment of an Eck s fistula Such lesions must be interpreted as a toxic encephalitis More obscure is the correlation of alcoholic polyneuritis and cirrhosis of the liver Although in some patients these two conditions may coincide or the polyneuritis be consecutive to the cirrhosis it is difficult to agree with these French workers that the existing evidence in any way establishes hepatic insufficiency as a cause of the neuritis In another paper C Mattei and M Recordier argue that delirium and mental disorder occurring in the course of a toxaemia are symptomatic of hepatic insufficiency They adduce clinical evidence in support of this theory —namely the relief of these mental symptoms by a course of injections of hepatic extract (Carrion or Choay)—noting that the symptoms are apt to recur if the injections are discontinued at too early a stage in recovery A review of this subject, though brief, would be incomplete without reference to the nuclear jaundice in the new born which in some instances is associated with erythroblastosis foetalis The lenticular nucleus and hypothalamic regions are here particularly affected It is reported by B Brouwer [4] that a similar striatal disease may also occur in infants where jaundice has been caused by umbilical infection In addition he has described a case in which striatal changes resembling Wilson's disease developed in an otherwise characteristic example of haemochromatosis In spite of this he does not support the view that a hepatic toxin is responsible for such cerebral complications but considers that the hepato-cerebral degenerations as a whole are an expression of a metabolic disturbance which rests on a congenital or familial basis That the problem is however more complex is suggested by the fact that a definite striatal degeneration associated clinically with a disturbance resembling Parkinsonism is recognized in chronic industrial manganese poisoning Although hepatic disease is not so clearly established in such cases it has been shown by G M Findlay [5] that biliary cirrhosis can be produced in animals by repeated small doses of manganous chloride This suggests that the cerebral disturbance is closely linked with hepatic disease

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The next session of the General Medical Council will open on Tuesday November 23 at 2 o'clock when the President, Sir Norman Walker M D will take the chair and deliver an address The Council will sit thereafter from day to day until its business is concluded

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The President and Council of the Royal Society have awarded the Copley medal to Sir Henry Dale M D F R S in recognition of his important contribution to pharmacology and the Buchanan medal to General Frederick F Russel M D for his work in relation to public health problems in many parts of the world on behalf of the International Health Division of the Rockefeller Foundation

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The biennial Huxley Lecture on recent advances in science in their relation to practical medicine will be delivered by Professor E D Adrian F R S at the Charing Cross Hospital Medical School, Chandos Place W C on Thursday next, November 18 at 5 p m Professor Adrian s subject is "Huxley the Brain and the Mind" The chair will be taken by Dr Gordon M Holmes F R S Admission is free by ticket obtainable from the dean of the medical school

[2] *Bull Mém Soc méd Hôp Paris* 1931 21 857
[3] *Nutrition* 1937 7 1–180
[4] *Proc roy Soc Med* 1936 29, 579
Brit J exp Path 1924 5 92

NATIONAL PHYSICAL TRAINING

A discussion on national physical training occupied a crowded meeting of the Medical Society of London on November 8 Mr J E H ROBERTS presided

Sir JOSEPH BARCROFT opened with some remarks on the criteria of physical fitness He described a recent experiment made in the Army at Aldershot to improve the physique of recruits A squad of 33 men was taken, all of them far below the Army standard At the end of the fourth week of training the required standard had been reached by 19 of the men, and at the end of eleven weeks 24 were found up to the standard and 6 on the borderline The average age of these men was 18½ years, their height 5 ft 4½ in, and their weight on joining 109 75 lb, and after training, 117 75 lb The exercise tolerance test on joining showed 88–110–78 beats per minute, and after training 84–103–77 In this respect there had not been a great deal of change and he himself did not understand the slowing of the pulse after exercise as compared with what it was before the exercise was undertaken The average chest measurement was 33 3 in at the start, and 35 in after the course But what was the significance of that change? The men were more muscular admittedly, and they might have put on fat as well If the chest were regarded as a cylinder an increase of 1½ in in circumference meant an increase of, say, 1/4 in in radius, and it was a question how much of this was accounted for by greater thickness of wall so that there might not have been any real increase in size of cavity The increase in vital capacity was more pronounced—3,120 c cm on joining and 3,430 c cm at the end The question of nourishment was an integral part of the problem of physical training He showed the diet sheets of these Aldershot recruits, which were on the most liberal scale They had 4,700 calories a day, whereas 3,500 was all that was considered necessary for an active outdoor life like that of a farmer No doubt the desire for food came if they were given enough exercise, though he did not think the converse was true—namely, that the desire for exercise would be stimulated if they were given more food The most difficult part of the national scheme was to stimulate the appetite for a robust life, to inculcate pride in physical development

Lord BURGHLEY M.P, said that this country had lagged behind Germany and Scandinavia in inculcating the desire for fitness He agreed that nutrition was as important as games and exercises, but nutrition did not come within the terms of reference of the National Advisory Council on Physical Training, as a member of which he spoke It was its business first of all to provide playing fields, gymnasiums, and swimming baths A part of its work in which he was specially interested was propaganda. It had to overcome the inertia of people who said they were managing very well as they were and did not see the need for change It seemed to him that the task before the Council was not to try to develop in everybody the wish to become champions in a particular line of sport or games, but rather to suggest to the people of the country that they would be happier and better able to meet everyday demands by being fit The appeal which could be made to older people already set in their ways was very limited but something could be done to strike the imagination of the young

Disadvantages of Overdoing Athleticism

Dr ADOLPHE ABRAHAMS said that no doubt the part played by each of the numerous factors which contributed to health would in time be satisfactorily assessed by the distinguished authorities who had been appointed to the task and who would be able to make the necessary deductions for irresponsible enthusiasm While it seemed to stand to reason that exercise was necessary for fitness, he had more than once encountered a facile-tongued debater prepared with specious arguments to shake one's faith in what might be a rash generalization, and even to cast doubt whether exercise deliberately undertaken was of any value at all Whenever the problem of getting fit was submitted, he felt inclined to ask, "Fit for what?' A man might be fit to climb the Matterhorn, yet quite unfit to endure the responsibilities of city life, fit to row from Putney to Mortlake, yet unfit to undertake the duties of resident in a fever hospital And clearly the reverse held good Fitness meant satisfactory adaptation to one's environment whatever it was, and the part played by exercise in the determination and maintenance of that state was necessarily individual, varied, and limited There was no "best exercise" for everybody in all circumstances One man's pleasure was another man's madness Exercise which gave unqualified enjoyment to one inspired boredom in another and was torture to a third There was a tendency to assess the physical capacity of a nation by its exceptional athletes, who were often in the nature of phenomena or freaks, and as far from affording a criterion of national fitness as a Russian giant from indicating the average stature of his compatriots Athleticism was a very special quality, and its possession by no means signified health or strength, though it was not incompatible with them The training incidental to the production of the highest form of athletic efficiency had no place in a national enterprise It was a specialized undertaking with certain undesirable features and dangers which, however, were not grave if its limitations were accepted Many very great athletes were not merely delicate but actually unhealthy subjects The ideal upon which to insist would be a pride in the body, the production of a condition in which violent exercise played its part together with due regard to the elements of hygiene, of which youth was generally ignorant and still more often almost criminally careless A great deal of the evil attributed to violent exercise could be avoided by successfully encouraging in the adolescent the continuance of what was generally regarded as orthodox training into manhood and even middle age Doubtless this was an ideal more easy to advance than to practise, it demanded a vigorous discipline, and might be deprecated as tending to produce the physical neurotic unless a proper proportion was preserved The circumstances of life, especially among urban dwellers, opposed an ever-increasing difficulty He confessed he was disgusted to see a young man shirking the ascent of a short flight of stairs, the use of lifts by healthy persons under sixty ought to be an indictable offence! The eyes of legislators (Dr Abrahams continued) were upon the youth of other nations But national characteristics had to be realized On the Continent the inculcation of such principles was more easily achieved when temperamentally rules and regulations were more placidly accepted But at least we saw what we ought to aim at

The General Practitioner and National Fitness

Mr A E PORRITT agreed that any idea that this campaign should produce a race of super-athletes was to be deprecated There were extremely few of this athletically exalted category who were fit in the sense of Lord Horder's recent definition, 'health and happiness" But such athletes might well be used in propaganda—a light to which the humble moth might be attracted but from which it must also be protected, an example and stimulus to sound rivalry and orderly activities Mr Porritt urged the National Advisory Council to organize a medical advisory council To avoid unnecessary expense and reduplication of work, it might be recruited from medical bodies already existing—not public health bodies, State departments or specialist groups, but representatives of the general practitioners of the country Perhaps unfortunately the physical fitness campaign had been tacked on to the Government health campaign If they had to be connected should not the physical fitness campaign have come first? The best propagandist agents would be the people's doctors"

a nurse, so that the doctor's responsibility for its proper performance passed entirely on to her shoulders, is nearly always a question of fact based largely on recognized practice, and not a question of law A jury might conceivably, under the persuasion of a vigorous and skilful counsel, find that the anaesthetist ought to have asked the sister whether the patient had been properly prepared for the anaesthetic The balance of probability, however, is rather against their taking this view

The Coroner

The coroner is bound by law to hold an inquest on a person who seems to him to have died from an unnatural cause Some patients die under an anaesthetic from perfectly natural causes It is, however, difficult to decide which of many possible factors has caused the death of a given patient at an operation, and every registrar must, by order of the Registrar General, report to the coroner any death which has occurred at an operation or before recovery from an anaesthetic The coroner then has wide discretion to do what he thinks fit He may, if he chooses, order a necropsy and an inquest, but he will nearly always wish first to consult the medical men in charge of the operation and hear their opinions about the causes of death If he is satisfied that these were natural he will give permission for burial and do nothing more If he thinks a post mortem examination is necessary he will order one, and perhaps decide when he knows the result that an inquest is unnecessary Strictly speaking no citizen need notify any death to the coroner for the duty is laid by statute upon the registrar In practice however, the surgeon or hospital authorities inform the coroner of every death of a patient under an anaesthetic, whether a death certificate is given or not The coroner appreciates this courtesy Even if death is certified as natural no necropsy should be performed without his permission, for he may still consider that an inquest is necessary

Sydney Smith[1] says that the anaesthetist who is summoned by the coroner to give evidence at an inquest should prepare himself to answer the following questions

Was the anaesthetic necessary?

Was it the most suitable one to give under the circumstances?

Was the patient properly examined before administration and the condition of the heart, lungs and urine ascertained?

Was there no contraindication?

Was the patient suitably prepared?

Was the anaesthetic administered with due care?

What amount of anaesthetic was given and what was the duration of anaesthesia?

Were the necessary appliances for resuscitation at hand before commencing anaesthesia?

What treatment was actually adopted?

If the anaesthetist deals with all these points in his preliminary report to the coroner he will be giving that officer all the data necessary for his decision on what action to take and will save him much trouble

Burns and Anaesthetic Explosions

Burns due to the action of anaesthetic liquid on the skin mucous membrane or conjunctiva are fairly common The face is sometimes burned when the mask becomes saturated and liquid overflows on to the skin Some anaesthetists protect the patient's face with vaseline or oil, and the eyes with castor oil, some cover the face with an elaborate dressing and apply strapping to the eyelids Abrasion of the eye is an accident commonly met with during anaesthesia by the open method It may occur in three distinct ways (*a*) by the action of the liquid anaesthetic on the cornea or conjunctiva, (*b*) by the action of strong anaesthetic vapour, especially ether, when the patient is in a toxic or very debilitated state, (*c*) through over-handling of the cornea or conjunctiva by an inexperienced or nervous anaesthetist who feels that he must constantly reassure himself that the condition of the corneal reflex is satisfactory Every precaution should be taken to prevent anaesthetic liquid from entering the conjunctival sac, and many anaesthetists drop castor oil into the eyes to prevent trouble if it does When open ether is used it may be quite impossible to prevent a strong vapour reaching the eyeball, though every reasonable precaution should be taken Patients often injure their eyes by rubbing them as they come round To prevent this is part of the duty of the nurse, who should be with every patient who is under the influence of an anaesthetic

ILLUSTRATIVE CASE

In a case of injury to the eye which attracted a certain amount of attention some years ago the patient sued two medical partners for damages for loss of sight in his left eye An operation was performed in hospital for acute obstruction the patient was very ill and was on the table a long time One partner gave the anaesthetic and the other assisted the surgeon The anaesthetic consisted of two parts of ether to one of chloroform, and was given on an open mask a Gamgee pad being placed on the face This pad twice became so wet that the anaesthetist changed it When the patient came round he complained of pain in his left eye and some days later an ophthalmologist found that parts of the eye were very badly scarred The expert evidence showed that the condition of the eye was consistent with damage done by the anaesthetic also that liquid anaesthetic often entered a patient's eye but did not often harm it The damage here was quite unusually serious It was also fairly well established that liquid anaesthetic could get into an eye without any lack of care or skill by the anaesthetist The surgeon said in evidence that there had been an epidemic of anaesthetic eye at one of his hospitals in the preceding year the anaesthetics had been given by two highly experienced men who were absolutely certain that liquid anaesthetic had never entered any of the eyes Most of the patients had been in a septic condition, and the eye trouble had cleared up within two or three days except in one case where the eye had to be removed It was not quite clear from the mass of the evidence whether any anaesthetic had entered the present patient's eye but the concentration of vapour in the air had been very strong The patient was in an extremely toxic condition The jury failed to agree after two periods of retirement, and were discharged there is no record of a retrial of the action

Many anaesthetics are inflammable, and therefore apt to explode if they meet a red hot cautery or spark This risk was recently discussed in the *Journal*[2] Ether even when given by the open method is highly inflammable, but it is much more so when mixed with gas or oxygen Explosions have been caused by badly fitting endoscopic lamps In dry countries such as the United States, explosion due to the discharge of static electricity is a recognized risk tables and trolleys become charged by the friction of bedding and powerful sparks are produced The Joint Anaesthetics Committee of the British Medical Association and the Royal Society of Medicine recently requested the National Physical Laboratory to investigate this danger a full report is promised for early

[1] *Forensic Med.cine* 1936 J and A. Churchill Ltd

[2] *British Medical Journal* 1925 1 534
[2] 1937 2 383

of Wilson s disease, which almost invariably followed cirrhosis of the liver

Dr J LEWIS also read a paper on zinc protamine insulin in diabetes He did not advise the administration of ordinary insulin and zinc protamine insulin from the same syringe He described cases treated by zinc protamine insulin, and pointed out the necessity for careful adjustment over a period of from four to ten days during the process of changing over from the treatment with ordinary insulin to that with zinc protamine insulin In the discussion which followed the president, Dr E T FREEMAN suggested that the occasional appearance of glycosuria in the cases which Dr Lewis described might have been controlled by repeated blood-sugar estimations Professor HENRY MOORE described his experiences in the treatment of twenty-five cases with protamin zinc insulin The dosage was controlled by three blood-sugar tests within a period of twenty-four hours, and repeated later if necessary The results of treatment were most satisfactory He discussed the best time for the injection, the question of dosage, and other problems Dr G C DOCKERAY said that he had recently treated a boy, aged 7, successfully with the new insulin Dr S C WERCH Dr A THOMPSON and the President of the Academy, Dr A R PARSONS took part in the further discussion which followed and to which Dr LEWIS replied

SECTION OF PATHOLOGY

At a meeting of the Section of Pathology on October 22 the president Dr G C DOCKERAY gave his inaugural address on the histopathology of the endometrium

Endometrial Histopathology

Dr Dockeray dealt first with the preparation of sections from curettings, pieces of endometrium being fixed in Carnoy s solution for about three hours He discussed the microscopical findings in 500 consecutive curettings at the Rotunda Hospital In this series there had been only three cases of tuberculous endometritis He described the changes which were found in various forms of endometritis, many of which followed abortion He discussed the histological criteria of malignancy, and pointed out that the atypical squamous epithelium which was sometimes found in endometrial and cervical polypi might be wrongly diagnosed as malignant He made some reference to chorion epitheliomata, and went on to discuss the hyperplastic condition affecting the endometrium He had found the changes due to metropathia haemorrhagica in girls of 16 or 17, and also more often than the literature would suggest in the age groups between 20 and 40 He stressed the need for collaboration between the gynaecologist and the pathologist, and the importance of an adequate clinical history This same theme of collaboration was elaborated by Dr BETHEL SOLOMONS and the discussion was continued by Drs W R O FARRELL A W SPAIN J T WIGHAM J C FLOOD, and EDWARD SOLOMONS

At the same meeting Dr J MCGRATH showed a specimen of luteinoma from a patient aged 62 Dr NINIAN FALKINER said that this was a very rare condition, and asked if it were usual for it to appear so late in life Dr EDWARD SOLOMONS asked if it were possible to discover whether the cells in this case had been secreting corpus luteum hormone or not In reply Dr MCGRATH said that so far as he knew there were only two other cases reported in the literature and in this particular instance no biochemical investigation had been undertaken

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At the November meeting of the Society of Public Analysts and Other Analytical Chemists, with the president Dr G ROCHE LYNCH in the chair a paper on the ascorbic acid content of fruits and vegetables was read by Miss MAMIE OLLIVER Variation in the ascorbic acid content of gooseberries black currants, strawberries, peas, potatoes, and asparagus had been studied by the micro method of determination with 2 6-dichlorophenol indophenol Tests were made at all stages of growth, the effects of degree of ripeness, time of picking and size of fruit were investigated, and in some instances the distribution of ascorbic acid in different parts of a fruit. The importance of representative sampling in such investigations was emphasized, and the need for taking account of all factors likely to affect the ascorbic acid content

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Meetings of the West London Medico-Chirurgical Society have been arranged as follows December 3, Discussion on 'Surgery of the Heart' to be opened by Professor Ferdinand Sauerbruch (Berlin) and Mr Laurence O Shaughnessy January 7, Discussion on "Sterility" to be opened by Mr Eardley Holland, Mr Kenneth Walker, Mr V B Green-Armytage, and Mr F J McCann March 4, Lecture on "Industrial Diseases' by Dr Donald Hunter April 1, Discussion on "Recent Advances in Rheumatism" to be opened by Dr J F Halls Dally, Dr W S C Copeman, and Dr C B Dyson Details will be published in the diary column of the *Supplement* in the appropriate weeks

Local News

SCOTLAND

New Maternity Hospital at Dunfermline

A new Maternity Hospital and Home, built by Dunfermline town council at a cost of about £30,000, was opened on October 30 It stands on high ground to the south of the burgh and has thirty-six beds There has been a maternity service at Davaar Home for the past seventeen years, but recently the facilities of this home have been found to be inadequate, and the town council resolved to erect a new hospital Lady Elgin, who performed the opening ceremony, said that it was satisfactory that Dunfermline and West Fife now had a fully equipped maternity hospital, because the maternal death rate in this district had caused anxiety to the community at large The town and county councils had a system of health visitors, and the people themselves had installed trained district nurses in every town and village

Benefaction to Edinburgh University

It was announced some time ago that a trust with a capital of £250,000 had been set up at Edinburgh University by an anonymous Scottish donor, who has recently been revealed as Dr John Donald Pollock of Boswell Road, Edinburgh The income from this fund is to be used for the benefit of students of Edinburgh University, and in addition Dr Pollock intends to donate capital to carry out the scheme The trustees are Dr Pollock, the Marquess of Lothian, Lord Normand, Sir Thomas Holland (Principal of the University) and Mr James Maxton It is intended that the income from the fund shall be used to provide further halls of residence, for the development of the Students Union, and for new playing fields The donor considers that the residential hall system and the further development of athletics would contribute to both the educational and the material well-being of Edinburgh students It is proposed to acquire suitable land within convenient reach of the University buildings which will include all the playing fields equipped with pavilions and dressing rooms Dr Pollock, a native of Galashiels, graduated M B C M at Edinburgh in 1892 and took the M D degree with honours in 1895 After holding resident appointments he settled in the West End of London, where he soon had a considerable practice Dr Pollock has also been successful in commerce He started a ship-

JOHN MORLEY CARCINOMA OF THE STOMACH



FIG 1.—Radiograph showing penetrating ulcer on middle of lesser curvature



FIG 2.—Radiograph taken six weeks later showing the ulcer crater nearly filled up



FIG 3.—Radiograph taken six months from onset of symptoms, showing a definite carcinoma at the site of the original ulcer crater

ALEXANDER LYALL CARCINOMA OF URETER



FIG 4.—Showing a stomach removed by gastrectomy in which the greater part of the transverse colon had also to be removed



Tumour of the ureter showing radiating appearance and also growth of tumour in a downward direction along the ureter

Correspondence

Pneumothorax Secondary to Mediastinal Emphysema

SIR,—In a demonstration which I was privileged to make at the Belfast Meeting of the British Medical Association I explained how, in the living anaesthetized cat, a mediastinal emphysema can be produced by prolonged overinflation of a local region of the lung such as occurs when a catheter is passed into the trachea as far as it will go and air is blown in through it I have shown[1] that air breaks through the overstretched alveolar bases which surround the arteries and veins, into the sheaths of these vessels, and that if the insufflation is continued the air bubbles dissect their way along the sheaths to the mediastinum, which becomes distended The air then *breaks through the mediastinal wall into the pleural* cavity, thus producing a pneumothorax If the insufflation is carried further the air continues to flow along the artificial passages in the vascular sheaths, from the area of local overinflation to the root of the lung and mediastinum, and out into the pleural cavity until the lungs are thoroughly collapsed and the pleural cavity greatly distended The site of the rupture on the mediastinal wall was demonstrated by seeing air bubbles from it after the chest had been opened, the parts immersed in water, and the mediastinum gently squeezed or more air introduced into it Visible fluids, as indian ink, were also used to track the course of the air in the mediastinal tissues to the break in the mediastinal wall

Emphasis is laid on the demonstration of this mode of production of interstitial pulmonic emphysema by overstretching the perivascular alveolar bases, and also on the conclusion that the vascular sheaths, under these conditions act as a highway for air, which is transferred along "false' passages, which the air bubbles make for themselves in the soft tissues to the lung root, mediastinum, and pleural cavity It is thought that this roundabout route of air passage may find a parallel in some of the hitherto obscure clinical cases, where no break in either the visceral pleura or the outer wall of the chest can be demonstrated

I have recently found histological evidence of the sites of the ruptures in the bases of the alveoli which wall in the vascular sheaths When hot gelatin containing fine carmine particles is injected through the original catheter, allowed to remain in place, into the part which has just been overinflated, and which is now collapsed, the entire lobe may be distended with gelatin When this is cooled, fixed, and sectioned it is seen that the vascular sheaths contain gelatin in addition to the air resulting from the overinflation This gelatin is often free from carmine particles Where they do occur they are seen as streams leading up to the alveolar bases and this suggests that the bases are ruptured at these points, allowing the carmine particles and gelatin to pass through from the alveoli into the vascular sheaths In places the aforementioned alveolar bases show lying upon them, on the alveolar side heaps and layers of carmine granules, and this suggests that here the gelatin has escaped into the sheaths through holes so small that they do not transmit the carmine grains It is felt that the course of the air through larger and smaller holes in the alveolar bases into the vascular sheaths is thus indicated This histological localization of the sites of air leakage from the alveoli into the interstitial tissue of the lung was reported at the meeting of the Anatomische Gesellschaft at Königsberg, E P, on August 25, and will be set forth in full in the *Verhandlungen* of that society at an early date—I am, etc,

CHARLES C MACKLIN, F R.S Can
University of Western Ontario,
London, Canada Oct 18

[1] Macklin Charles C Pneumothorax with massive collapse from experimental local over inflation of the lung substance (1937) *Canad med Ass J* 36 414

Treatment of Cancer of Breast

SIR —Mr Henry R Thompson, in his letter published on November 6 (p 935), criticizes my statistical survey of results obtained in treating cancer of the breast with radium He points out that I have suggested that the results obtained in Group 1 (disease apparently confined to the breast) may be even better than the figures show, since some of the patients apparently in Group 1 are really in Group 2, whereas I have not suggested any correction in the opposite sense in Group 2 In support of his criticism he adduces figures derived from the clinical notes of patients treated at the London Hospital Here he finds that of 274 patients stated not to have infected lymph nodes before operation, 125 proved to have them on histological examination The error, therefore, appears to be no less than 45 6 per cent ! I had modestly suggested 27 per cent as a basis for a conjectural correction of my survival rate in Group 1 If this correction were to be raised to Mr Thompson s level my survival rate would be so fabulously good that I could justly be accused of introducing romance into my figures It is in fact plain that Mr Thompson s figures are derived from *such unreliable material that any criticism based on them* is inacceptable It is notorious that hospital records are apt to be misleading, since the clinical data are more likely to have been set down by a student or a hard pressed houseman than by a trained observer carefully carrying out a deliberate piece of clinical research

Mr Thompson is, however, justified in asking why I *did not suggest any correction for Group 2* There were two reasons for this In the first place, the main interest of the investigation centred round the more potentially curable patients in Group 1 Secondly, although the negative observation that ' no enlarged lymph nodes can be felt ' is likely to be sometimes erroneous in the stouter patients, the positive statement that "secondary carcinomatous lymph nodes can be felt" is far less likely to be wrong when made by a competent observer I do not in fact admit that I am likely to have made any appreciable error in assessing the patients in Group 2—I am, etc,

London, N W 3 Nov 8 GEOFFREY KEYNES

Treatment of Staphylococcal Infections

SIR —I read with great interest Professor J W Bigger s article on the staphylococci pathogenic for man in the *Journal* of October 30 (p 837) While I am quite unqualified to criticize the scientific aspects of his communication, certain statements he makes under the heading of treatment are in direct contradiction to my experience For thirty years I have been excising carbuncles situated in the usual position on the back of the neck and also on the buttock The operation is only undertaken when the stage of sloughing has set in, though the disease is still spreading at the periphery The excision is

J G SCADDING DISSEMINATED FOCAL PNEUMONIA



FIG 1.—Case I September 8 1936



FIG 2.—Case I Detail of mottling in left lung September 8 1936



FIG 3.—Case II December 10 1936



FIG 4.—Case II Detail of mottling in right lung, December 10 1936

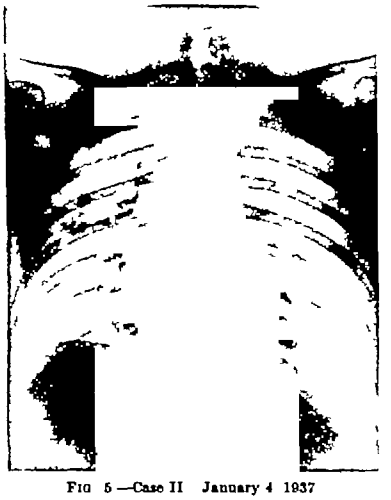


FIG 5.—Case II January 4 1937



FIG 6.—Case III November 17 1936



FIG 7.—Case III Detail of mottling in right lung, November 17 1936

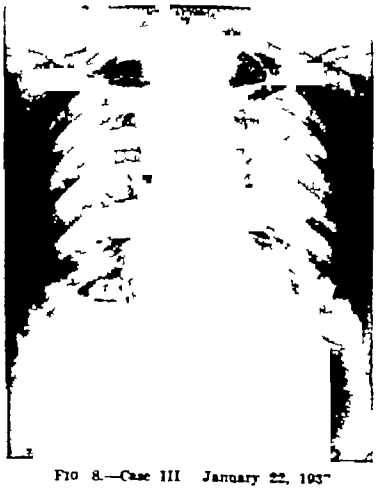


FIG 8.—Case III January 22, 1937



FIG 9.—Case IV August 29 1936

vulsions were much more violent than those in the previous experiment, and the observers—Dr J F Ryan, Dr R F Woolmer, and Dr J C Buckley—considered them similar to those which they had witnessed in cases of so-called ether convulsions Dr W J Griffiths estimated the proportion of CO_2 in the bag to be 13 7 per cent at the end of the experiment

I realize that these experiments can only be regarded as preliminary investigations, as they were crudely executed and no estimations of alveolar or blood CO_2 were made They do show, however, that the presence of ether is not essential for the production of muscular twitchings with CO The precipitating factor in most cases of so-called ether convulsions—which should be called convulsions occurring during anaesthesia—is believed to be a raised CO_2 Certainly in their treatment the first thing to do is to allow the patient to breathe air freely and to take all possible steps to lower the alveolar CO As the individual response to CO is so variable every attempt should be made to prevent its piling up during anaesthesia, if this is taking place a close watch should be kept for any signs of CO_2 toxicity

With regard to Dr Human s last remark, I myself have never turned "a Boyle s ether bottle full on after the patient has been intubated under nitrous oxide anaesthesia," but I can picture that breath-holding would result for a sufficient length of time to give rise to muscular twitchings of both anoxaemic and excess CO_2 origin—I am, etc,

London, S W 3, Nov 8 M D NOSWORTHY

Ether Convulsions

SIR,—My father, the late Thomas Taylor of Bocking, Essex, who was house-surgeon at Colchester Hospital from 1840 or 1841 until 1850, used to tell the following story

Some time in the late 'forties a very fat woman, weighing 17 stone, was admitted for the relief of a strangulated umbilical hernia The senior member of the staff present administered ether Just as the operator was about to begin the patient had a convulsive fit and ceased breathing No one knew what to do, as the emergency was unprecedented After a hurried consultation it was decided that the method used for resuscitating an asphyxiated newborn child—that is, suspension by the heels and swinging to and fro—should be tried So with great difficulty the men present, the tall ones standing on the floor and the short ones on forms, managed to hold the huge fat woman up by the heels and swing her to and fro like a pendulum Their efforts were of no effect, however, and when all were exhausted the corpse was lowered to the floor My father said it was considered that this was the first death under ether to occur in England (Ether was first used for surgical anaesthesia in England in October, 1846)

What a subject the scene would have been for the brush of Hogarth!—I am, etc,

Formby, Lancs Nov 5 MARK R TAYLOR

A Forecast Fulfilled

SIR,—Prophets, even statistical prophets, are so frequently disappointed by events that I cannot resist the temptation to record a successful venture On page 287 of my book *Epidemics and Crowd-Diseases* published in 1935 the following passage occurs

> Some years ago in the course of a discussion I said that there was a good deal of evidence in support of the proposition that Edward Jenner was a rogue—as indeed there is and also a good deal (in my opinion a good deal more) of evidence against it. I shall no doubt always be quoted by some fanatics as having said that Jenner *was* a rogue

On page 197 of *The Vaccination Inquirer* bearing date November 1, 1937, the following passage occurs

> 'The Prime Minister opened the campaign on September 30 in a speech broadcast from the London School of Hygiene and Tropical Medicine A member of the staff of that school is Professor Major Greenwood who has made a thorough study of Jenner s and Creighton s claims and has come to the conclusion that there is no doubt that Jenner was a rogue

To save correspondence perhaps you will permit me to say that my forecasts of (1) the end of the war in Spain, (2) the number of deaths in the next epidemic of influenza, and (3) the winner of the Derby in 1938 are not yet ready—I am, etc,

London, W C, Nov 3 MAJOR GREENWOOD

Brown Bread versus White

SIR—Dr C O Stallybrass's letter in the *Journal* of October 30 (p 878) emphasizes the need for realizing the deficiencies of white bread, as so ably shown in your leading article of October 16 on this subject May I enter a plea for closer consideration of the benefits which can be gained from adding 20 per cent flour milled from soya beans to 80 per cent wheat flour? This mixture possesses all the physiological characteristics of dark whole meal flour, and bread made from it surpasses the nutritive value of bread made from whole wheat as well as being more palatable and tasty These qualities are due to the large amount of soya protein (glycinin), which is a complete protein containing all the essential amino acids necessary for the building up of proteins of the human organism In the above proportions of soya flour with white flour the protein of ordinary bread is increased by over 60 per cent

In the Far East millions of Chinese have for many centuries used soya flour as practically their sole source of protein, and we are far behind the U S A and Continental countries in our use of it There is some difference of opinion between British and American food research workers as to the vitamin content This is due to varying methods of technique whereby the oil in the bean being insufficiently eliminated during "processing" reduces vitamins A and D by rancidity All, however, are agreed that the valuable B complex vitamins are present in the flour in good quantity In 1920 the British Medical Research Committee listed soya beans as having + vitamin A and + + vitamin B

By reason of its lecithin content, of which soya flour contains more than any other vegetable food, the body can utilize the high fat content in soya in the organs and tissues instead of storing it in fat depots The ash of soya is alkaline while that of cereals is acid, the ash is rich in phosphorus, calcium, and magnesium Because of this alkaline value soya flour is specially useful in combating the fatigue of muscular exertion, and herein lies the Oriental s ability to do a long day s work at low cost The yield of protein pound for pound is more than twice that of beefsteak, four times that of eggs, wheat, and cereals, twice that of lima beans, and twelve times that of milk

The soya flour most commonly used in England is made in accordance with the formula of Professor Berczeller of Vienna From the point of view of nutrition and of social economics it has proved itself to be highly successful There is plentiful evidence to support Sir Robert McCarrison s views as to the intestinal disorders caused by the staple ingestion of bread deficient in both vitamins and protein, especially in our poorer classes, who cannot easily afford to make such deficiencies good by other articles of diet The widespread use of soya food in Japan

purpose Some, but not all, hospitals use a form by which the patient consents to the anaesthetic as well as the operation The question whether the anaesthesia and the operation can be separate assaults has probably never been raised at law If a patient has given his consent in writing to a specified operation, no court is likely to give him damages on the ground that he did not also consent to the administration of the anaesthetic It is an integral part of the operation, and his consent to it is necessarily implied The question might possibly arise over a trivial operation for which a general anaesthetic was not absolutely necessary If, however, the surgeon has told the patient he intends to give a general anaesthetic and the patient has had an opportunity of objecting and has not done so, he will in all probability be held to have consented Both the surgeon and the anaesthetist run a definite risk if the patient is arbitrarily anaesthetized for a trivial operation without being given the opportunity of objecting If an accident happens and he dies under the anaesthetic or suffers injury, both medical men are likely to have to pay damages, whether they have been negligent or not If an operation is urgently necessary and the patient is unconscious, and no relative or friend is available to give consent in his place, the emergency will justify the assault

It is possible that anaesthetists in general take the patient's formal consent to operation too much for granted If an aggrieved patient or his widow can show afterwards that he did not give consent to the operation the anaesthetist as well as the surgeon will have been guilty of an assault and will be liable to pay damages if the injury has been due to the anaesthetic these may be heavy If, however, the substantial injury has been caused by the operative procedure, the assault committed by the anaesthetist is probably a merely technical one and damages will at the most be nominal I have never heard of a case in which a patient suing a surgeon for operation without consent has also sued the anaesthetist—nor indeed, of one in which an anaesthetist has been sued for anaesthetizing without consent, but the risk is not an imaginary one When the patient is under 21 years of age he is a minor, and his parent or guardian must give consent for him

Liability for Nurses' Mistakes

Nurses sometimes make mistakes which lead to serious injury or death It is not often worth the while of a patient or his widow to sue the nurse for damages and he will therefore usually try to show that some medical man was responsible for her negligence The general rule is that the doctor is responsible for the negligence of his assistants If however the nurse is doing skilled work which may properly be delegated to her and the doctor is not in a position to supervise her she alone is responsible Here again the circumstances of the particular case are all important and there are no rules of law governing particular circumstances The principle is discussed in the leading cases of Pernonowsky v Freeman (1866 4 F and F 977) Hillyer v St Bartholomew's Hospital (1909 2 K B 820) and Anderson v Glasgow Royal Infirmary (1932 S.C., 245) The question often arises in cases of burning from hot water bottles and sometimes when a nurse has filled a bottle with the wrong anaesthetic fluid or given the anaesthetist a wrong bottle

Liability of the Surgeon

A question of great importance to the defence societies is whether a surgeon is unconditionally liable for the negligence of every member of the theatre team at an operation, including the anaesthetist The only legal basis for asserting that he is so liable is contained in the famous dictum of Lord Justice Kennedy in the case of Hillyer v St Bartholomew's Hospital to the effect that the moment the door of the operating theatre closes behind the theatre team they cease for the time to be the servants of the hospital governors, inasmuch as they take their orders from the operating surgeon alone The question at issue was whether the hospital governors were liable for an injury which a patient had suffered during an operation, and it was not necessary for the decision of that question that the court should express any opinion on the liability of a surgeon for the negligence of one of the theatre team Whether the surgeon is liable for the anaesthetist's negligence or not is, however, immaterial to the question of the liability of the anaesthetist Whatever the joint liability of the surgeon, the anaesthetist is responsible for his own errors Whether he is also responsible for those of the nurses assisting him depends on whether he may reasonably be expected to supervise them in the particular task in question

Surgeons sometimes prescribe a particular type of pre medication which will affect the anaesthetist's choice of an anaesthetic They occasionally go so far as to direct what type of anaesthetic should be used Some day a mishap may well result directly from this restriction, and the legal question of whether the anaesthetist is a completely independent expert or is a subordinate of the surgeon will have to be argued perhaps for the first time When a question is still unanswered by the decision of a court every person must answer it in his own way My tentative opinion is that as a matter of everyday fact the anaesthetist is independent and supreme in his own department and the law ought to follow this fact If this view is right, then the anaesthetist cannot shelter from legal responsibility behind these acts of the surgeon If he considers that any requirement of the surgeon will make the giving of the anaesthetic unsafe he must say so and decline to give it, or else take the risk and shoulder the liability In practice any particular conflict of requirements can doubtless be solved by co operation

Medical Protection

Claims are not made as often against anaesthetists as against surgeons but the anaesthetist's risk of being sued is substantial and constant Every anaesthetist should therefore be a member of one of the large defence organizations, so that if a patient claims compensation from him he may fall back on its experience and resources He will not only insure himself against damages and legal expenses but will also avoid serious anxiety and loss of time Moreover the experts of these bodies are much better qualified than he is to deal with the demands of a claimant's solicitors Finally anaesthetists are recommended to read the sections in Taylor's *Medical Jurisprudence* which deal with their legal position

I am much indebted to a number of medical and legal friends who have kindly helped me from their experience of these problems

T Hryntschak (*Med Klinik* August 13 1937) discusses the value of mandelic acid treatment in *B coli* urinary infections The usual preparation ammonium mandelate is often badly tolerated The author has therefore tried another salt, calcium mandelate and found it better tolerated and equally efficient Another well tolerated and efficient preparation is sodium mandelate which is given intravenously together with an equal amount of hexamine

charged Reporting in three days she showed no sign of shock, partial removal of the dressing revealed absence of sepsis and some progress in repair The case has been almost entirely ambulatory, and has only needed the superficial dressings to be renewed In twenty days from the date of accident the leg, now freed from protection, shows complete restoration of tissue with a slight discoloration as the sole evidence of a severe injury

The copper guaiacol sulphonate, known commercially as "burnojel," is easily spread by a bone spatula It is to its agency that the satisfactory results related are ascribed Unlike tannic acid, in its many forms of preparation this chemical produces no dark scab It seems analgesic, and adheres rather to the gauze than to the tissues A second case is now under similar treatment, and appears to make identical progress The initial application of the copper salt again exhibits the anodyne, antiseptic, astringent, and resolvent action already described—I am, etc,

Dublin, Nov 6 J SHIEL.

Obituary

Dr ARCHIBALD COWAN GUTHRIE, who died at his home in Harley Street on November 1, began his education at the Ayr Academy and studied medicine at the University of Edinburgh, graduating M.B, C M in 1887 He practised for twenty-five years, first in Leith and then in Edinburgh, before coming to London, where he took consulting rooms and held a civilian post under the War Office for the re-examination of men for the Army Dr Guthrie, who had no hospital appointments, was one of the first medical men in Harley Street to open a large private laboratory solely for the use of his patients He was one of the earliest to treat cases of tuberculosis with gold salts, and published a note on this form of therapy in the *Canadian Medical Association Journal* in 1917 He joined the British Medical Association in 1912, and was a Fellow of the Edinburgh Obstetrical and Medico-Chirurgical Societies, he had also served on the Council of the Royal Empire Society His wife, who died in 1930, was the daughter of Dr Paterson, at one time a leading member of the medical profession in Edinburgh He leaves two sons and a daughter One of his sons married the daughter of Dr F S Taylor-Thomas, well known in Australian medical circles

The death is announced of Dr SÖREN HOLTH whose operation for glaucoma and other contributions to ophthalmology have given him an international reputation He was born in Norway in 1863, and soon after qualifying as a doctor at the University of Christiania he began to take up ophthalmology A keen clinician and an enterprising and skilled operator, he was tireless in devising new operations and other procedures His own operation for detachment of the retina was soon eclipsed by the more reliable procedure of Gonin and his pupils, and Holth was one of the first to greet this treatment with approval His operation for glaucoma had a more successful career, and is indeed still considered in many parts of the world as the best of its kind Though many honours at home and abroad were bestowed on him, and he was invited to many parts of the world to demonstrate his operations he lived a fairly retired life, preferring scientific research and clinical work to public duties He published about 110 works on different aspects of ophthalmology and he conducted a large private practice in this subject till last year when increasing deafness due to otosclerosis forced him to retire One of the honours he most appreciated was membership of the Oxford Ophthalmological Society, to which he was elected soon after its creation

News has been received of the sudden death at sea, while returning on leave to England, of Dr JOHN ARCHER COWAN Government pathologist at Singapore He was born at Wigan on November 2, 1890, the son of R H Cowan, M R C S, and from Epsom College came to London to study medicine at University College Hospital After graduating M B, B S Lond in 1913 he was for a few months house-surgeon to the Royal Hospital, Richmond, and then joined the R.A M C in August, 1914, serving in France until 1916 with the rank of captain After the war he went to the Straits Settlements and was appointed Government pathologist at Penang, he obtained the D T M of Liverpool in 1929 Dr Cowan was chairman of the Penang Division of the British Medical Association in 1931–4, and after his transfer to Singapore was elected president of the Malaya Branch in 1935 He was a Corresponding Member of the Association of Clinical Pathologists, and contributed a paper on the Wassermann reaction in leprosy to the *Malayan Medical Journal*

We regret to announce the death on November 7, in his eighty-first year, of Dr REGINALD PRATT, consulting physician to the Leicester Royal Infirmary He was a student of University College, London, and qualified as M R C.S and L S.A in 1880, taking the M B Lond with honours in 1882, the M.D in 1884, and the M.R C.P in 1899 Dr Pratt had been a keen supporter of the Territorial movement, and for many years held a commission, retiring as lieutenant-colonel R.A M C (T) After the war he acted as medical specialist to the Ministry of Pensions He joined the British Medical Association fifty years ago, and in 1905 was chairman of the Leicester Division, serving also in that year as vice-president of the Section of Medicine at the Annual Meeting held in Leicester He was for three periods a member of the Midland Branch Council of the Association, and president of the Branch in 1910, he was also a past-president of the Leicester Medical Society and the Leicester Literary and Philosophical Society

Medico-Legal

DENTAL PRACTICE ON MEDICAL QUALIFICATION

The Court of Appeal dismissed on October 29 Dr C A Bynoe's appeal from the decision of Mr Justice Simonds, which we noted earlier this year[1] He is on the *Medical Register* and not the *Dentists Register* but had practised nothing but dentistry for thirty years, chiefly among insured persons He had treated a member of the General Federation of Trade Unions Approved Society and had sent in an account for £1 12s 6d on a "dental letter," the prescribed form The society had declined to pay because Dr Bynoe's name was not on the *Dentists Register* Regulation 21 of the Dental Benefit Regulations, 1930, provides that a member can obtain dental treatment from any dentist who is prepared to give it for certain fees Regulation 2 defines a dentist as a person whose name is in the *Dentists Register* Dr Bynoe asked the court for an injunction restraining the society from stating that he was not entitled to give dental services and be paid for them under National Health Insurance, but Mr Justice Simonds declined to grant it The Court of Appeal, after hearing him in person, dismissed his appeal *without calling* on counsel for the society The Master of the Rolls (Sir Wilfrid Greene) said he could well understand Dr Bynoe's feeling of serious grievance, unfortunately, that grievance was the result of legislation for which the court must assume that Parliament had had good reasons Registered medical practitioners were entitled to practise dentistry though not on the *Dentists Register*, but Parliament had thought fit to say that the dental benefit scheme

[1] *British Medical Journal* 1937, 2, 38

He was preceded by Dr W BENADE of the Geological Institute Berlin, who provided a useful classification of moors and their formation Dr SOUCI (Munich) also spoke on the chemical and physical action of peats showing that humus acids had an astringent effect on the skin which would tend to open the pores possibly facilitating absorption through the skin Dr VAN BENEDEN (Spa) also discussed their chemistry

Among other communications given in open session that of Dr LEO TRAUNER (Jugoslavia) was of great interest He discussed the relationship between instability of the autonomic *nervous system and rheumatic diseases Dr O GERKE (Austria)* described the effects of treatment with ointment containing radon from the natural springs of Badgastein This has been found useful for arthritic and skin conditions Dr G C. PETHER (Buxton) described the treatment of ankylosing spondylitis by plaster beds and exercises Numerous other papers were also read

During their stay in Germany the members were most generously entertained by the authorities and were enabled to visit the baths and research institutions in Ems, Homburg and other places The meeting next year will be in England

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

In the report of the London School of Hygiene and Tropical Medicine for 1936–7 it is announced that the Right Hon Neville Chamberlain, now Prime Minister, has become Chairman of the Court of Governors in succession to the late Sir Austen Chamberlain The School is fortunate thus to retain a connexion with the Chamberlain family which dates back to the foundation of the original London School of Tropical Medicine through the efforts of Joseph Chamberlain in 1899

The present report illustrates the collaboration of the School with a variety of other bodies with the Ministry of Health the Medical Research Council the Industrial Health Research Board the London County Council the Royal Society with organizations such as the Society of Medical Officers of Health and the Association of Industrial Medical Officers with industrial organizations such as Imperial Chemical Industries As examples of collaboration with the Ministry of Health may be mentioned the work undertaken in the Statistical Division of the School on behalf of the Medical Intelligence Division of the Ministry and the responsibilities which the School has undertaken in respect of the laboratory maintained at Horton for the treatment of certain types of nervous disorder by means of malaria The work at Horton provides opportunities of observing the course of malaria in human beings under controlled conditions and of relating this with the studies carried out in the School on birds and monkeys in which malaria appears to be a natural infection

Research at the School in 1936-7

Researches carried out in the School cover a wide range The Divisions of Bacteriology and Biochemistry have continued to make satisfactory progress with their work on immunological chemistry Chemical fractions which appear to have effective immunizing powers have been isolated from the organisms of typhoid fever of whooping-cough and cholera and from certain strains of haemolytic streptococci and a point has been reached where the practical application of the results obtained with some of these organisms is in view The work appears to be of the utmost importance and indeed it may be anticipated that it will give a new direction to practice in relation to a whole group of infectious diseases The work on experimental epidemics in mice on which a report was published by the Medical Research Council last year has been continued Experiments at present in progress are designed to study the effects of variations in the duration of exposure to risk and they are being linked with studies on the effect of diet on the fertility and survival and growth of mice and on their resistance to infection

Professor G S Wilson, in collaboration with Dr F C Minett of the Royal Veterinary College and Mr H F Carling of the Berks and Bucks Joint Sanatorium has made a study of the relative value of raw and pasteurized milk for the feeding of calves The results suggest that pasteurized milk is not inferior in nutritive value to raw milk *With the aid of a grant from the Medical Research* Council an investigation has been made into the effect of bacteriophage in experimental infections, and the findings constitute the first clear demonstration that a bacteriophage may exert an effective protective action in an experimentally infected animal

In the section of industrial physiology work of some practical importance has been carried out on an air-conditioned cubicle suitable for use in tropical bungalows The cubicle which is portable is constructed of lightweight material effectively insulated and with a small air-conditioning plant it is capable of reducing tropical temperatures and humidities to reasonably comfortable *conditions The Institute of Agricultural Parasitology* whose work is closely related to the work in medical parasitology in the School has continued investigations on the prevention and treatment of helminth diseases and on parasites of economic importance

Work beyond Headquarters

A great deal of work has been carried out by members of the staff during the year outside London Professor Jameson assisted in a survey of schools and institutes of hygiene throughout Europe on behalf of the League of Nations Professor Wilson was a member of a group organized by the League of Nations to study conditions governing the production and distribution of milk in the countries of Western Europe with a view to discovering how far it is possible to implement the recommendation of the League's Nutrition Committee that more milk should be made available for infants and for other sections of the population

Work overseas has included studies of blackwater fever and macrocytic anaemia in Macedonia of onchocerciasis in cattle in the Malay States of *bilharzia in East Africa*, of problems relating to the control of malaria in India, in Nyasaland and in West Africa

During the year 211 students have taken courses in the School for diplomas in public health in tropical medicine and hygiene or in bacteriology New courses have been instituted on mental deficiency (to enable medical practitioners to qualify for recognition by the Board of Education as certifying officers so far as elementary school *children are concerned) and on the applications of* physiology and psychology to industrial problems

Through the Ross Institute the School is able to co operate in various ways with industrial undertakings that operate in the tropics Advice is given on matters affecting the health of European and native staffs and on the selection of medical officers for service overseas Courses of instruction are provided for non medical men on problems of tropical hygiene and sanitation and particularly on the control of *malaria This type of co operation* is important since measures of hygiene must depend for their success on securing the support of a body of well-informed lay opinion

From January 1938 the title of the official journal of the National Institute of Industrial Psychology will be changed from *The Human Factor* to *Occupational Psychology* In its new form the journal will be published quarterly instead of monthly The first number is due to appear in the middle of January

INTERDEPARTMENTAL COMMITTEE ON NURSING

As recently stated in the House of Commons an Interdepartmental Committee has been appointed by the Minister of Health and the President of the Board of Education to inquire into the recruitment, training, registration, and terms and conditions of service of nurses. The terms of reference to the committee are as follows

'To inquire into the arrangements at present in operation with regard to the recruitment, training, registration and terms and conditions of service of persons engaged in nursing the sick, and to report whether any changes in those arrangements or any other measures are expedient for the purpose of maintaining an adequate service both for institutional and for domiciliary nursing'

The committee will consist of the Earl of Athlone (chairman), Miss M Dorothy Brock, Litt D, Mr E. W Cemlyn-Jones, Miss Gertrude Cowlin, Mr Rhys J Davies, M P, Mr H A. de Montmorency, Sir Francis Fremantle, M.P, M D, Sir Arthur J Hall, M D, Mrs F A Keynes, J P, Miss Megan Lloyd George, M P, Mr C W Maudslay, Sir Frederick Menzies, M D, Miss E M Musson, LL D, Mr R H P Orde, B.A, Dr Gilbert E Orme, Professor R M F Picken, M B, Miss D M Smith Mr H S Souttar, F R C S, Dr W. Rees Thomas, Miss Frances Wakeford and Mr H M Walton

The secretaries to the committee are Sir Weldon Dalrymple-Champneys Bt, D M, of the Ministry of Health, and Mr W A B Hamilton of the Board of Education The Minister of Health has arranged for the services of his women inspectors to be placed at the disposal of the committee for the purposes of advice and inquiries on technical nursing matters All communications intended for the committee should be addressed The Secretary, Interdepartmental Committee on Nursing Services, Ministry of Health, Whitehall, S W 1

Universities and Colleges

UNIVERSITY OF OXFORD

Professor L J Witts M D F R C P has been appointed Nuffield Professor of Clinical Medicine

Radcliffe Travelling Fellowship

An examination for a Radcliffe Travelling Fellowship of the annual value of £300 and tenable for two years will be held at the University Museum, commencing on February 8, 1938 at 10 a m

Candidates must have passed all the examinations required by the University for the B A and B M. degrees They must not have exceeded four years from the time of passing the last examination required for the B M The successful candidate must before election declare that he intends to devote himself during the period of his tenure of the Fellowship to the study of medical science and to travel abroad with a view to that study The Fellowship will be vacated *ipso facto* by a Fellow who spends more than twelve months in the whole within the United Kingdom The examination will occupy four days Papers will be set in physiology pathology and preventive medicine, and a subject will be proposed for an essay there will also be a practical examination in pathology Any candidate desiring to offer in addition a special branch of either medicine or surgery must send notice of this to the Regius Professor of Medicine by January 31 Intending candidates should send their names addresses qualifications etc to the Regius Professor of Medicine University Museum by January 31

George Herbert Hunt Travelling Scholarship

The George Herbert Hunt Travelling Scholarship is awarded without examination every second year to a graduate in medicine of the University (of either sex) who has not exceeded five years from the date of passing the final examination for the B M degree The scholarship is of the value of £100 or such smaller sum as two years of the income of the Fund provides

Candidates are required to submit with their applications a statement of their academic record together with the testimonials (five copies) and an undertaking that if elected they will travel abroad for a period of not less than three months for the purpose of clinical study or research in medicine In making the award a preference is given to such candidates as express the intention of engaging in the practice of their profession either as surgeons or general practitioners The Scholar is required to complete his period of travel within twelve months from his election and within a reasonable period thereafter to submit to the Dean of the School of Medicine for the approval of the Electors a detailed report of his tenure of the Scholarship Payment of nine-tenths of the Scholarship is made to the Scholar on his signifying his readiness to proceed abroad and the remaining one-tenth on the approval of his report by the Electors. The next election will be made on April 9 1938 Candidates must send their applications to the Dean of the School of Medicine, University Museum Oxford by February 26 1938

UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine has appointed Dr T S Hele Master of Emmanuel College Dr G S Graham Smith and Mr W H Bowen members of the M D Committee for the year 1938

UNIVERSITY OF LONDON

The Principal, Mr H L Eason, M S, F R C S has been appointed a member of the Committee of the Universities Bureau of the British Empire, and Dr W G Harnett a Governor of the Queen Elizabeth Grammar School, Barnet.

At a meeting of the Senate held on October 20, the degree of Ph D in hygiene (non-clinical) was awarded to Betty C. Hobbs of the London School of Hygiene and Tropical Medicine

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The annual meeting of Fellows and Members will be held at the College in Lincoln s Inn Fields on Thursday, November 18, at 4 p m., when a report from the Council will be laid before the meeting. Fellows and Members can obtain copies of the report on application to the secretary, and can have their names placed on the list of those to whom it is sent annually A copy of the agenda will be issued to any Fellow or Member who may apply for one

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the autumn meeting of the Council, held on October 22, with the President Sir Ewen Maclean in the chair Dr George Gray Ward of New York was admitted to the honorary Fellowship of the College

The following were admitted to the Membership of the College

*Eric Bailache (Australia), Sudhir Chandra Bose (India), Marjorie Ruth Elizabeth Boyd (London), Francis Joseph Burke (Liverpool) Hugh Callagher (Australia) Isabella Cameron (London) *Jagadis pada Dutt (India) Phillip Joseph Ganner (Birmingham) *Edith Ghosh (India) Hartley Frederick Patterson Grafton (Canada), Charles John Kenneth Hamilton (Liverpool) Maurice Roberts Wilson Hart (India), John Howkins (London), *Mary John (India) John Godfrey Hastings Ince (London), James Walter Johnstone (Australia), *Mary Poonen Lukose (India), *Anna Pollock Martin (India), Laetitia Luzia Cornelia de Menezies (India),*Dhiremba Nath Mitra (India), *Olive Monahan (India), *Una Frances Marie Morton (India), *Baman Das Mukherjee (India), *Herbert Edward Murray (India), *Anath Nath Palit (India), *Nilkanth Anat Purandare (India), *Akhilanath Sarkar (India) *Manindranath Sarkar (India), George Albert Simpson (Canada), *Bawa Harkishan Singh (India) Arnold Bernard Stenhouse (London) *Padmanur Venkatagiri (India), Margaret Venters (Glasgow), Robert James Wotherspoon (Glasgow)

* In absentia

Dr T F Corkill of Wellington, New Zealand was appointed a member of the New Zealand Reference Committee

The following candidates have been awarded the diploma of the College after examination

J Baxter T A Best Beatrice A Blake, Eleanor D Blunt, S G Brook, W J Candlish R G Cooke, L H Copping J C Cuthbert C S France T N Hart, J A J Hammond A Hill H B Jennings, A N Jones G Limaye, I Magdi G B Marsden, H G Page J S Price J R Ritchie, J M Ross, M Salleh K W Stroude J R Taylor, Dorothy C R Vethavarnam, S D Vora, J M Watt

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

A quarterly meeting of the Royal College of Physicians of Edinburgh was held on November 2, with the President, Dr W T Ritchie, in the chair

Dr Francis Esmond Reynolds (Glasgow) and Dr Charles Kelman Robertson (Edinburgh) were introduced and took their seats as Fellows of the College Dr J D W Pearce (London) Dr J P McGibbon (Edinburgh) and Dr W Melville Arnott (Edinburgh) were elected Fellows

The Hill Pattison Struthers Bursary in Clinical Medicine was awarded to Dr W Stuart Thomson and the Hill Pattison Struthers Bursary in Anatomy and Physiology to Mr A C Buchan

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the annual meeting of the Royal Faculty of Physicians and Surgeons of Glasgow held on November 1 the following officers were elected *President* Dr John Henderson *Visitor* Dr J Souttar McKendrick *Honorary Treasurer* Dr James H MacDonald *Honorary Librarian* Dr W R Snodgrass, *Representative on the General Medical Council,* Mr G H Edington

the end of last year 244 authorities were providing meals and/or milk as compared with 224 during the preceding year Some provision is made in nearly all the areas where it is clearly needed, but its character and extent vary greatly The arrangements throughout the country do not yet reach the Board's standard of providing free food for all children who need it in order that they may profit by their education In some areas the arrangements for the discovery of under-nourished children are not yet complete, in others the income scales are too severe, and in others still the food, service and accommodation leave something to be desired Local education authorities possess all the powers they need and the Board hope they will use these powers even more in the future than they have in the past More departments of public elementary schools are providing milk under the milk in schools scheme In rural areas there are still difficulties of supply but by March this year nearly 93 per cent of the country's children were in departments operating the scheme Nevertheless less than half the children use the facilities open to them The chief reasons appear to be indifference in the parents and dislike of milk in the children Poverty is apparently not an important factor in most areas Probably if parents fully grasped the fact that milk is being supplied at half price and that children of all ages benefit by it many more would use the scheme Few will contest the Board's statement that ½d a day could not be better spent than in providing milk for a school child

Most areas make comparatively little provision for school canteens, though some authorities state that facilities will be provided as reorganization is carried out In some cases the dietaries are inadequate, and the Board is giving the matter close attention Play centres were conducted in the areas of forty two authorities 190 centres with a total average attendance of 53 525 children were conducted by thirty five authorities, and 109 centres with an average attendance of 18 800 children by voluntary bodies These centres have positive educational value, and also protect children from the dangers of the streets They depend for their usefulness on the supervision of skilled play leaders and are especially valuable when they provide for activities in both summer and winter The Board invites proposals for increasing their number

REFUGEE PROBLEMS IN SHANGHAI

The refugee problem in Shanghai is discussed by Dr R Cecil Robertson in an article in the October number of a Shanghai magazine *Oriental Affairs* a reprint of which has reached us Dr Robertson is head of the Division of Pathological Sciences of the Henry Lester Institute of Medical Research in that city He states that the refugees who poured into Shanghai at the beginning of hostilities were a subdued, apathetic people not panic stricken or disorderly The Shanghai municipal council decided on an intensive system of medical inspection of the refugee camps with a view to preventing epidemic diseases and supplying relief, and for this purpose the public health department was supplemented by voluntary medical workers and a large organization was rapidly built up

Evacuation and Medical Relief

The refugee problem cannot be considered independently of the hospital situation which was most perplexing. All hospitals and medical units over a large area of the city had to be immediately evacuated and transferred to other sites These included the isolation hospitals foreign and Chinese and three general or special hospitals Meanwhile a large number of emergency hospitals had to be established to deal with wounded soldiers for whom approximately 5 000 beds became available The volunteers of the public health department took over the work of medical relief in all the organized refugee camps in the International Settlement Strenuous efforts were made at the same time to facilitate the evacuation of refugees to other ports or places of safety in the interior but the numbers—never apparently exactly ascertained—in the organized camps were not greatly lessened as the evacuations and the fresh arrivals more or less balanced In a rough approximation the number in the camps in the International Settlement was 65 000 and in the French concession 25 000 In addition there were large numbers of unorganized refugees who settled on open spaces or in empty houses many of them very insanitary in their habits and constituting a menace to the health of the city

The Cholera Situation

The general health in the organized refugee camps Dr Robertson states has been well maintained Even with a fairly serious cholera epidemic raging the number of cholera suspects sent to hospital from these camps was only up to the time of writing (presumably September) 192 Inside the Settlement the cholera situation has been kept within manageable proportions owing to the free supply of Shanghai water works water Pure water is being provided for all refugee camps wells are disinfected twice weekly the worst of the wells being sealed up measures have been taken to suppress the fly menace and in addition intensive inoculation with anti cholera vaccine has been carried out. Dr Robertson writes that it is not anticipated that the cholera epidemic will assume large proportions provided great numbers of cases have not to be admitted from areas around the city where the inhabitants are using contaminated water supplies

Within the refugee camps the sanitation has been carefully supervised—a difficult task as many of the buildings used for the purpose have internal drainage systems quite inadequate to the necessities of so abnormal a population From the *medical and sanitary standpoint the refugee problem* has made certain measures urgent for the general safety of the area One necessary step is the provision of public latrine accommodation which has never been adequate in the International Settlement and has been almost entirely lacking in the French Concession

General Medical Measures

Dr Robertson adds that in addition to vaccination inoculation and general sanitary measures medical treatment has to be given for the minor ailments of a destitute and war stricken population The spread of deficiency diseases such as beri beri has also to be controlled by a suitable supplementary diet of cheap vitamin-containing substances With regard to tuberculosis the most that can be done at present is to try to prevent spread by diagnosing open cases in the refugee camps and ensuring that sputum is disinfected

The Shanghai refugee problem otherwise an unmixed evil has a bright side Never before has so large a Chinese population come under organized medical inspection or such a large measure of vaccination against small pox been conducted at one time in Shanghai There are many lessons to be learned from the present situation and it is hoped that some of them will bear fruit in permanent improvements in public health work throughout this commercial metropolis of China

M Girolami (*Rif med* September 4 1937) records four cases in patients aged from 24 to 37 of a condition characterized by the discharge of small quantities of blood in the sputum without demonstrable lesions of the respiratory system either on clinical or radiological examination Blood appeared in the sputum usually in the morning just as the patient was waking A good state of nutrition was maintained and as a rule there was no cough There were no obvious haemorrhagic lesions but the gums were slightly reddened cyanotic and swollen, and the fauces were red Bacteriological examination of the sputum showed a large number of spirochaetes Girolami suggests that the condition was due to a stomato pharyngitis of spirochaetal origin Treatment by arsenical preparations was successful in most cases

responsibility in the event of the illness or possible death of these young girls Major TRYON said he was sure there was no risk.

Radium Supplies—There is no world shortage of radium and purchasers do not experience difficulty in obtaining supplies This assurance was given by Lord Winterton on November 2, when he rejected a proposal for a committee to investigate possible sources in the British Isles or within the Empire

Maternity Accommodation in Llanelly—Sir KINGSLEY WOOD told Mr James Griffiths on November 4 that his attention had not been called to the decision of the management committee of the Llanelly General Hospital to close forthwith the hospital against the admission of maternity cases Mr Griffiths asserted that there was no hospital provision for the reception of maternity cases in the whole of the eastern portion of the county of Carmarthen including the town of Llanelly Sir KINGSLEY replied that he knew of the need for the provision of maternity accommodation in this area Arrangements were being made for a conference to be held at an early date between representatives of the Carmarthen County Council and the Llanelly Borough Council He would arrange, if the local authorities so desired, for a representative of his Department to attend

Total Milk Production—Mr W S Morrison furnishes the following table of estimated total milk production excluding milk fed to livestock, in England and Wales and in Scotland

	Millions of Gallons	
	England and Wales	Scotland
1931	1,286	163
1932	1 330	166
1933	1,366	170
1934	1 391	171
1935	1 408	174
1936	1,413	178
1937 (9 months)	1,063	140

The above estimates are based on the average yield of milk per cow as ascertained in 1930-1 and on the known changes in the national dairy herds

Notes in Brief

The Committee on the Consolidation of Local Government and Public Health Law is likely to present its report on the law relating to food, together with a draft Bill, about the end of this year

The original programmes submitted by local authorities under the slum clearance campaign involved the erection of 290 000 houses At the present rate this number will be completed within the next two years The programme has been considerably extended and Sir Kingsley Wood cannot suggest a date for the completion of the whole of the work

Recapitulating the steps taken by the League of Nations to assist Chinese authorities in organizing a campaign against epidemics Lord Cranborne explained that 1,370,000 Swiss francs would be applied to this purpose out of China s subscription to the League for 1937

During recent months the Ministry of Health has received reports of water shortage from twelve districts

Cases of impaired vision including those of total blindness which were accepted by the Ministry of Pensions as due to or accentuated by war service in each of the last three years numbered respectively 9 10 and 9 Wounds and injuries accepted for compensation or for any necessary treatment in the same years were respectively 456 393 and 386 A proportion of these cases represented effects of shrapnel which had previously caused no disablement.

In order to ward off influenza the owners of certain Durham collieries employing some 10 000 men and boys are supplying each man with a three weeks supply of iodized milk tablets

Medical News

The old students' annual reunion dinner of the London (Royal Free Hospital) School of Medicine for Women will be held at the Savoy Hotel on Thursday, December 2

The Glasgow University Club London, will dine at the Trocadero Restaurant, W, on Tuesday, December 14, at 7 15 for 7 30 p m, with Professor W Macneile Dixon, M.A, LL B, Litt D, in the chair Any Glasgow University men who, though not members of the club, desire to attend, are requested to communicate with the honorary secretaries, 62, Harley House, London, N W 1

The following medical men were elected mayors on November 9 Dr E P Drabble (Walsall), Dr R P S Edden (Beckenham), Dr W E M Ede (Worcester), Dr L G Glover (Hampstead), Dr O Wynne Griffith (Pwllheli), Dr H Harrison (Canterbury), Dr H Fitz-Neville Hine (Newark), Dr A J H. Iles (Taunton), Dr T Clyde McKenzie (Smethwick), Dr J S Soutter (Hedon), and Dr H Wood-Hill (Beccles) Dr Glover, Dr Griffith, Dr McKenzie, Dr Soutter, and Dr Wood-Hill were all re-elected

The Society for Cultural Relations with the U.S.S R is holding a soiree at the Bonnington Hotel, Southampton Row, London, W C I, on Friday, November 19, at 8.30 p m, to meet Dr N Waterfield, who has taken part in a recent tour of the U S S R as a representative of the British Medical Association All interested are invited to attend No ticket is necessary

The eighteenth Maudsley Lecture will be delivered by Professor F L Golla at the Royal Society of Medicine (1, Wimpole Street, W) on Thursday, November 25, at 3 p m His subject is "Science and Psychiatry" Psychiatrists and other medical practitioners, psychologists and members of the legal profession, teachers and students, *and all interested* are invited to attend *Admission is* without ticket

A meeting of the Royal Microscopical Society will be held at B M.A House, Tavistock Square, W C., on Wednesday, November 17, at 5 30 p m, when Mr J E Barnard, F R.S, and Mr F V Welch will give a communication on 'The Principles of Fluorescence Microscopy'

At the Royal Society of Arts on Wednesday, November 17, at 8 15 p m, Mr W W Wakefield, M P, chairman of the Organizing Committee of the National Playing Fields Association, will read a paper, illustrated by a cinematograph film, on "The Promotion of Outdoor Recreations" Applications for tickets should be made to the secretary, Royal Society of Arts, John Street, Adelphi, W C.2

The following meetings of the Tuberculosis Association will be held at 26, Portland Place, W, on Friday, November 19 4 p m, council meeting, 5 15 p m., general meeting and paper by Mr Lionel Pearson The Construction of the Tuberculosis Sanatorium', *8 30 p m.*, papers by Mr J E H Roberts Dr Maurice Davidson, and Dr Lee Lander, 'Bronchiectasis in Tuberculosis'

A meeting of the Royal Statistical Society will be held at the Royal Society of Arts, John Street, Adelphi, W C., on Tuesday, November 16, at 5 15 p m, when Mr R Huws Jones will read a paper on "Physical Indices and Clinical Assessments of the Nutrition of School Children"

The annual general meeting of the British Health Resorts Association will be held at 28, Portland Place, W, to-day (Friday, November 12) at 4 30 p m, with the president, Lord Meston, in the chair

The London County Council at its meeting on November 2 appointed Major H N Stafford, M B, D P H, coroner for the West London District, and R B Hervey Wyatt, M.B, D P.H., coroner for the East London District

clinical biochemist is held up for the same reason Dr A G Gibson, as honorary pathologist to the Radcliffe Infirmary, has become Nuffield Reader in *Morbid Anatomy*, with Dr A H T Robb Smith as assistant director The Committee has added a sum of £450 a year to the salary of the University Reader in Bacteriology so that the University has been able to secure in Dr A D Gardner a bacteriologist of professorial calibre Professor J A Gunn remains director of the Nuffield Institute of Medical Research with the title of Nuffield Professor of Therapeutics, and provision has been made for an additional graduate assistant in the Department of Pharmacology Other appointments, grants and provisions are recorded It is considered that it will be necessary to spend about £8,000 on radiological equipment A records officer has been appointed to supervise the complete system of clinical records and the follow up department which it is intended to institute

At a special meeting of Congregation on November 16 a decree will be submitted thanking Lord Nuffield for his additional gift of £200,000 to meet building costs in connexion with his benefaction for medical research Another decree will refer to his offer of £1,000 000, with site of the value approximately of £100,000, for the college for post-graduate studies In accepting the offer it will express the University's gratitude for this further munificence of a benefactor 'whose previous gifts have been without precedent in the history of the University'

Reports of Societies

TUBERCULOUS GLANDS IN THE NECK

At a meeting of the Section of Surgery of the Royal Society of Medicine on November 3 Professor G GREY TURNER presiding a discussion took place on the management of tuberculous glands of the neck

Mr CLAUDE FRANKAU said that before about 1885 caseating glands were usually allowed to burst and discharge Curettage of sinuses and occasional scooping out of superficial glands was the only surgery employed In succeeding years early operative intervention and eradication of the infected glands was advocated excellent results were obtained by a number of surgeons but on the whole the treatment was not satisfactory owing to a lack of understanding of the pathology of the condition and neglect of prophylaxis and after care During the last fifteen years the tendency had been to combine operative and palliative methods The infection was bovine in 90 per cent of cases The diagnosis in most cases was easy The speaker gave a classification of cases from the point of view of treatment In single glands not caseating non operative treatment was the line to adopt at first It was essential to eliminate foci of infection in the mouth and nasopharynx as far as possible, always remembering however that tonsillectomy might be followed by a flare up of the affected glands The patient should be placed in the best hygienic surroundings with the maximum amount of sun and fresh air violent exercise should be forbidden Of drugs he was old fashioned enough to think that cod liver oil and malt with in addition syrup of iodide of iron in moderate doses was most efficacious

Indications for Operation

In glands which were caseating early operation was essential before complete breakdown of the gland occurred This gave with care an insignificant scar The incision should be in the skin creases of the neck for the best cosmetic result Collar stud abscesses were a secondary and superficial manifestation of extensive disease in the deep fascia Aspiration was an unsatisfactory method and only palliative It should be reserved for cases in which the skin was reddened and to allow of an easier operation later With care an affected gland could be dissected out After-treatment was essential, and six weeks was the minimum to be spent by the sea or in the country to complete the cure and minimize the risk of future infection

When there were diffuse minor enlargements no operation should be undertaken unless caseation occurred in any individual gland when that gland alone should be dealt with Treatment should be on general lines In this type and in this type alone he had seen good results with x rays In the case of massive diffuse enlargements operation, apart from the evacuation of caseous material from time to time involved heroic procedures and should be avoided For tuberculin he had no good word to say and x-ray treatment although it did help in minor diffuse enlargements, could not have any effect on glands which were full of caseous deposits

Radium Treatment

Dr W T G PUGH referred to his experience of this condition during his twenty seven years as medical superintendent at Queen Mary's Hospital, Carshalton—a hospital for children whose condition necessitated lengthy institutional treatment Of the children admitted with tuberculous glands of the neck not one had previously had radium treatment, a few had been treated with tuberculin and he could recall only one who had previously had x-ray treatment and she was probably sent in because she had an extensive area of telangiectasis due to an overdose Only in the minority was the skin undamaged by scar or sinus At Carshalton open air treatment, heliotherapy and the like had always been available and most patients had benefited greatly Neither tuberculin nor x ray treatment had been used but in 1920 a small half-strength radium applicator was purchased and had been in use ever since With the use of radium the number of cases in which excision became necessary at once decreased Of over 1 000 consecutive cases half of them previous to and half subsequent to the purchase of the radium excision was carried out in 20 per cent of the *first half* and only in 5 per cent of the *second half* and he attributed the reduction entirely to the use of radium Radium caused the disappearance of early tuberculous glands and a shrinkage to fairly small fibrous nodules of those moderately diseased He considered that the greatest improvement in the future would be a general use of radium in the early stages

Dr B W WINDEYER gave an analysis of the treatment of tuberculous glands of the neck by radiotherapy at Middlesex Hospital since 1931 The larger number had been treated by radium alone and of 149 cases so treated the result was described as good in ninety improved in thirty six and unimproved in eleven while twelve patients had been lost The cases treated by x rays alone numbered twenty six with good results in eleven and improvement in three No attempt had been made to destroy the tuberculous process by radiation The object was to cause a local aseptic inflammatory reaction which would aid the general defensive reaction of the body and later assist the fibrous process of repair

Professor J PATERSON ROSS said that if surgery was to be undertaken it was important to realize that the operation was a big one The days when scraping of a tuberculous abscess was considered the right treatment had gone As regards differential diagnosis from such conditions as branchial cysts the question of whether the swelling was single or multiple was of importance if single it was likely to be a branchial cyst

General Discussion

Mr PHILIP TURNER said that after removing the glands he had tried a method of treating the enlarged tonsil by

the amount arising abroad whether it is remitted to this country or not If he enters into a deed or some other binding legal arrangement under which the lady in South Africa is given a legal title to some part of the income the amount of the annuity or annual payment made to her can be deducted and he will be chargeable only on the balance But apart from such an arrangement what is paid to her is a gift and not an annuity, and he is liable on the full income less the £25 allowance for a dependent relative

Purchase of Book Debts

"G S purchased a practice taking over the book debts at half their nominal value He has collected or will collect, more than he paid for them. Is he liable to pay income tax on that excess?

*** If G S wishes to adopt the basis of "cash receipts" it will be necessary for him to bring in the whole of the receipts from the work of the practice He can, however properly avoid paying tax on the excess in question by adopting the alternative 'bookings" basis In that case his first year s profits will be determined by the *value* of the bookings for the work of that year—that is, by their nominal amount less a reasonable estimate for the amount which he may be unlikely to recover

Temporary Resident—Dominion Income Tax

MELBOURNE came to the United Kingdom in March 1934, and has stayed longer than he intended His income is derived from investments in Australia managed by a trustee company there He has accounted for his liability to United Kingdom income tax for 1934–5—and apparently for 1935–6 also—but has since moved to another address, and the inspector of taxes who is now dealing with his liability requires evidence in the form of Australian assessment notices and receipts for the Dominion income tax allowance whereas the former inspector dispensed with that evidence Melbourne asks questions the purport of which will be seen from the following answers

*** (*a*) It is quite usual for the authorities to require such evidence but arrangements can be made for the probable amount of British tax affected to remain in abeyance for a reasonable period If the local inspector is not willing to hold in abeyance say the amount of the previous year s allowance, a request might be made to the Board of Inland Revenue Somerset House W C 2 (*b*) As 'Melbourne retains his Australian domicile—and in addition he does not intend to remain permanently in the United Kingdom—his liability is restricted to the amount of income remitted to this country (*c*) There is no limit to the time during which this applies except, perhaps, that a long residence here would constitute some but by no means conclusive evidence of a change of domicile and quality of residence

LETTERS, NOTES, ETC.

Members of the Royal College of Surgeons

Dr WINDHAM L GILLBARD (Park House Jeymer Avenue N W 2) writes At the annual meeting of Fellows and Members of the Royal College of Surgeons of England at Lincoln s Inn Fields on Thursday November 18 at 4 p.m Sir Bruce Bruce-Porter will move the motion That this forty seventh annual meeting of Fellows and Members of the Royal College of Surgeons of England again affirms that the Members who constitute 90 per cent of the College, should have some representation on the Council, a similar resolution having been passed forty five times and never once lost It is hoped that as many Members as possible will be present

Abdominal Examination of Children

Mr R GRAINGER F R C S (Berkhamsted) writes Screaming children too young to co operate in the search for signs of acute abdominal disease, have caused most of us a good deal of anxiety at times Muscular resistance is always present the localization of a tender spot is almost impossible and such procedures as rectal examination and the demonstration of psoas tenderness are met with a storm of protest which makes their value very difficult to assess While in no way suggesting that these examinations should be neglected I have for some time employed a test which has given important information not obtained by other means The test is original so far as I know but it is so simple that it must have been used many times though not previously recorded The abdomen is palpated gently with the child s own hand, and the sudden withdrawal of the hand when the point of maximum tenderness is approached leaves no doubt as to the seat of the trouble In my experience this method of examination gives the child confidence and is not resented at all, even though previous attempts at palpation in the usual way have resulted in nothing but screams This method was first used in the case of a deaf mute aged 5, who had an acute appendicitis and so far the youngest patient has been just over 2 In the case of acute inflammatory lesions the withdrawal of the hand as the affected area is reached is quite dramatic, and in the instances I have mentioned a positive result has been the determining factor in deciding to explore the abdomen without delay

Access to the British Postgraduate Medical School

Dr J MCNAMARA (Kensington W) writes When King George V opened the British Postgraduate Medical School in Ducane Road he expressed the hope that the school "with its happy union of ward and laboratory university and local authority drawing students and teachers from all parts of our Empire—and I trust from regions even more widely spread—may prosper under God s blessing. It would greatly facilitate access to the school and hospital to have a small railway station on the line which runs opposite to the hospital Such a station would considerably help towards the realization of the hope of the kindly King. When the Central London Railway was built the neighbourhood of Ducane Road was sparsely populated and there was no need for a station between Wood Lane and East Acton Now it is very much otherwise A great population has sprung up and thousands come and go in connexion with the school, the hospital, and the prison at Wormwood Scrubs A new station would pay the railway company and the company would doubtless erect one if approached by the proper authorities—namely the hospital staff, the University of London or the London County Council

Boots's New Booklets

Boots Pure Drug Company Ltd have just issued two pamphlets, one on sulphanilamide and the other on physostab," an anterior-pituitary like hormone corresponding to prolan B and prepared from human pregnancy urine Two more ambitious booklets of theirs are on protamine insulin with zinc and on ovarian hormones in clinical practice In both these new publications the recent literature is briefly reviewed and questions of dosage methods of administration and contraindications are discussed Copies may be obtained on application to the Wholesale and Export Department, Station Street Nottingham

A Warning

Mr SYDNEY TIBBLES (London W) writes A man called on me to ask for an appointment for his wife, giving a good West End address He then wanted to know what I thought would win such and such a race and on my saying I was not interested he offered to take my money to put on a certainty Needless to say his wife did not come, so that on thinking it over I wrote to the address given my letter was returned— No such person known here ' As he may have tried to get money this way from other doctors, I give his description About 5 ft 7 in in height clean shaven broad pale face wearing a dark suit, overcoat, and bowler hat , age about 40

Disclaimer

Mr ANTHONY PALIN writes It has been brought to my notice that certain dramatized and grossly exaggerated accounts have appeared in some week-end newspapers concerning a corneal grafting operation which I recently performed on a hospital patient I wish to say that these reports were entirely unauthorized by myself or by officials of the Bristol Eye Hospital

Control of Malaria Corrigendum

We regret that through a printing error the first line of Dr W M McDonald s letter on this subject (November 6 p 940) went astray, and in some copies of the *Journal* was replaced by the first line of another letter Dr McDonald s opening sentence should read Sir—In the *Journal* of August 28 (p 435) there appears a letter by Dr W F Cooper, in which he criticizes a letter from me in the *Journal* of June 5 "

children from Shetland, who often had to cross in stormy seas He was informed that only one of them was susceptible to sea sickness, and this was a child who was much afraid of the sea—obviously a psychological rather than a physical disturbance Mr STIRK ADAMS said that certain air pilots who practised upside-down flying found at first that they could not stay for more than one minute in the upside-down position, but later on they were able to stay for twenty minutes, and on righting themselves experienced a greater sense of disorientation than when they first assumed the abnormal position Mr SYDNEY SCOTT mentioned delayed sea sickness One man crossing from the Channel Islands to Southampton did not experience sea sickness until his train had nearly reached London Many people noticed the effect persisting for some time after disembarking Visual sensations probably played an important part Something similar might arise if one fished for a long time in a rapidly moving river

Dr MAITLAND said that every year he received some fifty or a hundred suggestions for the cure of sea sickness —drugs and appliances—but very few were of even occasional value, and even chloretone, one of the most effective was useless if taken indiscriminately Mr FORSTER mentioned one extremely susceptible person who combated sea sickness successfully by taking two or three grains of bromide and a little gin

THE SMALL INTESTINE

At a meeting of the Liverpool Medical Institution on October 21, with the president Professor R E KELLY in the chair, Sir EDMUND I SPRIGGS gave an address which he entitled 'A Clinical Study of the Small Intestine' Problems peculiar to peptic ulcer were excluded from the discussion, which was illustrated by Mr O A. Marxer's radiographs

Sir Edmund Spriggs said that the small intestine played a fundamental part in maintaining life and health It could be affected by general diseases such as tuberculosis by the extension of catarrh or more severe inflammation from the stomach the appendix, the colon or other adjoining structures and also by diverticulosis and by obstruction Clinically it was the special site of three or four diseases enteritis, which was common enteric fever which was less common and other conditions which were relatively rare—for example the coeliac group of diseases, regional ileitis and carcinoid tumours It appeared to have hardly any diseases peculiar to it, except perhaps the last two, and even they might affect the large intestine and the appendix respectively Of malignant growths it was said that there was one in the small intestine to seventy or eighty in the large

Sir Edmund then showed a table of the incidence of affections of the small intestine in Ruthin Castle in 8 547 patients acute obstruction and the complications of recent appendicitis were omitted The series showed 339 cases of duodenal ulcer also 103 cases in which gastro-enterostomy had been performed before admission most but not all seeking relief, and including thirty four cases of jejunal anastomotic ulcer gastro-enterostomy was done in another 100 cases at some time after admission There were 172 cases with duodenal diverticula seventeen jejunal, thirty two ileal, and a few showing Meckel's diverticulum In 322 cases adhesions were diagnosed Among other conditions were in order of frequency acute or subacute enteritis nervous diarrhoea coeliac disease and sprue duodenal ileus tuberculosis foreign bodies (mainly worms) regional ileitis intussusception and actinomycosis

Intestinal Diverticula

The jejunal diverticula were similar in nature to those occurring in the duodenum (Spriggs E I and Marxer, O A, *Quart J Med* 1925, **19**, 1)—that is, large, wide mouthed and, as a rule not subject to diverticulitis There were symptoms referable to the diverticula in fourteen cases—namely flatulence, nausea, eructation pain or discomfort and, in two cases haemorrhage The chief sign was intermittent distension, sometimes severe. Considering that in most cases it was not possible to remove the large pouches, it was remarkable that in many patients the symptoms yielded to treatment directed to keeping the pouches lubricated and healthy The diet should contain greens and fruit if well chewed or sieved Paraffin was given, and also *B acidophilus* kerol, sodium sulphocarbolate, and carminatives Three patients had been operated upon in one excision was done, in another a diverticulum at the duodeno-jejunal flexure was invaginated, with subsequent obstruction for which a further operation was needed, in the third a short circuit below a large number of pouches was successful, all the symptoms disappearing, while the haemorrhages ceased This last case had previously been published (*Quart J Med* 1925, **19**, 15)

There were twenty five cases of diverticula of the ileum These tended to be more like the small multiple diverticula in the large intestine In order to assess the symptoms arising from them other abdominal conditions were excluded In seventeen there was irritation with spasm and delay, the appendix being normal or absent The distension and discomfort was about the navel or at the right iliac fossa, with griping loose or irregular motions, local pain or tenderness, and *x*-ray evidence of diverticula The irritability of the pre diverticular state was observed in the ileum, especially in the terminal part but diverticulitis from inflammation of the pouches was rare, probably because the contents of the diverticula were soft and could easily be passed out Treatment similar to that for diverticulosis of the colon gave relief Two cases in which symptoms had been severe were described in detail, one had been seen three and one four years after the disappearance of symptoms

Regional Ileitis

Early tuberculosis of the ileum was not infrequently suspected but was difficult to recognize Eight more advanced cases were described, two being cases of terminal ulceration in phthisis, three were of tuberculous tumours affecting also the caecum, all of which had been excised successfully The symptoms and signs were contrasted with those of spreading appendicular inflammation and of neoplasm of the caecum Two other cases which had been regarded as tuberculous were in view of recent knowledge, classified as cases of regional ileitis or Crohn's disease This occurred mostly in young men and the inflammation of the ileum might involve more than one area The bowel became thick oedematous, and rigid and later fibrosed and narrowed with ulceration obstruction or fistula The speaker drew attention to the specks on the surface of the affected areas of ileum and to focal areas of giant cells which were seen on histological examination (Sproull J *Amer J Roentgenol* 1936 **36** 910) Both these features, which had given rise to a diagnosis of tuberculosis in some cases needed to be critically reviewed The general appearance of a lesion at an operation or the presence of giant cells on microscopical examination was insufficient evidence on which to base a diagnosis of tuberculosis in the absence of other signs—for example caseating glands demonstration of bacteria, or positive animal tests The acute symptoms were similar to those arising from the appendix (which had usually been removed) the subacute symptoms to those of chronic enteritis—namely loose stools loss of appetite and weight, and anaemia The signs were those of distension sometimes with a tender tumour and later of obstruction or fistula The condition had to be differentiated from tuberculosis and ulcerative colitis Two cases were described in detail in young men of 33 and 25 respectively, both of whom were operated upon

often bilateral and develops in a cortex which is already hypertrophied, and is most common in men between the ages of 50 and 70 In the majority of cases this condition is seen in patients who have suffered from cardiac lesions with hypertrophy of the heart, arteriosclerosis and atheroma, or from chronic disease of the kidney It would appear that there is a connexion between the adenomatous hypertrophy of the suprarenal and the hypercholesterinaemia which is often seen in these cases An increase in the number of basophil cells in the pituitary was noted in seven cases of suprarenal adenomata in which a detailed histological examination of the hypophysis was undertaken

385 Extravesical Cystalgia

Z ZELICOVICI (*J Urol med chir* August, 1937, p 140) draws attention to the number of women between the ages of 45 and 65 who complain of pain referred to the bladder with symptoms similar to those of cystitis The degree of severity may vary, but the onset is usually insidious with increasing frequency of micturition and pain Pain may vary in intensity in individual cases, it is felt during micturition, is usually followed by a burning sensation, and may radiate towards the perineum, the anus and the hypogastrium The urine may be cloudy, but is often clear and sterile, in which case the diagnosis is one of cystalgia rather than of true cystitis In the majority of cases some genital condition, such as long-standing uterine disorders, metritis, salpingitis, urethroceles, prolapse of the urethral mucosa, or polypus of the urethra, seemed to be responsible There are many cases, however, in which the cause of the cystalgia cannot be determined Treatment must vary according to the cause of the lesion When cervicitis is present electrocoagulation of the ulcers, followed by dressing the cervix with collargol ointment or antiphlogistine, has proved satisfactory, and douches of boracic lotion may also be prescribed Cystoceles may be treated by hydrotherapy, electrotherapy, and pessaries, unless the cystocele is so large that a colpoperineorrhaphy is necessary In cases of urethral inflammation, lavage of the urethra with oxycyanide of mercury and cauterization of the mucosa with a solution of nitrate of silver is the treatment recommended Details are also given of the method of treatment recommended in cases of cystalgia due to inflammation of the glands of Skene and Bartholin, to lesions of the urethra, or to polypi In cases of cystalgia of unknown origin pain is relieved by orthodox antispasmodic treatment

386 Exteriorization of the Large Intestine

P BERTRAND M ETIENNE-MARTIN and E CORATOD (*Lyon chir* July–August, 1937 p 406) consider that the exteriorization of the large intestine, by means of which a mobile segment is fixed outside the abdomen, is of value as an operative procedure of prudence and security, particularly in cases of cancer of the large bowel In order to estimate the respective values of different methods of exteriorization experiments were carried out on dogs and the results are given Operative technique must aim at ensuring the greatest margin of safety, and for this reason exteriorization should not be carried out in cases in which the tumour is adherent or infected It is also important that a sufficient length of intestine and mesentery shall be brought outside the abdomen so that the growth, with the adjacent glands, can be completely removed The operation consists of the exteriorization of the loop of intestine through a left iliac incision, but in cases in which the transverse colon is affected a median incision is indicated After closure of the abdominal cavity the mesentery is divided the affected portion of bowel resected and the two ends of the exteriorized loop are sutured together Resection may be immediate, fixing Paul's tubes in the cut ends of the bowel, or it may be done as a second stage at the end of a few days Exteriorization is indicated as an urgent procedure in cases of injury to the bowel, in acute infective lesions of the large intestine associated with peritonitis, in dysenteric perforation, and in acute sigmoiditis It may also be carried out in cases of acute obstruction due to volvulus of the large intestine or intussusception The procedure is further recommended for benign lesions of the large intestine and for cancer of the mobile portions of the colon It is not advised in cases of cancer of the right colon

Therapeutics

387 Prevention of Postoperative Thrombosis

C CRAFOORD (*Acta chir scand* 1937, **79**, 5, p 407) administered heparin postoperatively to counteract a tendency to thrombosis In the first series of cases it was found that this treatment prolonged the time of coagulation and also increased the tendency to bleeding in the area of operation The substantial fall in blood pressure, the increase in the pulse rate, and the rise in temperature which were observed in several cases may have been due to the large doses of heparin, especially as some of the preparations used were of a relatively low degree of activity It was decided to postpone further experiments until preparations of 100 per cent activity were procurable In the second series of cases, in which the preparations used were of a uniform degree of purity and strength, there were no post operative signs of toxicity It was found that the doses had less effect administered postoperatively than in normal cases In order to eliminate the risk of bleeding the first dose was not given until three hours after operation, but, as in two cases small subcutaneous haematomata were formed, it is proposed to lengthen still further the interval between the end of the operation and the first administration of heparin No signs of postoperative thrombosis or embolic complications were observed in any of the cases not even in one in which thrombosis had occurred after both a previous delivery and an operation Although the results have so far been satisfactory, it is considered necessary to try this treatment in a larger number of cases before any definite conclusions regarding its usefulness can be drawn

388 Mammary Abscess

R SOUPAULT (*Bull Soc Obstét Gynec Paris* June, 1937, p 444) strongly recommends the use of formol toxoid in the treatment of mammary abscesses In thirty lactating women mammary abscesses were resolved by this treatment without incision being necessary As soon as the patient was seen the centre of induration was punctured by a needle, and the pus or serous fluid obtained examined microscopically In nine cases out of ten staphylococci were found The patients were then given subcutaneously in the suprascapular region 0 25 c cm of formol toxoid, tested by the flocculation reaction Three subsequent injections of 0 5, 0 75, and 1 c cm were given at weekly intervals Satisfactory healing without residual scarring or induration was attained within four weeks, but streptococcal abscesses were not influenced Local reaction was minimal, but one case in four showed a sharp rise of temperature after the injection, and in about one half of the cases pus discharged through the puncture orifice In six women with early inflammatory conditions formol toxoid treatment was followed by non suppurative resolution within six to eight days

389 Serum Treatment of Pneumonia

N F NISSEN (*Ugeskr Laeg* August 5, 1937, p 825) reports from the Sundby Hospital in Denmark a study of the serum treatment of pneumonia carried out in conjunction with the State Serum Institute Between January, 1934, and September, 1935 the mortality from croupous pneumonia not treated with serum was 42 per cent In the autumn of 1935 a system of injecting Type I serum intravenously on alternate days was adopted The decision as to whether or not any given case was to be

Mr Cosbie Ross pointed out that a close survey of the literature revealed only thirteen cases of renal dermoids, and then described a case of his own

A male patient had had pain in the right loin sometimes of a colicky nature associated with occasional dysuria and slight nocturnal frequency. *x* ray examination revealed several shadows strongly suggestive of calculi in the renal pelvis. At operation the kidney proved to be normal except for the presence of a rounded, cystic swelling, about the size of a hen's egg, situated on the anterior aspect of the kidney beneath the capsule. The cyst was enucleated without the necessity for nephrectomy arising, and the patient made an uninterrupted recovery. The cyst in the wall of which calcareous plaques could be felt, was found to contain pultaceous matter, cholesterol crystals and fat globules but careful examination failed to reveal any epidermis or dermal glands.

Mr Ross then discussed the recorded cases, dividing them into two groups: those which by reason of the presence of hair or squamous epithelial lining could be positively identified as dermoid in character and those having many of the macroscopic attributes of the dermoid but lacking complete proof as to their origin. He included his own case in this second group. A third group of four cases was mentioned in which dermoid cysts had been found in the vicinity of the kidney but these were to be regarded rather as retroperitoneal dermoids. Mr Ross quoted Ewing as stating that while many epidermoid cysts were of traumatic origin, some well-defined forms were of embryonic derivation and produced characteristic tumours. Further, Ewing considered dermoids of the kidney to be due to epidermal rests derived from the Wolffian duct, and said that they might contain no dermal glands. If this authority were accepted, the second group of doubtful cases including the one under consideration, were to be regarded as true dermoid cysts of the kidney.

ADVANCES IN KNOWLEDGE OF MALARIA

At the opening meeting of the new session of the Royal Society of Tropical Medicine and Hygiene Colonel S. P. JAMES, F.R.S., delivered his presidential address on "Advances in Knowledge of Malaria since the War."

Colonel James began by saying that the twenty years which had intervened since the war were noteworthy first for the initiation and establishment of new and better arrangements for systematic research, secondly for certain remarkable discoveries, thirdly for a lively renewal of practical anti-malarial efforts in many parts of the world. An initial difficulty in creating and developing an anti-malarial service was that the countries concerned were poverty stricken and backward in matters of medical assistance and public health arrangements. The old question arose as to whether malaria among poor illiterate people should be dealt with as an isolated problem separate from the general medical and public health problems of the country concerned. Collective studies, especially those undertaken by the Malaria Commission of the League of Nations, had been productive of excellent results; malariologists from different countries representing different schools of teaching and practice had thereby been brought together to investigate local malarial problems on the spot. The International Health Division of the Rockefeller Foundation financed the Commission's work and also initiated and maintained from 1916 onwards an international arrangement of its own for systematic anti-malarial work in different countries, mainly directing its investigations to the particular methods for reducing the incidence of malaria infection such as anti-larval work, screening, and the treatment of carriers. Another advance had been the establishment in mental hospitals where malariotherapy was practised of research laboratories charged with the duty of cultivating malaria parasites in mosquitos and of inducing malarial attacks by the bites of these insects instead of by direct blood inoculations from patient to patient. This had opened up an entirely new field of research in the different countries such as England, Italy, Holland, the United States and Rumania where they had been established. The renewal of anti-malarial chemical research by the chemical industries in Germany and France and the organizations in Liverpool, London and Cambridge for testing new synthetic preparations were features of the period.

The results of the study of adult female mosquitos in the houses of malarial families were unexpectedly fruitful since they ultimately led to the discovery of biological races of anopheles indistinguishable morphologically in the adult stage, but with different habits and therefore sometimes with a different role in the epidemiology of the disease which they transmitted. Inquiry also showed that the apparent disappearance of malaria from England, Denmark and Holland had come about without any actual reduction in the insect vector concerned. Malaria was essentially a house or family disease and its spread was greatly facilitated by circumstances which brought gametocyte carriers, insect vectors, and non-immune persons into close and continuous association. In the countries named the chain of events had been broken in the course of years by progressive social, economic, educational, and public health improvements.

The method introduced by the late Dr Roehl in Germany of testing quinine and quinoline derivatives against the parasites of bird malaria had constituted a great advance in the study of malariotherapy, while the discovery of plasmoquine and other synthetic compounds was epoch making. On the histological side the vexed question of the unicity or plurality of the human species of plasmodia had been answered unequivocally. It was now universally accepted that the group comprised a number of species and that in addition there were many varieties of each species with lesser morphological differences as, for example, the indigenous types of *Plasmodium vivax* encountered in Holland and Madagascar respectively. It was also accepted that within each morphological species and variety there were many strains having different biological properties with different chemical effects, immunological characters, and reaction to anti-malarial drugs.

Malariotherapy excepted, no method of research had contributed so largely to new knowledge as the study of avian malaria. At the moment intensive study was being devoted to the completion of knowledge of the schizogonic cycle of plasmodia in their respective vertebrate hosts. What happened to the parasite during the interval between the inoculation of sporozoites by the mosquito and the appearance of tropozoites in the red blood corpuscles was still unknown. It had been found by Yorke and Macfie at Liverpool, and by James and his colleagues at Horton that the onset of a malarial attack induced by the bites of infected mosquitos could not be prevented by giving quinine during the incubation period whereas attacks produced by direct blood inoculation from a malarious patient could be so prevented. This led to the hypothesis of James in 1931 that the sporozoites after entering the circulation entered the reticulo-endothelial cells and there underwent a developmental cycle resulting in the production of merozoites which subsequently entered the red cells in the circulating blood. This theory received support from several different angles. Shortly, after the inoculation of sporozoites intravenously or intramuscularly into a host the blood became non-infective even in large amounts for at least two or three days. Yet in bird malaria though the blood at this period was non-infected emulsions of spleen liver and brain tissue were infective. Furthermore, certain avian plasmodia had been found to have two schizogonic cycles of development in their vertebrate host—one occurring in the reticulo-endothelial cells of the internal organs, and the other in the red blood corpuscles.

The lecture was accompanied by a demonstration by Colonel James of beautiful specimens illustrating the reticulo-endothelial phase of the life-cycle of certain avian species of malaria parasites.

version is an attempt to assist the deeper follicles to maturity and ovulation by facilitating their approach to the surface A wedge of tissue was excised sagittally from the cystic ovary, the apex being carried to the region of the hilum The cut edges were fully exposed and so sutured that the raw surface faced the pouch of Douglas and had no peritoneal contacts, in no case were there complications from post-operative adhesions Dilatation and curettage was performed before laparotomy In thirteen out of the seventeen patients regular menstruation was established, and Bailey asserts that, while recognizing the inadvisability of performing laparotomy in young subjects without a thorough trial of endocrine treatment, his operation is worthy of trial in those cases in which hormone therapy has failed, ovarian lesions can be clinically detected, and the patient s nervous system is adversely affected

397 Primary Dysmenorrhoea

LACKNER *et al* (*Amer J Obstet Gynec* August, 1937, p 248) studied primary dysmenorrhoea from its endocrine aspects Having demonstrated that the motility of the normal non pregnant uterus is increased by oestrogenic substances and diminished by progesterone, they conclude that exaggerated contractility of the uterus is the cause of pain during menstruation, and is due to a lack of balance in these hormones Moir suggested that menstrual pain coincided with a relative ischaemia of the uterus comparable to that of cardiac muscle in angina, an observation not confirmed by these authors' experiments Kennedy believed that degenerative changes in Frankenhauser s ganglion due to oestrin deficiency, caused the pain He therefore administered oestrin to increase uterine motility, whereas progesterone, which decreases uterine contractions, is used by other authorities As these are mutually exclusive hypotheses for therapeutic purposes, the authors attempted to demonstrate which of the two possible endocrine deficiencies caused dysmenorrhoea in given cases They used an intra-uterine balloon to obtain graphic records of motility, and made biopsies of the endometrium and hormonic assays of blood and urine Correlation of their observations with the results of the hormone treatment proved imperfect, although eight out of ten cases were relieved The study showed that, for therapeutic purposes progesterone, or a luteinizing substance which will stimulate its formation, relieves dysmenorrhoea in patients with large, well-developed uteri while hypoplastic uteri respond best to oestrogenic substances Further search for the actual cause of pain must be made through different channels and by other methods

398 Diet in Pregnancy

O BOKELMANN (*Med Welt* August 21 and 28, 1937, pp 1165 and 1202) points out that the healthy woman has a positive nitrogen balance at the end of pregnancy, and that the intake of proteins therefore should be restricted Lipaemia is the normal accompaniment of pregnancy, and while fats should be restricted, a plentiful supply of carbohydrates may be given Sufficient quantities of calcium and sodium chloride are essential, and lack of vitamins may produce serious effects on mother and foetus although the absence of vitamin A does not appear to have any effect on the latter In the mother habitual abortion night-blindness dental caries, puerperal tetany and osteomalacia are due to avitaminosis Children fed by mothers suffering from beri-beri soon develop the disease Severe avitaminosis D in the mother results in habitual abortion and in a lowered resistance to rickets in the child and avitaminosis E results in sterility Nearly all vitamins are found in milk and fresh vegetables but vitamins A B and C are especially found in fruits and potatoes During the puerperium the diet should be rich in proteins with some restriction of fats and carbohydrates and vitamins should be plentiful

Pathology

399 Small-pox Immunization

H YAOI (*Jap J exp Med* June, 1937, p 155) has found in rabbits that the development of immunity to small pox following vaccination is influenced and the time required for antibody formation is much shortened, by the simultaneous injection of a small amount of antiserum After cutaneous vaccination, antibodies were not detectable until after seven days, and maximum immunity was only attained after four weeks or more In the passive immunization of rabbits with immune goat serum, antibodies in the rabbit serum reached a maximum concentration in forty-eight hours and then diminished rapidly, finally becoming undetectable in ten to fourteen days When a small dose of immune serum was given intramuscularly at the time of cutaneous vaccination, antibodies appeared in the rabbit serum on the third or fourth day, and a maximum concentration was reached in seven days With moderate doses of immune serum similar results were obtained, but in some cases there was a delay in the antibody formation When large doses were given immunity failed to develop after the effects of the passive immunization had passed off, but if the vaccination was delayed to evade the period of maximum passive immunity then antibody formation occurred and immunity developed Small doses of immune serum given together with cutaneous vaccination hastened the development of immunity while large doses delayed or prevented it In man a simultaneous injection of immune serum at the time of vaccination only slightly modified the subsequent reaction The author suggests that simultaneous passive immunization and vaccination would be of value in the prevention of small-pox, especially during epidemics

400 Multiple Malignant Tumours

C DANIEL and D CARAMZULESCU (*Gynécologie* June 1937, p 337) discuss the occurrence of multiple malignant tumours, and record a case of sarcomatous degeneration of a uterine fibroid and an adenocarcinoma of the ovary existing together. While two benign tumours or a benign and a malignant tumour often occur together, it is rare to find two primary malignant tumours in different organs Some authors are of the opinion that a malignant tumour, far from immunizing the body, predisposes it to the development of others Primary cancers of different types rarely occur together, more commonly cancers of the same type occur contemporarily in different organs Primary malignant tumours occurring bilaterally have been explained on the grounds of simultaneous inoculation and as a coincidence in a 'cancerous diathesis The authors believe that animal experiment, biochemical examination of the blood, and endocrinology support the theory that in cases of multiple malignant tumours cancer must be regarded as a general and not a local disease

401 Diphtheria Antitoxin

Z TEVELI and K FEJES (*Arch Kinderheilk* July 20, 1937 p 174) immunized eighteen guinea-pigs against diphtheria by two doses of formol toxoid and eight weeks after the second injection inoculated the conjunctiva of each animal with cultures from ten diphtheria patients, with the result that all but one of the guinea pigs contracted conjunctival diphtheria The heart blood was examined both before and after infection In nine out of sixteen cases infection was followed by a diminution of the antitoxin, and in three the antitoxin content of the blood already present on the second day of disease was more than doubled Animals possessing only a low level of antitoxin had a severer attack of diphtheria than the others No relation, however, could be found between the increase or decrease of the blood antitoxin titre and the severity of the attack of diphtheria

These doctors could and did get into closer touch with the individual than any posters speeches, demonstrations, broadcasts Press articles, or the like could possibly do The great asset of the general practitioner which would remain after so much had been taken from him, was his intimate knowledge psychological and physical of the individual and the family In speaking of tests Mr Porritt said that many would be astonished if they saw how few of the patients seen in an out patient department were able to stand on one leg, even if it was a good leg Balance and co-ordination seemed to be absent He hoped that in arranging tests the soulless label 'physical jerks' would be avoided

Mr DOUGLAS LOWE (honorary secretary of the Amateur Athletic Association) said that if they sought in other countries something which they could apply without amendment in this country they would fail In Germany they had concentrated on games not physical training, but they had gone further—he thought much too far—in their campaign, and had aimed at being fit at all costs They had carried it too far by eliminating other sides of recreational leisure to which doctors at all events would attach the greatest importance If one took the population of Essen and compared it with that of Sheffield the comparison might not be found to the disadvantage of the English town, but so much was said and shown of the hikers in Bavarian sunshine and the like that the perspective was apt to be somewhat spoilt. He agreed with what Mr Porritt had said about the need for the co operation of the general practitioner Again and again when the honorary medical officer of the A A A was consulted by a young man who came to him complaining of a breakdown he found that the root cause of the trouble was that he had not gone early enough to his general practitioner

Sir HENRY GAUVAIN spoke from his experience at Alton with a special section of the community—the crippled—as to the remarkable value to be obtained from the three natural forms of treatment—namely, exposure to sunlight the use of fresh air with or without organized physical exercises, and sea bathing Sir WILLIAM WILLCOX mentioned the value of the physical training now being afforded to girls and women particularly, by the schools for operatic and ballet dancing This was a form of exercise which developed both muscles and mind, and it was amazing what keenness and sense of discipline the girls displayed He also put in a word for horse riding as bringing into use muscles not served by other forms of exercise and he further added that for perfection of physical function in any pursuit it was necessary to give up completely tobacco and alcohol

Dr ALISON GLOVER (Senior Medical Officer, Board of Education) mentioned the immense improvement in women, some of them of middle age which followed attendance at health and fitness classes coupled with a certain amount of dieting He also said that it was hoped that when the new college for physical training was established one of its most important functions would be courses for young doctors The discussion was closed with a few words from Sir HENRY PELHAM on behalf of the National Advisory Council who appealed for the co-operation of the medical profession The Council was looking to practitioners in general for substantial help especially through their interest in and guidance of boys clubs and organizations of a similar nature At the same time he rather deprecated one suggestion that had been made that there should be medical oversight of the tests employed he hoped that such supervision would be necessary only in selected cases and that in general these would be left to the teachers and physical instructors Finally he asked one question What was the medical profession doing to ensure that the men and women in the medical schools (most of them in big centres of population) had immediate access to suitable grounds where they could have games and exercises on the spot during the short intervals available in the working day?

ROYAL ACADEMY OF MEDICINE IN IRELAND

SECTION OF MEDICINE

A meeting of the Section of Medicine of the Royal Academy of Medicine in Ireland was held on October 8, with the president, Dr E T FREEMAN in the chair

Hughlings Jackson's Syndrome

Dr H L PARKER showed a case of Hughlings Jackson s syndrome following injury This syndrome was the result of the simultaneous destruction of the last four cranial nerves on one side Among the symptoms were paralysis of the soft palate, difficulty in swallowing, hoarseness, and regurgitation of fluids through the nostrils These symptoms were all present in his case and in addition there was anaesthesia of the tonsil and atrophy and weakness of one side of the tongue When the tongue was protruded it was deflected towards the paralysed side Any lesion in the retrocarotid space might involve the last four cranial nerves The most important cause was inflammation of the post-pharyngeal chain of glands possibly going on to form a retropharyngeal abscess The patient in the present case was a man aged 30 He was playing football and was struck on the postero-lateral aspect of the neck He continued playing but his neck was very sore, and that evening he noticed that it was swollen The following morning the swelling had increased, and the next day he was hoarse had trouble in swallowing, and fluid regurgitated through his nostrils He had received the injury twelve months ago, and since then there had been a slow and progressive improvement It was difficult to say what the prognosis in this case was, assuming the ordinary course of regeneration in the nerve fibres it would take a further six months or so before it would be possible to tell what was going to happen

Dr T O GRAHAM said he had seen two somewhat similar cases one of which appeared to arise spontaneously, while the other was that of a woman who fell out of a trap on her head and sustained a fracture of the cervical spine and probably also of the base of the skull Most of her symptoms had not appeared until late in life long after the accident, and appeared to be determined by arthritic changes in the spine Neither of these cases had shown any improvement at all The President of the Academy, Dr A R PARSONS said that he had been watching a case of Hughlings Jackson s syndrome for twelve years and during that time there had been practically no change in the patient s condition The patient could give no history which threw any light at all on the condition, her symptoms did not cause her any inconvenience Dr ALAN THOMPSON said that a condition such as this might be expected in a case of septic thrombosis of the internal jugular vein He had seen one case in which the nerves had been involved in a malignant growth extending backwards from the Eustachian tube along the base of the skull

In replying Dr PARKER said that most of the cases he had seen of this syndrome had been due to tumour, in women commonly haemangioblastomata He thought that phlebitis of the internal jugular vein could easily give rise to the condition

Other Communications

At the same meeting Dr R W F COLLIS showed a case of lenticulo striate disease following icterus gravis For the past year the child had shown choreiform movements in all limbs muscular hypotonia and some degree of mental deficiency There was no evidence of liver involvement and apart from the disorder of movement the child appeared to be physically well Dr Collis suggested that this condition might be related to hepato lenticular disease. There was some discussion in which Drs R E. STEEN H L PARKER and G C DOCKERAY took part as to whether the condition could be regarded as one

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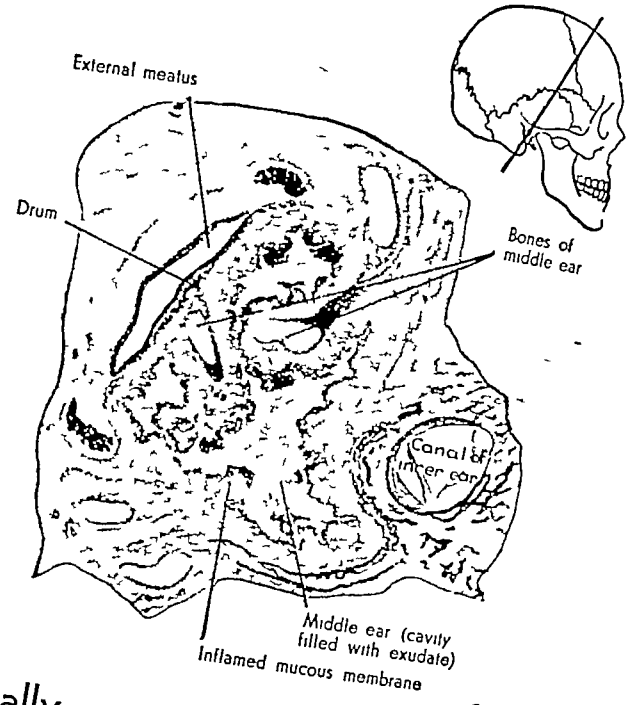
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breaking company at Charleston Fife, which later undertook the raising of German war vessels at Scapa Flow The company prospered as Metal Industries Ltd Believing that oxygen was sold at too high a price, Dr Pollock resolved to set up a company with works at Rotherham for its production and became chairman of the British Oxygen Company

Psychiatric Appointments

Dr John C Anderson has been appointed physician-superintendent of Montrose Royal Asylum in succession to Dr C J Shaw, who is retiring Dr Anderson graduated B.Sc with honours at the University of Glasgow in 1921, and M B Ch B in 1923 After resident appointments at the Victoria Infirmary, Glasgow he was medical officer at the Royal Edinburgh Hospital for Nervous and Mental Disorders, and in 1925 was appointed senior medical officer and deputy superintendent of Montrose Royal Infirmary In 1929 he became assistant physician at the mental observation wards in the Eastern District Hospital, Glasgow, a post which he at present holds

At the meeting of Aberdeen University Court on October 22, Principal W Hamilton Fyfe presiding, Dr Douglas Robert MacCalman was appointed Crombie Ross Lecturer in Psychopathology to the University Dr MacCalman graduated M B., Ch B at Glasgow in 1929, and M D in 1933 After holding a post as resident in the Victoria Infirmary, Glasgow, he specialized in mental diseases, proceeding to Boston U.S.A where he was resident psychiatrist in the Boston Psychopathic Hospital He was later medical director of the Notre Dame Child Guidance Clinic in Glasgow, and subsequently practised in London

ENGLAND AND WALES

Medical Defence Union

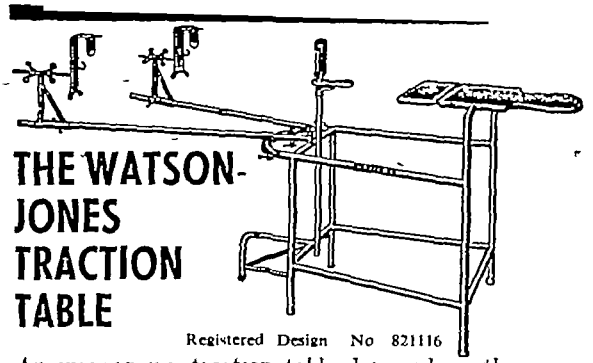
At the annual meeting of the Medical Defence Union, held at 49 Bedford Square W C on October 28, the president Mr Eric Pearce Gould expressed the regret of all present at the retirement of Dr Henry Robinson from the responsible position of treasurer Some indication of the valuable services Dr Robinson had rendered to the Union was to be found in the capital increase of the invested funds during his term of office He occupied the post of treasurer for nine years and largely as a result of his foresight and advice the cash resources of the Union increased during that period from under £50 000 to approximately £100 000 The Union had been fortunate in choosing a treasurer who possessed the skill necessary to effect a result of this order A resolution was moved and carried unanimously expressing to Dr Robinson the Union's sincere appreciation of his services while acting as treasurer After the adoption of the annual report which included the financial statement and the solicitor's report, Messrs Hempsons were appointed solicitors for the ensuing year and were thanked for their past services The meeting concluded with a hearty vote of thanks to the president vice presidents and elected members of council for their voluntary services to the members of the Union At a subsequent meeting of the elected members of council Mr Pearce Gould was elected president for 1937–8 and Mr E D D Davis was elected treasurer

Lister's Mother

Lord Lister wrote at some length about his father John Joseph Lister notably his article in the *Dictionary of National Biography* and another more intimate article mainly on his father's achievements in microscopy which is included in the *Collected Papers* In the latter he described with filial pride his father's most rare modesty and Christian humility and said that he was "the most unselfish and scrupulously tender" of men But little has been known about Lister's mother, and the mothers of great men are perhaps more interesting than their fathers She was Isabella, daughter of Anthony Harris of Maryport, Cumberland where she was born in January, 1782 She married Lister's father in 1818, and died in 1864, five years before her husband Maryport, a little town on the Cumberland coast, the name and fame of which are due to the fact that Mary Queen of Scots landed there when fleeing from Scotland recently decided to commemorate two of its local celebrities Mrs Lister being one by placing memorial tablets on the houses in which they had lived The other celebrity was T H Ismay, founder of the White Star Line and there is this connexion between the two, that while Ismay took a great part in expanding the British mercantile marine, Isabella Harris's father was a master mariner of Cumberland and her mother the daughter of a master mariner of Dublin Dr J W Crerar of Maryport formerly of Edinburgh who has been conducting some researches into local history has discovered that Isabella Harris was born at No 28, High Street and on this house accordingly the urban district council has placed a tablet, which was unveiled by Sir John Fraser, Regius Professor of Clinical Surgery, Edinburgh University, the fourth occupant of that chair since Lister himself filled it from 1869 to 1877 Sir John Fraser said that he felt it a great privilege, by honouring Lister's mother, to pay a tribute to the memory of her distinguished son, who was ranked among the immortals and whose service to humanity could not be put into words He believed that the bond between Lister and his mother was very close It was true that there were not many references to the subject in Lister's letters which had been preserved, but he thought he knew the reason There were some things in life too intimate and precious to be written about or discussed, for they were locked in the innermost recesses of the heart Lister and his Quaker mother were not the sort of people to show their feelings to the world, and the absence of reference was perhaps an evidence in itself of the bond between them Isabella Lister was a remarkable woman One had only to look at her face in the existing portrait to appreciate her gentleness and thoughtfulness Lister himself was one of the kindest and gentlest of men, and in great measure, Sir John Fraser considered, he must have owed this side of his character to his mother Had her mould been less fine her son might not have attained the position of being acclaimed as one of the saviours of mankind One interesting light was thrown upon her character from an outside source She left Maryport with her mother for Ackworth in the West Riding where her mother became the headmistress or superintendent of the Friends School and when presently Isabella left to be married to Lister the governors of the school expressed their gratitude for her valuable exertions in endeavouring to instruct the children in the paths of virtue and religion and to promote the peace and harmony of the family Maryport Sir John Fraser added did well to testify to its pride in having furnished the early surroundings of Isabella Lister who gave to humanity one of its greatest benefactors

Large Bequests for Medical Purposes

The bequests of Mr George Edward Henderson of Newcastle upon Tyne who died on July 15, leaving £1 327 412 with net personalty £1 295 224 include £2,000 to the Royal Victoria Infirmary Newcastle to endow two beds, £2,000 to Newcastle Hospital for Sick Children, to endow two beds £1 000 to the British Empire Cancer Campaign £500 to the Newcastle Eye Infirmary, and, after allowing for various other bequests three tenths of the residue to the University of Durham College of Medicine for a George Edward Henderson Fund for the promotion of medical science and for the general purposes of the College three tenths to the Royal Victoria Infirmary for a George Edward Henderson Fund to be applied for general purposes, and four-tenths to Armstrong College



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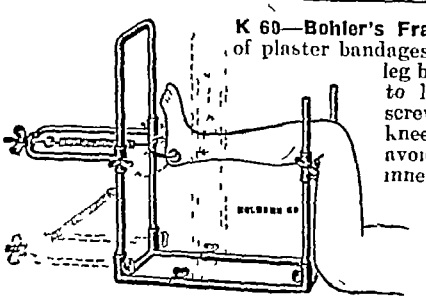
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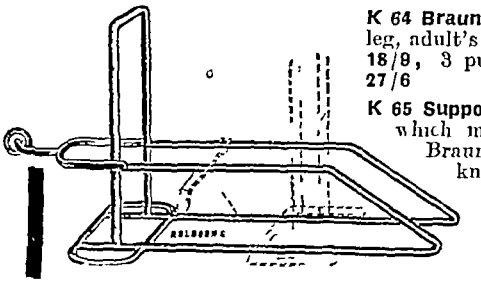
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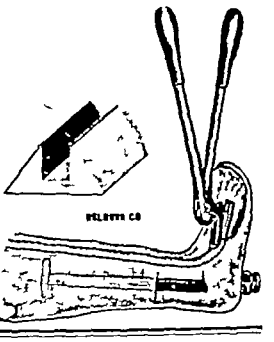


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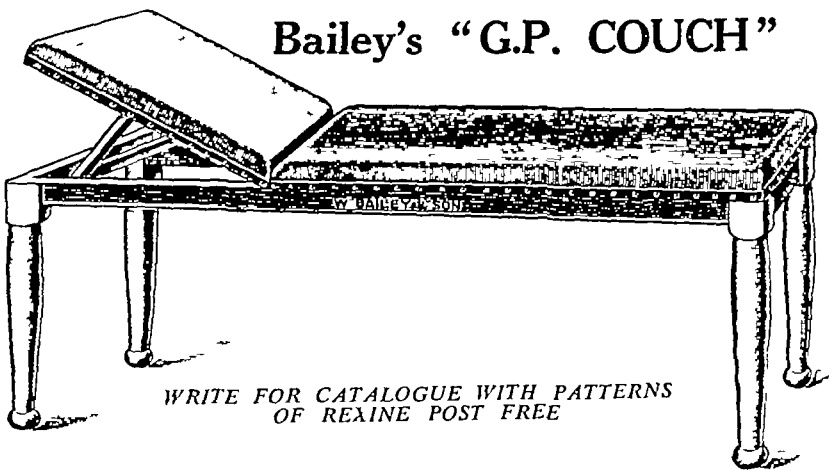
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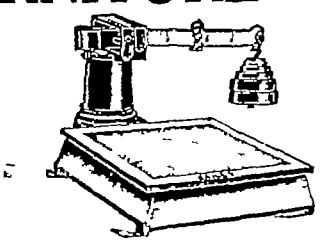
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complete, and must be carried out beyond the area of necrosis, this entails a very wide removal of skin, as the subcutaneous fat is invariably affected much more widely than the overlying skin The resulting wound is a saucer-like one of large extent, sometimes four or five inches in diameter

Long experience has convinced me that general dissemination of the infection does not take place, that, on the contrary, the operation gives immediate relief from pain and septic absorption This is shown by the fact that if the temperature is elevated at the time of operation it falls to normal within a few hours and remains there I can recall only one death, and that more than twenty five years ago, in a very ill patient with glycosuria, and in only one patient have I seen any complications She had femoral thrombosis, with some small pulmonary infarcts The rule is a dramatic relief from pain and misery The large wound soon fills up with granulations, and forms a flat, granulating area, which heals in rapidly, a process which may be hastened with a Thiersch graft I do not claim a reduction of mortality by this method of treatment—carbuncles in these situations usually recover spontaneously—but I do claim a great reduction in suffering and healing in about the same time as if the case were treated on conservative lines

The problem is quite different from that of carbuncles of the face On the back of the neck the fat is relatively avascular and fibrous, and the deep fascia is strong and forms a sure defence against deep spread of the infection In addition, complete excision is easy on anatomical grounds In the face we are dealing with a very vascular area with feeble deep fascia, and with veins communicating with the intracranial sinuses and meninges along which infection easily spreads It is well to remember that a fatal outcome is not uncommon even when surgical incisions are avoided Finally the anatomical conditions prevent any attempt to excise the lesion

I would suggest that for carbuncles in the regions I have indicated one of two lines of treatment may be adopted (*a*) non operative, (*b*) excision Any intermediate course such as incision, crucial or simple, is futile, as anyone who has excised a carbuncle must know There is no liquid pus in a cavity to drain There is a central area of slough surrounded by hundreds of tiny loculi containing pus Incision cannot possibly drain these effectively —I am, etc,

Manchester Nov 5 GARNETT WRIGHT

Prophylaxis of Ophthalmia Neonatorum

SIR —Between January 1 and May 15 1937 of 644 babies born in the Bowring Civil Hospital Bangalore eight developed gonococcal ophthalmia Since May 15 of 740 babies only one has been affected in this way, and the condition yielded satisfactorily to the routine treatment as carried out in St Margaret's Hospital London Up to May 15 a 2 per cent solution of silver nitrate was used as a prophylactic but on that date being dissatisfied with the results I changed the method to the following As soon as the baby's head is born the eyes are wiped and a few drops of 10 per cent argyrol are instilled into each the process being repeated when the baby is bathed about an hour later and again on the first five mornings of its life

I think that some of the virtue of argyrol lies in its dark brown colour as the nurse can see whether the solution has actually entered the child's eyes This is not always possible with the colourless silver nitrate solution especially during rush hours and at night As the subject is an important one it would be interesting to have the views and experience of others who are dealing with large numbers of newborn children For instance, a point that occurs to me at once is whether flavine in castor oil which is such a good remedy is an equally good prophylactic —I am, etc,

Bangalore Oct 25 H WILLIAMSON Lieut Colonel I M S

Spinal Anaesthesia for Caesarean Section

SIR —I have followed with considerable interest the discussion in the correspondence columns of the *Journal* on spinal anaesthesia for Caesarean section In 1930 Professor Sebrechts emphasized the importance of using a smaller dose of spinal anaesthetic when operating on full term pregnant women *Nous avons remarqué depuis longtemps au cours de tres nombreuses opérations césariennes qu'il est nécessaire de réduire la dose normale d'anesthésique sous peine d'accidents graves*

My own experience of Caesarean section is not very extensive, but tends to confirm Sebrechts's view that these patients are 'rachi sensible,' 2 c cm of duracaine giving excellent anaesthesia without causing any anxiety. In order to secure more prolonged anaesthesia an increased dosage was employed for two cases of pregnancy complicated by carcinoma of the cervix, in which a Wertheim's hysterectomy was done as well as Caesarean section For the first case 3 c cm of duracaine was given This patient was in labour at term, and the anaesthetic was entirely satisfactory In the other case a seven-and-a-half months pregnancy 14 c cm of percaine was injected, and though this is quite a large dose the anaesthetic gave out at the end of one hour, and the operation had to be completed under ether If it is true, as I believe that full term pregnant women are more sensitive to spinal anaesthesia than normal patients this may provide an explanation for the conflicting opinions expressed by your correspondents In the majority of letters the dosage used is not mentioned it would be interesting to know if those who advocate the method are in the habit of using smaller doses of the anaesthetic than those who condemn it —I am etc,

Lincoln Nov 6 G A BAGOT WALTERS

Risks of Anaesthesia

SIR,—My original remarks on the convulsive properties of carbon dioxide were based on various reports which have appeared in the literature In order that I might reply promptly to Dr J U Human's letter (*Journal* November 6 p 937) I submitted myself to the two following experiments

Yesterday I inhaled from a bag containing oxygen into which carbon dioxide was continuously added Consciousness was not lost but the hyperpnoea was most exhausting. My limbs soon became spastic and exhibited coarse clonic movements The experiment was then terminated and the movements subsided after a few breaths of air had been taken It was suggested that the hyperoxygenation might have rendered me more susceptible to the action of CO and that the extreme muscular effort—expended in breathing so deeply—might have played some part in the production of the convulsive movements Accordingly a further experiment was carried out to-day in which an approximately 80 20 per cent helium oxygen mixture was substituted for the oxygen in the bag. Sufficient oxygen was then added with the CO_2 to avoid any possibility of anoxaemia On account of the low density of the helium my muscular efforts were considerably less than those in the previous experiment although the hyperpnoea was judged to be greater This time the twitchings began in the eyebrows but soon spread to the rest of the body The experiment terminated before loss of consciousness and the free breathing of air again corrected the condition These con

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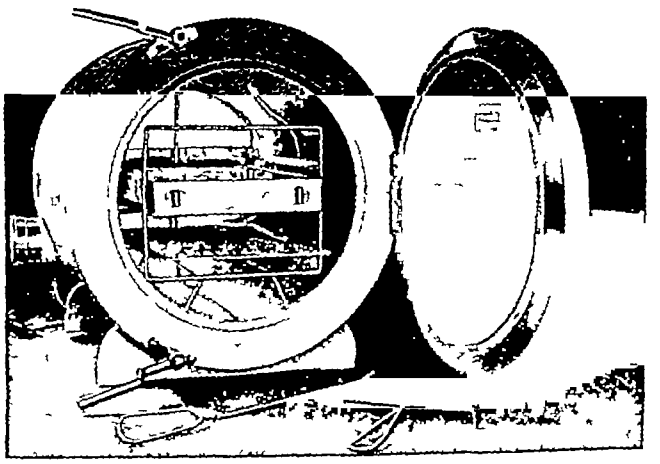
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and China down the ages, and the example of other countries that consume it in annually increasing quantity, are factors that should lead us to a better appreciation of the high nutritional qualities of this legume—I am, etc,

Edinburgh Nov 1 G DOUGLAS GRAY

Post-mortem Examinations in Inquest Cases

SIR—I am prompted by the letter of Dr Iris M Cullum (*Journal* October 16, p 778) to relate an experience I had of a coroner's investigation while I was acting as a locumtenent recently in an English town My own case involved even wider issues than those discussed by Dr Cullum, but both cases I believe touch on a sore point—namely the freedom with which a coroner may unconsciously damage a medical practitioner's reputation and yet himself remain immune from censure

I had been called by a midwife to see a young married woman in labour Two days previously the woman had had a fall and since then had felt practically no foetal movements She was nearly at term and when I saw her had been in labour for eighteen hours On examination I found the head floating free in the pelvis the foetal heart sounds were barely audible and were at a rate of between 80 and 90 a minute I informed the woman in the presence of the midwife that her baby would in all probability not survive the birth Under anaesthesia I found the cervix fully dilated the membranes unruptured and the face presenting I ruptured the membranes converted the face to a vertex presentation and in two hours the woman delivered the child by her own forces The baby was barely alive at birth and despite the usual stimulants died within a few hours I signed a death certificate giving as the immediate cause of death birth trauma

Then things began to happen Unknown to me a police officer visited the woman—this on the day following a difficult labour—questioned her closely interrogated other individuals in the house, and extended his investigations to a neighbouring woman Only after all this was done was I consulted by the police officer and asked to make a statement The effect of these investigations in the district was electric A woman was in labour, a strange doctor attended her the baby died for some mysterious reason, and here was a policeman! Anyone practising in poorer-class districts will appreciate how wide and wild were the stories spread Being merely a locumtenent, to me the incident was annoying but not damaging But had I just begun a permanent practice in that community it would be difficult to exaggerate what the effect would have been of such tales as were spread That the case went no further made it worse in a sense Had there been a coroner's inquest I would have been given the opportunity of redeeming by a public statement what reputation I had left As it is I may for ever be in certain homes an infanticidal maniac whose gory deeds will frighten little children into eating their spinach for years to come That spinach is good for little children is small comfort

It is one of the fundamental points in the administration of British justice that the coroner should have wide powers But the exercise of official latitude ought not to allow a coroner to conduct his investigations in such a way as needlessly to defame a medical practitioner Cases such as that reported by Dr Cullum ought not to be allowed to evaporate in ink Each and every similar instance ought to be made the subject of energetic protest by the British Medical Association Perhaps by such a process of education the few coroners who do not temper autocracy with consideration may be curbed—I am etc.

Antwerp Oct 24 ALAN KLASS

Indications for Induction of Abortion

SIR—The further letter by Dr Percy Hardy (*Journal* November 6, p 940) seems to answer itself the question as to whether the strictly medical problem is or is not the prime consideration in the measure he proposes If it is, why not have, as in other difficult medical problems, a consultant to advise? The indirect medical effects on mother and child in the vague, indefinite, non specific grounds envisaged are so all embracing as to include the problem of the unwanted child, etc The plea as to the effects on mother and child in such a case might be urged as strongly by sympathetic doctors in the environment of the patient

Nothing is more fundamental in the common law of England than the sacredness of human life and the punishment of the deliberate taking of it The suggested legal enactment would empower doctors—if three or more agree—to do what is admittedly illegal for one to do as being contrary to the general principle just mentioned Is this not an attempt to place doctors above the basic principles of English law, making them judges in their own case, even if law makers should attempt to legalize an illegality hitherto recognized as such morally as well as in civil law? Why should we attempt to do so, and again use the argument of "hard cases" for the making of bad laws? No law can make immorality moral even if it makes it legal—I am, etc,

London S W 1 Nov 6 REDMOND ROCHE

Local Treatment of Coryza

SIR—I was very interested in Dr Orley's letter on the local treatment of coryza For several years I have practised this treatment both in hospital and in private practice, and found it very efficacious I vary the oily mixture from time to time A very useful one is paraffin liq 3 parts paraffin molle 1 part menthol, 1/2 grain to 1 oz of mixture This is more viscid than the usual proprietary preparations

The method used is as follows With the patient in the recumbent position a pipetteful of the mixture is introduced into each nostril so that it may be felt at the back of the nose This is carried out twice daily at the beginning of a cold but four hourly once the cold is established and should be continued until all symptoms of coryza have abated I have seen severe colds cured in a day or two by this method Spraying the oil is useless it is essential to give massive doses I quite agree that the use of preparations containing ephedrine is harmful in these cases—I am etc

London W 9 Nov 1 J R ROBSON M R C S

A Copper Salt for Treatment of Burns

SIR—It is gratifying to record an instance of burns of the third and fourth degree which have responded to an unusual extent to a novel therapy

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was only to be worked by registered dentists The effect of that legislation on Dr Bynoe was very unfortunate, as he could not practise on members of approved societies

There was no ground for suggesting that any of the Dental Benefit Regulations were *ultra vires* Lord Justice Romer agreed, and Lord Justice MacKinnon added that counsel (presumably before the court below) had given no reason why persons entitled to practise dentistry on private patients should be excluded from the definition in the regulations

The result is undeservedly hard on Dr Bynoe The number of doctors practising dentistry in virtue of their medical qualifications may not be large, but there seems no reason why, if they can practise on one class of patient, they should be excluded from practising on another The exclusion from the dental benefit scheme is probably merely a draftsman's oversight The Statute Book contains many similar omissions, some of which have a much wider importance For instance, the new Arbitration Act, by the omission of a word excluded from jurisdiction in arbitration proceedings all the Masters of the Supreme Court, and also omitted to compel arbitrators to make their awards in writing The first of these difficulties has been overcome by administrative action, the second has not It ought not to be difficult for the Minister of Health to add suitable words to Regulation 21 to bring medical practitioners within the definition of dentist

ALLEGED NEGLIGENCE BY A CHIROPODIST

A diamond broker who had been up all night playing cards went to the Regent Palace Hotel to be shaved While he was in the chair he took off his shoe and told the barber that his foot had swollen The man advised him to see Mr Emlyn Jones the chiropodist of the hotel who attended to his foot while he was being shaved After the treatment he suffered from a blister on his foot which obliged him to stay in bed for three weeks He accordingly sued the managers of the hotel for the negligence of their chiropodist

At the hearing before Mr Justice Greaves Lord on October 28 and 29 (for a report of which we are indebted to the *Times*) the patient said that before treatment his foot was swollen but not painful During the treatment he had fallen asleep and he had been awakened by the burning heat of a lamp at his foot which looked like a piece of red meat. The swelling had increased and some hours afterwards he had discovered that it was blistered He had complained to the hotel two days afterwards but had not informed the manager and had not consulted his solicitors until several weeks later He admitted having suffered previously from gout

Dr W H Greatorex who had attended the patient gave evidence that the left foot had been blistered on top of the arch and that there had been a faint brown stain round the injury Some irritant seemed to have been applied iodine followed by damp heat might have caused the blister The treatment described—by iodine massage and a lamp—would be of no use for a swollen foot He added that the skin of some persons was blistered by even the weakest solution of iodine but he did not think the patient was unduly susceptible He agreed that none of the treatment which the patient had described could have caused the injury to his foot Fish poisoning could have caused the serum rash which he had also found

The chiropodist said he had had sixteen years experience and had treated this patient before He had advised him on this occasion to go to a medical man He had applied warm towels and soothing cream smeared a 2½ per cent solution of iodine on to the cream and applied a 32 candle power diffusing lamp for a minute and a half at twelve inches distance following this by eau-de-cologne a cold towel and boracic powder He admitted that the whole treatment was more of a show than anything else but thought that it could not possibly have done any harm as the iodine had not come into contact with the foot at all but only with the cream Dr Julius Burnford said that nothing in the treatment could be dangerous and the lamp was merely eye-wash He thought the plaintiff had a constitutional disturbance which might have been gout.

His Lordship in giving judgement said that he was satisfied that Mr Jones had used no harmful materials The lamp was merely part of the machinery of charlatanry used by some chiropodists to satisfy the vanity of certain human beings He dismissed the action with costs

AN ACTION DISMISSED WITH COSTS

A Mr Ephraim Burford who described himself as an optician failed recently to obtain damages from the proprietors of *John Bull* for an article which he complained was a libel on him The article was headed Two Quacks with Degrees and stated that Burford and a man known as Harry Browne had opened a campaign in Dorking that neither of this precious pair' was qualified to give treatment and that the degrees used by Burford— F Q O P" and "P N O S —had been described by a stipendiary magistrate as absolutely worthless Burford giving evidence, said that until 1927 his name had been Binderman He had tested eyes and supplied spectacles since the age of 16 He had studied optics at Northampton Polytechnic Institute and had passed certain examinations there and also two of the examinations prescribed by the Spectacle Makers Company but not all the final examination F Q O P meant Fellow of the Qualified Optical Practitioners' Association and F I B O meant Fellow of the Institute of British Optometrists Mr Harry Browne was a younger brother of his and had never been a partner If he found any abnormality he always referred the customer to an ophthalmic surgeon He had never been before a stipendiary magistrate His advertisements had been honest and had contained genuine testimonials He admitted describing himself as an eminent London eyesight specialist, but said that many tradesmen did similar things Testing eyes he described as a mere routine operation which a lad of 16 could do after three weeks instruction He denied that the examination for the degree F Q O P was farcical and could not remember the fee which was charged for the designation F I B O

Mr S G Tibbles said that Mr Burford had sent him patients with suggested diagnoses of their ailments He did not agree that a boy of 16 could learn to test eyes in three weeks The degrees in question did not amount to much the examination papers and the answers were totally inadequate Miss D H Porter secretary to an optician giving evidence for the defence said she knew nothing about optics but on payment of a subscription of half a guinea had been made a fellow of the British Qualified Optical Practitioners Association Mr J A Newrick secretary of the Ophthalmic Benefit Approved Committee said that his committee did not approve the examinations of that Association

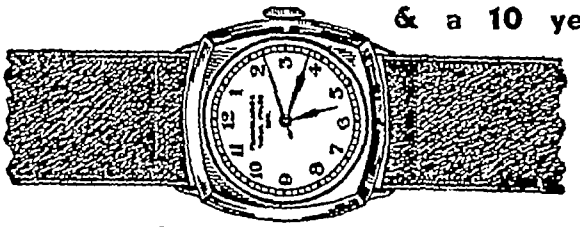
The jury then stopped the case and the Lord Chief Justice dismissed the action with costs He added that it was to be hoped that the scheme to establish a register of qualified opticians and to tighten up the law relating to optical practice would be successful He would also be glad to think that this sort of enterprise was receiving the attention of those who administered the law relating to the obtaining of money by false pretences

The result of this action is to prove amply that Burford comes within the Oxford Dictionary's definition of a quack an ignorant pretender to medical or surgical skill

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Medical Notes in Parliament

Dr Elliot presented the Housing (Agricultural Population) (Scotland) Bill on November 3, and it was read a first time Its chief purpose is promotion of provision of new housing accommodation to replace accommodation which is occupied by members of the agricultural population and is unfit for human habitation or is overcrowded It further proposes to amend the Housing (Scotland) Acts 1925 to 1935, relating to insanitary dwelling houses the provision of water closets and the making of by laws as to accommodation for seasonal workers The second reading of the Bill was moved by Dr Elliot on November 9 This was carried by 178 to 109

During the debate on the second reading of the Cinematograph Films Bill, on November 4 Sir Ernest Graham Little said as an example of a scientific subject depicted by a film a member of the staff of St Bartholomew s Hospital was able to produce a film to demonstrate the actual progress of inflammation which was of great advantage in assisting the understanding of an intricate and obscure process Instances of this kind might be multiplied indefinitely, yet there was no provision in this Bill for promoting the activities of the film industry in that direction The Bill was read a second time

The Expiring Laws Continuance Bill was read a second time by the House of Commons on November 4 and and passed through committee on November 8

The second reading of the Population (Statistics) Bill set down for November 8 in the Commons was postponed

The Parliamentary Medical Committee met at the House of Commons on November 8 Sir Francis Fremantle presiding and discussed the medical aspects of forthcoming Bills No changes were made in the office bearers of the committee for the session The committee will meet on the first Thursday of each month and Lord Horder will probably address it early in 1938 on the work of the Empire Rheumatism Campaign

Mr Tinker on November 9 secured a first reading for the Public Health (Coal Mine Refuse) Bill

The National Health Insurance (Juvenile Contributors) Bill and the Blind Persons Bill were down for second reading in the House of Commons on November 11

Nursing Scottish Committee of Inquiry

On November 2 Mr ELLIOT informed Mr Leonard that two members of the committee of inquiry into the recruitment for and conditions of the nursing profession—Miss Smaill superintendent of nurses at Edinburgh Royal Infirmary and Miss White the matron of Robroyston Hospital Glasgow—had nursing qualifications Before the appointment of the committee he invited the members of the Scottish committee which inquired into the training and registration of nurses in 1935 to extend the scope of their investigations to cover questions of recruitment and conditions of service The only new member of the committee was Lord Alness

Interdepartmental Committee on Nursing

The terms of reference of this committee are

"To inquire into the arrangements at present in operation with regard to the recruitment training, registration and terms and conditions of service of persons engaged in nursing the sick and to report whether any changes in those arrangements or any other measures are expedient for the purpose of maintaining an adequate service both for institutional and for domiciliary nursing

Sir KINGSLEY WOOD announced on November 4 that the Earl of Athlone had consented to act as chairman He has also stated that the terms of reference covered both general and mental hospitals and that the committee would inquire into the grievance of nurses who paid superannuation contributions but could not reclaim them

Abyssinian Refugees in Kenya

Mr ORMSBY GORE stated on November 3 that there were in Kenya about 6 000 Abyssinian refugees including many women and children Many were sick and there were 155 cases of small pox Other diseases were also prevalent though fatal cases were few It therefore became necessary to improvise arrangements for supplying them with medical attention and for their segregation from the native population of the Colony Supplies of vaccine were dispatched by aeroplane from Nairobi vaccination was carried out and other assistance rendered by all the medical staff available Mr Gore praised the splendid work the medical authorities had performed under conditions of great stress in supervising the health of the refugees He added that the refugees could not be accommodated in Kenya where it would be impossible for them to maintain themselves

Post-mortem Examination in Silicosis Cases

On November 4 Mr Hopkin asked if Sir Samuel Hoare knew that post mortem examinations were made in cases in which the patient had already been certified as suffering from silicosis and of the profound resentment at such a procedure by relatives of the deceased and his fellow workmen Sir SAMUEL HOARE answered that he appreciated the considerations to which Mr Hopkin referred but the difficulty was that men suffering from silicosis frequently died from other causes In many such cases it was not possible without a post mortem examination to determine the cause of death

Brown versus White Bread

Sir Kingsley Wood will ask the Advisory Committee attached to his Department to deal with the question of the different nutritional values of whole meal bread brown bread and white bread either in their next general report or otherwise He will publish any report by the committee on this subject

Prophit Trust Tuberculosis Research

Mr WM LEACH asked on November 8 whether the machinery of the Civil Service was being used on behalf of the Prophit Trust letters being sent officially to the staff at the money order office asking them to volunteer to undergo an examination consisting of an x ray photograph of the chest and a skin test whether this skin test would be either the von Pirquet or the Mantoux tuberculin test whether he was aware that there was a considerable difference of opinion in medical circles as to the significance of skin tests in tuberculosis and that the injection of tuberculin into the skin had occasioned a violent reaction in susceptible individuals and whether the Postmaster General would stop this exploitation of young civil servants

Major TRYON replied that the Royal College of Physicians was carrying out on behalf of the Prophit Trust a large scale research with a view to the early detection and prevention of tuberculosis in young adults With the previously obtained concurrence of the Staff Associations concerned it had been allowed to ask for volunteers among the Post Office staff including the staff at the money order department The whole scheme was on an entirely voluntary basis with no element of compulsion whatever The Mantoux test was used The efficacy of this test was the subject of investigation No danger was involved and the voluntary co-operation in this matter of young civil servants among others might be the means of practical assistance in the campaign against pulmonary tuberculosis Mr LEACH asked whose would be the

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In our advertisement columns this week the University of Capetown invites applications for the Chair of the Practice of Medicine at a salary of £1 250 p a

The annual meeting of the Herefordshire Medical Society will be held at 1A, St John Street Hereford on Thursday November 18 at 4 15 p m After the business meeting Sir Thomas Dunhill will give an address on Diaphragmatic Hernia and Pharyngeal Pouches At 7 30 p.m the annual dinner of the society will be held at the Green Dragon Hotel Hereford

Two years ago Lord Nuffield gave £86 500 to trustees for the development throughout England and Wales of an organized plan of early discovery and orthopaedic treatment of children and others who were in danger of becoming crippled by deformity disease or injury This donation was specially intended to help districts possessing little or no orthopaedic organization The trustees working through the Central Council for the Care of Cripples have made grants towards the building of orthopaedic hospitals where they are most urgently needed, and have been instrumental in the formation of many new associations and Lord Nuffield has now given them a further sum of £150 000 to widen and intensify the scope of their work Of this new gift he has allocated £70 000 to Scotland and £26 000 to Northern Ireland and it is his wish that honoraria should be granted to help young surgeons to specialize in orthopaedic surgery

Mr A Chester Beatty has bought the former Freemasons Hospital in the Fulham Road London with the intention of presenting the building to rehouse the adjacent Research Institute of the Royal Cancer Hospital Mr Beatty will also equip the building and will re-equip the radiotherapeutic department of the Royal Cancer Hospital with the most modern high voltage x ray therapy apparatus

The trustees of a fund raised to commemorate the work of the late Sir William Simpson have through Mrs Alec-Tweedie offered the London School of Hygiene and Tropical Medicine a sum of money which will provide for the annual presentation of a Simpson Prize This will consist of books to the value of £3 10s and will be awarded annually to the student who obtains the highest marks in Part I of the January examination for the Diploma in Tropical Medicine and Hygiene

All work on the new nurses home of Westminster Hospital will be finished in time for the nurses to occupy the building by Christmas Queen Mary has consented to open the home in February Work on the new Medical School will be completed by January 1 This will enable the hospital to give possession of the old school premises and site in Caxton Street on that date to the purchasers of this freehold property which has been sold for £34 000

The committee appointed under the auspices of the Swedish Government to investigate the problems arising out of compulsory vaccination against small pox has now issued its report Exemption from vaccination is recommended in the case of conscientious objectors and their children but the committee considers that vaccination should continue to be compulsory for the armed forces of the Crown and for all civilians in times of epidemics

The Plymouth City Council has approved a scheme for reconstruction of the Plymouth City Hospital at a cost of £250 000 The new hospital will provide accommodation for only three more patients than at present but the existing building is regarded as wholly unsuitable for modern requirements

The Cesare Lombroso prize for criminal anthropology has been awarded to Dr Luigi Vervaeck director of the service of criminal anthropology in Belgium

Owing to its increase in size the *Chinese Medical Journal* will henceforth appear in two volumes a year

Professor Austregesilo of Rio de Janeiro and Dr Le Sage of Montreal have been elected foreign correspondents of the Academie de Medecine

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B M A HOUSE TAVISTOCK SQUARE W C 1

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Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Secretary B M A House Tavistock Square W C 1 on receipt of proofs Authors overseas should indicate on MSS if reprints are required as proofs are not sent abroad

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QUERIES AND ANSWERS

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Nocturnal Twitching of Lower Limbs

E B writes in reply to "Wilts" (October 30 p 888) Being subject to rheumatism I dosed myself with aspirin to such an extent that I set up a dyspepsia which recurs at intervals and is accompanied by twitching of the limbs when I get warmed up in bed at night If I take a dose of bismuth at bedtime I have no twitching but if I neglect to take this dose and the "fidgets" appear a dose of bismuth will still quieten things down usually in a very short time I have concluded that the trouble is not rheumatic but due to some nervous irritability originating in the stomach Wilts should try his patient with a dose of bismuth of magnesia just before getting into bed

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THE ROYAL AIR FORCE DENTAL BRANCH

Applications are invited from DENTAL SURGEONS for appointment to COMMISSIONS in the Dental Branch of the ROYAL AIR FORCE for entry in January 1938
Selection candidates will be appointed to non-permanent commissions for 3 years which are extendible to 6 years and in a certain number of cases to 10 years.
Candidates must be under 28 years of age, and will be selected after interview by a selection board without competitive examination
Candidates must be of pure European descent. They must be British Subjects the sons of British Subjects and registered under the Dental Acts
Hospital appointments held since qualifying will under certain conditions qualify candidates for antedate of commission up to a maximum of 6 months the age on entry may if necessary be increased by a period equal to the antedate."
The grant of permanent commissions to officers holding non-permanent commissions will be by selection as and when vacancies on the permanent establishment of the Dental Branch occur Officers not selected for permanent commissions receive gratuity at the following rates on transferring to the Reserve

On completion of	3 years	£350
	6	£1 000
	10	£1 500

Copies of the Regulations for entry and conditions of service, including rates of pay and allowances also form of application may be obtained on application from The Secretary Air Ministry (D M.S) Adastral House, Kingsway W C 2
Completed applications from intending candidates for the vacancies in January 1938 must be received in the Air Ministry not later than November 24th, 1937

UNIVERSITY OF DURHAM

THE MEDICAL SCHOOL, KING S COLLEGE, Newcastle-upon Tyne.

DEMONSTRATORSHIP OF ANATOMY

Applications are invited from registered medical practitioners for the post of Demonstrator in the Department of Anatomy at a salary of £400 per annum Preference will be given to persons who have some experience in the teaching of Anatomy
Applications must be made on or before December 4th and must be addressed to the undersigned from whom further particulars may be obtained
R B GREEN
Dean of Medicine

LONDON HOSPITAL DENTAL SCHOOL.

DEMONSTRATOR

There will be a vacancy for a Demonstrator of Operative Dental Surgery in the Dental School of the London Hospital on January 1st.
Further particulars may be obtained from the Dean to whom application for the appointment should be forwarded by November 30th
A. E. CLARK KENNEDY M D., F R C P
Dean
London Hospital Medical College
Turner Street, E.1

COUNTY BOROUGH OF NEWPORT

PUBLIC ASSISTANCE COMMITTEE.

ASSISTANT RESIDENT MEDICAL OFFICER. JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited from unmarried Registered Medical Practitioners (male) for the above appointments at the Committee s Hospital which is a recognized Training School for Nurses and provides treatment for acute medical and surgical cases tuberculosis obstetrics and children s diseases etc
Salary (1) ASSISTANT £350 per annum rising by £25 annually to £450 per annum terminable by three months notice on either side *Preference will* be given to candidates with surgical experience and experience in the administration of anaesthetics.
(2) JUNIOR £150 per annum Annual appointment terminable by one month s notice on either side.
The usual residential emoluments are provided in each appointment.
Applications stating age experience and qualifications, accompanied by copies of three recent testimonials to be sent to the Public Assistance Officer Town Hall Newport, Mon not later than November 19th 1937
O TREHARNE MORGAN
Town Clerk.
Town Hall
Newport Mon

treated with serum depended on the day of admission of hospital. This system was extended to cases of bronchopneumonia as well as to those of croupous pneumonia and the serum was injected in some cases even when cutaneous or conjunctival tests had shown no abnormal sensitivity. Burroughs Wellcome Type I pneumococcal serum only was used as Type I infections are the most common. The dose on the day of admission was 20,000 units of 1st to 15th day inclusive 10,000 units. The corresponding doses for children under 10 were 20,000 and 10,000 units respectively. Between September 1st 1936 and March 31st 1937 156 cases of pneumonia were admitted to hospital of which sixty six were suffering from croupous pneumonia and ninety from bronchopneumonia. In these 91 cases Type I pneumococci were found. In the remaining cases the types most commonly found were III IV and VII. The authors compare the tables and graphs of the mortality among Type I infections treated with and without the serum treatment. Even when the infections caused by pneumococci belonged to some type other than Type I there was much lower in the serum treated cases than in the controls. In a long footnote to this paper D. T. Stevenson director of the State Serum Institute in Cape Town discusses the comparative merits of the rapid Felton method and the Institute's plans for providing Dominion residents with an adequate supply of pneumococcus I serum.

390 **Migraine**

A Series (*Wien. klin. Woch.* Aug. 20 1937 p. 1005) reports the results of treating seven cases of migraine with magnesium sulphate. A concentrated twice isotonic solution of magnesium sulphate was given. The first dose consisted of 2 ccm. of 1 per cent. solution and this was raised to 5 ccm. The injection was given very slowly preferably with the patient lying on his back. Out of the seven cases treated forty five attacks showed relief four cases were cured altogether while the remaining twenty five were unaffected. The treatment proved harmless and was well tolerated in every case.

Ophthalmology

391 **Seborrhoeic Blepharo-conjunctivitis**

W. B. Clapp (*Amer. J. Ophthal.* August 1937 p. 803) believes that most cases of chronic inflammation of the eyelids are due to a seborrhoeic blepharo-conjunctivitis. It starts in the sebaceous glands of the eyelid and in the Meibomian glands. Permanent cure cannot be obtained without the elimination of the associated seborrhoea which usually is found elsewhere. The affected cilia should be epilated the Meibomian glands expressed the conjunctival sac irrigated the lid margins rubbed with a mild antiseptic lotion and a sulphonamide ointment should be applied daily. Adrenaline drops assist in reducing the congestion of the conjunctiva. If the ulcerative stage has been reached the rubbing should be delayed until the ulcers have healed. The refraction should be determined optic foci eliminated and the associated seborrhoea treated. The condition must be distinguished from blepharitis marginalis.

392 **Intraocular Foreign Bodies**

P. Barbat (*Arch. Ophthal.* Paris July 1937 p. 605) in order to determine the position of foreign bodies anæsthetizes the eye and injects 1/10 ccm. of warm liquefied lipiodol at the limbus at 12 and at 6 o'clock the vertical diameter of the cornea being measured. After half an hour or more the eye is x-rayed with the eyes bandaged. A frontal view is taken the film being adjusted by initial screening so that the two opaque areas have a maximum separation. A lateral view is then taken with the film nearest to the injured eye and the tube centred on the film. A tracing of the shadows of the lipiodol and of the foreign body is made. These x-ray plates are screened [illegible] the centre of the lipiodol shadow and a thread [illegible] the foreign body's image. [illegible] the [illegible] the [illegible] the

HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE.

It is anticipated that not less than 10 vacancies for Medical Officers will occur before the end of 1937 The majority of these will occur in Tropical Africa and in Malaya

QUALIFICATIONS—Candidates must be British subjects of European parentage, under 35 years of age, and must possess a medical qualification registrable in the United Kingdom Preference will be given to candidates who have held Hospital or Public Health appointments or who have special knowledge of anaesthetics, radiology, surgery, medicine, ophthalmology, gynaecology and midwifery diseases of the ear, nose and throat, venereal diseases, etc

SALARY—Initial salaries vary from £600 to £700, and rise by increments to a maximum of between £1,000 and £1,200

PRIVATE PRACTICE—Private practice is not allowed as of right, but in the case of some appointments it is permitted on certain conditions

QUARTERS—In Tropical Africa, free quarters, or an allowance in lieu, are provided In Malaya, quarters are provided at an annual rental not exceeding 6% of an officer s salary

PASSAGES—Free first-class passages are provided on first appointment and when returning from leave. Assistance is also given towards family passages

TERMS OF APPOINTMENT.—The appointments are pensionable, subject to a probationary period which varies from two to three years

COURSES OF INSTRUCTION IN TROPICAL MEDICINE AND HYGIENE—Selected candidates will normally be required to attend a course of instruction leading to the Diploma in Tropical Medicine and Hygiene before proceeding overseas

DUTIES—Although Medical Officers are appointed in the first instance for general service, there are opportunities for work in special branches of medicine and surgery, in public health, and in medical research

Further particulars and forms of application may be obtained from the **Director of Recruitment (Colonial Service), 2, Richmond Terrace, Whitehall, London, S W 1**

ROYAL NAVAL MEDICAL SERVICE.

Vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in January, 1938

Candidates below the age of 28 years are preferred, and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career Officers transferred to the permanent list will receive a gratuity of £1,000 (less Income Tax)

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post-Graduate study

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director-General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than November 22nd, 1937.

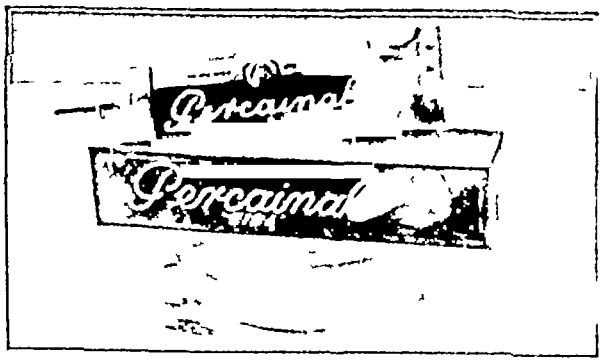
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For the treatment of all painful conditions of the skin and mucous membranes

Eczema macerations of the skin, bed sores, herpes zoster, chaps, cracked nipples ulcera cruris, ulcers due to X rays, intertrigo, pruritus ani et vulvæ, anal fissures, hæmorrhoids, burns etc

Collapsible tubes containing 40 grm

CIBA LIMITED
40, Southwark Street, LONDON, S.E.1

THE KING EDWARD VII WELSH NATIONAL MEMORIAL ASSOCIATION

Applications are invited from duly registered medical practitioners for the following posts

(a) ASSISTANT TUBERCULOSIS MEDICAL OFFICER (male) at the North Wales Sanatorium Denbigh (247 Beds for female pulmonary and male female and children non-pulmonary cases)

Salary £500 per annum rising by annual increments of £25 to £700 per annum less emoluments These in the case of a married man are valued at £50 per annum and include house water electricity coal laundry and garage In the case of an unmarried man living in they are valued at £100 per annum

Preferably candidates should have had resident experience in special institutions (Hospital or Sanatorium) for the treatment of pulmonary and/or non-pulmonary tuberculosis with eighteen months experience in general clinical work of which six months should have been spent in a hospital not confined to the treatment of tuberculosis

Applicants must be under 45 years of age and the person appointed will be required to pass a medical examination and to contribute 5 per cent of his salary to the Superannuation Fund of the Association

(b) ASSISTANT RESIDENT MEDICAL OFFICER (male or female) at the Glan Ely Hospital Fairwater near Cardiff (196 Beds for pulmonary and surgical tuberculosis in men women and children)

Salary £200 per annum plus maintenance

The appointment is limited to a period of twelve months

Applications stating age qualifications and experience together with copies of three recent testimonials should reach the undersigned not later than November 24th 1937

D A POWELL
Principal Medical Officer

Memorial Offices
Westgate Street Cardiff

BOROUGH OF BECKENHAM

ASSISTANT MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

Applications for this appointment are invited from registered medical practitioners of not more than 40 years of age commencing salary £500 to £600 (according to qualifications and experience) rising (subject to satisfactory service) by annual increments of £25 to a maximum of £700 p a

Candidates must have had at least three years professional experience and special experience in Ante-Natal and Maternity and Child Welfare Work and the work of the School Medical Service The possession of a Diploma in Public Health will be an advantage

The person appointed will be required to devote the whole of his or her time to the duties and not engage in private practice Duties to be performed under the direction of the Medical Officer of Health

The post has been designated as established for the purposes of the Local Government and Other Officers Superannuation Act 1922 and the usual deduction of 5 per cent will be made from salary The successful candidate will be required to pass a medical examination by the Medical Officer of Health or an independent medical referee appointed by the Council

Applications must be made on forms obtainable from the Medical Officer of Health Town Hall Beckenham to whom they must be returned (accompanied by copies of three recent testimonials) not later than 12 noon on Tuesday November 30th 1937 in envelopes endorsed Assistant Medical Officer

Canvassing directly or indirectly will disqualify

C ERIC STADDON
Town Clerk

Town Hall
Beckenham Kent
November 8th 1937

COUNTY COUNCIL OF MIDDLESEX

VISITING LARYNGOLOGIST

Applications are invited for the appointment of Visiting Laryngologist at the *County Sanatorium* Harefield

The surgeon appointed will be required to attend for one session of approximately 2 hours per week at the hospital Remuneration will be at the rate of £3 3s per session The appointment which does not carry any superannuation rights will be held during the pleasure of the Council and is terminable by one month's notice on either side

Applications stating age qualifications and experience accompanied by *copies* of not more than three recent testimonials must be received by the undersigned not later than December 10th

Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Laryngologist Harefield Sanatorium

Canvassing, directly or indirectly will be a disqualification

C W RADCLIFFE Z"
Clerk of the County Council

Middlesex Guildhall Westminster S W 1
November 8th 1937

NOTTINGHAMSHIRE COUNTY COUNCIL

RANSOM SANATORIUM AND SHERWOOD VILLAGE SETTLEMENT

APPOINTMENT OF MEDICAL SUPERINTENDENT

Applications are invited for the appointments of Medical Superintendent of the County Sanatorium (450 beds to be increased shortly to 170 beds) and of the County Village Settlement situate in Sherwood Forest, near Mansfield

Candidates must be duly qualified Medical Practitioners having had extensive experience in the administrative and clinical control of Sanatoria including the practice of all modern forms of active treatment In addition they must conform as regards training and experience with the conditions set out in Article 3 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930 The possession of a diploma in Public Health and of some knowledge or experience of Settlement organization will be considered an advantage

The commencing salary will be at the rate of £750 per annum with emoluments valued at £100 per annum (house light fuel and water) rising by increments of £50 every two years to £900 per annum plus emoluments

The person appointed will be a member of the staff of the County Medical Officer and will act under his general supervision and control

The appointments will be subject to the provisions of the Local Government and Other *Officers Superannuation Act 1922 and will be* terminable by three months notice on either side

Forms of application and conditions of appointment may be obtained from me and should be returned to the County Medical Officer Shire Hall Nottingham not later than November 27th 1937

K TWEEDALE MEABY
Clerk of the County Council

Shire Hall
Nottingham
November 8th 1937

BOROUGH OF ILFORD

Appointment of MALE ASSISTANT MEDICAL OFFICER OF HEALTH AND RESIDENT MEDICAL OFFICER Isolation Hospital

Applications are invited from legally qualified medical practitioners for the above appointment *at a commencing salary of £600 per annum rising* subject to satisfactory service by annual increments of £25 to a maximum of £700 per annum plus unfurnished house free from rates (valued at £75 per annum for superannuation purposes)

The person appointed will be required to work under the direction of the Medical Officer of Health and to act as Resident Medical Officer at the Borough Isolation Hospital and Sanatorium and to do such other duties as may be allocated to him by the Medical Officer of Health He will be required to reside at the house provided for him at the Isolation Hospital

The appointment will be subject to the provisions of the Local Government and Other Officers *Superannuation Act 1922 and to the Staff Regu*lations of the Council The selected applicant will be required to pass a medical examination by and to the satisfaction of the Medical Officer of Health and to enter *into a formal agreement* The appointment will also be subject to three months notice on either side

Applications on the prescribed form which (together with list of duties) is obtainable from my office, must be received by me at the Town Hall Ilford not later than November 25th 1937

Canvassing directly or indirectly will be a disqualification

CHARLES N ROBERTS
Town Clerk.

Town Hall
Ilford
November 3rd 1937

PATHOLOGIST TO THE KANEMATSU MEMORIAL INSTITUTE OF PATHOLOGY

Sydney Hospital Sydney N.S.W., Australia.

Applications are invited from medical graduates for the post of SENIOR PATHOLOGIST of Sydney Hospital at a salary of £900 rising by yearly increments of £50 to £1 000 p a (Australian currency) The successful applicant will work under Dr J C Eccles the Director of the Institute and will be responsible for the post mortem work and morbid histology of the Hospital In addition he will be required to engage in the *informal instruction of students* and there will be ample opportunity for pursuing original investigations

The appointment will be for a period of five years and the *successful applicant will be eligible* for re-appointment at the completion of this term

Applications (six copies) together with details of experience in Morbid Anatomy a list of publications a medical certificate of health and a recent photograph should be forwarded to the Secretary Sydney Hospital and reach him by January 31st 1938 on which date the applications will close The successful applicant will be expected to commence his duties not later than July 1st 1938 Travelling expenses up to a maximum of £150 sterling will be allowed Further information concerning the appointment may be obtained from THE SECRETARY Universities Bureau of the British Empire 88a Gower Street London W C 1

THE CUMBERLAND COUNTY COUNCIL the COUNTY BOROUGH OF CARLISLE, and the CUMBERLAND INFIRMARY Carlisle.

CONSULTANT IN GYNAECOLOGY AND OBSTETRICS

The above bodies invite applications in respect *of the above* appointment from duly qualified medical men with special experience in gynaecology and obstetrics

The person appointed shall be a member of the Honorary Staff of the Cumberland Infirmary he shall during the term of this appointment act as part time consultant of the two Councils, and he will be allowed to engage in private consultant practice

Forms of application with conditions of the appointment set out in detail may be obtained *from the undersigned*

C W ALLAN HODGSON
Clerk of the Cumberland County Council The Courts Carlisle

F G WEBSTER
Town Clerk for Carlisle Town Hall Carlisle

J S RIPPIER
Secretary of the Cumberland Infirmary Carlisle.

N B—In connexion with the part-time services to be rendered to the County Council a salary at the rate of £450 per annum will be paid and in respect of similar services to the Carlisle City Council a salary at the rate of £150 per annum will be paid a travelling allowance at the mileage rate will be paid by the County Council

October 20th 1937

HARROW URBAN DISTRICT COUNCIL.

APPOINTMENT OF ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified women for the appointment of Assistant Medical *Officer of Health at a commencing salary of £600* per annum rising by annual increments of £25 to £700 per annum plus a car allowance of £50 per annum

Experience in ante-natal work *in the supervision* of midwives and hospital treatment of infectious disease is highly desirable

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922, and to the Council's Staff Service Conditions a copy of which will be handed to applicants selected for interview

Applications accompanied by copies of not more than three recent testimonials must be sent endorsed "Assistant Medical Officer of Health" not later than November 15th 1937 to the undersigned from whom application forms together with particulars of the duties may be obtained on receipt of an addressed envelope

Canvassing directly or indirectly will be a disqualification

VERNON YOUNGER
Clerk of the Council

Council Offices Stanmore.
October 27th 1937

CITY OF BIRMINGHAM EDUCATION COMMITTEE.

APPOINTMENT OF MALE ASSISTANT *SCHOOL MEDICAL OFFICER*

Applications are invited for the appointment of Male Assistant School Medical Officer Candidates must have had at *least three years experience* in the practice of their profession subsequent to obtaining a registrable qualification Salary according to "Askwith Scale (£500 to £700 by annual increments of £25) £10 per *annum* travelling expenses allowed

Forms of application (to be returned not later than first post on Friday November 26th 1937) together with further information may be obtained from the undersigned on receipt of a stamped addressed foolscap envelope Communications should be endorsed Assistant School Medical Officer Canvassing will disqualify

P D INNES
Chief Education Officer

Education Office
Margaret Street
Birmingham 3
November 9th 1937

KENT COUNTY COUNCIL

SENIOR RESIDENT MEDICAL OFFICER

Applications are invited for the post of Senior Resident Medical Officer at the County Hospital Dartford (670 Beds)

The salary for the appointment is £350 a year rising by £25 a year to £450 a year together with residential emoluments which are valued at £170 a year

Forms of application can be obtained from the Public Assistance Officer Tonbridge Road Maidstone to whom applications must be sent by 10 a m on Saturday November 20th 1937

W L PLATTS
Clerk of the County Council

Sessions House Maidstone
November 6th 1937

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BRIGHTON COUNTY BOROUGH MENTAL HOSPITAL
Haywards Heath Sussex

The Visiting Committee of the Brighton County Borough Mental Hospital invite applications for the appointment of MEDICAL SUPERINTENDENT of the Hospital Applicants must be under 45 years of age

The commencing annual salary will be £1 100 rising subject to satisfactory service by annual increments of £50 to £1 400 plus emoluments valued for purposes of Superannuation at £250 a year

Forms of application for the appointment and particulars may be obtained from me and must be received by me duly completed on or before November 24th 1937

Canvassing in any form will disqualify

Town Hall JAS H ROTHWELL
Brighton 1 Clerk to the Visiting Committee
November 8th 1937

MANCHESTER ROYAL INFIRMARY
ASSISTANT MEDICAL OFFICER

Massage and Electrical Department

The Board of Management invite applications from registered Medical Practitioners (men and women) for the above appointment Previous experience in the work is not essential The duties are to attend daily and to assist the Medical Officer in charge of the Department The appointment is part time (non resident) for one year Salary £100 per annum

Candidates must state age and send twelve copies of their application and testimonials to the under signed on or before Thursday November 25th 1937

By Order
W R TINDALE
General Supt and Secretary
November 8th 1937

THE ROYAL WESTERN COUNTIES INSTITUTION STARCROSS DEVON
(For Mental Defectives)

Applications for the post of RESIDENT MEDICAL OFFICER are invited from gentlemen who are duly qualified and registered Medical Practitioners of not less than five years standing and not over 40 years of age and are in possession of the diploma in Psychological Medicine.

Salary £800 per annum rising by annual increments of £50 to £1 000 per annum together with board residence and laundry

Particulars of terms of appointment and duties may be obtained on application to the Superintendent L W HEDGER
Secretary

RAUCEBY MENTAL HOSPITAL
near Sleaford Lincs

Applications are invited for the post of ASSISTANT MEDICAL OFFICER (male) The salary will be £350 per annum rising by increments of £25 per annum to £450 together with board lodging attendance and laundry valued for superannuation purposes at £120 per annum An additional £50 per annum will be paid for the D P M The appointment is subject to the provisions of the Asylum Officers Superannuation Act 1909

Applications stating full particulars together with copies of three recent testimonials to be forwarded to the Medical Superintendent before *November 21st*

SUSSEX EYE HOSPITAL
Eastern Road Brighton (48 Beds)

HOUSE SURGEON (male) required Salary at the rate of £150 per annum with board residence and laundry Good ophthalmic experience The appointment is for a period of six months

The Hospital is recognized by the Examining Board of the Royal College of Physicians of London and the Royal College of Surgeons of England for the D O M S Diploma

Applications in writing accompanied by copies of recent testimonials should be sent to P F Spooner Assistant Secretary Sussex Eye Hospital Eastern Road Brighton
November 1937

CHELSEA HOSPITAL FOR WOMEN
Arthur Street S W 3

There will be a vacancy for a JUNIOR HOUSE SURGEON (male) on January 1st 1938 Appointment for six months salary £100 p.a He will be expected to proceed to the Senior post (six months salary £120 p.a.) at the end of his term of office Candidates must be duly registered and preferably unmarried

Applications accompanied by copies of three testimonials should be received not later than the first post on Friday November 26th by the Secretary F J CABLE

EYE, EAR AND THROAT HOSPITAL FOR SHROPSHIRE AND WALES
APPOINTMENT OF HOUSE SURGEON

The Board of Management invite applications for the post of House Surgeon at the Eye Ear and Throat Hospital Shrewsbury (53 beds)

The appointment is for a period of six months and applicants must be free to commence duty on January 1st 1938

Candidates (*either sex*) must be unmarried and have a registered qualification in Medicine and Surgery Salary £225 per annum with board lodging and laundry

Application with copies of testimonials to be sent in a sealed envelope marked House Surgeon to the Chairman of the Board of Management not later than November 27th 1937

C S ASBURY
Secretary

THE BOLTON ROYAL INFIRMARY
(315 Beds including two Auxiliary Hospitals)

Applications invited from gentlemen for the post of RESIDENT SURGICAL OFFICER

Staff comprises Assistant R S O House Physician and three House Surgeons R.S O appointment is recognized by the Royal College of Surgeons of *England for the Final Fellowship Examination*

Salary £250 per annum with board residence and attendance

Applications stating age nationality and experience, together with copies of testimonials should be forwarded to the undersigned not later than Thursday November 25th 1937

H CORLESS
Acting Secretary

THE BOLTON ROYAL INFIRMARY
(315 Beds including two Auxiliary Hospitals)

Applications are invited from ladies and gentlemen for the post of HOUSE PHYSICIAN Salary £200 per annum with board residence and attendance Duty to commence January 1st 1938 The appointment is for six months and is renewable

This post offers an excellent opportunity for post-graduate experience of acute medical cases and clinical pathology

Applications stating age nationality and previous experience together with copies of testimonials should be forwarded to the undersigned not later than first post Thursday November 25th

H CORLESS
Acting Secretary

THE BOLTON ROYAL INFIRMARY
(315 Beds including two Auxiliary Hospitals)

Applications are invited from gentlemen for the post of HOUSE SURGEON

Salary £150 per annum with board residence laundry and attendance

Applications stating age nationality and experience, together with copies of testimonials should be forwarded to the undersigned not later than first post Thursday November 25th

H CORLESS
Acting Secretary

PART TIME MEDICAL OFFICER (MAN OR woman) required at the Maudsley Hospital Denmark Hill S E.5 Candidates must be under 40 years of age and be registered to practice both in medicine and surgery in England Salary £300 a year of 48 weeks for five sessions (*morning and* evening) of three hours each week. Psycho-therapy in out patients department - No emoluments For *application form* returnable by November 22nd send stamped addressed foolscap envelope to Chief Officer (B) Mental Hospitals Department Shell Mex House Strand W C 2 Canvassing disqualifies Married women eligible

DISTRICT INFIRMARY
Ashton-under Lyne

ORTHOPAEDIC DEPARTMENT

The Governors invite applications from fully qualified ORTHOPAEDIC SURGEONS practising within ten miles of Ashton-under Lyne for the position of Surgeon in charge of fractures

Particulars as to the duties can be obtained from the undersigned

FRANK OLIVER
November 8th 1937 Secretary-Superintendent

GENERAL HOSPITAL NOTTINGHAM
(389 Beds.)

A RESIDENT CASUALTY OFFICER (Male) is required at the above Institution The appoint*ment is for six months* with salary at the rate of £150 a year with board residence and laundry Candidates are desired to send applications stating age qualifications and experience together with copies of testimonials to the undersigned at once Duties to commence on December 1st

PETER M MACCOLL
House Governor and Secretary

SEAFIELD MATERNITY HOSPITAL, AYR.
HOUSE PHYSICIAN

Applications are *invited* for the post of house physician at the above hospital which contains 30 Beds for abnormal cases and is under the charge of a qualified obstetrician Salary will be at the rate of £200 per annum and board lodging and laundry will be provided The appointment is till March 31st 1938 but an extension for six months may be arranged

Applicants should have had experience as house surgeon or house physician but obstetrical experi*ence is not necessary* Applications should state age, qualification and experience and should be forwarded with copies of three recent testimonials to the County Clerk, County Buildings, Ayr so as to reach him not later than Wednesday November 17th

Ayr October 27th 1937

THE PRINCE OF WALES'S HOSPITAL,
Greenbank Road Plymouth
(Formerly South Devon and East Cornwall Hospital) (264 Beds.)

Applications are invited for the post of RESI DENT SURGICAL OFFICER (male) Salary £225 per annum with board residence and laundry

Appointment tenable for six months and subject to renewal Duties to commence December 8th

Candidates must be registered under the Medical Acts and it is desirable they should possess the F R C S England or Edinburgh

Applications stating age and *qualifications* together with copies of three recent testimonials, to reach the undersigned by November 19th.

ARTHUR R CASH
Gen Supt. and Secretary
October 30th 1937

WESTERN INFIRMARY OF GLASGOW
(Incorporated)

RADIUM DEPARTMENT

The Managers invite applications for a FULL-TIME ASSISTANT RADIUM THERAPIST for the National Radium Centre at the Western Infirmary

The work will include treatment by the usual Radium methods and also by Beam Therapy Salary £400 per annum

Fifteen applications with copies of at least two testimonials with each application to be lodged *with the Subscriber on or before* Wednesday November 24th 1937 Canvassing not permitted.

J MATHESON JOHNSTON
Secretary and Treasurer

87 Union Street, Glasgow
November 3rd 1937

STANNINGTON CHILDREN S SANATORIUM,
Northumberland (310 Beds.)

RESIDENT ASSISTANT MEDICAL OFFICER (FEMALE)

Applications are *invited from* duly qualified medical women for the above post Candidates must have held a resident hospital appointment since qualifying and have had experience in the diagnosis and treatment of Tuberculosis and Bacteriology

The Sanatorium deals with all forms of Tuberculosis surgical and medical in children, and is fully equipped for the work.

The Sanatorium is situated fourteen miles north of *Newcastle-on-Tyne* and two miles from Morpeth.

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Applications are invited for the following posts

HOUSE PHYSICIAN (*male*) unmarried salary £100 per annum

HOUSE SURGEON (male) unmarried salary £100 per annum

The appointments are for six months *from* January 1st 1938 There are six Resident Officers.

Application forms can be obtained from the Secretary and must be returned *not* later than November 22nd 1937

November 2nd 1937

MILLER GENERAL HOSPITAL,
Greenwich Road S.E.10

Applications are invited for the post of RESI DENT SURGICAL OFFICER AND REGISTRAR (the senior of six resident posts) Salary £250 per annum Candidates (male) must be unmarried Board residence and laundry are provided Duties to commence on January 1st 1938

Application forms can be obtained from the Secretary and must be returned not later than November 22nd 1937

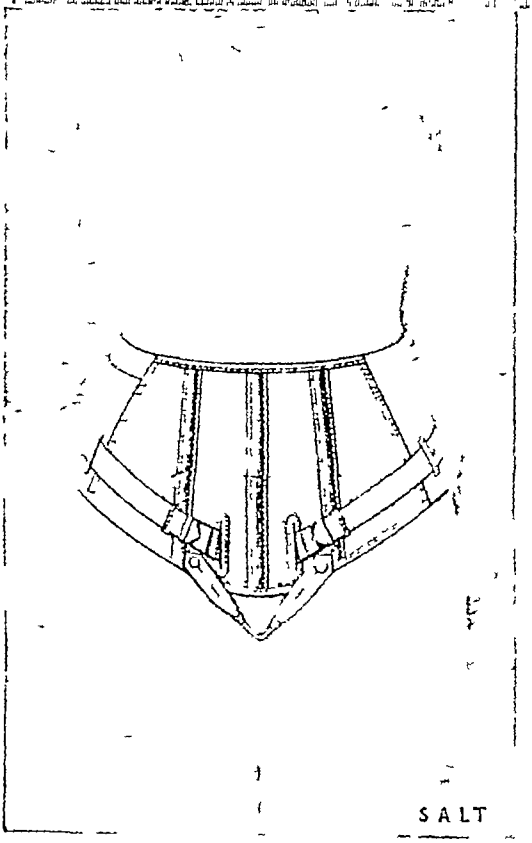
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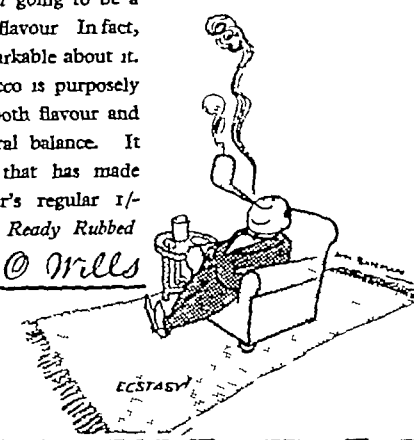
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BAGULEY SANATORIUM (333 Beds)

The Public Health Committee invites applications from registered medical men for the post of RESIDENT JUNIOR ASSISTANT MEDICAL OFFICER (Grade 2) at the Baguley Sanatorium

The salary for the appointment is £250 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service

The appointment will be made in the first instance for a period of six months renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 by whom applications must be received not later than November 24th 1937

Town Hall F E WARBRECK HOWELL
Manchester 3 Town Clerk
November 9th 1937

CITY OF MANCHESTER

CRUMPSALL HOSPITAL (1,543 Beds)

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The appointment will be made in the first instance for a period of six months, renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health, Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than November 27th 1937

F E WARBRECK HOWELL
Town Hall Town Clerk.
Manchester 2
November 8th 1937

THE SOUTH LONDON HOSPITAL FOR WOMEN

Clapham Common S W.4
(140 Beds)

A General Hospital for Women and Children

Applications are invited from medical women for the under-mentioned appointment

RESIDENT MEDICAL OFFICER

for a period of twelve months from January 1st 1938 Salary at the rate of £150 per annum with board residence and laundry

Candidates are requested to call on members of the Hon Medical Staff if possible before Thursday November 18th by which date applications and copies of testimonials should reach the Secretary at the Hospital

STAFFORDSHIRE COUNTY COUNCIL

STANDON HALL ORTHOPAEDIC HOSPITAL (120 Beds)

HOUSE SURGEON (FEMALE)

Applications are invited for the post of House Surgeon (female) at the above Hospital at a salary of £200 per annum with full board and lodging The appointment is for one year and is not renewable A month's holiday is allowed during the term of service

Applications stating age and qualifications, accompanied by three recent testimonials must be delivered to the undersigned not later than November 17th. 1937 H L UNDERWOOD
Clerk of the County Council

County Buildings Stafford.
November 1st 1937

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RESIDENT ANAESTHETIST and District Resident Medical Officer six months Salary £90 p a

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with board residence and laundry allowance (4s weekly) Appointments to commence on January 1st 1938

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Applications stating age and with copies of three testimonials should be sent to the Secretary by December 6th 1937

H B STOKES
Secretary Superintendent

THE LONDON HOMOEOPATHIC HOSPITAL Great Ormond Street W C 1 (200 Beds)

The Board of Management invite applications for the appointment of

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Candidates will be required to attend a meeting of the Medical Committee

Applications, stating age qualifications and experience, with 35 copies of application and 35 copies of each testimonial should be sent on or before December 31st 1937 addressed to the Secretary of whom further particulars may be obtained L J KNOWLES
Secretary

ST BARTHOLOMEW'S HOSPITAL

CHIEF ASSISTANT TO THE DENTAL DEPARTMENT

Applications are invited for the post of Chief Assistant (Unpaid) to the Dental Department Candidates must hold a Registered Dental qualification and a Medical qualification in addition is desirable but not essential.

Appointment will be made for a period of twelve months from January 1st 1938 with eligibility for re-election

The officer appointed will be required to attend the Dental Department on two mornings a week

Further particulars may be obtained from the undersigned to whom applications and testimonials (copies only) should be sent not later than Saturday December 18th 1937

C C CARUS-WILSON
Acting Clerk to the Governors

WINFORD ORTHOPAEDIC AND HEART HOSPITAL, near Bristol (110 Beds.)

Applications are invited from registered Medical Practitioners (either sex) for the post of MEDICAL OFFICER (non-resident full-time) Duties to commence November 15th 1937 for a period of two years with the option of a third year Previous experience in Orthopaedic work an advantage. Salary at the rate of £325 p.a. The appointment will be determinable at any time by three months notice on either side

Applications giving particulars of age qualifications and experience accompanied by copies of three testimonials should be forwarded as soon as possible to the undersigned (from whom further particulars may be obtained)

E R. HARVEY RACE Secretary
Winford Orthopaedic Hospital
46 Park Street Bristol 1

October 23rd 1937

NATIONAL HOSPITAL FOR DISEASES OF THE HEART Westmoreland St W 1

PHYSICIAN TO OUT PATIENTS

The Committee of Management invites applications for the post of Physician to Out Patients to fill a vacancy on the Honorary Medical Staff.

Candidates must be Graduates in Medicine of a University of the British Empire recognized by the Royal College of Physicians of London and Fellows or Members of that College. Candidates will be expected to call on the Honorary Medical Staff.

Applications with ten copies of not more than three recent testimonials, should be sent to the undersigned not later than Saturday December 4th 1937 ROBERT G E. WHITNEY
Secretary

WEST END HOSPITAL FOR NERVOUS DISEASES

In-Patient Department Gloucester Gate Regent's Park N W
Out Patient Department and Secretary's Office Welbeck Street. W

The Committee of Management invites applications for an HONORARY ASSISTANT PHYSICIAN Candidates must be Fellows or Members of the Royal College of Physicians of London and Graduates in Medicine of one of the Universities of the United Kingdom

Twelve copies of the application with copies of three testimonials, should be addressed not later than Monday November 29th to the undersigned from whom candidates are requested to obtain further information

J P WETENHALL
Secretary

INGHAM INFIRMARY SOUTH SHIELDS (163 Beds)

Applications are invited from qualified and registered Medical Men for the post of RESIDENT SURGICAL OFFICER Salary £300 p.a. with board residence etc Candidates must produce evidence of having had practical surgical experience in a recognized Hospital The appointment will be for a minimum period of one year subject to satisfactory service otherwise to one month's notice on either side Applications stating age, qualifications and experience, together with copies of not more than three recent testimonials (which will not be returned) to be forwarded to the undersigned The successful applicant will be required to commence duty on January 1st 1938

JOHN POTTER
Secretary

SAINT PANCRAS DISPENSARY 39 Oakley Square N W 1

There is a vacancy for a HONORARY DENTAL SURGEON who must be registered in the Dentists Register in virtue of a British degree or diploma

Applications accompanied by three recent testimonials should reach the Honorary Secretary of the Dispensary Mr A. F HANKINS 2 Endsleigh Street W C 1 not later than Monday November 29th The election will take place at a Special Meeting of the Committee to be held at the Dispensary at 5.30 p m on Tuesday December 7th next

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Telephone No 6207 Barnwood

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Telephone: PINNER 231

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(Removed from Ashford Middlesex)

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FOR THE UPPER AND MIDDLE CLASSES ONLY

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WANTAGE HOUSE.

This is a Reception Hospital in detached grounds with a separate entrance to which patients can be admitted It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorders It contains special departments for hydrotherapy by various methods including Turkish and Russian baths the prolonged immersion bath Vichy Douche Scotch Douche, Electrical bath Plombières treatment etc There is an Operating Theatre a Dental Surgery and X ray room an Ultra Violet Apparatus and a Department for Diathermy and High Frequency treatment It also contains Laboratories for biochemical bacteriological and pathological research

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Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres. Milk, meat fruit and vegetables are supplied to the Hospital from the farm gardens and orchards of Moulton Park. Occupation Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming gardening and fruit growing

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At all the branches of the Hospital there are cricket grounds football and hockey grounds lawn tennis courts (grass and hard courts) croquet grounds golf courses and bowling greens Ladies and gentlemen have their own gardens and facilities are provided for handicrafts such as carpentry etc

For terms and further particulars apply to the Medical Superintendent (Telephone No 2356 and 2357 Northampton) who can be seen in London by appointment

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Practices and Partnerships for Disposal — **Full particulars sent free**

1 S COAST HEALTH RESORT —Non dispensing PRACTICE in first rate residential town Cash receipts 1936, £1 748 Small select panel Visits 5/ and up to £1 1s Very good well built residence (7 bedrooms etc) for sale freehold Excellent social and educational facilities Premium £3,200

2 SURREY —Old-established PRACTICE, about £900 p.a, in progressive town under 12 miles from London Panel about 1 100 Detached corner house (4 bedrooms) Rent £70 p.a Premium two years purchase

3 S E COAST — PARTNERSHIP (after preliminary Assistantship) in non-dispensing Practice about £4,500 p.a Panel 1 400 Visits 5/- to £1 1s House available One fifth share to suitable man at two years purchase

4 DEATH VACANCY — STREATHAM — Old-established PRACTICE Receipts past nine months, £747 House (5 bedrooms) for sale

5 S COAST, favourite watering place —PARTNERSHIP in Practice doing about £1 500 Panel about 700 Visits 3/6 to 7/6 Share of £500 for first twelve months, increasing to £1 000 afterwards when good house would be available at £180 p.a Premium two years purchase

6 N E COAST —Old established and easily worked middle-class PRACTICE over £1,150 p.a in seaport town No panel Residence facing sea for sale Premium (to include furnishings and fittings of consulting rooms small X ray plant etc) £1 000

7 ITALIAN RIVIERA —Small good-class non-dispensing season PRACTICE Further details on application

8 S COAST —Old established PRACTICE, averaging nearly £1,500 p.a, in popular watering place Panel 825 House in excellent position (5 bedrooms, etc) garage and garden for sale Good scope Premium two years purchase

9 BRISTOL —PARTNERSHIP in increasing Practice in growing suburb Cash receipts past twelve months, £2 125 Panel 2,200 House with 4 bedrooms and surgery accommodation, to rent at £60 p a also branch surgery Scope Premium one half share £2 000 to include share of drugs etc

10 LONDON, S E —Middle-class PRACTICE in pleasant open suburb Receipts 1936, £848 Panel 450 House contains 5 bedrooms etc Price freehold £1 400 Scope Premium £1 280

11 WILTS/HANTS BORDER —PARTNERSHIP (after preliminary Assistantship) in increasing mixed Practice in country district Receipts 1936 nearly £2 350 Panel between 1 400/1 500 One third share to suitable man at one and a half years purchase

12 S MIDLANDS —PARTNERSHIP in Practice, between £2,300/£2 400 p.a in county town Panel about 2 000 House (6 bedrooms), large garage and garden for sale or rent One third share (after preliminary Assistantship) : one and three-quarter years purchase or near offer

13 S WALES —Steadily growing middle-class PRACTICE doing about £500 a year in residential village easy distance of large town Modern semi-detached house (5 bedrooms) garage and garden Price £1 350 leasehold Scope Premium one year s purchase

14 S AFRICA —PRACTICE, averaging over £1 400 p.a in important town in Cape Province House with 5 bed rooms, separate surgery accommodation to rent Scope for surgery Premium £500

15 DEATH VACANCY —W OF ENGLAND — Old established good middle-class non panel PRACTICE, doing about £1,800/£2,000 p.a in country town with hospital Suitable house available Further details on application

16 HOME COUNTY —PARTNERSHIP in Practice averaging over £3,500 p a in beautifully situated country town, within easy reach of coast Panel about 1,350 Fees 3/6 to £1 1s House with 5 bedrooms etc for sale Partner must be experienced and aged about 35/40 Premium one half share two years purchase Hospital

17 SEASIDE TOWN, under an hour from London —PARTNERSHIP (one half share) in chiefly middle-class Practice over £4,000 p a Panel 650 Corner house (5 bed and dressing rooms), on main road for sale Scope for increase Premium two years purchase

18 MIDLANDS — Old established non-dispensing PRACTICE, averaging £1,640 p.a in first rate residential town Small panel House (6 bedrooms) garage, for sale Scope Premium £2 850 Hospital

19 LONDON, E 15 —PRACTICE, averaging £1,670 p.a, in populous suburban district Panel nearly 2 000 Small house to rent. Good scope Premium two and a-quarter years purchase

20 E MIDLANDS —Country PRACTICE, averaging nearly £650 p a, in pleasant village Panel 500 Charming stone built house (6 bedrooms) central heating electric light, power and main water garage and garden, about one and a half acres for sale Scope Premium two years purchase

21 LONDON, S W —Medical Woman's PRACTICE averaging £489 p a, in suburban district—run as a "Lock Up" Surgery premises to rent Good scope for increase Premium £750

22 LONDON, S W — Well established Medical Woman s PRACTICE in outlying suburban district Receipts average £960 p.a No panel Purchaser could have use of surgery premises living accommodation and services by arrangement Premium one and three-quarter years' purchase

23 S W OF ENGLAND —PARTNERSHIP in old established Practice £6 600 p a in beautiful country district Valuable appointments and panel of 4,500 Centrally situated house (5 bedrooms) for sale Premium one fifth share £2,750

24 EASTERN COUNTIES —PARTNERSHIP in good middle-class Practice £2,450 p.a in county town Panel 1,200 Good house (5 bedrooms) in perfect condition, to rent Premium one half share two years purchase

25 N E COAST —PARTNERSHIP in Practice, between £2,000/£2 200 p.a in fashionable watering place Panel 1,700 Applicant should be English or Scottish aged about 30 and experienced in general practice and surgery Two-fifths share at two years purchase after about ten months Assistantship

26 MIDLANDS —Old-established PRACTICE in beautiful country district Cash receipts last year £1,280 including appointments worth about £60 and a panel between 650 and 700 Visits 2/6 to £1 1s without medicine Nicely situated house (4 bedrooms, dressing room etc.) with nice garden and two garages Rent about £80 p.a Premium two years purchase

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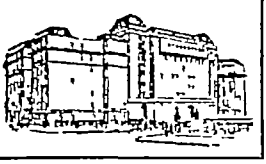
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LANCS TOWN —Very old-established mixed Panel and Private PRACTICE in present hands 35 years Cash receipts last year £916 Panel 1,223 Scope Excellent detached house 2 reception 5 bedrooms garage and small garden For sale or would rent on lease Premium—1½ years purchase Vendor retiring —No 1004

LIVERPOOL.—Steadily increasing mixed Panel and Private PRACTICE in suburbs Cash receipts last year £740 Panel 625 Excellent detached house 2 reception, 6 bedrooms, garage and good garden Premium—Practice—£1,250 —No 1036

YORKSHIRE (W R.) —Old-established mixed PRACTICE, averaging £860 p.a Panel 701 Scope for increase Good house, with excellent garden to rent at £30 p a Premium—£1 350 (to include drugs and fittings) —No 1037

MANCHESTER —Well-established mixed Panel and private PRACTICE, offering scope for increase Cash receipts last year £1,222 Panel 800 Good house 2 reception, 5 bedrooms, 2 *Professional rooms Premium*—1½ years purchase —No 1009

LIVERPOOL.—Well-established PRACTICE in pleasant district Receipts £800 p.a Panel 650 Good house 5 bedrooms, garden and garage Premium —1 year s purchase —No 928

DEATH VACANCY —LANCS TOWN —Sound middle and better working class PRACTICE in prosperous town in late incumbent s hands 30 years. Average cash receipts £1 346 p a Panel approximately 1 700 Scope Excellent house, with ample accommodation garage and garden. Premium—best offer —No 1035

NORTH EAST COAST —Easily worked middle-class PRACTICE in present hands 33 years. Cash receipts £1 159 p a No Panel. Great scope as district developing Rent of Surgery premises £26 p.a Premium—£1,000 (to include Surgery fittings, etc., and small X ray plant) —No 1028

LANCS TOWN —Old-established mixed Panel and Private PRACTICE in good town Cash receipts last year £940 Panel 1 225 Scope for increase Corner house 6 bedrooms, separate entrance to Surgery Rent £75 p.a Premium—£1,500 —No 1033

LANCS TOWN —Mixed-class PRACTICE. Cash receipts £1 010 Panel 1 050 Good house Premium—1½ years purchase —No 951

ESSEX.—Old-established unopposed mixed-class PRACTICE in country district, about 45 miles from London. Cash receipts approximately £1 600 p.a Panel 1,250 Excellent house (in own grounds) 2 reception, 5 bedrooms garage garden and tennis court Rent £90 p.a Premium—2 years purchase —No 1032.

NORTH WEST COAST —Well-established PRACTICE in Seaside town Cash receipts £500-£550 p.a Panel 450 Modern flat to rent at £80 p a inclusive of rates Premium—1 year s purchase —No 1005

CHESHIRE TOWN —PARTNERSHIP (after preliminary Assistantship) in mixed-class Practice Cash receipts last year £2,020 Panel 1 800 Scope Suitable house for incoming partner to rent Premium—1/3rd share—2 years' purchase —No 1008

SOUTH YORKSHIRE.—Old-established Private PRACTICE in present hands 35 years. Cash receipts last year £1,240 No Panel, Clubs or appointments Scope especially for Panel Detached modern house garage and garden Premium best offer —No 1017

NORTH WEST COAST —Old-established and practically unopposed Seaside and Country PRACTICE in delightful district. Cash receipts last year £868 Panel 225 and transferable appointments £255 p.a Excellent house 3 reception, 8 bedrooms, electric light and gas, garage and garden For sale freehold Premium—Practice—1½ years purchase —No 998

LANCS TOWN —Very old-established PRACTICE. Income £1 500 p a. Panel 1 500 Scope Good house to rent at £50 p.a. Premium—best offer —No 945

NORTH WALES —Old-established PRACTICE near Sea and Country capable of great increase Cash receipts last year £1 026 Panel 800 Nice surgery premises. Premium best offer —No 905

LANCS TOWN —Old-established mixed-class PRACTICE in large town Cash receipts approximately £1 300 p.a Panel 800 Scope Good house 2 reception 5 bedrooms, 3 Professional rooms, garage and garden. Premium—£1,350 —No 1010

NORTHUMBERLAND —Very old-established PRACTICE in country district near to sea Cash receipts last year £1 827 Panel 971 and transferable appointments £230 p.a Excellent house 2 reception 5 bedrooms, 3 Professional rooms (separate entrance) garage and ½-acre garden. Premium—Practice—2 years purchase —No 1022.

LANCS TOWN —PARTNERSHIP in middle and working-class Practice in clean town close to country Cash receipts last year £2,481 Panel 2,115 Nice detached house 2 reception, 4 bedrooms, garage and garden. Premium—one half share—2 years purchase or near offer —No 1015

NEAR LEEDS —PARTNERSHIP in mixed panel and private PRACTICE in present hands 40 years. Average cash receipts £4,250 p.a Panel over 3 000. Scope for increase Excellent house with separate surgery garage for 2 cars and nice garden Premium — 3/5th share (approximately £2,520 p.a) —2 years purchase —No 1031

LANCS TOWN —*Old-established mixed-class PRACTICE.* Cash receipts last year £1 136 Panel 975 Good house and surgery premises to rent. Premium—£1 500 Vendor retiring.—No 1007

NORTH WEST COAST —Old-established middle-class PRACTICE in Seaside town Cash receipts £1,100 Panel 350 Nice house garage and garden. Premium—1½ years purchase —No 961

DERBYSHIRE/CHESHIRE BORDER.—Old-established PRACTICE capable of great increase Cash receipts last year £700 (increasing) Panel 862. Excellent house 2 reception, 4 bedrooms, 3 Professional rooms (separate entrance) garage and good garden *Premium—Practice* and house—best offer —No 989

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MANCHESTER.—Old-established mixed PRACTICE in Industrial district. Cash receipts last year £880 Panel 904 Scope for great increase Corner house with ample accommodation to rent at £60 p.a. Vendor retiring — Premium, best offer —No 855

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MIDLANDS —Old-established mixed Panel and Private (non-dispensing) PRACTICE Cash receipts approximately £1 900 p.a Panel 1,950 Scope Excellent house with nice garden garage etc. Premium—Practice—2 years purchase —No 983

LEEDS —Small PRACTICE in present hands 54 years. Cash receipts over £500 p.a Panel 400 Scope for energetic man. Suitable house for sale or rent Premium—1 year s purchase —No 1014

LINCOLNSHIRE.—PARTNERSHIP in good mixed-class Practice in pleasant town Average cash receipts £2 450 p.a. Panel 1,200 Appointments £190 p.a. Scope Nice house in good condition, 2 reception 5 bedrooms, garden. Rent £68 p a Premium—half share—2 years purchase —No 1013

NORTH WALES COAST —Middle-class PRACTICE. Receipts £1 417 p.a. Panel 415 Excellent house with ample accommodation, garage and garden. Premium—£1 800 —No 929

WELSH BORDER.—PARTNERSHIP in old-established PRACTICE in rural district Panel 2,432. Good house garage and large garden. Premium—share worth £800 p a best offer —No 956

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B·M·A· House, Tavistock Square, W.C.1

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COUNTY COUNCIL OF MIDDLESEX

OBSTETRIC SURGEON

Applications are invited from registered Medical Practitioners for the appointment on the pensionable staff of an Obstetric Surgeon Grade I at West Middlesex County Hospital Isleworth The appointment is a senior one in the Council's general hospital service and applicants are expected to be medical men or women of high qualifications and professional attainments who have devoted their time wholly or chiefly to the practice of obstetrics and gynaecology The successful candidate will work under the direction of the Medical Superintendent of the hospital and the whole of his time must be given to his official duties He must be prepared to undertake the teaching of students if required and to carry out such other duties as the County Council may from time to time direct

Salary £1 000 per annum rising by annual increments of £50 to £1,500 The salary is inclusive and any fees received by the officer appointed must be paid over to the County Council

The appointment is non-resident and the successful candidate will be required to reside within a short distance of the hospital In the case of an unmarried officer if accommodation is available, board lodging laundry and service may be provided by the County Council and in this event a deduction of £150 per annum will be made from the officer's salary

The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by three months notice on either side

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than December 1st Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Obstetric Surgeon, West Middlesex County Hospital

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE "Z,
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
November 6th 1937

COUNTY BOROUGH OF SOUTH SHIELDS

APPOINTMENT OF ASSISTANT MEDICAL OFFICER

Applications are invited from fully qualified and registered women medical practitioners for the post of Assistant Medical Officer (Maternity and Child Welfare and School Medical Service) at a salary of £500 per annum rising by annual increments of £ 5 to £ 00 per annum

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 19 and the successful candidate will be required to pass a medical examination

The person appointed will be under the administrative control of the Medical Officer of Health and he must devote the whole time to the duties of the post and must not engage in private practice

Form of application may be obtained from the Medical Officer of Health Town Hall South Shields

Applications with copies of three recent testimonials should be received at my office not later than noon on Saturday November 20th 1937 marked "Appointment of Assistant Medical Officer"

HAROLD AYREY
Town Hall South Shields Town Clerk.
November 11 1937

EAST HAM CORPORATION

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the appointment of an Assistant Medical Officer of Health (woman) at a salary of £.00 rising annually by £25 to a maximum of £700 per annum subject to 5 per cent deduction for superannuation. Age not to exceed 45 years

The successful candidate will be required under the supervision and direction of the Medical Officer of Health to undertake primarily duties in connection with School Medical Inspection and Clinics together with such other duties as may be allocated by the Medical Officer of Health from time to time She will be required to reside in the district

A diploma in Public Health is desirable and candidates must have had previous experience of similar work She must be prepared if called upon to act as a locum-tenen to other members of the Staff The appointment will terminate on marriage.

The person appointed must devote the whole of her time to do duties of the office and not engage in private practice she will be required to pass a medical examination

Application forms, obtainable from the undersigned on receipt of stamped addressed foolscap envelope must be returned with copies of not more than three testimonials not later than 9 a m on Monday November 15th 1937 Canvassing either directly or indirectly will disqualify

Town Hall By Order
East Ham E.6 E. W JOSLIN
October 29th 1937 Town Clerk

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE.

MIDDLETON IN WHARFEDALE SANATORIUM

APPOINTMENT OF JUNIOR RESIDENT MEDICAL OFFICER

The County Council of the West Riding of Yorkshire invite applications for the appointment of Junior Resident Medical Officer (male unmarried) at the Middleton-in-Wharfedale Sanatorium near Ilkley (300 beds) Salary £350 by increments of £.5 to £450 per annum with board

Candidates should have previously held an appointment as House Physician or House Surgeon and experience in Pulmonary and Non Pulmonary Tuberculosis and Anaesthetics will be an advantage

Further particulars and form of application may be had from the undersigned by whom all application together with copies of not more than three recent testimonials must be received not later than Monday November 9th 1937

County Hall J CHARLES McGRATH
Wakefield Clerk of the County Council
November 1937

COUNTY COUNCIL OF WEST RIDING OF YORKSHIRE.

STAINCLIFFE COUNTY HOSPITAL, Dewsbury

Applications are invited for the appointment of RESIDENT MEDICAL OFFICER AND DEPUTY MEDICAL SUPERINTENDENT at the Staincliffe County Hospital Dewsbury

Salary £350 per annum rising by increments of £ 5 to £4 0 per annum with board and residence at the Hospital

Further particulars and form of application may be had from the undersigned by whom all applications together with copies of not more than three recent testimonials must be received not later than November 22nd 1937

J CHARLES McGRATH
Clerk of the County Council.

County Hall Wakefield
November 1937

BRITISH MEDICAL ASSOCIATION

ASSISTANT SECRETARY

The Council of the British Medical Association is prepared to receive applications from registered medical practitioners for the post of ASSISTANT SECRETARY Duties will commence on March 1st 1938 or before that date by arrangement The salary will be £800 per annum rising subject to satisfactory service to £900 per annum after one year and thereafter by annual increments of £50 to £1,.50 When this maximum is reached the Council may consider further increases for capability and length of service A deduction will be made for the purposes of the Association's superannuation scheme for officials.

Applications marked Assistant Secretary giving age and full particulars of experience with the names of not more than three references should be sent to the Secretary British Medical Association Tavistock Square London W C.1 not later than first post Monday December 6th 1937 Canvassing not allowed

G C. ANDERSON
Secretary

COUNTY COUNCIL OF LINCOLN—PARTS OF LINDSEY

LOUTH PUBLIC HEALTH HOSPITAL.

APPOINTMENT OF MEDICAL SUPERINTENDENT

Applications are invited from registered medical practitioners for the appointment of Medical Superintendent at the above-named institution (200 Beds)

Candidates should hold one of the higher medical qualifications and must have held the post of House Physician or House Surgeon in a public general hospital Experience as a medical officer of a general hospital is also essential

The officer appointed will act under the general supervision and control of the County Medical Officer of Health

The salary will be at the rate of £800 per annum rising by biennial increments of £50 to a maximum of £1 000 It will be subject to the usual deductions under the Local Government and Other Officers Superannuation Act 19 .

Further particulars as to the appointment may be obtained from the undersigned to whom applications stating age qualifications and experience together with copies of three recent testimonials should be forwarded not later than November 0th 1937

W S H CAMPBELL
County Medical Officer of Health.

Public Health Department
County Offices Lincoln
November 2nd 1937

CITY OF LEEDS PUBLIC HEALTH DEPARTMENT

ST MARY'S INFIRMARY Armley Leeds 12.

A RESIDENT MEDICAL OFFICER is required for St Mary's Infirmary Leeds (250 Beds) The appointment is for twelve months Salary £250 per annum with the usual residential emoluments and one month's holiday Candidates must have had experience in midwifery subsequent to qualifying The duties of the Officer include lecturing to the Nursing Staff and instruction of Pupil Midwives

Applications stating age qualifications etc together with copies of three recent testimonials to be forwarded to the undersigned not later than 10 a m on Saturday November 0th 1937

J JOHNSTONE JERVIS
Medical Officer of Health

Public Health Department
1 Market Buildings
Vicar Lane, Leeds 1

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A complete Directory of Members or the names and addresses of members practising in any district can be obtained from —The Secretary C.S.M.M.G Tavistock House (N.) Tavistock Square London W.C.1

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INDIAN MEDICAL SERVICE

RECRUITMENT OF EUROPEAN OFFICERS

Applications are invited from Medical Men for Permanent Commissions in His Majesty's Indian Medical Service The terms offered include a gratuity of £1,000 on retirement after six years' service or of £2,500 after 12 years service, together with free return passages, for those who no longer desire to remain in the Service In other respects the terms will be as detailed below

British subjects of pure European descent who are under 32 years of age and who are registered under the Medical Acts in force in Great Britain and Northern Ireland are eligible to apply

CAREERS

The Indian Medical Service offers a permanent career with wide opportunities of medical experience including clinical preventive specialist and research work At the beginning of his career an officer is employed on the military side which has medical charge of the Indian Army Promotion is on a time scale up to the rank of Lieutenant Colonel and by selection to the ranks of Colonel and Major General An officer may apply after one year's Indian Service to have his name registered for transfer to the civil side from which appointments are made to Civil Surgeoncies, which are established at the principal civil centres to provide for the medical needs of Civil Officials and for general medical administrative purposes to specialist (for example public health and bacteriological) services to research posts and to professorships at the Medical Schools

RATES OF PAY

Years of Service	Rank	Basic Pay Rs. per mensem	Overseas Pay £ per month	Total £ per annum
1	Lieutenant	450	15	85
2	Captain	00	25	750
3	"	550	25	795
4	"	550	25	795
5	"	600	25	840
6	"	600	30	900
7	"	700	30	990
8	"	700	30	990
9	"	700	35	1050
10	"	700	35	1050
11	Major	800	35	1140
12	"	800	40	1200
13	"	800	40	1200
14	"	800	40	1200
15	"	800	40	1200
16	"	950	40	1335
17	"	950	40	1335
18	"	950	40	1335
19	"	1100	40	1410
20	"	1100	40	1470
1	Lieut.-Col.	1350	40	1695
22	"	1350	40	1695
23	"	1350	40	1695
24	"	1500	40	1830
25	"	1500	40	1830

Note.—(1) The rupee is at present stabilized at a rate equivalent to 1s 6d

(2) An officer promoted to the rank of Lieut.-Colonel before completion of 20 years service will receive pay at the rate of Rs 1,100 per mensem (£82 10s) and £40 per month overseas pay

Leave.—In addition to the above rates special allowances are admissible for a limited number of years to officers serving both in military and the civil side which will be held by members of the Indian Medical Service. Special high rates of pay are also admissible for certain administrative appointments open to officers of the Service

ANTEDATES IN COMMISSION

Candidates possessing certain higher medical qualifications or holding Public Health Diplomas may be granted an antedate on their commissions Past service in certain hospital appointments may be recognized and counted for an antedate Persons holding certain specified resident posts accepted by the Secretary of State may be seconded in those posts for a period The maximum period of antedate secondment or antedate and secondment combined, admissible under this paragraph is limited to 18 months

OUTFIT ALLOWANCE

Officers on appointment will receive an allowance of £75 towards the cost of outfit

PRIVATE PRACTICE

With the exception of Administrative Officers military or civil and officers holding certain special appointments, officers are not debarred from taking private practice so long as it does not interfere with their proper duties

LEAVE

Leave can be taken at reasonable intervals and adequate rates of leave pay are provided Extra leave (known as study leave), which may not exceed 12 months in all during an officer's service may be granted to officers desirous of pursuing special courses of study of a postgraduate nature During such leave study allowance at present fixed at the rate of 12s a day in the United Kingdom £1 a day on the Continent of Europe and £1 10s a day in the United States of America and Canada is granted to an officer in addition to ordinary rates of leave pay

PENSIONS

The rates of pensions are as follows —	Per annum
After 17 years service for pension	£372 0s
" 18 "	£400 0s
" 19 " "	£426 0s
" 20 " "	£465 0s
" 21 " "	£502 0s
" 22 " "	£539 10s
" 23 " " "	£576 10s.
" 24 " " "	£614 0s
" 25	£651 0s
" 26 " " "	£697 10s
" 27 " "	£744 0s

There are additional pensions ranging from £65 to £350 per annum for officers who have held administrative appointments

PASSAGES

An officer on appointment is provided with free passage to India The families of officers who are married prior to the date of the officers embarkation on first appointment will also be provided with free passage to India subject to the payment of messing charges Officers and their families are also eligible for passage concessions under which they are granted a certain number of return passages home at Government expense during their service

INSTRUCTION PRIOR TO EMBARKATION

Officers are required to undergo courses of instruction at the Royal Army Medical College and at Aldershot lasting approximately three months prior to their embarkation for India on first appointment Information as to the rates of pay admissible during this period and subsequent up to arrival in India is contained in the memorandum referred to below

Any further information desired as to these appointments and forms of application may be obtained from the UNDER SECRETARY OF STATE FOR INDIA (MILITARY DEPARTMENT) INDIA OFFICE, LONDON SW 1 The Selection Committee will meet at the India Office early in December next and the selected candidates (and a second list for hospital appointments will be required to join a course of instruction commencing about 1st January prior to sailing for India in April 1938 Applications should reach the India Office as soon as possible

No 17



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Applications are invited from fully qualified and registered medical men (only) for the following post

RESIDENT MEDICAL OFFICER Salary £1 0 p.a. Period nine months

HOUSE SURGEON No. 1 Salary £1 0 p.a. Period six months

HOUSE SURGEON No. 2 Salary £1 0 p.a. Period six months

HOUSE PHYSICIAN Salary £1 0 p.a. Period six months

RESIDENT ANAESTHETIST AND HOUSE PHYSICIAN Salary £1 0 p.a. Period six months

CASUALTY AND OUT PATIENT OFFICER No. 1 Salary £1 0 p.a. Period six months

CASUALTY AND OUT PATIENT OFFICER No. 2 Salary £1 0 p.a. Period six months

OBSTETRIC HOUSE SURGEON No. 1 Salary £130 Period nine months

OBSTETRIC HOUSE SURGEON No. 2. Salary £110 Period six months

In addition to his salary the Resident Medical Officer receives certain sums paid by the National Health Insurance

The Hospital contains 19 beds including 0 for Maternity patients

The appointments will date from January 1st 1938 and will be for six months except in the cases of the Resident Medical Officer and Obstetric House Surgeon No. 1 These will be for nine months terminating on September 30th 1938

Candidates who must be single and who should previously have held hospital appointments should send applications accompanied by testimonials to the undersigned not later than Wednesday November 4th 1937

RAPHAEL JACKSON Major
Secretary

THE MIDDLESEX HOSPITAL W 1

A vacancy for an AURAL SURGEON is hereby declared

A vacancy for an Assistant Aural Surgeon will also occur and application (30 copies) for this latter post are invited to be sent to the undersigned before noon on Saturday December 11th 1937 Candidates must be Fellows (or have passed the qualifying examination for Fellowship) of the Royal College of Surgeons of England

By Order of the Board
S. R. C. PLIMSOLL
Secretary Superintendent

THE MIDDLESEX HOSPITAL W 1

A vacancy for an OBSTETRIC AND GYNAECOLOGICAL SURGEON is hereby declared

A vacancy for an Assistant Obstetric and Gynaecological Surgeon will also occur and applications (30 copies) for this latter post are invited to be sent to the undersigned before noon on Saturday December 11th 1937 Candidates must be Fellows (or have passed the qualifying examination for Fellowship) of the Royal College of Surgeons of England By Order of the Board

S. R. C. PLIMSOLL
Secretary Superintendent

PADDINGTON GREEN CHILDREN'S HOSPITAL (Incorporated)
London W

Applications are invited for the appointment of HONORARY OPHTHALMIC SURGEON to the Hospital Candidates must be Fellows of the Royal College of Surgeons England

Applications stating age and qualifications supported by copies of three testimonials should reach the undersigned not later than Tuesday December 14th 1937

JAMES A. HAMLIN
Secretary

PADDINGTON GREEN CHILDREN'S HOSPITAL (Incorporated)
London W

Applications are invited for the appointment of HONORARY PHYSICIAN Candidates must be Members or Fellows of the Royal College of Physicians London

Applications stating age and qualifications supported by copies of three testimonials should reach the undersigned not later than Tuesday December 14th 1937

JAMES A. HAMLIN
Secretary

THE HOSPITAL FOR WOMEN
[illegible]

PAID STANDING SEAT [illegible]

[illegible]

[illegible]

[illegible]

ROYAL MASONIC HOSPITAL
Ravenscourt Park W 6

A post of RESIDENT MEDICAL OFFICER (male) preferably with M.R.C.P. qualification will be vacant on January 1st 1938 Salary at the rate of £300 per annum with board residence and laundry The appointment is for twelve months Candidates must be registered and must have held resident appointments in General Hospitals

The Institution (145 Beds at present but to be increased) is primarily for paying patients of both sexes of moderate means usually unable to afford ordinary Nursing Home treatment etc

Applications stating full particulars to be sent on or before Monday November 29th 1937 to the Honorary Secretaries from whom further information may be obtained The Medical Advisory Committee will meet on December 3rd 1937

ROYAL MASONIC HOSPITAL
Ravenscourt Park W 6

A post of RESIDENT SURGICAL OFFICER (male) one of three Residents will be vacant on January 1st 1938 Salary at the rate of £-50 per annum with board residence and laundry The appointment is for six months Candidates must be registered and must have held resident appointments at a general hospital The Institution (145 Beds at present but to be increased) is primarily for paying patients of both sexes of moderate means usually unable to afford ordinary Nursing Home treatment etc

Applications stating full particulars to be sent on or before Monday November 29th 193 to the Honorary Secretaries, from whom further information may be obtained The Medical Advisory Committee will meet on December 3rd 1937

SEAMEN'S HOSPITAL SOCIETY

The Committee of Management invite applications for the appointment of RESIDENT MEDICAL SUPERINTENDENT at the Hospital for Tropical Diseases Gordon Street W C 1

The appointment will be tenable for two years renewable for a further year at the discretion of the Board of Management Salary £400 per annum with board residence and laundry Candidates who should be single, must be legally qualified and registered Membership of the Royal College of Physicians is desirable but not essential

Applications stating age with copies of not more than three recent testimonials to be sent in on or before December 4th 1937 to

THE SECRETARY
Seamen's Hospital Society
Greenwich S E 10

DREADNOUGHT HOSPITAL GREENWICH
S E 10 (Seamen's Hospital Society)

Two half-time non-resident male RECEIVING ROOM OFFICERS required immediately for six months Morning or afternoon sessions with alternate Saturdays 9 a.m. to 1 p.m. Salary at the rate of £100 p.a. with meals

Applications stating age nationality and experience of House appointments accompanied by copies of testimonials to be sent in to the undersigned

F. A. LYON
October 15th 1937 Secretary

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W C 1

A RESIDENT ANAESTHETIC REGISTRAR is required Duties to commence on January 1st 1938 The appointment is tenable in the first instance for six months Salary at the rate of £100 per annum Candidates must be unmarried possess a legal qualification to practise and have held a responsible resident appointment at a General Hospital

Applications must be received by noon on Monday November 29th 193 and candidates must be prepared to attend for interview by the Joint Committee at 4.45 p.m. on Wednesday December 1st 193

Further particulars and form of application are obtainable from the undersigned

HERBERT E. PUTHERFORD
Oct Sec 13 Secretary

THE HOSPITAL FOR SICK CHILDREN
[illegible] W C 1

A RESIDENT HOUSE SURGEON [illegible]

[illegible]

[illegible]

[

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B.M.A. House, Tavistock Square, W.C.1 (in the case of Scottish appointments, with the Scottish Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District.	Town or District.	Town or District.
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA, CLYDACH VALE, PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OAKDALE, MON *(Medical Officer for Medical Aid Association)*
	MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	OGMORE VALLEY, GLAMORGAN *(Wyndham Colliery Medical Aid Society) (Workmen's Medical Scheme)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association.)*	PUBLIC HEALTH URBAN DISTRICT COUNCIL OF BOLDON RURAL DISTRICT COUNCIL OF SUNDERLAND *(Medical Officer of Health.)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B.M.A. House, Tavistock Square, W.C.1

Town or District.	Hon. Sec. of Division or Branch	Town or District.	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch.
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N.S.W.	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St. East Melbourne, Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon. Sec. Western Australian Branch British Medical Association "Shell House" 205 St. George's Terrace, Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B.M.A. House 225 Wickham Terrace, Brisbane B 17				

November 10, 1937 By Order of the Council G. C. ANDERSON, *Secretary*

ROYAL NORTHERN INFIRMARY
Inverness

APPOINTMENT OF MEDICAL CONSULTANT AND HON. CHARGE PHYSICIAN

The Directors invite applications for the new post of Medical Consultant and Hon. Charge Physician at the Royal Northern Infirmary, Inverness.

Candidates should preferably be Fellows of the Royal College of Physicians of Edinburgh or London and must be graduates of a British University.

The successful candidate will be in charge of at least twenty beds in the Infirmary and in addition he will be required to act as Medical Consultant in the Northern Area under arrangements with the Department of Health for Scotland and the local authorities concerned.

Payments in respect of salary for the above services will be at the rate of £1,200 per annum and will be subject to revision within five years.

The person appointed will be free to undertake other consultant work throughout the Northern Area but must not engage in general practice or in the practice of obstetrics or surgery.

Further particulars may be obtained from Robert Gilbert, Esq., Honorary Secretary, Royal Northern Infirmary, Inverness, with whom applications for the post together with twelve copies of testimonials must be lodged not later than December 10th, 1937.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

Applications are invited for the post of RESIDENT ANAESTHETIST AND EMERGENCY OFFICER (male). The appointment will be for three months from January 1st, 1938. Salary at the rate of £130 per annum with board, residence and laundry. Candidates, who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, etc., together with copies of not more than four recent testimonials to the undersigned on or before Wednesday, November 17th, 1937.

J. A. BEARDSALL,
Secretary-Superintendent.

VICTORIA HOSPITAL, BLACKPOOL
(182 Beds.)

APPOINTMENT OF PATHOLOGIST

The Board of Management invites applications from duly registered medical practitioners who have had adequate training in a department of high standing for the appointment of a full-time Pathologist to take charge of a new department about to be established and which will commence to operate on January 1st, 1938.

The work will include Pathology, Clinical Pathology and Bacteriology undertaken for the patients of the Hospital and also the examination of materials sent from external sources. Private practice will not be allowed.

Salary at the rate of £350 per annum together with the first £250 per annum of the gross receipts and fifty per cent. of the further gross receipts until these reach a total of £1,850 per annum. Thereafter further advances will be at the discretion of the Board.

The prospects of the rapid development of the private income of the Department are considered particularly good.

Applications together with copies of recent testimonials should be sent to me not later than November 30th, 1937.

WALTER R. SMITH
General Superintendent.

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL
(220 Surgical and Medical Beds.)

HOUSE SURGEON

Applications are invited from fully qualified men for the above post. The appointment is for six months. Salary at the rate of £150 per annum with board, apartments and laundry.

Applications stating age, together with copies of three recent testimonials should be sent to the undersigned as soon as possible.

M. H. BOONE,
Superintendent and Secretary.

October 28th, 1937.

NATIONAL SANATORIUM BENENDEN
Kent.

RESIDENT ASSISTANT MEDICAL OFFICER

The Council of the National Sanatorium Association invites applications for the post of Resident Assistant Medical Officer to commence on January 1st, 1938.

Candidates should have had previous experience in tuberculosis. The salary will be £350 per annum rising by £25 per annum to £425 with board, residence and laundry.

There are 150 beds at the Sanatorium.

Applications stating age, nationality, qualifications and previous experience, together with copies of three recent testimonials, to be sent to the undersigned not later than November 22nd, 1937.

C. C. LAWRENCE,
Hon. Secretary.

42, West Drive, Cheam, Surrey.

Envelopes should be marked PERSONAL.

NATIONAL SANATORIUM BENENDEN
Kent.

HOUSE PHYSICIAN

The Council of the National Sanatorium Association invites applications from registered Medical Practitioners for the post of House Physician. Salary at the rate of £150 per annum with board, residence and laundry.

The successful candidate will be appointed for a period of six months commencing January 1st, 1938. Previous experience in pulmonary disease is desirable.

Applications stating age, nationality and experience, together with copies of three recent testimonials should be sent to the undersigned not later than November 22nd, 1937.

C. C. LAWRENCE,
Hon. Secretary.

42, West Drive, Cheam, Surrey.

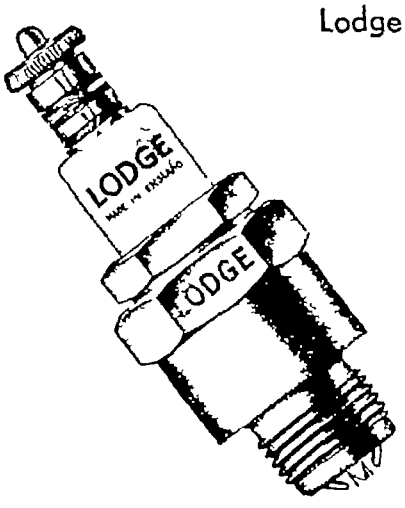
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BRITISH MEDICAL ASSOCIATION

AN ADVERTISEMENT FOR AN ASSISTANT SECRETARY to the Association with full details of the appointment, appears on page 51 of this issue.

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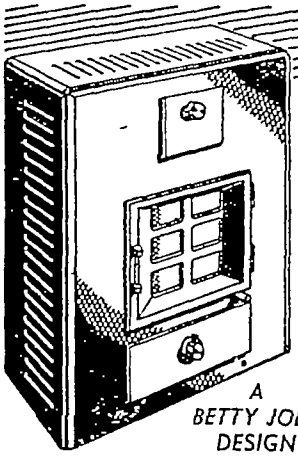
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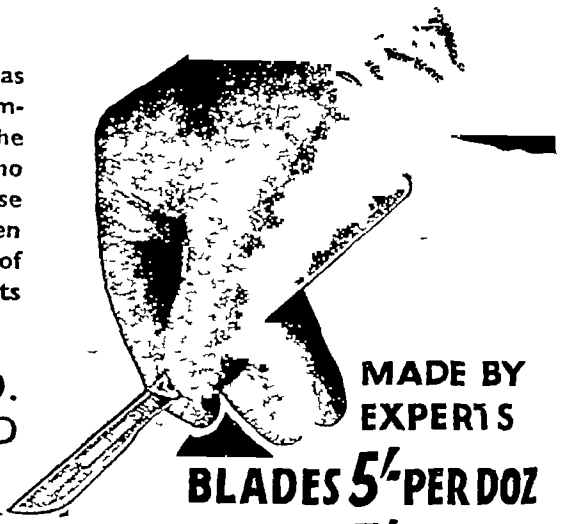
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Applications together with copies of recent testimonials (not more than three) to be forwarded to the Physician Superintendent to reach him as soon as possible

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H J WORWOOD
Clerk to the Visiting Committee.

ROYAL SUSSEX COUNTY HOSPITAL, Brighton (272 Beds)

HOUSE PHYSICIAN (male) required January 1st 1938 Charge of beds Salary £150 per annum with board residence and laundry Candidates must hold a Medical and Surgical qualification of the British Empire and be duly registered under the Medical Acts

They must be unmarried and when elected under thirty years of age

Applications, with copies of testimonials should be sent to the undersigned

L L W LANCASTER-GAYE
Secretary-Superintendent

ROYAL SUSSEX COUNTY HOSPITAL, Brighton (272 Beds.)

Applications are invited for the offices of HONORARY CLINICAL ASSISTANT ANAESTHETISTS (TWO) Candidates must hold a Medical and Surgical qualification of the British Empire and be duly registered under the Medical Acts

The appointments will be for a term of one year the successful candidates being eligible for re-election at the end of that period

Further particulars can be obtained from the undersigned to whom applications must be forwarded before 12 noon on December 11th 1937

L. L. W LANCASTER-GAYE
Secretary Superintendent

WATFORD AND DISTRICT PEACE MEMORIAL HOSPITAL. (144 Beds)

Applications are invited for the post of HOUSE PHYSICIAN (female) for a period of six months commencing January 1st 1938 Salary at the rate of £150 per annum with board and laundry

Applications stating age nationality and qualifications together with three testimonials to be forwarded to the undersigned not later than November 20th 1937

T H FLETCHER
Secretary

THE GENERAL INFIRMARY AT LEEDS

Applications are invited for the post of JUNIOR RESIDENT ANAESTHETIC OFFICER Salary £100 p.a. with the usual residential allowances

The appointment is for six months and is subject to renewal

Candidates must be fully qualified and registered

Applications with copies of testimonials to be sent in at once to the undersigned

S CLAYTON FRYERS
House Governor and Secretary

November 8th 1937

COSSHAM MEMORIAL HOSPITAL
Kingswood Bristol

A vacancy will appear at the end of the year for a JUNIOR RESIDENT MEDICAL OFFICER

Salary £100 per annum with board and laundry to remain for six months in the first instance. Applicants (male) should be British nationality fully qualified and registered

Applications with copies of recent testimonials to be sent to the Secretary

THE CHILDREN'S HOSPITAL
Temple Street Dublin

TWO HOUSE SURGEONS (women)

Applications are invited for the above position. To reach the Hon Secretary of the Medical Board not later than before November 6th

THE WOMEN'S HOSPITAL
Catherine Street, Liverpool
(Gynaecological Hospital—110 Beds)

HOUSE SURGEON required for six months commencing January 1st Salary £100 per annum Applications with copies of three testimonials to be sent to the Hon Secretary of the Medical Board

KENT AND CANTERBURY HOSPITAL
Canterbury

The Board of Management will shortly proceed to the election of an HONORARY DERMATOLOGIST

Candidates must be engaged solely in the practice of Dermatology

Applications with copies of three testimonials should be addressed to the undersigned from whom particulars of the appointment can be obtained The closing date for the receipt of applications is December 6th 1937

J F KENT
Superintendent and Secretary

KENT AND CANTERBURY HOSPITAL
Canterbury

Applications are invited for the post of HONORARY ASSISTANT PHYSICIAN

Candidates must be duly registered and must possess the degree M.D or the Diploma M R C.P

Particulars of the appointment can be obtained from the undersigned to whom applications together with copies of testimonials, should be forwarded by December 6th 1937

J F KENT
Superintendent and Secretary

KETTERING AND DISTRICT GENERAL HOSPITAL. (108 Beds)

Applications are invited for the post of HOUSE PHYSICIAN

Salary £150 per annum with board residence and laundry Candidates must be fully qualified and registered

The appointment is for six months with eligibility for a further period

Applications stating age nationality and qualifications together with copies of three testimonials to be sent to the undersigned as soon as possible

G W JACKSON
Secretary Superintendent.

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION
Gloucester

Applications are invited for the appointment of a whole time ASSISTANT RADIOLOGIST Salary a the rate of £500 per annum

Applicants must be registered Medical Practitioners and hold a diploma in radiology

The appointment will be for two years which may be renewed for a further period

Applications, stating age and qualifications with copies of testimonials to be sent to the undersigned on or before December 1st, 1937

F J SYMONS
October 7th 1937 Secretary

THE LONDON CHEST HOSPITAL,
Victoria Park E 2
(Bus Tram and Rail Cambridge Heath L and N E. Railway)

Applications (with copies of three testimonials) are invited to be sent to the Secretary on or before Friday December 3rd 1937 for the following posts subject to the rules and bylaws of the Hospital

RESIDENT MEDICAL OFFICER (male) for one year from January 1st 1938 Salary £350 p.a.

HOUSE PHYSICIAN (male) for one year from January 1st 1938 Salary at the rate of £100 p a Board residence and laundry provided.

HERTFORD COUNTY HOSPITAL. (169 Beds)

Applications are invited for the post of HOUSE SURGEON (male) (three Residents) Salary £200 per annum with board residence and laundry The appointment is for six months in the first instance.

Applications with three recent testimonials should be sent to the undersigned not later than Monday November 29th instant. PERCY G BROOKS
Secretary

ST GEORGE'S HOSPITAL SW1

Applications are invited for the post of ASSISTANT in the BACTERIOLOGICAL DEPARTMENT of this Hospital The salary will be at the rate of £250 per annum and the appointment will be an annual one

Candidates should send their applications accompanied by copies of recent testimonials to the Dean of the Medical School who will interview candidates by appointment and give details of the work required. Applications must be sent in by November 30th 1937

LIVERPOOL DENTAL HOSPITAL
Pembroke Place 3

The Committee invites applications for the post of HON ANAESTHETIST Attendance one half day per week Applicants must possess a medical qualification.

Further particulars may be obtained from the Hon Director to whom applications must be forwarded not later than Monday December 6th 1937

ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN
Waterloo Road S E 1

There will be a vacancy on December 1st 1937 for a HOUSE SURGEON (male) at the above Hospital. The appointment is in the first instance for a period of six months Salary at the rate of £100 per annum, with board and residence. Applications with copies of testimonials should be forwarded not later than Wednesday morning November 24th to the Secretary at the above address, from whom further particulars can be obtained

ST JOHN'S HOSPITAL FOR DISEASES OF THE SKIN 5 Lisle Street W C 2

Applications are invited for the posts of TWO HONORARY ASSISTANT PHYSICIANS to the Hospital Candidates must be Fellows or Members of the Royal College of Physicians of London Edinburgh or Dublin or Fellows of the Royal College of Surgeons of England Edinburgh or Dublin Applications to be sent to the Secretary from whom particulars can be obtained on or before November 27th 1937

LEONARD G R TURPIN
November 5th, 1937 Secretary

THE PRINCE OF WALES'S GENERAL HOSPITAL London N 15 (238 Beds)

Applications are invited for the posts of HONORARY CLINICAL ASSISTANTS in the various Departments of the Hospital (Surgical Medical Children Skin Ear Nose and Throat Eye Gynaecological X-ray and Electrical) for the year 1938

Applications for appointment to any of these posts should be sent to the undersigned on or before Monday November 29th 1937

J C BURDETT
Director and House Governor

EVELINA HOSPITAL FOR SICK CHILDREN
Southwark S E 1

Applications are invited for the post of HOUSE SURGEON (male) for six months from December 12th (first two months in the Casualty and Out-patient Department) Salary at the rate of £120 per annum, with full board and residence

Applications with copies of three recent testimonials, should be sent to the undersigned from whom particulars can be obtained not later than first post on Tuesday November 23rd

W H SIDNELL,
House Governor

EAST HAM MEMORIAL HOSPITAL,
Shrewsbury Road E 7 (100 Beds)

Applications are invited for the post of ANAESTHETIST (DENTAL) The successful candidate will be required to attend the hospital on Thursday mornings. Honorarium half a guinea per session Applications stating age experience and full particulars together with copies of three testimonials should reach the undersigned by November 30th

REGINALD PERRY
Secretary

CITY OF EDINBURGH PUBLIC HEALTH DEPARTMENT

ASSISTANT TUBERCULOSIS OFFICER (male) required to devote his whole time to the duties, he should have experience in the diagnosis and treatment of tuberculosis Salary £600 per annum

Applications with copies of recent testimonials should be addressed not later than November 20th to the Medical Officer of Health Johnston Terrace Edinburgh

LONDON HOSPITAL, E1

There is a vacancy for the post of an ASSISTANT RADIOLOGIST Honorarium £200 per annum. Applications with testimonials should arrive not later than Saturday December 11th and should be sent to the House Governor from whom further particulars may be obtained

ARTHUR G ELLIOTT
House Governor

ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL Edinburgh (65 Beds)

Applications are invited from fully qualified medical women for the post of RESIDENT ASSISTANT OBSTETRICIAN AND REGISTRAR to commence duties on January 1st 1938 Salary £150 per annum with board residence and laundry Applications with copies of testimonials to be sent to the Hon Secretary 1 Bruntsfield Crescent, Edinburgh

FREE EYE HOSPITAL, Southampton

The Committee require the services of a duly qualified HOUSE SURGEON to enter on duties on January 1st 1938 Salary £150 per annum with board residence and laundry Post-graduate experience in Ophthalmology is desirable

Applications with three recent testimonials to reach the Secretary by November 27th 1937

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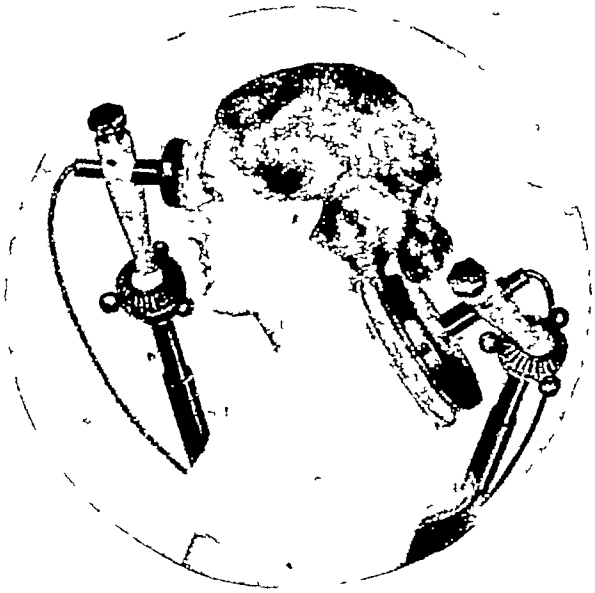
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LONDON W.—Old-established middle and work ing-class PRACTICE, in thickly populated locality. Freehold house £2 000. Income £1,500 p.a. Panel 1 100. Premium 2 years purchase.

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LONDON S.W.12.—Increasing better middle-class PRACTICE in pleasant residential district. Receipts last year £1,564. Panel 420 (select). Detached house in own grounds for sale. Two

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3 LYTHAM ST. ANNES (or within 15 miles of Liverpool).—PARTNERSHIP worth about £1 100 or more in chiefly high-class residential Pr ctice with one man.

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1 WEST COUNTRY.—Old-established Industrial PRACTICE. Receipts av £1,506 p.a. Panel of 1 000 over. Good accommodation.

2 MIDLANDS.—Well-established Panel and good middle-class country PRACTICE. Receipts as £1 644 p.a. Panel 61. Excellent house with all services.

3 NORTH MIDLANDS.—Old-established in-dustrial and middle-cla s PRACTICE. Receipts as for last three years £1 090 p.a. and Panel of 96? with excellent scope to increase and good house.

4 SOUTH MIDLANDS.—Country PRACTICE. Receipts as £870 p.a. and Panel of 2.0 with ample scope to increase and good accom-modation.

5 LANCS.—Well-established middle and working-cla PRACTICE. Receipts £1 .0 p.a. and Panel of ?45. Excellent house to rent. Special low premium as Vendor desires to go abroad at an early date.

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1 N. WALES.—Delightful Coast Town. Well-established PRACTICE. Receipts last year £450 panel over 200. Nice house garden etc. on rental. Premium £650 offer.

2. NICE LONDON SUBURB.—DEATH VACANCY. Old-established PRACTICE Re-ceipts average £950 p.a. fair panel. Excellent house probably on rental. Offers considered. Locum in charge.

3 CORNWALL COAST.—Old-established PRAC-TICE. Receipts last year nearly £1 400 good panel. House and garden for sale with Practice. Combined price £3,500. Selling through ill health. Mortgage on house obtainable.

4 NEAR CAMBRIDGE HEATH E.—Old-estab-lished PRACTICE. Receipts last year £900 panel 1 150. House partly sublet. Reasonable offer accepted for quick sale.

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6 OXFORDSHIRE.—Charming town. Well-establi hed PRACTICE. Receipts average nearly £800 p.a. fair panel. Nice house on rental. Reasonable offer considered.

BRIXTON S.W.—Old-established PRACTICE. Receipts approximately £500 p.a. panel 620. Nice semi-detached house rent 30/ per week.

8 LANCS.—Large Seaport Town. Old-established PRACTICE. Receipts average £800 p.a. panel 650. Very fine house garden etc. rent £75 p.a. Premium £800.

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MIDDX. SUBURB.—HALF SHARE OF £1 600 p.a. increasing with ample scope. Panel 2 200. Premium 2 years purchase. House (4 bed.) to rent.—2.

DEATH VACANCY.—WITHIN 60 miles of London. Over £2 000 p.a. incl. appts. £150 and panel 1 060. Family house with good garden tennis, etc. Premium 1½ years purchase.—3

YORKS.—COAST RESORT. TWO FIFTH SHARE of £2,400 p.a. after prelim. Assy. with early option to half. Panel 1 700. Detached house or flat.—4

NUCLEUS MIDDX.—£300 P.A. Panel 165. Premium £300. Small house to rent. Another kent £270 p.a. Panel 340. Rent £52. Premium £400.—5

LONDON E.—AVERAGE £1 600 P.A. Panel 2 700. Professional and living accommodation, to rent or purchase.—6

LINCS.—SMALL TOWN NEAR SEA. £1 400 p.a. incl. panel worth £230. Good class Fees 5/6 to 21/. 2 years purchase. House (6 bed. etc.) for sale £1,550.—7

YORKSHIRE DALES.—UNOPPOSED. £1 000 p.a. Panel £340 p.a. Commodious house with large garden. Price for house and goodwill £3 000 or would let.—8

HERTS.—TOWN. HALF SHARE OF OVER £3,500 p.a. Good Panel and mixed Prac tice. Premium 2 years purchase. Family house with garden to rent.—9

LONDON, OUTER S.E. SUBURB.—Over £1 850 rapidly increasing. Panel over 1 000. Premium £3 700. Run from Surgery. Residence available if desired.—10

SUSSEX RESORT.—ABOUT £650 P.A. Panel 200. Visits 4/ to 10/6. Premium £1,200. Freehold house 6 bed. etc. £2,300.—11

MIDLAND CATHEDRAL CITY.—Half share of £2,470. Panel 1,200. Premium 2 years purchase. Corner house (4 bed.) to rent at £68.—12

NUCLEUS SURREY.—£160 P.A. Panel 54. Small house to rent. Any offer. Another near Bournemouth. Death Vacancy. About £140 and scope. Panel 140. Offers.—13

DERBYSHIRE.—COUNTRY UN OPPOSED. Nearly £1 100 p.a. Panel 960. Appts. £200 p.a. Premium only 1½ years purchase. Good house 6 bed. etc. £1 500 freehold.—14

SUSSEX.—COUNTRY PRACTICE. About £700 p.a. Panel over 500 increasing. Appts. £70 p.a. Visits 5/ up. Small house, nice garden, garage etc. to rent.—15

WITHIN 30 MILES OF LONDON. WEST SIDE. ¼ SHARE of about £3,000 p.a. Panel about 4 00. Very good prospects. Excellent house can be purchased or rented.—16

LONDON N.W.1.—LOCK UP AVER AGE £4 0 p.a. Panel 00. Visits 3/6. Surgery 2/6. Net Rent £95 p.a. Premium £ 00 including drugs and fittings.—17

LONDON S.W.—£400 P.A. SMALL PANEL. Vendor lives away. Good scope if resident. Price of practice and house £1,600. Part of house let at 30.—18

WEST COUNTRY.—OLD EST UN OPPOSED country PRACTICE £850 p.a. Panel 00 and appts. Nice house garden and garage. rent £60 p.a. Premium 2 years purchase.—19

LANCS. TOWN.—OLD EST £1 100 p.a. Panel 325 not encouraged good scope. Nice house large garden and garage for sale or let. Premium 1½ years purchase.—20

LONDON N.—ABOUT £1 000 P.A. Panel 1 0 0. Fees 3/ to 5/. Lock-up Premises available if required.—21

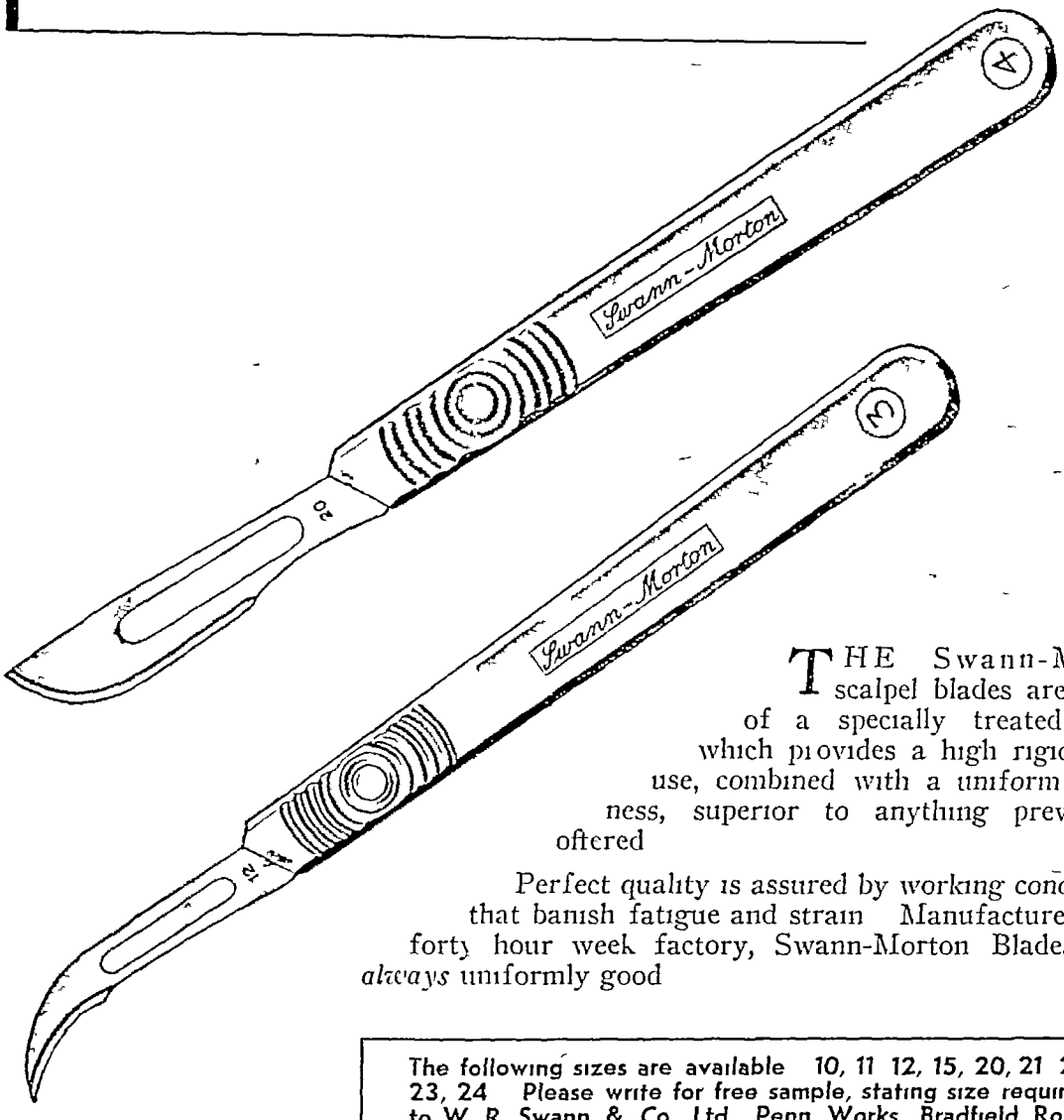
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Practices and Partnerships for Disposal (continued)

27 N WALES BORDER.—PARTNERSHIP (with early succession) in old-established County Practice about £2 500 p.a in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one half would be sold at first with early succession Premium two years purchase

28 ESSEX.—PRACTICE in growing town Receipts past year £1 869 Panel about 1 900 Visits 3/6 to 6/6 Small house for sale at £850 Premium £3,300

29 MIDLANDS—PARTNERSHIP in Practice about £2 400 in manufacturing town Appointments worth about £250 p.a and panel 1,250 Suitable accommodation available One third share at first at two years purchase Good scope for medicine Vendor on hospital staff

30 N W ENGLAND—Popular holiday resort in attractive part ASSISTANTSHIP with view to PARTNERSHIP and early SUCCESSION Mixed Practice about £650 p.a., capable of much expansion Panel over 300 Cottage hospital Good opening for surgeon House available

31 KENT—Very old-established mixed-class PRACTICE in growing district within 15 miles of London Cash receipts last year £1 540 including appointments about £230 and panel 1 700 Good detached double fronted house (6 bedrooms) with garage and garden for sale or rent Scope for increase Premium two years purchase Cottage hospital

32 SURREY—PARTNERSHIP in Practice, averaging £5 000 p.a in residential district about 10 miles from London Panel 3 000 Fees 3/6 to £1 1s Suitable house obtainable One fifth share (after preliminary Assistantship) at two years purchase

33 S W OF ENGLAND—PARTNERSHIP in steadily increasing Practice averaging over £1 900 in beautiful country district near coast Panel 1 050 Nice house (7/8 bedrooms) garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

34 BUCKS—PARTNERSHIP in old-established country Practice about £3,200 Small panel Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent One fourth share at two years purchase

35 LONDON W 2 and W 6—Non-dispensing and non panel PRACTICE run by two men in partnership Receipts about £1 300 and £700 respectively Premium two years and one and a half years purchase respectively Or either would be sold separately

36 WEST INDIES TOURIST RESORT—PARTNERSHIP in steadily increasing Practice doing £2,500 a year Partner must be experienced in surgery and possess M C O G Share of £1 000 at first at two years purchase

37 ISLE OF WIGHT—Well-established PRACTICE about £1,200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating garage and small garden for sale or rent Good scope Premium £2,000

38 LANCASHIRE COAST—NUCLEUS OF PRACTICE, averaging £245 p.a., offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms) for sale Suit either medical man or woman Premium £500 to include instruments drugs and surgery furniture etc

39 SUFFOLK AND NORFOLK BORDER—Old-established country PRACTICE about £1 100 p.a Panel 832 returning for 1936 £582 Good house (3 bedrooms) garden and garage Rent £40 p.a Premium 1¼ years purchase or offer

40 S COAST—Middle and upper-class non dispensing PRACTICE, about £3,300 in residential town and watering place No panel Visits 3/6 to £1 1s House to rent or purchase Premium two years purchase

41 MIDDLESEX—PRACTICE in residential district Receipts last year over £2 000 Panel about 1 600 Visits 3/6 to 10/6 Nice residence (4 bedrooms dressing room etc) good garage and garden for sale or rent Premium £4,250

42 S E. COAST—Easily worked middle-class PRACTICE averaging £650 p.a in summer resort House (6 bedrooms etc) in best part, with large garden and garage for sale. Branch surgery rented at 10s weekly Panel 200 Scope Premium £1,200

43 LONDON W C DISTRICT—Increasing PRACTICE doing £1 460 (including a branch surgery in N 7 area) Panel over 1 560 Private residence to rent at £210 p.a on lease, also branch surgery rented on lease Good scope Premium two years purchase

44 W OF ENGLAND—Old established non panel PRACTICE at well known inland spa Cash receipts £830 p.a Suitable houses or flats obtainable Extensive building taking place in neighbourhood with excellent opportunity for panel if desired Premium one and a half years purchase

45 S W OF ENGLAND COUNTY TOWN—Middle-class non-dispensing PRACTICE, averaging £1 147 p.a Panel 500 Good house (4 bedrooms and dressing room), garden and large garage Price £2,700 Freehold Very good scope for energetic well-qualified man Premium one and a half years purchase

46 YORKSHIRE (N R)—Steadily increasing country PRACTICE between £1 400/£1 500 including appointments and panel worth £400 p.a Extremely attractive house (5 or more bedrooms) garage and small garden for sale Good schools and sport Premium one and a half years purchase

47 S MIDLANDS—PARTNERSHIP (with succession in three years) in old-established Practice in good town Receipts, 1936 £1 433 Panel about 900 Visits 5/ upwards medicine extra Premium one half share (including one half share of fittings drugs etc etc) £1 400

48 S WALES—Old-established PRACTICE £765 p.a in country district near coast Appointments worth nearly £100 p.a and panel about 360 Specially built house (5 bedrooms etc) with garage and garden for sale Very good prospects of increase Prem one and a half years purchase

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A E SCOTLAND—Old-established PRACTICE. Receipts £1 700 Panel 800 Premium £2 750 Excellent house to rent

B EDINBURGH—Receipts £800 Panel 1 020 House for sale Premium for Practice and house £2 300

C SOUTH AFRICA—NATAL.—PARTNERSHIP one third share at first worth over £700 p.a One half share later Applicants put into direct communication with the vendor

D LEICESTERSHIRE—PARTNERSHIP in old-established Practice Receipts £2,500 Panel 1,500 Suitable house to rent £75 p.a Premium for a one half share two years purchase Short preliminary Assistant tip

E. NORTHUMBERLAND—County Town—Middle working-class non-dispensing PRACTICE averaging £700 per annum Panel 650 Suitable house garden and garage Any reasonable offer for practice and house will receive consideration

For further details apply The Manager 21 Alva Street, Edinburgh

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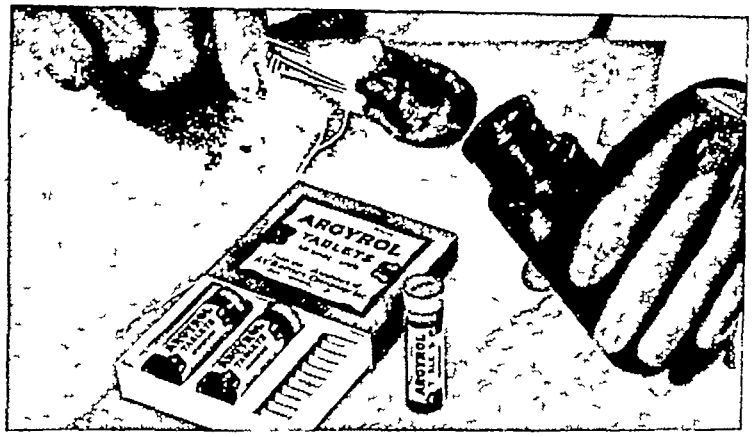
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The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property. Schedule of Terms will be forwarded on application.

Accountancy and legal services furnished by the Agency where desired at moderate inclusive charges. No charge is made to Principals for the introduction of Locum Tenens or Assistants.

1. SURREY.—PLEASANT RESIDENTIAL AREA.—Well established PRACTICE, producing for last 12 months over £1,600 including Panel of 1,000 and P.M.S. 500. Visits 3/6 to 10/6. Midwifery 3½ to 7 gns. Suitable house with 3 bedrooms, etc. Professional accommodation: electric light; garden; garage. Price £1,195; £900 on mortgage. Premium £3,000. Vendor retiring through ill health.
2. RESIDENTIAL TOWN WITHIN 20 MILES OF LONDON.—Good-class non-dispensing PRACTICE averaging £3,000 p.a. Selected panel of 560. Visits from 10/6. Good house in own grounds, with 2 reception, 5 bedrooms, etc., Professional accommodation. Freehold for sale or might be rented. Premium 2 years' purchase. Good hospital and scope for surgical work if wished.
3. COAST TOWN.—Old-established PRACTICE held by vendor for 3½ years, who now wishes to specialise. Gross receipts for last year approximately £2,183, including panel of 770 and appointments producing about £100 p.a. Visits from 5/. Good house available containing 2 reception, 7 bedrooms, Professional accommodation, etc. Freehold £1,100. Premium 2 years' purchase or near offer.
4. SURREY.—FAVOURITE RESIDENTIAL DISTRICT.—RADIOLOGICAL AND ELECTRO-THERAPEUTIC CONNECTION.—Present receipts about £500 p.a. but stated to be scope for increase. Further details on application.
5. MONMOUTHSHIRE.—Middle-class PRACTICE, established over 20 years, producing for last 12 months £1,430 including panel of 300. Fees 3/6 to 21/. Good house with 2 reception, 6 bedrooms, etc. Separate Professional rooms, garden and garage. Rent £125 p.a. Premium 1½ years' purchase.
6. MIDLANDS.—Old-established country PRACTICE, producing about £1,450 p.a., with substantial panel. Good house with garden, on rental. Premium 2 years' purchase.
7. LONDON.—WESTERN DISTRICT.—Old-established PRACTICE held by vendor 12 years. Gross cash receipts last year £2,338 and this year at the rate of about £2,700. Panel of 1,450-1,500. House in prominent position can be rented at £100 p.a. Premium 2 years' purchase.
8. WEST COAST.—Well-established PRACTICE, producing about £1,900 p.a. including panel of 1,450. Suitable house on rental at £50 p.a. Premium 1½ years' purchase.
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21. LONDON, S.E.—Old-established PRACTICE producing about £1,000 p.a. Receipts have declined owing to illness. Panel of ... patients. Large house with very good garden can be rented.
22. SUSSEX COUNTRY.—Good NUCLEUS with scope for further increase. Receipts 1935 £467, 1936, £628, 1937 for 7 months, £452. Panel produces about £267 included in above. Good house on rental.
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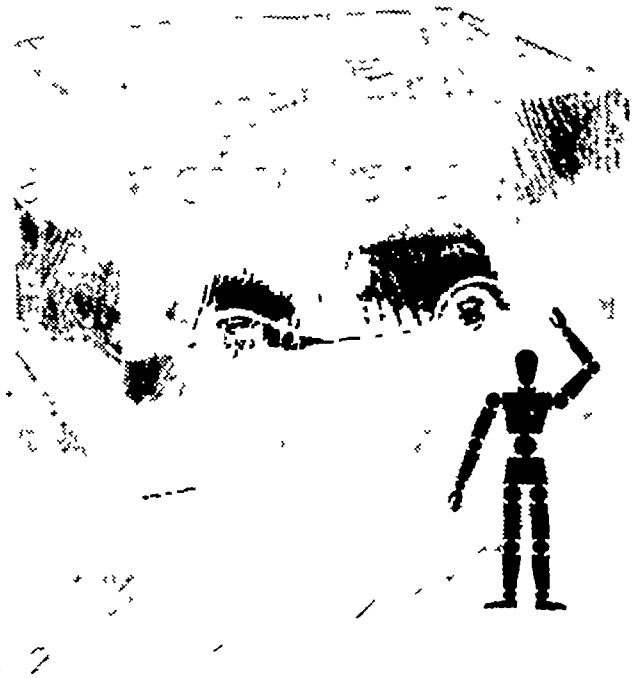
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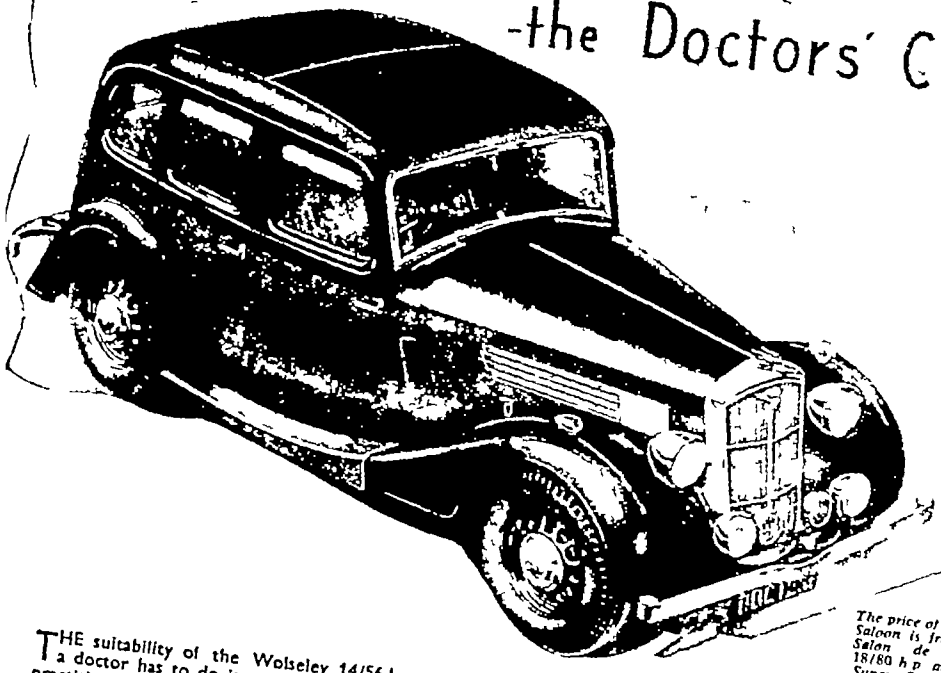
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Taxol is not habit-forming It re-educates the intestine to resumption of normal function unaided thanks to the biological nature of its action It contains no irritant drug of violent and artificial action to which the intestine can become accustomed On the contrary, many stubborn cases of constipation, after a course of TAXOL, revert to normal and regular peristalsis.

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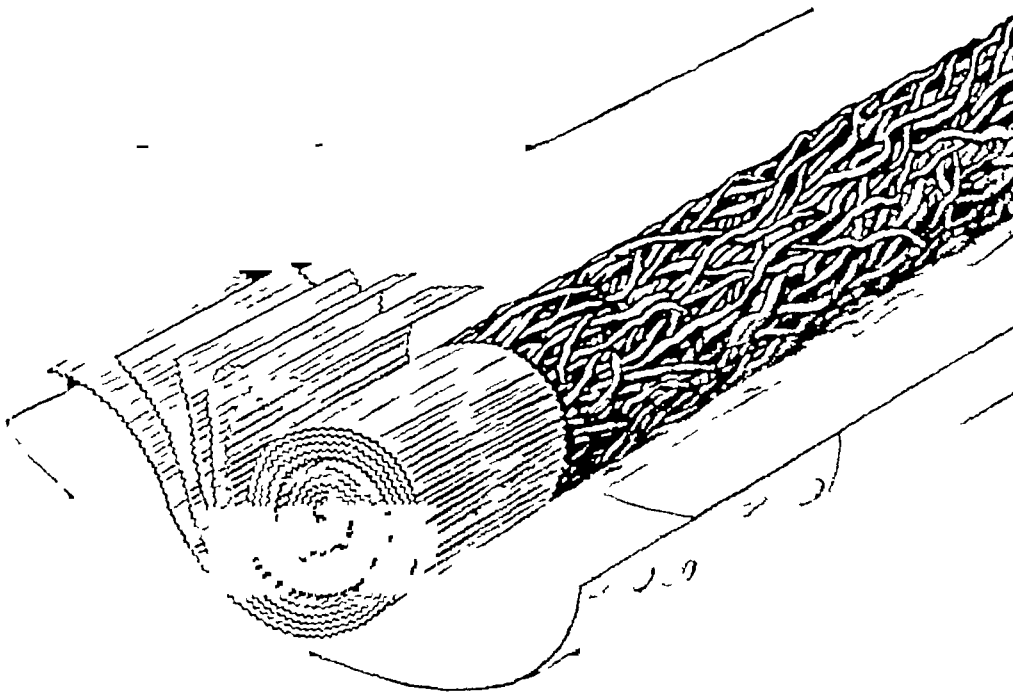
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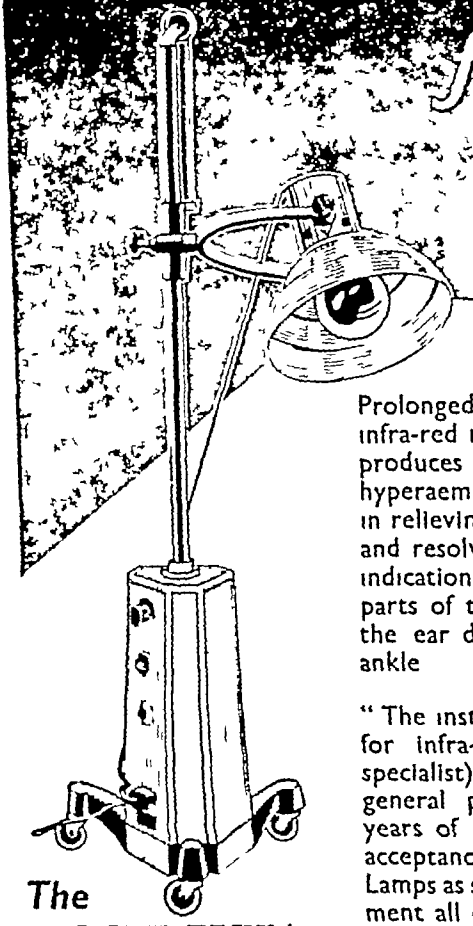
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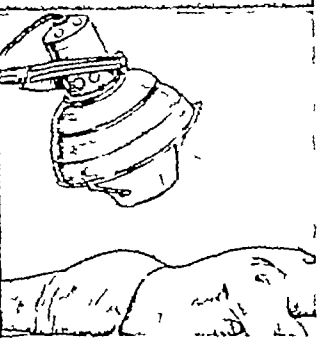
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which the treatment will vary with the stage of the disease, and the ovarian factor, for which the administration of folliculin, lutein, and pituitary extract is indicated D V HY (ibid., 1937, No 633), who has collected nineteen cases, states that the characteristic symptoms of syphilis of the ovary are pain of varying severity in the right iliac fossa, due to swelling of the ovary, amenorrhoea, especially in the secondary stage, and menorrhagia or metrorrhagia

417 Puerperal Bradycardia

M L PÉREZ and J ROSENVASSER (*Ann bras Gynec*, August, 1937, p 111) studied the pulse rate and the vago-sympathetic equilibrium in fifty normal women during pregnancy and the puerperium They found that while the average pulse rate was 80 3 in pregnancy, in the puerperium it had fallen to 69 6, which confirms the observations made by previous clinicians as to the tendency of the pulse to become slow during the puerperium They employed a modification of Danielopolu's method, consisting in the injection of a sufficiently large dose of atropine to prevent an inverse initial phase, and came to the conclusion that the normal puerperal bradycardia is due to decreased sympathicotonia and vagotonia, the decrease being more marked in the former so that the vagotonia predominates

418 Uterine Bleeding in Thrombocytopenia

A HILDEBRANDT (*Med Welt* August 7, 1937, p 1103) states that in severe and protracted urogenital bleeding in young subjects a blood examination is sometimes essential, and may reveal as the cause of the haemorrhage an essential thrombocytopenia (Werlhof's disease) Platelets are greatly diminished, except sometimes during the intervals of freedom from bleeding, the coagulation time is normal, but the bleeding time is prolonged Medical treatment of metrostaxis in this condition has had little effect, and the same is sometimes true of treatment by blood transfusions, irradiation of the spleen, and splenectomy The undesirability of ovariectomy or hysterectomy is obvious Two cases are described in which severe and intractable secondary anaemia from menorrhagia and metrorrhagia was found to be due to essential thrombocytopenia As in several cases recently described, vitamin C was of great value in treatment Given orally it caused a cessation of the bleedings, subsequently it was given intravenously for a time—in one patient because the haemoglobin percentage did not rise, in the other because the metrostaxis recurred Later continued oral administration was combined with that of ferrous iron in large doses, pepsin, and hydrochloric acid Clinical cure was speedily attained, but the thrombopenia persisted in some degree A combination of vitamin C and iron therapy has had similar success in the anaemias of childhood and infancy

Pathology

419 Pneumococcus Carbohydrate Inoculation of Infants

J A V DAVIES (*J Immunol*, July, 1937, p 1) reports investigations to determine if the reactions caused in adults by injections of type-specific pneumococcus carbohydrate are also produced in infants A Type I cellular carbohydrate known to be highly antigenic in adults, was used Six infants, aged 7 to 14 months, were given subcutaneously an initial dose of 0 1 mg of carbohydrate Four were given further injections of varying amounts on the twenty-fifth twenty-seventh, and thirty-first days after the first injection Blood samples were taken before and fourteen and forty-one days after the first inoculation Five other infants aged 2 to 12 months, were given intracutaneously an initial dose of 0 01 mg, four being re-inoculated on the twenty-third twenty-fifth, and twenty-seventh days after the first dose Blood samples were taken before and fourteen and thirty eight days after this first inoculation In a third series of five infants aged 4 to 12 months four larger doses were given subcutaneously at two day intervals, blood being sampled before and fourteen days after the first dose Determinations were made of the anti-pneumococcic bactericidal power of the defibrinated blood, of the degree of phagocytosis, and of the presence of agglutinins in some cases the mouse-protective power of the serum was also investigated Only one infant, who had received a single inoculation only, showed a significant increase in Type I pneumococcus antibodies, and this response was moderate and brief One infant was withdrawn from the investigation on account of illness, and the other fourteen showed no response

420 Values of Raw, Cooked, and Tinned Foods

To assess the relative value of cooked, tinned, and raw food diets, E F KOHMAN *et al* (*J Nutrit* July, 1937, p 9) have studied the effects of feeding the three types of diets to comparable series of successive generations of rats, to a single generation selected so as to avoid the effects of heredity, and to weanlings distributed so as to avoid differences due to suckling The same groups of foods were used for each of the three diets, the raw and cooked diets being derived from the same stock of foods Milk was not given in any of the diets Many varieties of foods were tried in about fifty combinations The experiments on successive generations of rats extended over four years, thus eliminating seasonal variations, covered five generations, and involved over 400 rats on each type of diet The rats fed on tinned food were heavier, and bred and thrived better, and their bones showed a higher degree of calcification than those of rats on raw or cooked diets In the series of rats selected so as to exclude the effects of heredity there was no consistent difference in weights attained on the three diets, but there was a consistent higher percentage of ash in the bones of those fed on tinned food A similar result was obtained in the third series of selected weanling rats At necropsy it was found that the rats on raw food diets tended to have an enlarged caecum and a greater amount of food in their digestive tracts than did the others The authors conclude that their experiments show that there is no inherent value in rawness, that cooking need not incapacitate nutrient elements, and that tinned foods afford a good supply of calcium

421 Hippuric Acid Liver Function Test

K YARDUMIAN and P J ROSENTHAL (*J Lab clin Med* July, 1937, p 1046) have applied Quick's hippuric acid excretion test to 100 clinical cases, including cases of liver damage, cholecystitis, and cardio renal diseases, and to fifty control cases without liver damage The test depends on the rate of synthesis of glycine and its conjugation with benzoic acid to form hippuric acid, and involves the hourly determination of the amount of hippuric acid excreted in the urine after giving 5 grammes of benzoic acid in the form of sodium benzoate In the fifty control cases the excretion at the end of four hours corresponded to 3 grammes or more of benzoic acid In cases of positive liver damage, in portal and biliary cirrhosis, in malignant diseases of the liver and biliary system and in jaundice resulting from hepatitis, the output of hippuric acid was diminished In jaundice due to obstruction and in cholecystitis without liver damage the output was normal in chronic obstruction with liver damage, however, differential diagnosis was impossible In cardio vascular diseases the output of hippuric acid was diminished only if there were signs of congestive heart failure In advanced kidney disease there was hardly any excretion of hippuric acid, and, in fact, the test is contraindicated The test is of value in differentiating cases of jaundice with liver damage from those without, and in determining the functional state of the liver in cholecystitis before operation is undertaken Repeated tests are of value in the prognosis of liver damage Toxic symptoms due to benzoic acid may occur and may be of gastro intestinal type or referable to the central nervous system

DESOUTTER

CASE RECORDS

Case No H2029 1934

Mrs B, a patient with a left Syme's amputation, came to see us in 1934 with an appliance that she had been wearing for two years which was ugly, heavy and ill-fitting, and causing her great discomfort As a result of incorrect alignment the steel supports had caused pressure sores to develop at the inner side of the knee and outer end of the stump

The end bearing, which should be the great asset of Syme's amputation, was taking practically no weight, by far the greater part of the weight being taken on a thigh corset with a bearing on the ischial tuberosity Yet, in spite of this, the end pad of the stump was already showing signs of loosening due to the outward lateral movement which took place at every step (see Figure 1) If such end results are obtained, it is small wonder that many surgeons may regard Syme's amputation as unsatisfactory In point of fact a Syme's can be as satisfactory an amputation as any other, when correctly fitted, as the case in question shows

A plaster cast of the stump was taken, the positive copy of which was suitably modified to make use of the weight bearing points under the knee, and to ensure that the end bearing pad could expand without friction whilst taking a full share of weight A leather glove was then moulded to the cast (see Figure 2) and encased in a light metal shin with a thin stainless steel cup forming the end bearing, giving great strength combined with lightness and a smooth outline, the mechanism for the ankle movement being a self contained unit under the end bearing Owing to the fact that the lower end of a Syme's amputation is much larger than the leg above it, it is only necessary to allow the lower end of the leather glove to open the fastenings to the metal shin are quick and simple and so firm that once the limb is on it cannot be pulled off The result is a comfortable light limb of neat appearance (this of no small importance to a woman), taking the weight on the end bearing and below the knee (see Figure 3)

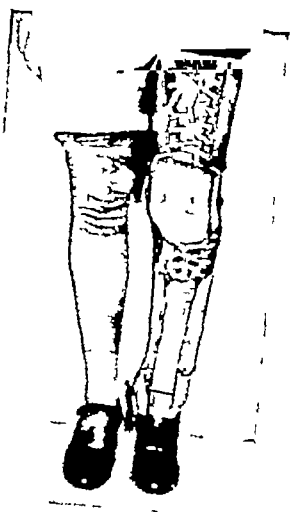


Fig 1

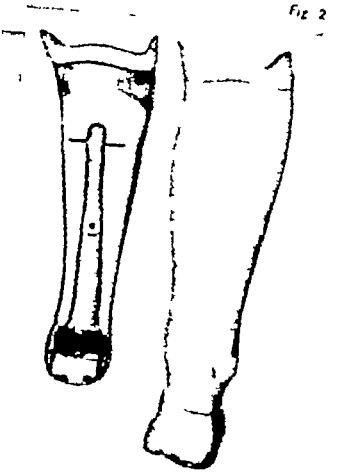


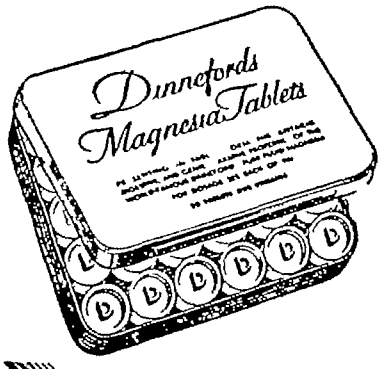
Fig 2



Fig 3

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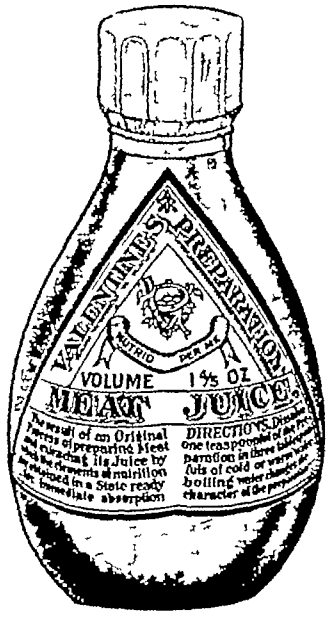


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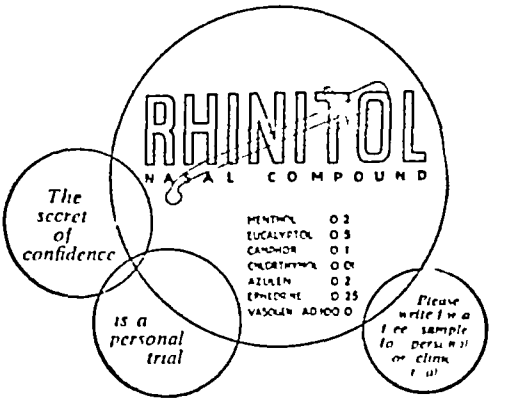
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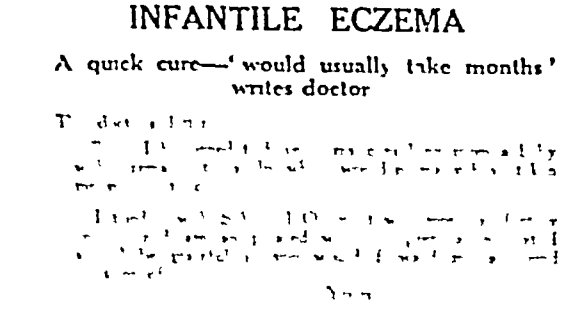
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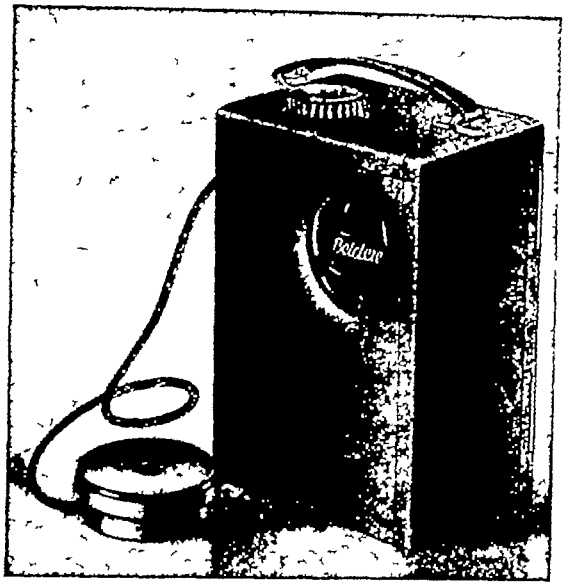
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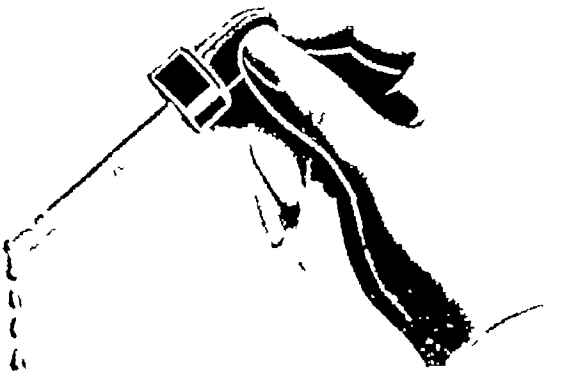
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Blood counts	1 9 37 Hb 25% r b c 1 2 millions per c mm C I 1 0 20 9 37 (21st day of treatment) Hb 65% r b c 3 6 millions per c mm C I 0 9
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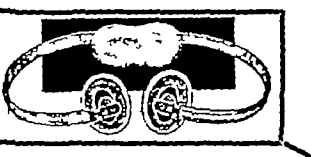
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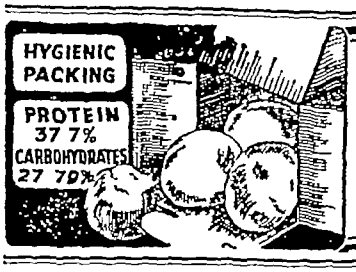
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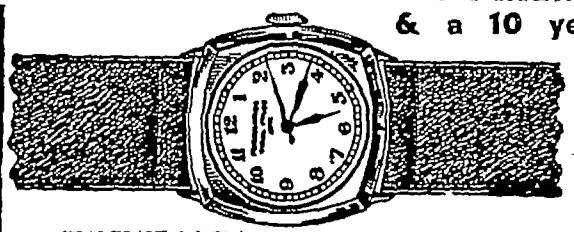
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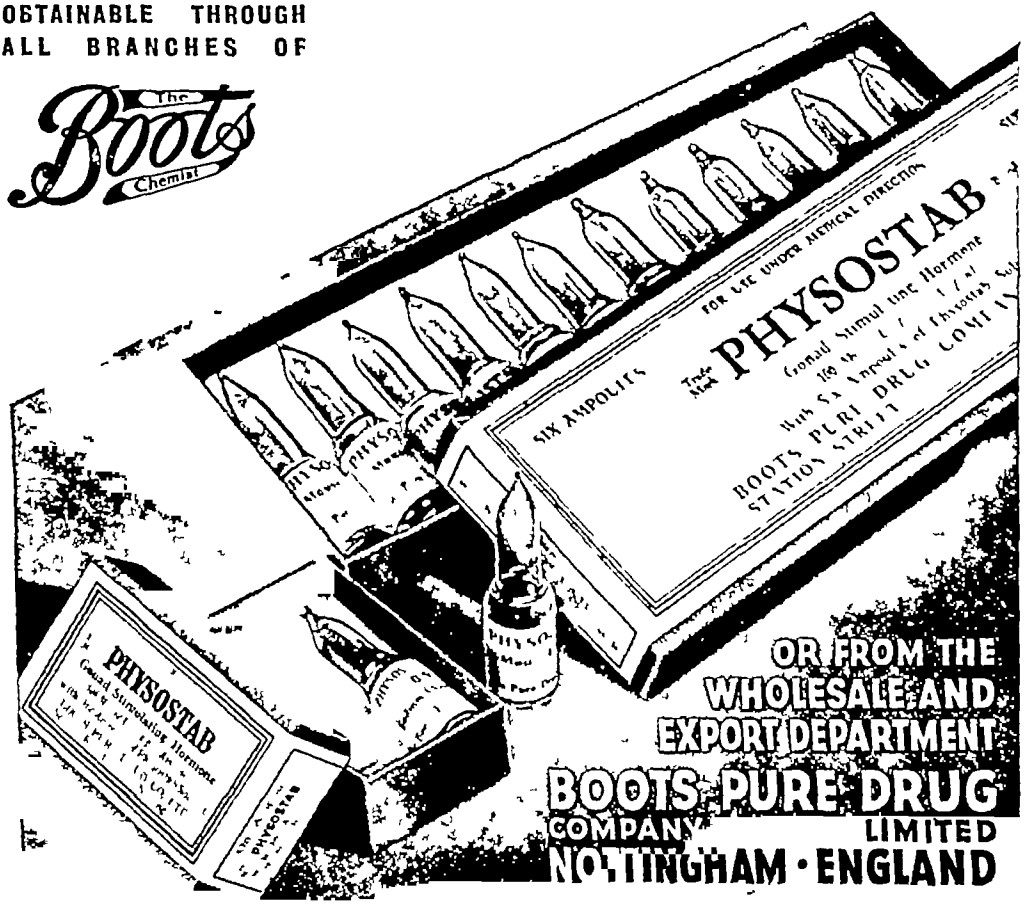
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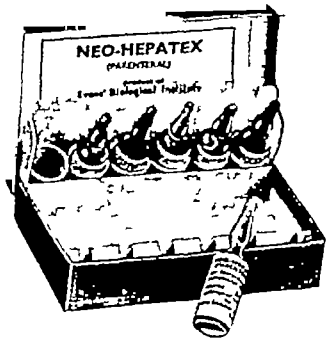
Products of Evans' Biological Institute

HEPATEX (ORAL)

A highly concentrated liver extract. Palatable and easily assimilated.

Prepared by a process which conserves the hæmopoietic potency of sixteen times its weight of fresh liver

Issued in 4 fld oz bottles - 12/6 each



NEO-HEPATEX

(PARENTERAL)

For intramuscular and intravenous use.

The remarkable efficiency of Neo-Hepatex provides fully adequate dosage in small volume

Issued in boxes 6x1 cc 5/ 6x2 cc 7/6 3x4 cc 6/6

Evans Sons Lescher & Webb Ltd.

Liverpool and London

MONTANA HALL, Montana, Switzerland

OPEN ALL THE YEAR

THE ONLY SANATORIUM IN SWITZERLAND UNDER BRITISH OWNERSHIP AND CONTROL, AND WITH A DAY AND NIGHT STAFF OF BRITISH TRAINED NURSING SISTERS

INCLUSIVE TERMS—from 7 guineas (sterling) per week

Med Supt. HILARY ROCHE, M D (Melb), M R C P (Lond) Tuberculous Dis Dip (Wales)

Smedley's

Great Britain's Greatest Hydro

Matlock

Full range of Hydropathic Treatments in Unrivalled suites of Baths, Turkish and Russian Baths Aix and Vichy Douches, Massage, Plombieres Treatment Studd Chair Electric Installation for Baths and other Medical Purposes Dowsing Radiant Heat Infra red Light Artificial sunlight D'Arsonval High Frequency Diathermy, Nauheim Baths Sanjeex Foam Baths etc. "Certified" milk from own farm Large Winter Garden Orchestra Special provision for Invalids, Night Attendance Over 60 trained Male and Female Nurses Ma seurs Attendants, etc

Terms 13/- to 18/6 per day inclusive board

Illustrated Brochure M.J on request.

Resident Physicians

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TORQUAY THE MARINE SPA

(under the direction of the Corporation)

Newly fitted Balneological Electro-medical and Russian Bath sections for recognised forms of Spa etc treatment under mild winter climatic conditions

Large Cooling Lounge and Vita Glass Sun Lounge

Warm sea water Swimming Bath with modern filtration plant.

Assistants with C S M M G and Biophysical qualifications

The new Illustrated 12 page Brochure post free on application

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BRITISH POSTGRADUATE MEDICAL SCHOOL

(UNIVERSITY OF LONDON)

DIPLOMA IN CLINICAL PATHOLOGY

A special course commencing on January 10th 1938 will be held for a limited number of students desirous of taking the Diploma in Clinical Pathology (University of London)

Further particulars can be obtained from the Dean British Postgraduate Medical School, Ducane Road London, W 12

DEPARTMENT OF SURGERY

A Course of Six Lectures

on

DISEASES OF THE RECTUM

will be given by

Mr C NAUNTON MORGAN, F R C.S

on

DECEMBER 3rd 10th, 17th 1937,
JANUARY 7th 14th 21st, 1938

at 2 30 p m

The lectures are for regular students of the School but a limited number of tickets are available without fee, to medical practitioners

Applications for tickets should be addressed to the Dean British Postgraduate Medical School, Ducane Road, London W 12

Preliminary Examinations

The COLLEGE OF PRECEPTORS holds Preliminary Examinations for Medical and Dental Students in London and at Provincial Centres in March June, September and December For Regulations apply to the Secretaries, College of Preceptors Bloomsbury Square, London, W C.1

THE LONDON SCHOOL OF DERMATOLOGY

St John's Hospital for Diseases of the Skin, 5 Lisle Street, Leicester Square, W C.2.

Conducted by the Honorary Staff of the Hospital together with the Physicians in charge of the Dermatological Departments of the London Teaching Hospitals Lectures and Demonstrations twice weekly during October and November and again during January and February and four times weekly during May General Practitioners desiring to attend any particular lecture or occasional lectures can do so without paying a fee. Clinics daily at 2 p m and 6 p m. Saturdays 2 p.m only The Laboratory is particularly well equipped and arrangements can be made for classes, individual instruction or for research work Enquiries The Dean or Secretary of the School.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

The next ordinary PROFESSIONAL EXAMINATION for the MEMBERSHIP will commence on Tuesday January 11th 1938

Candidates are required to give twenty-one days notice in writing to the Registrar of the College, to whom all certificates and testimonials required by the Bye-laws must be sent at the same time

Candidates who propose to submit published work under the regulations now in force are required to give twenty-eight days notice and should apply in writing to the Registrar without delay for detailed instructions as to the procedure they should follow

RAYMOND CRAWFURD M.D
Registrar

Pall Mall East, S W 1

STAMMERING, SPEECH DEFECTS BEHNKE METHOD Estab 1880 Cases non-resident treated at 39 Earl's Court Sq S W.5 and in residence, in the Summer holidays at Miss BEHNKE's house on the Chilterns

Pre-eminent success in education and treatment of stammering and other speech defects."— Times." "Thoroughly physiological principles."— Lancet." "The method is scientifically correct and perfectly effective "— Guy's Hospital Gazette."

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Preparation for the above, also for Medical Preliminary and all examinations leading up to M R C.S L.R C P or M B of various Universities also for M R C P (Edin) D P M., D.O.M.S D T M & H D.L.O D.C.H D A., D.M.R E., M M.S.A L M.S.S.A D C O G and some exams. of Dominions Universities

ORAL CLASSES

M R C P M D Primary and Final F R C.S F.R C.S.(Edin) also Final M.B B.S and M R C.S L R C P Museum and Microscope Work. Also Private Tuition.

MEDICAL PROSPECTUS (48 pp)

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Medical Prospectus gratis along with list of Tutors etc. on application to the Principal 17 Red Lion Sq London W.C.1 (Telephone Holborn 6313)

DIPLOMA IN PUBLIC HEALTH

The Royal Institute of Public Health and Hygiene

The Course of Instruction can be commenced at any time Special provision is made for students who can give only part time to the work.

A prospectus and further particulars can be obtained from the Secretary

Telephone Langham 4200

28 Portland Place, London W 1.

MASTERY OF MIDWIFERY M.C.O G. D.C.O.G

Short Intensive Postal and Oral Revision Courses in preparation for these Diplomas.

Apply SECRETARY Medical Correspondence College, 19 Welbeck Street, W 1

Nasal Sinusitis in Childhood

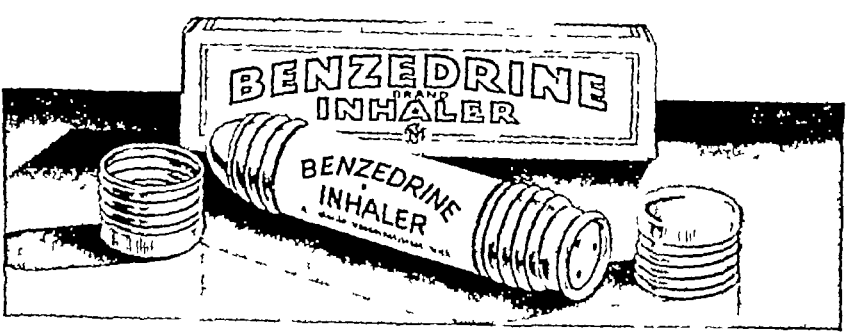
It has been shown by Crookes (*Arch Dis Childhood* 11 281, 1936) that nasal sinusitis in children is far more frequent than is usually believed, and relatively seldom clears up spontaneously

In such conditions Benzedrine Brand Inhaler is especially valuable Children accept inhaler therapy willingly, exhibiting towards it none of the hostility which usually complicates the administration of liquid vasoconstrictors (Scarano and Coppolino *Arch of Ped* 54 97, Feb , 1937)

Since 'Benzedrine' is volatile it penetrates to areas not readily accessible to liquid inhalants and reduces congestion of the rhinological tract wherever it exists It thus affords maximal aeration and adequate drainage, yet there is no oil to be aspirated and become a potential source of later trouble by accumulating in the lungs (Graef *Amer Jour of Path.* 11 5, 1935)

Indicated for shrinking the nasal mucosa in

HEAD COLDS SINUSITIS NASAL CATARRH
HAY FEVER ASTHMA



Each Inhaler is packed with β-Phenylisopropylamine (Isomyn) 0 325 gm , Oil of Lavender 0 097 gm , and Menthol 0 032 gm

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For Smith, Kline & French Laboratories, owners of the Registered Trade Mark, 'Benzedrine'

ROYAL NAVAL MEDICAL SERVICE.

Vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in January, 1938

Candidates below the age of 28 years are preferred, and they must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career Officers transferred to the permanent list will receive a gratuity of £1,000 (less Income Tax)

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post-Graduate study

Copies of the regulations for entry and conditions of service, including rates of pay and allowances, may be obtained from the Medical Director-General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than November 22nd, 1937

ROYAL NAVAL DENTAL SERVICE

Vacancies exist for DENTAL OFFICERS in the ROYAL NAVY and applications for entry are invited from Registered Dental Surgeons

Candidates must be British subjects of pure European descent below 28 years of age on the day of entry and physically fit for service in any part of the world Unmarried candidates are preferred No examination in professional subjects will be held but approved candidates will be required to attend at the Admiralty for physical examination and interview by a Selection Board

Successful candidates will be appointed to Short Service Commissions and a grant of £50 towards the cost of providing the necessary uniform will be paid on entry Vacancies in the permanent list will be filled by selection from among officers holding Short Service Commissions who desire to make the Royal Naval Dental Service their permanent career Officers not transferred to the Permanent List will on the termination of their Short Service Engagement after six years service receive a gratuity of £1 000

The rates of Full Pay for Short Service Dental Officers are £362 per annum during the first three years and £447 per annum during the second three years Official quarters are provided

Candidates who have since qualifying held full-time appointments as House Surgeons at Dental Hospitals and Schools will be eligible for an antedate of seniority up to a maximum of six months

Officers serving under permanent commissions are eligible for a four months postgraduate course on full pay with allowances

Copies of the regulations for entry of conditions of Service including rates of pay and allowances, may be obtained from the Medical Director General of the Navy Admiralty S W 1 and from the Deans of Dental Schools

Applications for entry in January 1938 must be received not later than December 1st 1937 and for entry in April 1938 not later than March 7th 1938

THE PRINCE OF WALES'S GENERAL HOSPITAL, London N 15 (238 Beds.)

Applications are invited for the posts of HONORARY CLINICAL ASSISTANTS in the various Departments of the Hospital (Surgical Medical, Children Skin Ear Nose and Throat Eye Gynaecological X-ray and Electrical) for the year 1938

Applications for appointment to any of these posts should be sent to the undersigned on or before Monday November 29th 1937

J C BURDETT
Director and House Governor

THE ROYAL AIR FORCE DENTAL BRANCH

Applications are invited from DENTAL SURGEONS for appointment to COMMISSIONS in the Dental Branch of the ROYAL AIR FORCE for entry in January 1938

Selection candidates will be appointed to non-permanent commissions for 3 years which are extendible to 6 years and in a certain number of cases to 10 years

Candidates must be under 28 years of age, and will be selected after interview by a selection board without competitive examination

Candidates must be of pure European descent They must be British Subjects the sons of British Subjects and registered under the Dental Acts

Hospital appointments held since qualifying will under certain conditions qualify candidates for antedate of commission up to a maximum of 6 months the age on entry may if necessary be increased by a period equal to the antedate.

The grant of permanent commissions to officers holding non permanent commissions will be by selection as and when vacancies on the permanent establishment of the Dental Branch occur Officers not selected for permanent commissions receive gratuity at the following rates on transferring to the Reserve

On completion of	3 years	£350
	6 -	£1 000
	10 -	£1,500

Copies of the Regulations for entry and conditions of service including rates of pay and allowances, also form of application may be obtained on application from The Secretary Air Ministry (D M S) Adastral House Kingsway W C 2

Completed applications from intending candidates for the vacancies in January 1938 must be received in the Air Ministry not later than November 24th 1937

EAST HAM MEMORIAL HOSPITAL, Shrewsbury Road E.7 (100 Beds)

Applications are invited for the post of ANAESTHETIST (DENTAL) The successful candidate will be required to attend the hospital on Thursday mornings Honorarium half a guinea per session Applications stating age, experience and full particulars together with copies of three testimonials should reach the undersigned by November 30th

REGINALD PERRY
Secretary

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE

MIDDLETON IN WHARFEDALE SANATORIUM

APPOINTMENT OF JUNIOR RESIDENT MEDICAL OFFICER

The County Council of the West Riding of Yorkshire invite applications for the appointment of Junior Resident Medical Officer (male unmarried) at the Middleton-in-Wharfedale Sanatorium near Ilkley (300 beds) Salary £350 by increments of £25 to £450 per annum with board

Candidates should have previously held an appointment as House Physician or House Surgeon and experience in Pulmonary and Non-Pulmonary Tuberculosis and Anaesthetics will be an advantage.

Further particulars and form of application may be had from the undersigned by whom all applications together with copies of not more than three recent testimonials must be received not later than Monday November 29th 1937

County Hall J CHARLES McGRATH
Wakefield Clerk of the County Council
November 1937

HAMPSHIRE COUNTY COUNCIL.

ASSISTANT COUNTY MEDICAL OFFICER

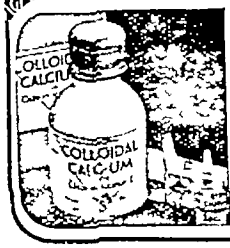
Applications are invited for the post of Assistant County Medical Officer Possession of a Diploma or Degree in Public Health is essential and previous experience in the various branches of public health and school medical service work is desirable

Salary £600 a year rising on approved service by increments to £750 (subject to deductions under the Local Government and Other Officers Superannuation Act, 1922) in addition to travelling expenses

Other duties may be offered which will have the effect of increasing the amount of the total remuneration

Applications with copies of not more than three recent testimonials upon a form which with the conditions of appointment may be obtained from the County Medical Officer The Castle Winchester should be sent to him as soon as possible and not later than December 4th 1937 Canvassing is prohibited F V BARBER
The Castle Clerk of the County Council
Winchester
November 9th 1937

PRODUCTS OF GLAXO LABORATORIES



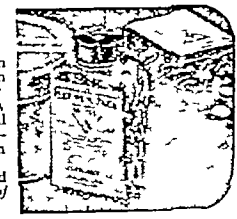
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For subcutaneous injection in defective calcium metabolism e.g. chilblains urticaria allergic states. Accelerates healing of fractures. Each cc. contains 0·5 mgm. of colloidal calcium and 5,000 international units of vitamin D. *Boxes of* 6 *1 cc ampoules* 5/ 12 8 6 30 *cc. bottles* 10

FERSOLATE

(Ferrous Sulphate Tablets G L)

For effective treatment of iron deficiency anaemias. Each Fersolate Tablet (3 gr. ferr. sulph. exsic.) is therapeutically equivalent to 15 gr. Blaud's Pill B.P. Dosage is therefore convenient and economical. In treatment an increase of 1 to 2 haemoglobin is usually achieved by 3 tablets daily. *In bottles of* 100 2 6 *tins of* 500 7/6 1 000 12 6





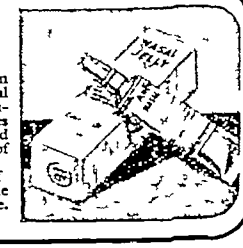
ERBOLIN CAPSULES

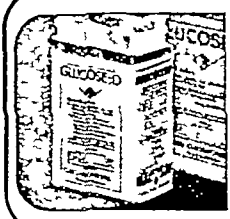
Selected powdered defatted ergot in capsules containing the equivalent of 0·4 mgm. (1 150th grain) of the total alkaloids of ergot calculated as ergotoxine. Contains all active principles. Physiologically standardised. Retains full potency for over 2 years. For routine administration after third stage of labour to stimulate uterine retraction. *Bottles of* 25 3/4 100, 10 500, 33 9

ANTIVIRIN

NASAL JELLY

Can be rapidly effective in clearing up head-colds nasal congestion and catarrh. Contains sterile detoxicated filtrates of the organisms normally found in the naso-pharynx in cases of the common cold. Also 1 ephedrine hydrochloride. Is sufficiently viscous to penetrate the folds of the mucous membrane. *In long nozzle tubes* 1/6



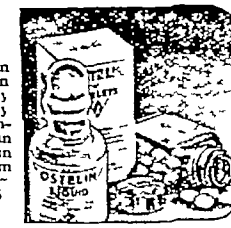


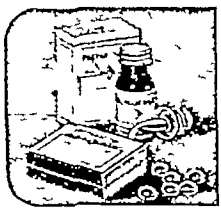
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For modern glucose therapy, Glucose-D is the preparation of choice. It provides (a) immediate energy i.e., glucose; (b) protective elements to nourish and control nerve cells and reflexes, i.e., calcium and phosphorus (c) Ostelin vitamin D to ensure assimilation of these minerals. *In tins* 1/9 *triple quantity* 4 6 *seven times quantity* 10 6

OSTELIN LIQUID

The only preparation of vitamin D (5,000 international units in each cc.) that is completely miscible with water. Virtually tasteless, inodorous, and without incompatibilities. Ostelin can and should be prescribed in all mixtures containing calcium to ensure utilisation. *In ½-oz. phials* 2 6 *2-oz. bottles* 7 6 *4-oz.* 12 6.





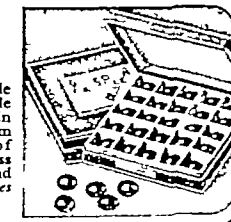
G L PREPARATION - A

Of special value when large amounts of vitamin A are required e.g. in acute infections and septicaemia and in genito-urinary infections, particularly chronic B-coli pyelitis. G L. Preparation - A. is available as a Liquid (72,000 international units per cc.) in 8 *cc. phials*, 3 6 or capsules (24 000 international units each) in *boxes of* 25 3 9 100 1. 6

VITEOLIN

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Each 3 minim Viteolin Capsule contains the liquid unsaponifiable matter prepared from 75 minim of freshly extracted wheat germ oil — a potent source of vitamin E. Used with success in many cases of repeated and spontaneous abortion. *In boxes of* 25 6 100, 21 500 80



OTHER G L Products of special interest: Adexolin standardised concentrates of vitamins A and D. Ostocalcium Tablets (calcium sodium lactate with vitamin D). Syrup Minadex (Reconstructive 2-in-1 Tonic). Farex Cereal Food—carbohydrates *plus* protein, vitamins A, B, D, and iron, calcium, phosphorus. Dissolved Vaccines G L.

The above prices (not applicable in the I.F.S.) are subject to the usual professional discount

GLAXO LABORATORIES LTD. GREENFORD MIDDX. Telephone: BYRon 3434

G.L. 291

COUNTY COUNCIL OF MIDDLESEX.

OBSTETRIC SURGEON

Applications are invited from registered Medical Practitioners for the appointment on the pensionable staff of an Obstetric Surgeon Grade I at West Middlesex County Hospital Isleworth The appointment is a senior one in the Council s general hospital service and applicants are expected to be medical men or women of high qualifications and professional attainments who have devoted their time wholly or chiefly to the practice of obstetrics and gynaecology The successful candidate will work under the direction of the Medical Superintendent of the hospital and the whole of his time must be given to his official duties He must be prepared to undertake the teaching of students if required and to carry out such other duties as the County Council may from time to time direct.

Salary £1 000 per annum rising by annual increments of £50 to £1,500 The salary is inclusive, and any fees received by the officer appointed must be paid over to the County Council

The appointment is non-resident and the successful candidate will be required to reside within a short distance of the hospital In the case of an unmarried officer if accommodation is available board lodging laundry and service may be provided by the County Council, and in this event a deduction of £150 per annum will be made from the officer s salary

The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by three months notice on either side.

Applications stating age qualifications and experience together with copies of not more than three recent testimonials, must be received by the undersigned not later than December 1st Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Obstetric Surgeon West Middlesex County Hospital

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE Z,
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
November 6th 1937

COUNTY COUNCIL OF MIDDLESEX

VISITING LARYNGOLOGIST

Applications are invited for the appointment of Visiting Laryngologist at the County Sanatorium Harefield

The surgeon appointed will be required to attend for one session of approximately 2 hours per week at the hospital Remuneration will be at the rate of £3 3s per session The appointment which does not carry any superannuation rights will be held during the pleasure of the Council and is terminable by one month s notice on either side

Applications stating age qualifications and experience, accompanied by copies of not more than three recent testimonials must be received by the undersigned not later than December 10th

Relationship to any member or officer of the Council must be disclosed in the application. Application forms are not provided Envelopes must be endorsed Laryngologist, Harefield Sanatorium

Canvassing directly or indirectly will be a disqualification C W RADCLIFFE Z,
Clerk of the County Council

Middlesex Guildhall, Westminster S W 1
November 8th 1937

URBAN DISTRICT COUNCIL OF DAGENHAM

ASSISTANT MEDICAL OFFICER OF HEALTH (Male)

Applications are invited from duly qualified medical men for the post of ASSISTANT MEDICAL OFFICER OF HEALTH Preference will be given to candidates possessing the Diploma in Public Health or an equivalent qualification. Salary scale as follows Minimum £500 per annum rising by annual increments of £25 to Maximum £700 per annum subject to Superannuation deductions The commencing salary will be determined in relation to the experience of the successful candidate

The person appointed will be required to devote the whole of his time to the duties of the office which consists mainly of work in the Maternity and Child Welfare Department but may also include duty in any section of the health services of the district.

Experience in ante-natal and maternity and child welfare work is essential

Opportunities will be available for acquiring experience in Public Health administration

Applications on forms obtainable from the Medical Officer of Health at the undermentioned address should be returned to the undersigned on or before December 6th 1937

Canvassing disqualifies

Civic Centre F W ALLEN
Dagenham Clerk of the Council
November 15th 1937

COUNTY COUNCIL OF MIDDLESEX

RESIDENT ASSISTANT MEDICAL OFFICER REDHILL COUNTY HOSPITAL, EDGWARE

Applications are invited for the appointment of RESIDENT ASSISTANT MEDICAL OFFICER Candidates must be registered medical practitioners who have held resident appointments in a general hospital

The officer appointed will work under the direction of the Medical Superintendent, and will devote his whole time to official duties which will be mainly in medical wards

Salary £400 per annum rising by annual increments of £25 to £475 per annum with board lodging and laundry

The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by one month s notice on either side

The appointment, which does not carry any superannuation rights is for a period of four years, at the end of which period the officer will leave the Council s service. In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than December 4th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Assistant Medical Officer Redhill County Hospital

Canvassing directly or indirectly will be a disqualification C W RADCLIFFE Z,
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
November 8th 1937

COUNTY COUNCIL OF MIDDLESEX

RESIDENT ASSISTANT MEDICAL OFFICER HILLINGDON COUNTY HOSPITAL UXBRIDGE

Applications are invited for the appointment of RESIDENT ASSISTANT MEDICAL OFFICER Candidates must be registered medical practitioners who have held resident appointments in a general hospital

The officer appointed will work under the direction of the Medical Superintendent, and will devote his whole time to official duties which will be mainly in surgical wards

Salary £400 p.a rising by annual increments of £25 to £475 p a with board lodging and laundry The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by one month s notice on either side

The appointment which does not at present carry any superannuation rights will not exceed four years at the end of which period the officer will leave the Council s service. In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than December 4th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Assistant Medical Officer Hillingdon County Hospital

Canvassing directly or indirectly will be a disqualification.

C W RADCLIFFE, Z
Clerk of the County Council

Middlesex Guildhall Westminster S W 1
November 15th 1937

PADDINGTON SCHOOL TREATMENT CENTRE (L C C) 12 Malda Hill West W 2

Applications are invited from duly qualified REFRACTIONISTS The duties will require at from two to four sessions per week at a fee of £1 16s 4d per session of 2½ hours The appointment will be made for a period of one year which is renewable Preference will be given to those with experience in orthoptics.

Applicants who must have had experience with children and be under 35 years of age should forward three recent testimonials to the Hon Sec. 12 Malda Hill West, W 2

GLASGOW ROYAL MENTAL HOSPITAL Gartnavel

JUNIOR ASSISTANT PHYSICIAN wanted for the above hospital as soon as possible Candidates must have General Hospital experience and preference will be given to anyone desiring to specialise in Psychiatry Salary £300 per annum with board apartments and laundry

Applications with copies of testimonials to be sent to the Medical Superintendent Dr ANGUS MACNIVEN

COUNTY COUNCIL OF MIDDLESEX

RESIDENT ASSISTANT MEDICAL OFFICER, WEST MIDDLESEX COUNTY HOSPITAL ISLEWORTH

Applications are invited for the appointment of RESIDENT ASSISTANT MEDICAL OFFICER Candidates must be registered medical practitioners who have held resident appointments in a general hospital and experience in eye diseases will be an additional qualification

The officer appointed will be engaged in general hospital work chiefly medical and including the care of patients suffering from chronic diseases He will work under the direction of the Medical Superintendent and will devote his whole time to official duties

Salary £400 per annum rising by annual increments of £25 to £475 per annum with board lodging and laundry

The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by one month s notice on either side

The appointment, which does not at present carry any superannuation rights will not exceed four years at the end of which period the officer will leave the Council s service. In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications stating age, qualifications and experience, together with copies of not more than three recent testimonials must be received by the undersigned not later than December 4th Relationship to any member or officer of the Council must be disclosed in the application Application forms are not provided Envelopes must be endorsed Assistant Medical Officer West Middlesex County Hospital

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE, Z,
Clerk of the County Council

Middlesex Guildhall Westminster S W 1
November 13th 1937

BOROUGH OF ILFORD

Appointment of MALE ASSISTANT MEDICAL OFFICER OF HEALTH AND RESIDENT MEDICAL OFFICER Isolation Hospital

Applications are invited from legally qualified medical practitioners for the above appointment at a commencing salary of £600 per annum rising subject to satisfactory service, by annual increments of £25 to a maximum of £700 per annum plus unfurnished house free from rates (valued at £75 per annum for superannuation purposes)

The person appointed will be required to work under the direction of the Medical Officer of Health and to act as Resident Medical Officer at the Borough Isolation Hospital and Sanatorium and to do such other duties as may be allocated to him by the Medical Officer of Health He will be required to reside at the house provided for him at the Isolation Hospital

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and to the Staff Regulations of the Council The selected applicant will be required to pass a medical examination by and to the satisfaction of the Medical Officer of Health and to enter into a formal agreement The appointment will also be subject to three months notice on either side

Applications on the prescribed form which (together with list of duties) is obtainable from my office must be received by me at the Town Hall Ilford not later than November 25th 1937

Canvassing directly or indirectly will be a disqualification

Town Hall CHARLES N ROBERTS
Ilford Town Clerk
November 3rd 1937

CONNAUGHT HOSPITAL Orford Road E 17

(118 Beds with four Resident Medical Officers)

CASUALTY OFFICER (male) required Salary £110 - per annum with residence board and laundry Appointment for six months from January 1st 1938

Applications stating age nationality qualifications and experience accompanied by copies of not more than three recent testimonials should be received on or before first post on Friday November 26th

KENELM S ELLISON
General Secretary

DERBYSHIRE HOSPITAL FOR SICK CHILDREN (80 Beds)

WANTED—for the end of December 1937—a RESIDENT HOUSE SURGEON (LADY) Salary £130 p.a The appointment is for six months but may be extended by mutual arrangement Applicants must be fully qualified Applications with three testimonials to be sent to the undersigned on or before December 6th

ARTHUR N WHISTON
25 St Mary s Gate Derby Secretary

Whatever the pleasure
PLAYER'S
complete it



Everyday incidents, everyday pleasures give proof that Player's alone Please the great majority In every walk of life Player's are found giving colour and completeness to work and play—and PLAYER'S are chosen because "It's the Tobacco that Counts"

PLAIN OR CORK TIPPED
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IN ALL WALKS OF LIFE

Player's Please
MEDIUM OR MILD

IT'S THE TOBACCO THAT COUNTS

ROYAL NORTHERN INFIRMARY
Inverness

APPOINTMENT OF MEDICAL CONSULTANT AND HON CHARGE PHYSICIAN

The Directors invite applications for the new post of Medical Consultant and Hon Charge Physician at the Royal Northern Infirmary Inverness

Candidates should preferably be Fellows of the Royal College of Physicians of Edinburgh or London and must be graduates of a British University

The successful candidate will be in charge of at least twenty beds in the Infirmary and in addition he will be required to act as Medical Consultant in the Northern Area under arrangements with the Department of Health for Scotland and the local authorities concerned

Payments in respect of salary for the above services will be at the rate of £1,200 per annum and will be subject to revision within five years

The person appointed will be free to undertake other consultant work throughout the Northern Area but must not engage in general practice or in the practice of obstetrics or surgery

Further particulars may be obtained from Robert Gilbert Esq Honorary Secretary Royal Northern Infirmary Inverness, with whom applications for the post together with twelve copies of testimonials must be lodged not later than December 10th 1937

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL. (85 Beds)

Applications are invited from registered Medical Practitioners for the following appointments

HOUSE SURGEON (male and unmarried) Salary £150 per annum HOUSE PHYSICIAN (male and unmarried) Salary £125 per annum with board apartments and laundry

Appointments to commence on January 1st 1938 for a term of six months renewable for a further term

The House Surgeon must have had previous experience and the House Physician must have had practical experience in the administration of anaesthetics

Applications stating age nationality, and previous experience together with copies of testimonials to be sent to me not later than December 8th

FRANK H TOONE
Secretary

9 Leicester Road Loughborough

ROYAL MANCHESTER CHILDREN S HOSPITAL Pendlebury near Manchester (232 Beds)

RESIDENT HOUSE SURGEON

Applications are invited for the post of Resident House Surgeon for a period of six months commencing February 1st 1938 Salary £100 per annum Candidates having previous experience in the administration of anaesthetics will be given preference

Applications stating qualifications and past experience together with testimonials to be sent to the undersigned not later than Thursday December 23rd 1937 Canvassing, directly or indirectly may disqualify

By Order
H HEARDMAN
Secretary

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION
Gloucester (225 Beds Five Residents)

Applications are invited for the post of HOUSE SURGEON (male) to the Ear Nose and Throat Department Salary at the rate of £150 per annum with board residence and laundry

The Hospital is recognised for the D L O and the F R C S final examinations

The appointment is for six months which may be extended for similar periods by re-election from time to time.

Applications stating age qualifications experience and nationality with copies of not less than three recent testimonials should be sent to the undersigned at once

The elected candidate will be required to enter upon his duties on December 1st

F J SYMONS
November 11th 1937 Secretary

HARROGATE ROYAL BATH HOSPITAL
(A National Hospital for Rheumatic and Allied Diseases) (150 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) to commence duties beginning mid January Exceptional facilities for research or preparation of thesis Salary at the rate of £156 per annum with board residence and laundry

Applications stating qualifications age nationality etc with copies of recent testimonials should be forwarded to the undersigned

E. P L. DIXON M.A
Secretary

BIRMINGHAM AND MIDLAND SKIN HOSPITAL
(For Skin Diseases and Cancer)

The Committee of Management is proceeding to the appointment of an HONORARY ASSISTANT PHYSICIAN on the Staff of the Hospital who would be responsible for one Out patient Clinic per week and for three In-patient beds The appointment will be subject to review after four years service with a view to its occupant being reappointed as Honorary Physician An Honorarium of £52 10s per annum will be offered

Applications are invited from registered Medical Practitioners who must hold the qualification of Fellowship or Membership of the Royal College of Physicians of London or Edinburgh or Doctor or Bachelor of Medicine of a British University and be registered under the Medical Act. The Officer appointed will be required to engage in Consultant practice only Further particulars may be obtained from the Secretary

Applications stating age particulars of appointments previously held together with copies of not more than three testimonials and such other information as will assist the Board in making this appointment should be forwarded to the undersigned not later than December 31st, 1937

Candidates will not be expected to visit members of the Board except by invitation

T E MURTAGH
Secretary

John Bright Street Birmingham 1

KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL Maidstone. (109 Beds)

The Board of Management invite applications for the post of HONORARY SURGEON to the Ear Nose and Throat Department which becomes vacant on January 1st 1938 Candidates must hold a degree in Surgery of a University of the United Kingdom or be a Fellow of one of the Royal Colleges of Surgeons of the United Kingdom and shall produce certificates of having regularly attended the practice of an Ear Nose and Throat Hospital or Department for a period of not less than twelve months Full particulars of the appointment may be obtained from the undersigned The closing date for applications will be Monday December 6th 1937

JOHN W STRICKLAND
Secretary

THE ROYAL INFIRMARY SUNDERLAND
(288 Beds)

A HOUSE SURGEON and a HOUSE PHYSICIAN (male) required to commence duty December 1st Salary £120 per annum with board residence laundry etc Applications stating age and qualifications and accompanied by copies of testimonials, to be sen to the undersigned The Infirmary possesses modern equipment and has up-to-date Pathological and X-ray Departments The Resident Medical Staff consists of a R S O and six others The surgical appointments are recognized by the Royal College of Surgeons of England for the six months training required of candidates before admission to the Final Examination for the Fellowship

M J HUNTLEY
House Governor and Secretary

INGHAM INFIRMARY SOUTH SHIELDS
(163 Beds)

Applications are invited from qualified and registered Medical Men for the post of RESIDENT SURGICAL OFFICER Salary £300 p a. with board residence etc. Candidates must produce evidence of having had practical surgical experience in a recognized Hospital The appointment will be for a minimum period of one year subject to satisfactory service otherwise to one month s notice on either side Applications stating age qualifications and experience together with copies of not more than three recent testimonials (which will not be returned) to be forwarded to the undersigned The successful applicant will be required to commence duty on January 1st 1938

JOHN POTTER
Secretary

MANCHESTER ROYAL INFIRMARY

ASSISTANT MEDICAL OFFICER.

Massage and Electrical Department

The Board of Management invite applications from registered Medical Practitioners (men and women) for the above appointment Previous experience in the work is not essential The duties are to attend daily and to assist the Medical Officer in charge of the Department. The appointment is part time (non-resident) for one year Salary £100 per annum

Candidates must state age and send twelve copies of their application and testimonials to the undersigned on or before Thursday November 25th 1937

By Order
W R TINDALE
General Supt and Secretary

November 8th 1937

THE CHESTER ROYAL INFIRMARY
(225 Beds)

The Council of Management propose to establish an ORTHOPAEDIC DEPARTMENT at the Chester Royal Infirmary and to appoint a SURGEON to found and to take charge of the Department

Applications are invited from Surgeons holding a higher qualification in Surgery and who have also had special Orthopaedic experience

The Surgeon appointed will be required to limit his practice to Orthopaedic Surgery

An Honorarium of £350 per annum will be paid for the first five years of the tenure of the office

Applications stating age and qualifications and copies of not more than three recent testimonials with sixty copies thereof should be delivered addressed to the Chairman of the Council of Management Royal Infirmary Chester on or before Saturday December 11th 1937

Canvassing is prohibited

J ROWSE MITCHELL
November 9th 1937 Secretary

KENT AND SUSSEX HOSPITAL, Royal Tunbridge Wells (210 Beds)

Applications are invited for the appointment of SENIOR HOUSE SURGEON (Male) Board residence and laundry in the Hospital Salary £150 per annum

The present resident staff consists of Resident Surgical Officer House Physician Senior House Surgeon Junior House Surgeon and Casualty Officer and Ear Nose and Throat House Surgeon

The Hospital contains the following Departments Medical Surgical Ear Nose and Throat, Ophthalmic, Orthopaedic Gynaecological X ray and Electro-Therapeutic Massage Pathological Venereal Diseases etc etc

Successful candidate will be required to take up duty on Monday December 13th next.

Applications stating qualifications together with Certificate of Registration and copies of not more than three recent testimonials should be sent to the undersigned not later than Tuesday November 30th 1937 TOM B HARRISON
Superintendent Secretary

ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL (280 Beds.)

Applications are invited for the following appointments

One HOUSE PHYSICIAN

One RESIDENT ANAESTHETIST and HOUSE SURGEON to the Ear Nose and Throat Department

One CASUALTY OFFICER

for the six months commencing January 1st 1938, each at a salary of £150 per annum with board lodging and laundry Applications accompanied by not more than three testimonials should be sent to the undersigned not later than December 6th, 1937 S W BARNES
House Governor and Secretary

LIVERPOOL STANLEY HOSPITAL, Stanley Road Liverpool 5

There will be vacancies on January 1st next for one HOUSE PHYSICIAN (male) and one HOUSE SURGEON (male) The appointment will be for a period of six months Salary at the rate of £100 per annum with board laundry etc Candidates must be on the Medical Register and send their applications with copies of three recent testimonials addressed to the undersigned by November 30th

L RICHMOND
Secretary

AYR COUNTY HOSPITAL.
(Voluntary General Hospital)

The Directors invite applications for the position of HOUSE SURGEON (male one required) Salary £125 per annum with board and residence

Appointment to be for six months from January 1st 1938

All applications along with copy of testimonials, to be in by November 25th

JOHN J GOUDIE.
Secretary and Treasurer

Ayr County Hospital
November 9th 1937

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN

HOUSE SURGEON (man or woman) wanted for six months from January 1st 1938 Salary to be at the rate of £100 per annum

Applications, with full particulars and copies of testimonials to be sent not later than December 4th to Hugh C Aston 45 Newhall Street, Birmingham 3

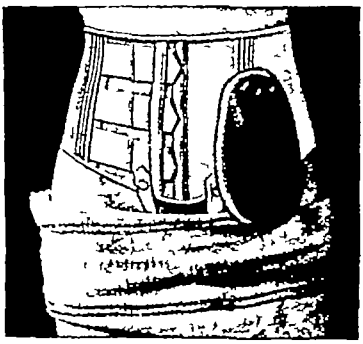
MEDICAL OFFICER NON RESIDENT required for the BROMLEY CHISLEHURST AND DISTRICT MATERNITY HOSPITAL (19 Beds) Honorarium 100 guineas. Applications to the Chairman before Nov 30th.

SALTAIR SURGICAL SERVICE

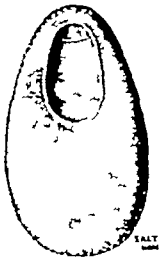
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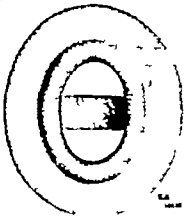
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India rubber bag which can be detached at will for cleaning



Showing rubber receiver with pad fitting next to body and rubber flange to prevent belt becoming soiled.



Showing other views of receiver

See groove over which aperture in bag is stretched and curved bridge to hold open mouth of bag



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Consider the exclusive advantages of Salt's Patent Colostomy Belt —

(1) Detachable receiver, sterilizable by boiling
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(5) Smell reduced to a minimum
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(7) Bags easily and economically replaced

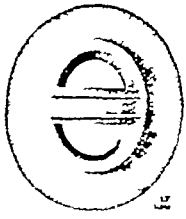
For these reasons Salt's Patent Colostomy Belt has been welcomed by many who are condemned to the Colostomy life. In Salt's Corset and Belt Book there are further particulars and convenient Measure Order Forms for the doctor's use. A copy of this Book will be sent post free to any Practitioner upon request.

Showing bag attached to receiver





Showing attachment of receiver and bag to belt



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ASSISTANCIES

WANTED AS FROM JANUARY 1ST 1938 MALE ASSISTANT under 30 years with University Degree must have held hospital appointments preferably reading for higher degrees must be keen temperate able to drive a car Good class practice and small panel in Malvern area Salary £350 outdoor all found—Address No 1744 B M A House Tavistock Square W C 1

WANTED ASSISTANT BRITISH AGE about 30, preferably married mixed practice Midland city Partnership one third later suitable applicant Own car Must have G P experience Salary £600 Live in one of practice houses Full personal and professional refs—Address No 1632 B M A. House Tavistock Square, W C 1.

WANTED ASSISTANT ENGLISH OR Scots for East London Practice Salary £350 p a with rooms at surgery Permanency with prospects to suitable man Recently qualified preferred—Address No 1706 B M.A. House Tavistock Square, W C 1

WANTED—ASSISTANT MALE OR FEMALE Northumberland Live out. Mixed general practice with appointments Car owner preferred Salary £300 per annum plus £50 car allowance, plus lodging allowance—Address No 1918 B M.A House Tavistock Square W C 1

WANTED—ASSISTANT (MALE) SINGLE. Indoor Industrial practice, Birmingham Experience not essential. Car provided Salary £300—Address No 1904 B M A. House Tavistock Square, W C 1

WANTED ASSISTANTSHIP WITH VIEW TO PARTNERSHIP or SUCCESSION (non-dispensing) by Leeds graduate. Five years G.P and hospital practice—Address No 1994 B M.A House Tavistock Square W C 1

WANTED AT ONCE MALE OUTDOOR ASSISTANT mixed Practice Bristol Salary £400 p a Own car necessary and £50 allowance plus free garage Experience General Practice essential—Address No 1926 B M A. House Tavistock Square W C 1

WANTED EXPERIENCED MALE OUTDOOR ASSISTANT married and Ex H.S or H.P preferred Practice near Birmingham Good house rent and rates free. Salary £500 p.a and £52 car allowance Usual bond—Full particulars with testimonials and photo if possible Address No 1989 B M A House Tavistock Square W C 1

WANTED FROM ABOUT JANUARY 1st, Male ASSISTANT House provided unfurnished Midland village *Protestant, abstainer* Salary £350 plus car allowance.—Address No 1924 B M A House Tavistock Square W C 1

WANTED IMMEDIATELY—INDOOR AND Outdoor *ASSISTANTS* for Town and Country Practices with and without view to Partnership *Good salaries offered* State full particulars.—BRITISH MEDICAL BUREAU 33 Cross Street Manchester 2

WANTED IMMEDIATELY INDOOR ASSISTANT Very easily worked *colliery* and private Practice South Wales close to a beautiful seaside resort golf etc Principal on staff of two hospitals Salary £350 all found Usual bond—Address No 1836 B M A. House Tavistock Square W C 1

WANTED JANUARY 1ST ASSISTANT FOR Yorks W R industrial Practice Preferably married Salary £450 with free house and £50 car allowance. Definite view—Address, No 1925 B M A House Tavistock Square W C 1

WANTED JUNIOR ASSISTANT SALARY to commence £300 per annum with rooms light and attendance 10s extra for midwifery case. —Apply A H JAMES M D The Park Blaenavon, Mon

WANTED MALE ASSISTANT FOR 2 A Mixed Private and Panel Practice in West Wales Welsh-speaking preferred not essential. Prospect of Partnership Small town with Surgical Hospital Newly qualified acceptable Salary £350 p.a all found—Address No 1736 B M A House, Tavistock Square W C 1

WANTED MALE ASSISTANT IN INDUSTRIAL Practice Salary £365 p.a all found Hospital experience preferred—Address No 1726 B M.A House Tavistock Square, W C 1

WANTED MALE ASSISTANT UNDER 30 in pleasant seaside resort Preference given to one with Hospital experience Salary £300 rising by £100 p a to £700 Photo and testimonials will be returned—Address No 1917 B M A House Tavistock Square W C 1

WANTED OUTDOOR ASSISTANTSHIP BY married graduate with four years hospital and G P experience Good references Own car Free now—Address No 1909 B M.A. House Tavistock Square W C 1

WANTED SINGLE MALE ASSISTANT FOR Glamorgan Colliery Practice. Salary £350 p.a Indoor Car allowance £50 p.a Cottage Hospital Newly qualified suitable—Address No 1725 B M A House Tavistock Square W C 1

WANTED SOON A MALE ASSISTANT age about 27 in country practice in small market town with Cottage Hospital in Mid Wales Permanency with prospects to suitable man Outdoor £400 p.a plus £50 car allowance or would provide car—Address No 1906 B M A House Tavistock Square, W C 1

WANTED WELSH BORDER COUNTRY town as from January 1st or earlier male ASSISTANT with or without partnership in view Must have University Degree and have held hospital appointments Keen temperate Able drive car £350 outdoor all found—Address No 1928 B M.A House Tavistock Square, W C 1

WANTED YOUNG SINGLE MALE ASSISTANT, outdoor for seaside town and rural practice in West Wales Newly qualified acceptable £400 and car allowance. *State* nationality—Address, No 1534 B.M A House, Tavistock Square W C 1

WANTED YOUNG SINGLE MALE ASSISTANT for December 1st *Abstainer* preferred Salary £300 p a Indoor Must possess driving ikence *Separate car provided* Good mixed industrial practice—Address No 1910 B M A House Tavistock Square W C 1.

ASSISTANT REQUIRED (OUTDOOR) FOR Practice in pleasant county Midland town Non-industrial English or Scotch nationality Age *under 30 years.* Work light. Drive own car Salary £400 p a. with £50 car allowance. Usual bond Good prospects for suitable man—Address No 1913 B M.A. House Tavistock Square, W C 1

ASSISTANT WANTED AGED ABOUT 27 years *for six months commencing* December for mixed Practice in Midland town Salary £450 p a Write stating sex age, nationality qualifications experience and whether car-owner—Address, No 1923 B M.A House, Tavistock Square, W C 1

ASSISTANTSHIP WANTED BY MEDICAL woman age 30 M.B B S *Home counties* or London Hospital experience, surgery mid wifery children casualty Three years experience general practice Own car—Address No 1922, B.M A. House, Tavistock Square W C 1

DERMATOLOGIST TO PROVINCIAL TEACHING Hospital requires ASSISTANT Must have had practical experience of all methods of treatment of skin diseases, *including X ray therapy* Duties will include hospital work—Apply giving all essential *particulars Address*, No 1930 B M.A House Tavistock Square, W C 1

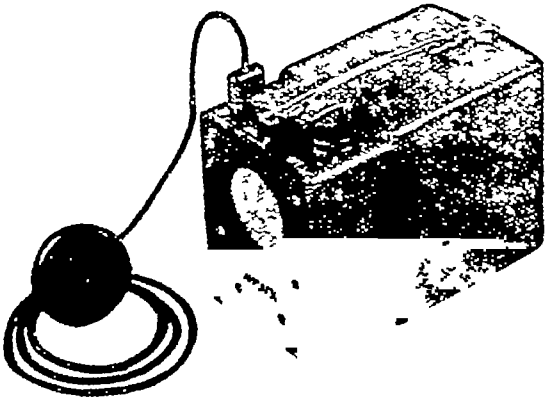
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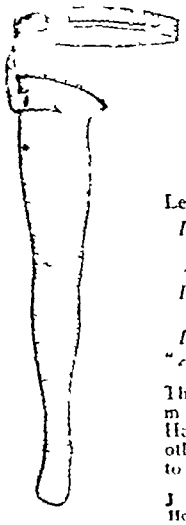
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Applications stating age nationality qualifications and experience accompanied by copies of not more than three recent testimonials, should be received *on or before first post on Friday* November 26th
KENELM S ELLISON
General Secretary

THE HOSPITAL FOR WOMEN
Soho Square London W 1

Applications are invited for the post of RESIDENT MEDICAL OFFICER for a period of six months commencing January 1st 1938 The *salary is at the rate of £100 per annum* with board residence and laundry
Applications and testimonials must reach the undersigned by Monday December 6th.
J P HEMING
Secretary

THE HOSPITAL FOR WOMEN
Soho Square, London W 1

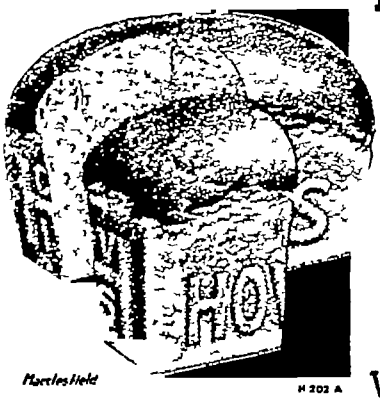
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Secretary

NORWOOD AND DISTRICT COTTAGE HOSPITAL

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SUSSEX THROAT AND EAR HOSPITAL, Church Street Brighton 1

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Applications, with copies of testimonials to be sent to the Secretary on or before November 26th

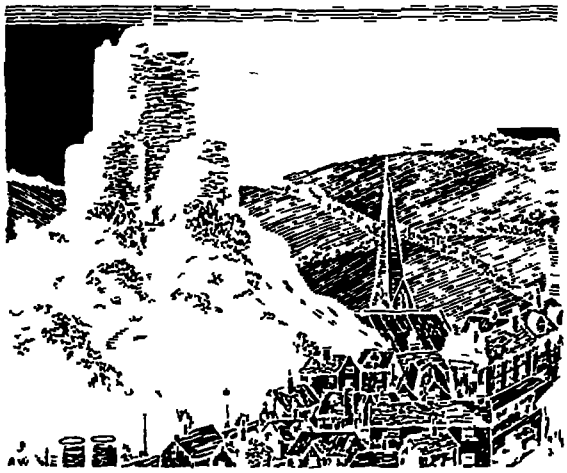


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A RESIDENT ANAESTHETIC REGISTRAR is required Duties to commence on January 1st, 1938 The appointment is tenable in the first instance for six months Salary at the rate of £150 per annum Candidates must be unmarried possess a legal qualification to practise and have held a responsible resident appointment at a General Hospital

Applications must be received by noon on Monday November 29th 1937 and candidates mus be prepared to attend for interview by the Joint Committee at 4 45 p m on Wednesday December 1st 1937

Further particulars and forms of application are obtainable from the undersigned

HERBERT F RUTHERFORD
October 1937 Secretary

ST GEORGE S HOSPITAL S W 1

Applications are invited for the post of ASSISTANT in the BACTERIOLOGICAL DEPARTMENT of this Hospital The salary will be at the rate of £250 per annum and the appointment will be an annual one

Candidates should send their applications, accompanied by copies of recent testimonials to the Dean of the Medical School who will interview candidates by appointment and give details of the work required Applications must be sent in by November 30th 1937

ST JOHN S HOSPITAL FOR DISEASES OF THE SKIN 5 Lisle Street W C.2

Applications are invited for the posts of TWO HONORARY ASSISTANT PHYSICIANS to the Hospital Candidates must be Fellows or Members of the Royal College of Physicians of London Edinburgh or Dublin or Fellows of the Royal College of Surgeons of England Edinburgh or Dublin Applications to be sent to the Secretary from whom particulars can be obtained on or before November 27th 1937

LEONARD G R TURPIN
November 5th 1937 Secretary

THE MARIE CURIE HOSPITAL
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Applications are invited from qualified medical women for the post of RESIDENT MEDICAL OFFICER Previous hospital experience desirable Salary £100 per annum

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ARTHUR G ELLIOTT
House Governor

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There is a vacancy for the post of CLINICAL ASSISTANT to the Prosthetic Department Attendance four afternoons a week. Salary £75 per annum

Applications should be sent to the House Governor from whom further particulars may be obtained

ARTHUR G ELLIOTT
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LONDON HOSPITAL, E.1

There is a vacancy for the post of an ASSISTANT RADIOLOGIST Honorarium £400 per annum Applications with testimonials should arrive not later than Saturday December 11th and should be sent to the House Governor from whom further particulars may be obtained

ARTHUR G ELLIOTT
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CHARING CROSS HOSPITAL
London W C.2

REFRACTION OFFICER to the Ophthalmic Department Applications are invited for the above post. One session (Wednesday morning) per week £1 1s per session Applications with three copies of three recent testimonials should be sent to the undersigned not later than November 25th 1937

GEORG J JONES
Secretary

ROYAL FREE HOSPITAL,
Gray s Inn Road W C1

Applications are invited for the post of DISTRICT OBSTETRIC ASSISTANT tenable for six months in the first place at a salary of £100 p a at the discretion of the Professor of the Unit for a further six months at a salary of £200 p a Duties to commence February 1st, 1938 Candidates must be duly qualified registered medical women

Application forms may be obtained from the undersigned and should be duly filled in and returned on or before 4th prox

RICHARD T BARTLEY
Secretary

ROYAL FREE HOSPITAL,
Gray s Inn Road W C1

Applications are invited for the whole-time post of SURGICAL REGISTRAR Candidates must be Fellows of the Royal College of Surgeons (England) Salary £200 p a

Applications stating age and accompanied by copies of three recent testimonials must be sent to the undersigned (from whom all information may be obtained) on or before 4th prox Duties to commence January 1st 1938

RICHARD T BARTLEY
Secretary

ROYAL FREE HOSPITAL
Gray s Inn Road W C1

Applications are invited for the whole-time post of MEDICAL REGISTRAR Salary £200 p a Intending candidates who must be fully qualified and registered should submit applications stating age and accompanied by copies of three recent testimonials to the undersigned (from whom all information may be obtained) on or before 4th prox

Duties to commence January 1st 1938 Present holder being eligible is a candidate for re-appointment

RICHARD T BARTLEY
Secretary

ROYAL FREE HOSPITAL
Gray s Inn Road W C1

Applications are invited from duly qualified and registered medical men for the following post
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Duties to commence January 1st 1938 for six months Salary £150 p a

Application forms may be obtained from the undersigned and should be duly filled in and returned on or before December 4th 1937

RICHARD T BARTLEY
Secretary

ROYAL FREE HOSPITAL,
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Applications are invited for the HALF TIME POST OF GYNAECOLOGICAL REGISTRAR from duly qualified and registered medical women This post is reserved for former students of the London (Royal Free Hospital) School of Medicine for Women Salary £100 p.a

Applications stating age and accompanied by copies of three recent testimonials must be sent to the undersigned (from whom all information may be obtained) on or before 4th prox Duties to commence January 1st, 1938

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Applications are invited for medical women for the undermentioned appointments

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---

NATIONAL HOSPITAL, QUEEN SQUARE W C1

RESIDENT MEDICAL OFFICER

Applications are invited for the post of Resident Medical Officer and should be sent to the undersigned accompanied by three recent testimonials not later than December 4th 1937 The salary is £150 per annum with board and lodging. Applicants should state if they are prepared to accept a post of House Physician salary £100 per annum with board and lodging

GODFREY H HAMILTON
Secretary

ROYAL FREE HOSPITAL,
Gray s Inn Road W C1

Applications are invited from medical women of six months' or more experience for the post of IN PATIENT OBSTETRIC ASSISTANT (Anaesthetic duties included) The appointment is for six months from February 1st 1938

Application forms may be obtained from the undersigned and should be duly filled in and returned on or before December 4th 1937

RICHARD T BARTLEY
Secretary

ROYAL FREE HOSPITAL,
Gray s Inn Road W C1

Applications are invited from duly qualified and registered medical men for the following post
SECOND HOUSE SURGEON

Duties to commence February 1st 1938 for six months

Application forms may be obtained from the undersigned and should be duly filled in and returned on or before December 4th 1937

RICHARD T BARTLEY
Secretary

EVELINA HOSPITAL FOR SICK CHILDREN
Southwark, S E 1

Applications are invited for the post of HOUSE SURGEON (male) for six months from December 12th (first two months in the Casualty and Out patient Department) Salary at the rate of £120 per annum with full board and residence

Applications with copies of three recent testimonials should be sent to the undersigned from whom particulars can be obtained not later than first post on Tuesday November 23rd

W H SIDNELL
House Governor

THE SALVATION ARMY
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Applications are invited from Medical Women for the post of JUNIOR RESIDENT MEDICAL OFFICER vacant January 1st 1938 Salary £80 per annum with board residence and laundry The appointment is for six months Applications with testimonials must be sent to the Secretary on or before Monday December 6th, 1937

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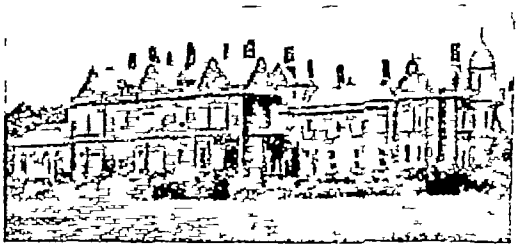
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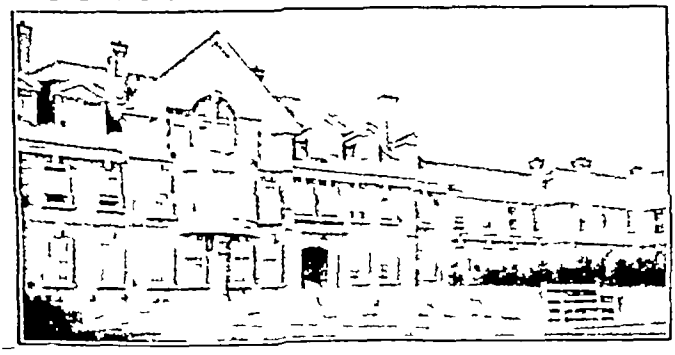
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2 S COAST—PARTNERSHIP in Ophthalmic Practice about £2,400 p.a One half share would be sold to suitable man (who must possess the D O M S) at two years purchase Good scope

3 N OF ENGLAND, Cathedral City—PARTNERSHIP in good-class Practice, averaging £3 000 p a Panel about 1,350 Visits 3/6 to £1 1s medicine extra House (5 bedrooms), with garage and garden One third share at first at two years purchase Preliminary Assistantship Applicant must have necessary capital

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5 HOME COUNTY—PARTNERSHIP (after preliminary Assistantship) in steadily increasing town practice, about £5,000 a year Large panel One fourth share at first to suitable man at two years purchase

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9 DEATH VACANCY—STREATHAM—Old-established PRACTICE Receipts past nine months £747 House (5 bedrooms) for sale

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12 ITALIAN RIVIERA—Small good class non-dispensing season PRACTICE Further details on application

13 S COAST—Old-established PRACTICE averaging nearly £1 500 p.a in popular watering place Panel 825 House in excellent position (5 bedrooms etc) garage and garden for sale Good scope Premium two years purchase

14 BRISTOL—PARTNERSHIP in increasing Practice in growing suburb Cash receipts past twelve months £2 125 Panel 2,200 House with 4 bedrooms and surgery accommodation, to rent at £60 p a also branch surgery Scope Premium one half share £2,000 to include share of drugs etc

15 LONDON, S E—Middle-class PRACTICE in pleasant open suburb Receipts 1936 £848 Panel 450 *House contains 5 bedrooms etc. Price freehold £1 400* Scope Premium £1,280

16 WILTS/HANTS BORDER—PARTNERSHIP (after preliminary Assistantship) in increasing mixed Practice in country district Receipts 1936, nearly £2 350 Panel between 1,400/1 500 One third share to suitable man at one and a half years purchase

17 S MIDLANDS—PARTNERSHIP in Practice between £2,300/£2,400 p.a, in county town Panel about 2 000 House (6 bedrooms) large garage and garden for sale or rent One third share (after preliminary Assistantship) at one and three-quarter years purchase, or near offer

18 S WALES—Steadily growing middle-class PRACTICE doing about £500 a year in residential village easy distance of large town Modern semi-detached house (5 bedrooms), garage and garden Price £1,350 leasehold Scope Premium one year s purchase

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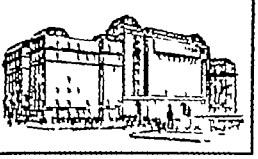
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NOTTINGHAMSHIRE COUNTY COUNCIL

RANSOM SANATORIUM AND SHERWOOD VILLAGE SETTLEMENT

APPOINTMENT OF MEDICAL SUPERINTENDENT

Applications are invited for the appointments of Medical Superintendent of the County Sanatorium (150 beds to be increased shortly to 170 beds) and of the County Village Settlement situate in Sherwood Forest near Mansfield

Candidates must be duly qualified Medical Practitioners having had extensive experience in the administrative and clinical control of Sanatoria including the practice of all modern forms of active treatment In addition they must conform as regards training and experience with the conditions set out in Article 3 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930 The possession of a diploma in Public Health and of some knowledge or experience of Settlement organization will be considered an advantage.

The commencing salary will be at the rate of £750 per annum with emoluments valued at £100 per annum (house light fuel and water) rising by increments of £50 every two years to £900 per annum plus emoluments

The person appointed will be a member of the staff of the County Medical Officer and will act under his general supervision and control

The appointments will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and will be terminable by three months notice on either side.

Forms of application and conditions of appointment may be obtained from me and should be returned to the County Medical Officer Shire Hall Nottingham not later than November 27th 1937

Shire Hall K TWEEDALE MEABY
Nottingham Clerk of the County Council
November 8th 1937

THE KING EDWARD VII WELSH NATIONAL MEMORIAL ASSOCIATION

Applications are invited from duly registered medical practitioners for the following posts

(a) ASSISTANT TUBERCULOSIS MEDICAL OFFICER (male) at the North Wales Sanatorium Denbigh (247 Beds for female pulmonary and male female and children non-pulmonary cases)

Salary £500 per annum rising by annual increments of £25 to £700 per annum less emoluments These in the case of a married man are valued at £50 per annum, and include house, water electricity coal laundry and garage In the case of an unmarried man living in they are valued at £100 per annum

Preferably candidates should have had resident experience in special institutions (Hospital or Sanatorium) for the treatment of pulmonary and/or non-pulmonary tuberculosis with eighteen months experience in general clinical work of which six months should have been spent in a hospital not confined to the treatment of tuberculosis

Applicants must be under 45 years of age and the person appointed will be required to pass a medical examination and to contribute 5 per cent of his salary to the Superannuation Fund of the Association

(b) ASSISTANT RESIDENT MEDICAL OFFICER (male or female) at the Glan Ely Hospital Fairwater near Cardiff (196 Beds for pulmonary and surgical tuberculosis in men women and children).

Salary £200 per annum plus maintenance

The appointment is limited to a period of twelve months.

Applications stating age qualifications and experience together with copies of three recent testimonials should reach the undersigned not later than November 24th 1937

D A. POWELL,
Memorial Offices Principal Medical Officer
Westgate Street Cardiff

COUNTY BOROUGH OF ROCHDALE

PUBLIC HEALTH DEPARTMENT

The Health Committee invite applications from fully qualified registered Medical Practitioners (unmarried) for the appointment of JUNIOR RESIDENT MEDICAL OFFICER (male) at the Birch Hill Hospital (475 beds—Medical Surgical Children and Maternity)

The appointment includes certain services at the adjoining Public Assistance Institution and will be for a period of six months in the first instance and for a further period of six months at the option of the Town Council but will not be renewable thereafter

Salary at the rate of £225 per annum together with board residence and laundry

Applications must be made on the prescribed form, which may be obtained on application to the Medical Officer of Health and returned addressed to him at the Public Health Offices Baillie Street, Rochdale not later than Monday December 6th 1937

Town Hall HARRY BANN
Rochdale. Town Clerk
November 16th 1937

COUNTY COUNCIL OF NORTHUMBERLAND

SENIOR ASSISTANT SCHOOL MEDICAL OFFICER (Male)

ASSISTANT TO THE COUNTY MEDICAL OFFICER (Male)

The County Council invite applications for the above-mentioned appointments

Senior Assistant School Medical Officer (male)—Candidates must hold the D P H or some other registrable qualification in State medicine and must possess both practical and administrative experience of the medical inspection of school children the organization of school clinics and treatment centres and the preparation and submission of reports and the work incidental thereto

The commencing salary will be in accordance with the scale of the British Medical Association for such appointments and will depend on the experience and qualifications of the candidate but will not be less than £750 rising by biennial increments of £50 to a maximum of £937 10s a year

Assistant to the County Medical Officer (male)—Candidates must hold the D P H or some other registrable qualification in State medicine and should possess a good all round experience of modern public health methods particularly of the diagnosis and treatment of infectious disease.

The salary will be £750 rising by biennial increments of £50 to a maximum of £937 10s a year

The candidates appointed will be required to pass a medical examination and contribute to the fund established under the Local Government and Other Officers Superannuation Act 1922

The appointments will be determinable by three months notice on either side The persons appointed will be required to devote the whole of their time to the duties of their office and will be required to reside in such part of the County as may be approved by the Council.

Forms of application may be obtained from the County Medical Officer County Hall Newcastle upon-Tyne 1 and applications accompanied by *copies* of not more than three recent testimonials must be received by him not later than December 8th 1937 C HAROLD CARTER
Clerk of the County Council
County Hall Newcastle-upon-Tyne
November 12th 1937

COUNTY BOROUGH OF CROYDON

SENIOR DENTAL SURGEON

Applications are invited from male licentiates in Dental Surgery for the post of WHOLE TIME SENIOR DENTAL SURGEON Salary £600 rising by annual increments of £25 to £700 per annum

The person appointed will be in charge of the dental arrangements under the supervision and control of the School Medical Officer The duties will consist chiefly in the inspection, re-inspection and treatment of children attending the elementary schools of the Borough but will also include dental work under the Council's Maternity and Child Welfare Tuberculosis and Mental Deficiency Schemes The person appointed will also be expected to give instruction in dental hygiene as and when required There are at present three whole-time assistant dental surgeons

Previous experience in the dental treatment of children is essential

The post is designated under the Local Government and other Officers Act 1922 and deductions will therefore be made for superannuation purposes

The successful candidate will be required to pass a medical examination Canvassing in any form will be a disqualification

Applications, to be made on forms to be obtained by sending a stamped addressed foolscap envelope to the Medical Officer of Health, Town Hall Croydon to whom they should be returned accompanied by copies (not originals) of not more than three testimonials of recent date, not later than 11 a.m. on Monday November 22nd 1937

E. TABERNER
Town Hall Croydon Town Clerk
November 9th 1937

THE WARWICKSHIRE AND COVENTRY JOINT COMMITTEE FOR TUBERCULOSIS

KING EDWARD VII MEMORIAL SANATORIUM HERTFORD HILL Near WARWICK

Applications are invited for the post of FIRST ASSISTANT MEDICAL OFFICER at the Memorial Sanatorium near Warwick of 225 Beds. Some previous experience in the diagnosis and treatment of tuberculosis is desirable

The salary will be at the rate of £350 per annum rising by annual increments of £25 to a maximum of £4 0 per annum with board lodging and laundry in addition

There are three other Medical Officers at the Sanatorium

Applications with copies of testimonials should be forwarded *direct to the Medical Superintendent at the Sanatorium* to reach him by not later than Saturday December 4th 1937

L. EDGAR STEPHENS
Shire Hall Clerk of the Joint Committee.
Warwick
November 11th 1937

BRITISH MEDICAL ASSOCIATION

ASSISTANT SECRETARY

The Council of the British Medical Association is prepared to receive applications from registered medical practitioners for the post of ASSISTANT SECRETARY Duties will commence on March 1st 1938 or before that date by arrangement The salary will be £800 per annum rising subject to satisfactory service to £900 per annum after one year and thereafter by annual increments of £50 to £1,250 When this maximum is reached the Council may consider further increases for capability and length of service A deduction will be made for the purposes of the Association's superannuation scheme for officials

Applications marked Assistant Secretary giving age and full particulars of experience with the names of not more than three references should be sent to the Secretary British Medical Association Tavistock Square, London W C 1 not later than first post Monday December 6th 1937 Canvassing not allowed

G C. ANDERSON
Secretary

BOROUGH OF BECKENHAM

ASSISTANT MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

Applications for this appointment are invited from registered medical practitioners of not more than 40 years of age commencing salary £500 to £600 (according to qualifications and experience) rising (subject to satisfactory service) by annual increments of £25 to a maximum of £700 p.a

Candidates must have had at least three years professional experience and special experience in Ante-Natal and Maternity and Child Welfare Work and the work of the School Medical Service The possession of a Diploma in Public Health will be an advantage

The person appointed will be required to devote the whole of his or her time to the duties and not engage in private practice Duties to be performed under the direction of the Medical Officer of Health

The post has been designated as established for the purposes of the Local Government and Other Officers Superannuation Act 19 .. and the usual deduction of 5 per cent. will be made from salary The successful candidate will be required to pass a medical examination by the Medical Officer of Health or an independent medical referee appointed by the Council

Applications must be made on forms obtainable from the Medical Officer of Health Town Hall Beckenham to whom they must be returned (accompanied by copies of three recent testimonials) not later than 1.. noon on Tuesday November 30th 1937 in envelopes endorsed "Assistant Medical Officer

Canvassing directly or indirectly will disqualify

C ERIC STADDON
Town Hall Town Clerk
Beckenham Kent.
November 8th 1937

LANCASHIRE COUNTY COUNCIL.

PUBLIC ASSISTANCE COMMITTEE

WHISTON COUNTY HOSPITAL, near Prescot. APPOINTMENT OF A VISITING EAR NOSE AND THROAT SURGEON

Applications are invited for the appointment of a Visiting Ear Nose and Throat Surgeon at the Whiston County Hospital near Prescot

The salary will be £3 3s per session

Applications accompanied by copies of not more than two recent testimonials to be forwarded to the County Medical Officer of Health Public Assistance (Hospital and Medical) Department County Offices Preston so as to be received not later than Saturday November 27th 1937

GEORGE ETHERTON
County Offices Clerk of the County Council
Preston
November 16th 1937

CITY OF MANCHESTER WITHINGTON HOSPITAL (1 184 Beds) Recognised under the regulations for the F R C S)

The Public Health Committee invites applications from registered medical practitioners for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the above-named hospital

The salary for such appointment is £200 per annum with board residence and laundry in addition, subject to the Manchester Corporation conditions of service.

The appointment will be made in the first instance for a period of six months renewable for a further six months, but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than December 1st, 1937

F E. WARBRECK HOWELL,
Town Hall, Town Clerk.
Manchester
November 15th, 1937

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PLYMOUTH EDUCATION COMMITTEE

SENIOR ASSISTANT MEDICAL OFFICER SCHOOL MEDICAL SERVICE

Applications are invited from registered medical men, holding the Diploma of Public Health for appointment as Senior Assistant Medical Officer for the School Medical Service at a salary of £750 per annum rising by biennial increments of £50 to a maximum of £937 10s per annum Age of applicants should not exceed 40 years or 45 years if a contributor under the Local Government and Other Officers Superannuation Act, 1922, from the date of attaining the age of 40 years

The officer appointed will work under the control of the Medical Officer of Health who is also the School Medical Officer and he will be required to carry out any other duties apportioned to him under the Council's Medical Services, more particularly in view of the possible future reorganisation of the Maternity and Child Welfare and School Medical Services

The appointment is a designated post for the purposes of the Local Government and Other Officers Superannuation Act, 1922.

Form of application (returnable by November 30th) and conditions of service will be sent on receipt of a stamped addressed foolscap envelope.

Canvassing, direct or indirect, will be a disqualification

W ALFRED CLEGG
Secretary for Education

Education Offices
Cobourg Street, Plymouth

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one year's standing for undermentioned positions Candidates must have had resident appointment in a general hospital for at least six months Married quarters not available.

ASSISTANT MEDICAL OFFICERS (Grade I) Salary £350-£25-£425 with board lodging and washing

(a) BETHNAL GREEN HOSPITAL, Cambridge Road E.2 —Duties mainly surgical

(b) ST JAMES' HOSPITAL Ouseley Road Balham S W.12 —Surgical duties.

(c) ST LUKE'S HOSPITAL, Sydney Street S W.3 —Duties mainly medical experience in anaesthetics essential

ASSISTANT MEDICAL OFFICER (Grade II) Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions)

(d) LAMBETH HOSPITAL Brook Drive Kennington Road S.E.11 —Medical duties

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A County Hall S.E.1 returnable by December 6th Canvassing disqualifies

LONDON COUNTY COUNCIL

Applications invited from MEDICAL PRACTITIONERS of at least one year's standing to undermentioned position Experience in a resident appointment in a general hospital for at least six months desirable Married quarters not available.

GROVE PARK HOSPITAL LEE, S.E.12.

ASSISTANT MEDICAL OFFICER (Grade I) — Salary £350-£25-£425 with board lodging and washing.

Experience in the treatment of pulmonary tuberculosis essential There is no accommodation for women officers.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A County Hall S.E.1 returnable by November 29th

Canvassing disqualifies.

HULL ROYAL INFIRMARY

Applications are invited for the post of HONORARY V D SPECIALIST The appointment will be for a period of five years and may be renewed

During the term of his appointment the successful candidate shall not apply for or accept a post at any other hospital or clinic without the previous consent of the Board

The present holder of the post is applying for re-appointment

Applications should be addressed to the Chairman Hull Royal Infirmary and should reach the hospital on or before Monday December 6th

R J CARLESS
November 11th 1937 House Governor

ROTHERHAM HOSPITAL.

WANTED —CASUALTY HOUSE SURGEON (male) Qualified Salary £150 per annum with board residence and laundry To have charge of Out patients (130 Beds)

Applications with copies of recent testimonials to be sent to the Secretary G W Roberts 8 Moorgate Street Rotherham

COUNTY BOROUGH OF WOLVERHAMPTON

NEW CROSS HOSPITAL AND INSTITUTION

ASSISTANT (DEPUTY) MEDICAL OFFICER (Male)

Applications are invited from duly qualified single gentlemen for the appointment of Assistant (Deputy) Medical Officer at the above Hospital which is modernly equipped and contains 350 beds

Applicants should have had previous hospital experience as House Physician and House Surgeon and the successful candidate will be required to devote his whole time to his official duties and to act under the direction of the Medical Officer from whom any further particulars of the appointment may be obtained

The salary will be at the rate of £350 per annum increasing by annual increments of £25 to £450 together with full residential emoluments valued at £150

The appointment will be subject to determination by one month's notice on either side and to the provision of the Local Government and Other Officers Superannuation Act 19—, and the successful candidate will be required to pass a medical examination

All fees received in connection with the appointment must be paid to the Council

The Medical Staff also act as the Medical Staff of the Institution and of Children's Cottage Homes

Applications stating age qualifications and experience together with copies of not more than three recent testimonials should be sent to Mr A G Aldridge Public Assistance Officer Stafford Street Wolverhampton

J BROCK ALLON
Town Hall Town Clerk
Wolverhampton

SOUTHEND-ON SEA GENERAL HOSPITAL

Applications are invited for the post of CASUALTY OFFICER (male)
(with duties in Orthopaedic Department and Fracture Clinic) Salary £100 per annum with board residence and laundry The appointment is for six months from December 1st 1937

Applications stating age and experience with copies of testimonials should be sent to the undersigned not later than November 25th

P H CONSTABLE
Secretary

VICTORIA HOSPITAL, WORKSOP
(92 Beds)

A JUNIOR RESIDENT (male) is required to take up duty on January 1st next Salary at the rate of £125 per annum with board residence and laundry

Applications with copies of three recent testimonials and stating age qualifications and nationality to be sent to the undersigned. The appointment is for six months renewable

JAMES BOOTHROYD
Secretary Superintendent

THE KIDDERMINSTER AND DISTRICT GENERAL HOSPITAL.

The Committee are prepared to appoint an HONORARY CONSULTING PHYSICIAN who must possess the qualification of M R C P London He will be expected to attend at the Hospital on one day a week to see out patients and such in-patients as may be referred to him by the Physicians.

Applications for this position to be sent with copies of two testimonials to the Secretary Miss SUSAN SMITH South Cliff Kidderminster

DORSET HOUSE, CLIFTON DOWN BRISTOL 8

Approved Nursing Home under the Mental Treatment Act

HOUSE PHYSICIAN wanted (woman) at once for six months appointment. Good opportunities for study Salary £120 to £150 according to experience, with board and residence

FREE EYE HOSPITAL, Southampton

The Committee require the services of a duly qualified HOUSE SURGEON to enter on duties on January 1st, 1938 Salary £150 per annum with board residence and laundry Post-graduate experience in Ophthalmology is desirable.

Applications, with three recent testimonials to reach the Secretary by November 27th, 1937

LIVERPOOL DENTAL HOSPITAL, Pembroke Place. 3

The Committee invites applications for the post of HON ANAESTHETIST Attendance one half day per week Applicants must possess a medical qualification

Further particulars may be obtained from the Hon Director to whom applications must be forwarded not later than Monday December 6th 1937

CHILD GUIDANCE COUNCIL, LONDON

TEMPORARY APPOINTMENT OF GENERAL SECRETARY (Part-time)

Applications are invited from registered medical practitioners for the post of General Secretary (part time) to the Child Guidance Council The appointment will be on a temporary basis in view of certain future developments Salary £400 per annum. Experience in adult and child psychiatry and in administrative work is essential

Particulars and application forms (which must be returned by December 8th) may be obtained from the undersigned

Woburn House D R MACCALMAN M D
Upper Woburn Place Child Guidance Council
W C 1

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN
Shadwell London E.1
(Formerly East London Hospital for Children)
(135 Beds)

An OUT PATIENT MEDICAL OFFICER is required on January 1st 1938 by the above Hospital The appointment is for six months and renewable for another six months The holder of this post will be the official deputy for the Resident Medical Officer Salary at the rate of £175 per annum with board residence and laundry

Candidates who must be properly registered in this country are invited to send in their applications addressed to the Secretary by noon on Wednesday December 1st with copies of not more than three recent testimonials and evidence of having held a responsible Hospital appointment Forms of application and copies of the rules can be obtained from the Secretary Superintendent.

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN
Shadwell London, E.1
(Formerly East London Hospital for Children)
(135 Beds and 30 Convalescent Beds at Bognor)

A RESIDENT MEDICAL OFFICER is required on January 1st 1938 Gentlemen are invited to send in their applications addressed to the Secretary by noon on Wednesday December 1st, with copies of not more than three testimonials and evidence of having held a responsible Hospital appointment The appointment is for one year Salary at the rate of £700 per annum with board residence and laundry

Candidates must be properly registered in this country Forms of application and copies of the rules may be obtained from the Secretary Superintendent

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN
Shadwell London E.1
(Formerly East London Hospital for Children.)
(135 Beds)

A HOUSE SURGEON is required on January 1st 1938 by the above hospital Candidates are invited to send in their applications addressed to the Secretary by noon on Wednesday December 1st accompanied by copies of not more than three recent testimonials, and evidence of having held a responsible hospital appointment. The appointment is for six months Salary at the rate of £125 per annum with board residence and laundry

Candidates must be properly registered in this country

Forms of application and copies of the rules can be obtained from the Secretary Superintendent

THE PRINCE OF WALES'S GENERAL HOSPITAL London N 15 (238 Beds)

The Governors of the Prince of Wales's General Hospital will shortly proceed to the election of an HONORARY ASSISTANT SURGEON to the Ear Nose and Throat Department for which post applications are invited

Candidates must be Fellows of one of the Royal Colleges of Surgeons and engaged in the practice of this special department of Surgery

Applications together with copies of three recent testimonials, should be lodged with the undersigned on or before Tuesday December 7th 1937

J C BURDETT
Director and House Governor
November 11th 1937

GENERAL LYING IN HOSPITAL, York Road Lambeth S.E.1

Applications invited for the post of JUNIOR RESIDENT MEDICAL OFFICER and ANAESTHETIST Salary at the rate of £100 per annum with board residence and laundry Appointment for three months commencing January 1st 1938 The successful candidate will subject to satisfactory service be required to succeed to the Senior Medical Officer's post for a further three months

Applications stating age and qualifications with copies of three recent testimonials, to be sent to the Secretary not later than Monday December 6th.

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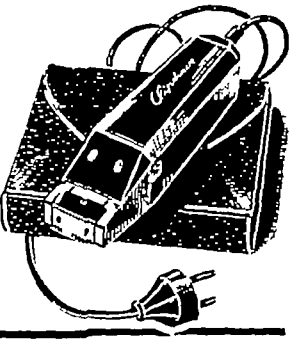
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British Medical Association
B M A House, Tavistock Sq , London, W C 1

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Secretary to the British Medical Association, B M A House, Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Secretary 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District.	Town or District
CONTRACT PRACTICE	CONTRACT PRACTICE—*(contd.)*	CONTRACT PRACTICE—*(contd.)*
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	MID-RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	OGMORE VALLEY GLAMORGAN *(Bryndham Colliery Medical Aid Society) (Workmen's Medical Scheme)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association.)*	**PUBLIC HEALTH**
LLWYNYPIA CLYDACH VALE, PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OAKDALE, MON *(Medical Officer for Medical Aid Association)*	URBAN DISTRICT COUNCIL OF BOLDON RURAL DISTRICT COUNCIL OF SUNDERLAND *(Medical Officer of Health)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Secretary to the British Medical Association, B M A House Tavistock Square, W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec. of Division or Branch	Town or District.	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N.S.W	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St. East Melbourne Victoria.	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec. Western Australian Branch British Medical Association Shell House 205 St George's Terrace Perth Western Australia.
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec., Queensland Branch British Medical Association, B M A. House, 225 Wickham Terrace Brisbane B 17				

November 17, 1937 By Order of the Council G C ANDERSON, *Secretary*

THE BOLTON ROYAL INFIRMARY
(315 Beds including two Auxiliary Hospitals.)

Applications invited from gentlemen for the post of RESIDENT SURGICAL OFFICER

Staff comprises Assistant R.S.O House Physician and three House Surgeons R.S.O appointment is recognized by the Royal College of Surgeons of England for the Final Fellowship Examination

Salary £250 per annum with board residence and attendance

Applications stating age nationality and experience together with copies of testimonials should be forwarded to the undersigned not later than Thursday November 25th 1937

H CORLESS
Acting Secretary

THE BOLTON ROYAL INFIRMARY
(315 Beds including two Auxiliary Hospitals.)

Applications are invited from gentlemen for the post of HOUSE SURGEON

Salary £150 per annum with board residence laundry and attendance

Applications stating age nationality and experience, together with copies of testimonials, should be forwarded to the undersigned not later than first post Thursday November 25th

H CORLESS
Acting Secretary

SUSSEX EYE HOSPITAL,
Eastern Road Brighton. (48 Beds)

HOUSE SURGEON (male) required Salary at the rate of £150 per annum with board residence and laundry Good ophthalmic experience The appointment is for a period of six months.

The Hospital is recognized by the Examining Board of the Royal College of Physicians of London and the Royal College of Surgeons of England for the D O M S Diploma

Applications in writing accompanied by copies of recent testimonials, should be sent to P F Spooner Assistant Secretary Sussex Eye Hospital Eastern Road Brighton.

November 1937

THE BOLTON ROYAL INFIRMARY
(315 Beds including two Auxiliary Hospitals.)

Applications are invited from ladies and gentlemen for the post of HOUSE PHYSICIAN Salary £200 per annum with board residence and attendance. Duty to commence January 1st 1938. The appointment is for six months and is renewable

This post offers an excellent opportunity for post graduate experience of acute medical cases and clinical pathology

Applications stating age nationality and previous experience, together with copies of testimonials, should be forwarded to the undersigned not later than first post, Thursday November 25th

H. CORLESS
Acting Secretary

KETTERING AND DISTRICT GENERAL HOSPITAL. (108 Beds.)

Applications are invited for the post of HOUSE PHYSICIAN

Salary £150 per annum with board residence and laundry Candidates must be fully qualified and registered.

The appointment is for six months with eligibility for a further period

Applications stating age nationality and qualifications together with copies of three testimonials to be sent to the undersigned as soon as possible

G W JACKSON
Secretary Superintendent

HERTFORD COUNTY HOSPITAL
(169 Beds.)

Applications are invited for the post of HOUSE SURGEON (male) (three Residents) Salary £200 per annum with board residence and laundry The appointment is for six months in the first instance

Applications with three recent testimonials should be sent to the undersigned not later than Monday November 29th instant. PERCY G BROOKS
Secretary

ROYAL SUSSEX COUNTY HOSPITAL
Brighton (272 Beds)

HOUSE PHYSICIAN (male) required January 1st, 1938 Charge of beds Salary £150 per annum with board residence and laundry Candidates must hold a Medical and Surgical qualification of the British Empire and be duly registered under the Medical Acts

They must be unmarried and when elected under thirty years of age

Applications, with copies of testimonials should be sent to the undersigned

L. L W LANCASTER-GAYE
Secretary Superintendent

ROYAL SUSSEX COUNTY HOSPITAL,
Brighton (272 Beds)

Applications are invited for the offices of HONORARY CLINICAL ASSISTANT ANAESTHETISTS (TWO) Candidates must hold a Medical and Surgical qualification of the British Empire and be duly registered under the Medical Acts

The appointments will be for a term of one year the successful candidates being eligible for re-election at the end of that period

Further particulars can be obtained from the undersigned to whom applications must be forwarded before 12 noon on December 11th 1937

L W LANCASTER-GAYE,
Secretary Superintendent.

COSSHAM MEMORIAL HOSPITAL,
Kingswood Bristol.

A vacancy will occur at the end of the year for a JUNIOR RESIDENT MEDICAL OFFICER

Salary £100 per annum with board and laundry to remain for six months in the first instance. Applicants (male) should be British nationality fully qualified and registered

Applications with copies of recent testimonials to be sent to the Secretary

(Advertisements continued on p. 60)

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32, Welbeck Street, London, W 1
or
Organising Secretary, R S Wright,
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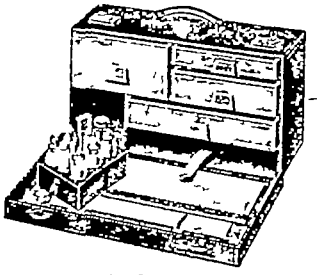
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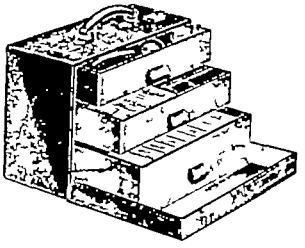
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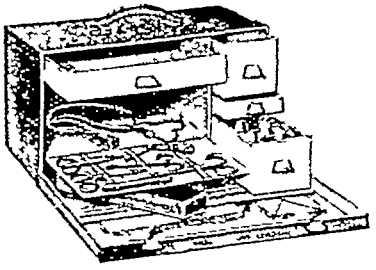
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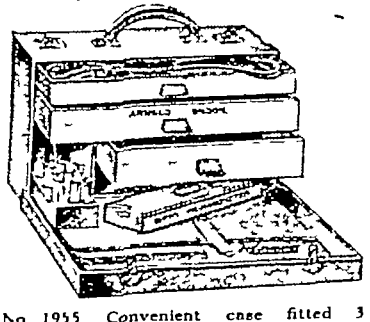
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THE LONDON AND PROVINCIAL MEDICAL STAFF BUREAU (Licensed annually by the L C C) 24b Hereford Road W 2 will supply qualified Dispensers, Secretaries Receptionists, etc without fee to Medical Practitioners. Phone Bayswater 0823

THE ROYAL ARMY MEDICAL CORPS ASSOCIATION 85 Eccleston Square S W 1 (Telephone Victoria 2722) supplies qualified Dispensers Book keepers Laboratory Assistants Sanitary Assistants Male Nurses Mental and Special Treatment Orderlies Dental Clerk Orderlies, Porters Caretakers, etc without charge to prospective employers.

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BRITISH MEDICAL ASSOCIATION

AN ADVERTISEMENT FOR AN ASSISTANT SECRETARY to the Association, with full details of the appointment appears on page 53 of this issue.

FOR SALE.—WOMAN'S COUNTRY PRAC TICE East Sussex near coast Small grow ing steadily Building development in district. Old cottage available to rent. Small premium — Address No 1738 B M.A House Tavistock Square W C 1

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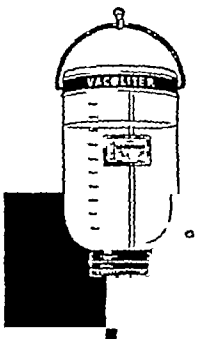
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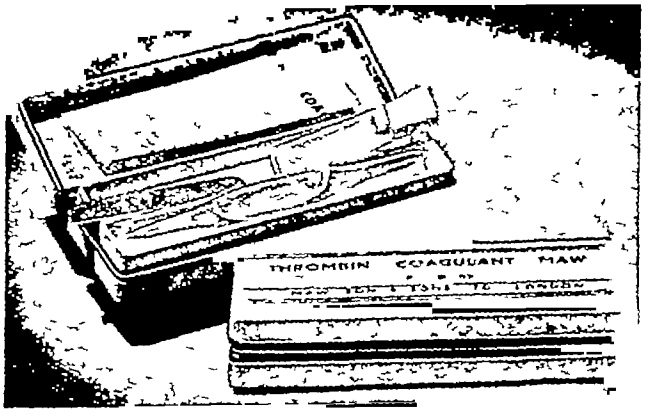
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QUEEN MARY'S HOSPITAL FOR THE EAST END
Stratford E.15

Applications are invited from fully qualified and registered medical men (only) for the following posts

RESIDENT MEDICAL OFFICER Salary £150 p.a. Period nine months

HOUSE SURGEON No 1 Salary £120 p.a. Period six months.

HOUSE SURGEON No 2. Salary £1.0 p.a. Period six months

HOUSE PHYSICIAN Salary £120 p.a. Period six months.

RESIDENT ANAESTHETIST AND HOUSE PHYSICIAN Salary £120 p.a Period six months

CASUALTY AND OUT PATIENT OFFICER No 1 Salary £150 p.a Period, six months

CASUALTY AND OUT PATIENT OFFICER No 2. Salary £150 p.a. Period, six months.

OBSTETRIC HOUSE SURGEON No 1 Salary £130 Period nine months.

OBSTETRIC HOUSE SURGEON No 2. Salary £110 Period six months.

In addition to his salary the Resident Medical Officer receives certain sums paid by the National Health Insurance

The Hospital contains 219 beds including 50 for Maternity patients.

The appointments will date from January 1st 1938 and will be for six months except in the cases of the Resident Medical Officer and Obstetric House Surgeon No 1 These will be for nine months terminating on September 30th 1938

Candidates who must be single, and who should previously have held hospital appointments, should send applications, accompanied by testimonials, to the undersigned not later than Wednesday November 24th 1937

RAPHAEL JACKSON Major
Secretary

THE QUEEN'S HOSPITAL FOR CHILDREN
Hackney Road London E.2.
(160 Beds.)

HOUSE PHYSICIAN (Male) required January 1st 1938.

HOUSE SURGEON (Male) required January 1st 1938

CASUALTY OFFICER (Male) required January 1st 1938

Some Dermatological work additional

Six months appointments. Salary at the rate of £100 per year with board lodging and laundry in each case.

Applications must be made on forms to be obtained from the undersigned and be sent in, with copies of not more than three testimonials on or before December 1st 1937

CHARLES H BESSELL,
November 1st, 1937 Secretary

WEST END HOSPITAL FOR NERVOUS DISEASES

In-Patient Department Gloucester Gate, Regent's Park N W

Out Patient Department and Secretary's Office Welbeck Street. W

The Committee of Management invites applications for an HONORARY ASSISTANT PHYSICIAN Candidates must be Fellows or Members of the Royal College of Physicians of London and Graduates in Medicine of one of the Universities of the United Kingdom

Twelve copies of the application with copies of three testimonials should be addressed not later than Monday November 29th to the undersigned from whom candidates are requested to obtain further information

J P WETENHALL,
Secretary

PADDINGTON GREEN CHILDREN'S HOSPITAL (Incorporated)
London, W.2.

Applications are invited for the appointment of HONORARY OPHTHALMIC SURGEON to the Hospital Candidates must be Fellows of the Royal College of Surgeons England

Applications stating age and qualifications, accompanied by copies of three testimonials should reach the undersigned not later than Friday December 10th 1937

JAMES A. HAMLIN
Secretary

PADDINGTON GREEN CHILDREN'S HOSPITAL (Incorporated)
London W.2.

Applications are invited for the appointment of HONORARY PHYSICIAN to the Skin Department. Candidates must be Members of the Royal College of Physicians London

Applications stating age and qualifications accompanied by copies of three testimonials should reach the undersigned not later than Friday December 10th 1937

JAMES A. HAMLIN
Secretary

ROYAL MASONIC HOSPITAL
Ravenscourt Park, W 6.

A post of RESIDENT MEDICAL OFFICER (male) preferably with M R C.P qualification will be vacant on January 1st 1938 Salary at the rate of £300 per annum, with board residence and laundry The appointment is for twelve months Candidates must be registered and must have held resident appointments in General Hospitals

The Institution (145 Beds at present but to be increased) is primarily for paying patients of both sexes of moderate means usually unable to afford ordinary Nursing Home treatment etc.

Applications, stating full particulars to be sent on or before Monday November 29th 1937 to the Honorary Secretaries from whom further information may be obtained The Medical Advisory Committee will meet on December 3rd 1937

ROYAL MASONIC HOSPITAL,
Ravenscourt Park W 6

A post of RESIDENT SURGICAL OFFICER (male) one of three Residents will be vacant on January 1st 1938 Salary at the rate of £.50 per annum with board residence and laundry The appointment is for six months Candidates must be registered and must have held resident appointments at a general hospital The Institution (145 Beds at present but to be increased) is primarily for paying patients of both sexes of moderate means usually unable to afford ordinary Nursing Home treatment etc

Applications stating full particulars to be sent on or before Monday November 29th 1937 to the Honorary Secretaries from whom further information may be obtained The Medical Advisory Committee will meet on December 3rd 1937

SEAMEN'S HOSPITAL SOCIETY

The Committee of Management invite applications for the appointment of RESIDENT MEDICAL SUPERINTENDENT at the Hospital for Tropical Diseases, Gordon Street, W C 1

The appointment will be tenable for two years renewable for a further year at the discretion of the Board of Management Salary £400 per annum with board residence and laundry Candidates who should be single must be legally qualified and registered Membership of the Royal College of Physicians is desirable but not essential

Applications, stating age, with copies of not more than three recent testimonials to be sent in on or before December 4th 1937 to

THE SECRETARY
Seamen's Hospital Society
Greenwich S E 10

DREADNOUGHT HOSPITAL GREENWICH S.E.10
(Seamen's Hospital Society)

One HOUSE PHYSICIAN and one HOUSE SURGEON required for six months as from January 1st, 1938 Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male and single. Applications, with copies of three testimonials, to be sent in on or before November 29th to the undersigned F A LYON
November 13th 1937 Secretary

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL
Haverstock Hill N W.3

APPOINTMENT OF A HOUSE SURGEON

Applications are invited from unmarried medical men for an appointment of House Surgeon vacant on January 1st next The salary will be at the rate of £100 per annum together with board residence etc and the term will be for six months

Applications to be made on a form which will be supplied by the Secretary together with copies of not more than three testimonials should reach the Secretary not later than noon on December 4th

HOSPITAL FOR TROPICAL DISEASES
Gordon Street, W C 1
(Seamen's Hospital Society)

HOUSE PHYSICIAN (male) required for six months from January 1st 1938 Salary £1 0 per annum with board residence and laundry Applications with copies of three testimonials to be sent in on or before November 29th to the undersigned F A LYON
Seamen's Hospital Secretary
Greenwich S E 10
November 13th 1937

KING GEORGE HOSPITAL ILFORD
(Near London) (107 Beds)

CASUALTY OFFICER AND SURGICAL REGISTRAR (Male)

required for 1. month from December 20th Salary £1 0 p.a Forms of application may be obtained from the undersigned to whom they should be returned duly completed not later than December 8th.

G AUSTIN HEPWORTH
Secretary and Superintendent.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL,
Shooters Hill London S E.18.

GENERAL HOSPITAL (112 Beds)

The Board of Management invites applications from suitably qualified male candidates for the following appointments

(a) HOUSE PHYSICIAN—for six months from December 1st 1937 Remuneration at the rate of £100 per annum plus board residence, and laundry

(b) HOUSE SURGEON—for six months from January 1st, 1938 Remuneration at the rate of £100 per annum plus board residence and laundry This appointment is recognized by the Royal College of Surgeons for the six months training required of candidates before admission to the Final Examination for the Fellowship

The closing date for the receipt of applications (which should be made on the prescribed form obtainable from the undersigned) is Monday November 22nd and short-listed candidates will be required to meet the Appointments Committee on Thursday November 25th 1937 at 4 45 p m

R S G HUTCHINGS
Secretary

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL
Shooters Hill London S E.18

GENERAL HOSPITAL (11. Beds)

The Board of Management invites applications from suitably qualified male candidates for the post of RESIDENT SURGICAL OFFICER Applicants must have special knowledge of surgery This appointment will be for twelve months with effect from December 13th 1937 and it is desirable that candidates shall possess the Fellowship of one of the Royal Colleges of Surgeons

The salary will be £175 per annum plus board residence and laundry and the appointment will be subject to extension for a further twelve months at £200 per annum if approved by the Board of Management

Applications should be submitted IMMEDIATELY on the prescribed form (to be obtained from the undersigned)

R S G HUTCHINGS
Secretary

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL,
Shooters Hill London S E.18

GENERAL HOSPITAL (112 Beds)

The Board of Management invites applications for the post of HONORARY LARYNGOLOGIST Applications, accompanied by copies of three testimonials should be addressed to the undersigned to reach him on or before November 22nd 1937

R S G HUTCHINGS
Secretary

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL, Gray's Inn Road W C 1

RESIDENT HOUSE SURGEON (Male)

There will be a vacancy for a THIRD RESIDENT HOUSE SURGEON to enter on duty on January 1st, 1938 The appointment will be for a period of nine months three months as Third House Surgeon three months as Second House Surgeon and three months as First House Surgeon Remuneration at the rate of £75 per annum

Applications accompanied by copies of not more than three testimonials should be sent to the undersigned as soon as possible.

JOHN H YOUNG
Secretary Superintendent

CHELSEA HOSPITAL FOR WOMEN
Arthur Street S W 3

There will be a vacancy for a JUNIOR HOUSE SURGEON (male) on January 1st 1938 Appointment for six months salary £100 p.a He will be expected to proceed to the Senior post (six months salary £1.0 p.a.) at the end of his term of office. Candidates must be duly registered and preferably unmarried

Applications accompanied by copies of three testimonials should be received not later than the first post on Friday November 26th by the Secretary F J CABLE.

ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN
Waterloo Road S E.1

There will be a vacancy on December 1st 1937 for a HOUSE SURGEON (male) at the above Hospital The appointment is in the first instance for a period of six months Salary at the rate of £100 per annum with board and residence. Applications, with copies of testimonials should be forwarded not later than Wednesday morning November 24th to the Secretary at the above address from whom further particulars can be obtained.

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1 SOMERSET — Small country town and surrounding district Total receipts over £6 000 p.a Large panel Nett share offering £1 200 p.a Price £2,700 House at mod premium

2 BRISTOL.—Good district. About £800 p.a Price 1½ years pur Good house, sale or rent Good scope

3 MIDDLESEX —Country district easy reach of London £1 800 p.a Panel 1 600 Excellent house Price £5 750 for house and Practice or £4,250 for Practice and house rent

4 BRISTOL —Good scope. Panel —.00 £2 1..5 last year steadily increasing Half share at £2,000 House £60 p.a

5. S DEVON —Country near coast Panel 1 050 £1 750 p a Half share at £1 750 House, with accommodation for patients if required to rent

6 S WALES —Country district, pleasant part Over £400 p.a in reasing Panel growing 1 years pur Modern house sale or rent

7 LINCS —Favourite part. Panel 1 700 £2,450 p.a HALF SHARE at 2 years pur House rent

8 CORNWALL —Delightful country district. All sports Panel 500 £850 p.a 2 years pur House rent. Appt. for man with D P H

9 BRISTOL —Small PRACTICE in best part No panel or midwifery taken About £700 p.a formerly much more Offers considered

10 BRISTOL —PRACTICE, with excellent scope for increase £1,360 p.a Large Panel Price £7 700 House rent

11 LANCS —Receipts £1 702 last year Panel 745 Price £1 350 House sale or rent

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FOR DISPOSAL

1 WEST COUNTRY —Old-established Industrial PRACTICE. Receipts av £1,506 p a Panel of 1 000 over Good accommodation

2. MIDLANDS — Well-established Panel and good middle-class country PRACTICE. Receipts av £1 644 p a Panel 561 Excellent house all services

3 NORTH MIDLANDS — Old-established Industrial and middle-class PRACTICE Receipts av for last three years £1 090 p a and Panel of 962, with ample scope to increase and good house

4 YORKS —Large town Well-established Mixed Privat, and Panel PRACTICE. Receipts av £1,595 p a and Panel of 1 780 Excellent house all services

5 SOUTH MIDLANDS —Country PRACTICE. Receipts av £870 p.a and Panel of 220 with scope to increase and good house

6 LANCS —Well-established middle and working-class PRACTICE. Receipts £1 702 p.a. and Panel 745 Excellent house to rent. Special low premium as Vendor desires to go abroad at an early date

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The maximum commission charged on the sale of any practice or share placed exclusively in our hands is £30 No commission is charged on the sale of anything else except house property Scale of charges sent on application

FOR DISPOSAL.

NEAR SWANSEA.—DEATH VACANCY About £1 500 p.a. Panel over 1 200 Old-established PRACTICE. Suitable house to rent.—1

KENT NEAR LONDON —HALF SHARE of £1,300 p a Panel 1,500 rapidly increasing Visits 3/6 to 5/ Premium £1 300 House to rent 25/ p w —2.

NEAR CARDIFF — RESIDENTIAL AREA with ample scope Over £400 p.a Visiting fees 5/ to 10/ Premium one year s purchase Comfortable house —3

OPHTHALMIC PRACTICE.—£600 P A with scope. Within easy access of London near sea Nominal premium Ill-health cause of sale.—4

MIDDY SUBURB —HALF SHARE OF £1 600 p.a increasing with ample scope Panel 2,200 Premium 2 years purchase. House (4 bed) to rent—5

DEATH VACANCY — WITHIN 60 miles of London Over £2 000 p a incl appts £150 and panel 1 060 Family house with good garden tennis etc Premium 1½ years purchase —6

YORKS —COAST RESORT TWO *FIFTH SHARE of £2 400 p a after prelim Assy* with early option to half Panel 1 700 Detached house or flat —7

LONDON E.—AVERAGE £1 600 P A Panel 2 700 Professional and living accommodation to rent or purchase.—8

LINCS —SMALL TOWN NEAR SEA £1 400 p.a incl panel worth £230 Good class Fees 5/6 to 21/ 2 years purchase. House (6 bed etc) for sale £1,550 —9

YORKSHIRE DALES —UNOPPOSED £1 060 p a Panel £340 p.a Commodious house with large garden Price for house and goodwill £3 000 or would let.—10

SUSSEX RESORT —ABOUT £650 P A Panel 200 Visits 4/ to 10/6 Premium £1..00 Freehold house 6 bed etc £2,300 —11

MIDLAND CATHEDRAL CITY— Half share of £2 470 Panel 1 700 Premium 2 years purchase Corner house (4 bed) to rent at £68 —12

NUCLEUS SURREY — £160 P A Panel 54 Small house to rent Any offer Another near Bournemouth Death Vacancy About £140 and scope Panel 140 Offers —13

DERBYSHIRE — COUNTRY UNOPPOSED Nearly £1 100 p.a Panel 960 Appts £200 p a Premium only 1½ years purchase Good *house 6 bed etc £1 500 freehold* —14

SUSSEX — COUNTRY PRACTICE. About £700 p a Panel over 500 increasing Appts. £20 p a Visits 5/ up Small house, nice garden, garage, etc to rent —15

WITHIN 30 MILES OF LONDON WEST SIDE ¼ SHARE of about £3 200 p.a Panel about 2 500 Very good prospects Excellent house can be purchased or rented —16

LONDON N W 1 —LOCK UP AVERAGE £450 p a Panel 700 Visits 3/6 Surgery 2/6 Net Rent £95 p a Premium £700 including drugs and fittings —17

LONDON S W —£400 P A SMALL PANEL Vendor lives away Good scope if resident Price of practice and house. £1 600 Part of house let at 30/ —18

WEST COUNTRY —OLD EST., UNOPPOSED country PRACTICE £850 p.a Panel 500 and appts Nice house garden and garage rent £60 p a Premium years purchase —19

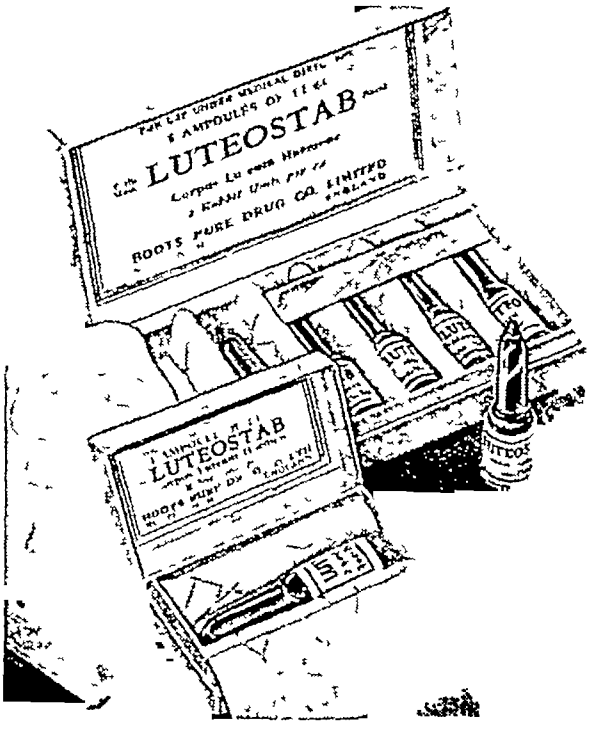
LANCS TOWN —OLD EST £1 100 p a Panel 3..5 not encouraged good scope. Nice house, large garden and garage for sale or let. Premium 1½ years purchase — 0

LONDON N —ABOUT £1 000 P A Panel 1 050 Fees 3/ to 5/ Lock-up Premises House available if required —21

MANCHESTER — PLEASANT DISTRICT About £1 700 p.a Panel 750 Ample scope. Well-built detached house, 5 bed., garden, and tennis lawn etc —22.

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Practices and Partnerships for Disposal (continued)

27 LONDON, S W — Well-established Medical Woman's PRACTICE in outlying suburban district Receipts average £960 p.a No panel Purchaser could have use of surgery premises living accommodation and services by arrangement Premium one and three-quarter years purchase

28 S W OF ENGLAND —PARTNERSHIP in old-established Practice, £6 600 p.a in beautiful country district. Valuable appointments and panel of 4 500 Centrally situated house (5 bedrooms) for sale Premium one fifth share £2 750

29 EASTERN COUNTIES —PARTNERSHIP in good middle-class Practice £2 450 p.a in county town Panel 1 200 Good house (5 bedrooms) in perfect condition to rent Premium one half share two years purchase

30 N E COAST —PARTNERSHIP in Practice, between £2 000/£2,200 p.a in fashionable watering place Panel 1 700 Applicant should be English or Scottish aged about 30 and experienced in general practice and surgery Two-fifths share at two years purchase after about ten months *Assistantship*

31 MIDLANDS —Old-established PRACTICE in beautiful country district Cash receipts last year £1 280, including appointments worth about £60 and a panel between 650 and 700 Visits 2/6 to £1 1s without medicine Nicely situated house (7 bedrooms dressing room etc) with nice garden and two garages. Rent about £80 p.a Premium two years purchase

32 N WALES BORDER —PARTNERSHIP (with early succession) in old-established County Practice about £2,500 p.a in important town No panel Surgery premises could be purchased or rented The private residence is available if required A share up to one-half would be sold at first with early succession Premium two years purchase

33 ESSEX —PRACTICE in growing town Receipts past year £1 869 Panel about 1 900 Visits 3/6 to 6/6 Small house for sale at £850 Premium £3 300

34 MIDLANDS —PARTNERSHIP in Practice about £2 400 in manufacturing town Appointments worth about £250 p.a and panel 1 250 Suitable accommodation available One third share at first at two years purchase Good scope for medicine Vendor on hospital staff

35 N W ENGLAND —Popular holiday resort in attractive part ASSISTANTSHIP with view to PARTNERSHIP and early SUCCESSION Mixed Practice about £650 p.a., capable of much expansion Panel over 300 Cottage hospital Good opening for surgeon House available

36 S W OF ENGLAND —PARTNERSHIP in steadily increasing Practice averaging over £1,800 in beautiful country district near coast Panel 1 050 Nice house (7/8 bedrooms) garage and garden Rent £120 inclusive Good sport Premium one half share two years purchase

37 BUCKS —PARTNERSHIP in old-established country Practice about £3 200 Small panel. Visits 3/6 to £1 1s Very nice well built non basement house (4 bedrooms) with garage for two cars and about half acre garden to rent One fourth share at two years purchase

38 LONDON, W 2, and W 6 —Non-dispensing and non panel PRACTICE run by two men in partnership Receipts about £1 300 and £700 respectively Premium two years and one and a half years purchase respectively Or either would be sold separately

39 WEST INDIES TOURIST RESORT —PARTNERSHIP in steadily increasing Practice doing £2,500 a year Partner must be experienced in surgery and possess M C O G Share of £1 000 at first at two years purchase

40 ISLE OF WIGHT —Well established PRACTICE about £1 200 in seaside resort Panel over 725 Good corner house (5 bedrooms) with central heating garage and small garden for sale or rent Good scope Premium £2 000

41 LANCASHIRE COAST —NUCLEUS OF PRACTICE averaging £245 p.a offering excellent scope for increase in growing district on outskirts of industrial town Not much opposition Specially built house (5 bedrooms) for sale Suit either medical man or woman Premium £500 to include instruments drugs and surgery furniture etc

42 SUFFOLK AND NORFOLK BORDER —Old-established country PRACTICE about £1 100 p.a Panel 832 returning for 1936 £582 Good house (3 bedrooms) garden and garage Rent £40 p.a Premium 1½ years purchase or offer

43 S COAST —Middle and upper-class non dispensing PRACTICE, about £3 300 in residential town and watering place No panel Visits 3/6 to £1 1s House to rent or purchase Premium two years purchase

44 MIDDLESEX —PRACTICE in residential district Receipts last year over £2 000 Panel about 1 600 Visits 3/6 to 10/6 Nice residence (4 bedrooms dressing room etc) good garage and garden for sale or rent Premium £4,250

45 S E COAST —Easily worked middle-class PRACTICE averaging £650 p.a in summer resort House (6 bedrooms etc) in best part, with large garden and garage for sale Branch surgery rented at 10s weekly Panel 200 Scope Premium £1,200

46 LONDON W C DISTRICT —Increasing PRACTICE doing £1 460 (including a branch surgery in N 7 area) Panel over 1,560 Private residence to rent at £210 p.a on lease, also branch surgery rented on lease Good scope Premium two years purchase

47 W OF ENGLAND —Old established non panel PRACTICE at well known inland spa Cash receipts £830 p.a Suitable houses or flats obtainable Extensive building taking place in neighbourhood with excellent opportunity for panel if desired Premium one and a half years purchase

48 S W OF ENGLAND COUNTY TOWN — Middle-class non-dispensing PRACTICE averaging £1 147 p.a Panel 500 Good house (4 bedrooms and dressing room), garden and large garage Price £2,200 Freehold Very good scope for energetic well-qualified man Premium one and a half years purchase

Purchasers can raise additional capital for the purchase of approved practices or shares.
Particulars will be forwarded on application

All communications to be addressed to The Manager

SCOTTISH BRANCH, 21, Alva Street, Edinburgh, 2

Manager W M SMITH — *Telephone Edinburgh 3969*

FOR DISPOSAL

A EDINBURGH —Receipts £800 Panel 1 020 House for sale Premium for Practice and house £2 700

B SOUTH AFRICA —NATAL—PARTNERSHIP one-third share at first, worth over £700 p.a One half share later Applicants put into direct communication with the vendor

C LEICESTERSHIRE —PARTNERSHIP in old established Practice Receipts £2,500 Panel 1,500 Suitable house to rent £75 p.a Premium for a one half share two years purchase Short preliminary Assistantship

D NORTHUMBERLAND — County Town — Middle working-class non-dispensing PRACTICE, averaging £700 per annum Panel 600 Suitable house garden and garage Any reasonable offer for practice and house will receive consideration

For further details apply The Manager 21 Alva Street, Edinburgh.

ASSISTANTS ARE URGENTLY REQUIRED

Terms on which the business of the Branch is transacted will be submitted on application to the Branch Manager to whom all communications should be addressed

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Chairman and Managing Director Dr J FIELD HALL.

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Accountancy and legal services furnished by the Agency where desired at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 LONDON NORTH WEST—PARTNERSHIP—A SHARE worth about £1 400 p.a is for disposal owing to the retirement of the senior partner through ill-health In a very sound old-established Practice, averaging about £4 700 p.a *Large Panel Low expenses Well situated house with ample accommodation and good garden. Price £1,500 Premium 2 years purchase* Ingoing partner must be experienced not over 35 and a Protestant

2. KENT—DEVELOPING AREA—Well-established mixed-class PRACTICE, steadily increasing and stated to produce for last 1_ months £1 400 Panel of about 1,200 and appointments worth about £100 p.a. Low expenses Good house with 2 reception 4 bedrooms garden, garage Can be rented at £90 p.a Premium 2 years purchase

3 LONDON SOUTH EAST—STEADILY INCREASING OUTLYING DISTRICT—Recently established PRACTICE rapidly growing and producing for last 12 *months* £1 387 *Selected Panel of 350 Suitable house* with 2 reception 3 bedrooms, etc., garden, garage Can be rented on lease Premium £2,000

4 SURREY.—PLEASANT RESIDENTIAL AREA—Well established PRACTICE, producing for last 12 months over £1 600, including Panel of 1 000 and P M S 500 Visits 3/6 to 10/6 Midwifery 3½ to 7 gns Suitable house with 3 bedrooms, etc., Professional accommodation electric light garden garage Price £1 195 £900 on mortgage Premium £3 000 Vendor retiring through ill-health

5 RESIDENTIAL TOWN WITHIN 20 MILES OF LONDON—Good-class non-dispensing PRACTICE averaging £3 000 p.a. Selected panel of 560 Visits from 10/6. Good house in own grounds, with 2 reception, 5 bedrooms, etc., Professional accommodation. Freehold for sale or might be rented. Premium 2 years purchase Good hospital and scope for surgical work if wished.

6 COAST TOWN—*Old-established PRACTICE held by vendor for 3_ years*, who now wishes to specialise Gross receipts for last year approximately £2,183 including panel of 770 and appointments producing about £100 p.a. Visits from 5/ Good house available containing 2 reception, 7 bedrooms. Professional accommodation, etc. Freehold £1 100 Premium 2 years purchase or near offer

7 SURREY—FAVOURITE RESIDENTIAL DISTRICT—RADIOLOGICAL AND ELECTRO-THERAPEUTIC CONNECTION—Present receipts about £500 p.a but stated to be scope for increase Further details on application.

8 MONMOUTHSHIRE.—Middle-class PRACTICE, established over _0 years producing for last 12 months £1 430 including panel of 300 Fees 3 6 to 21/- Good house with 2 reception, 6 bedrooms, etc Separate Professional rooms, *garden and garage Rent £125 p.a Premium 1½ years purchase*

9 MIDLANDS—Old-established country PRACTICE producing about £1 450 p.a., with substantial panel Good house with garden, on rental Premium 2 years purchase

10 LONDON—WESTERN DISTRICT—Old-established PRACTICE held by vendor 12 years. Gross cash receipts last year £2,338 and this year at the rate of about £2,700 Panel of 1 450-1,500 House in prominent position can be rented at £100 p.a Premium 2 years purchase

11 WEST COAST—Well-established PRACTICE, producing about £1 900 p.a *including panel of 1 450 Suitable house on rental at £90 p.a. Premium* 1½ years purchase

12. LADY DOCTOR'S PRACTICE—Chiefly middle-class PRACTICE, situated in residential South western district Established 10 years ago and steadily increasing. Receipts for last year £984 Small panel Good house with 6 bedrooms, etc., garden garage Premium 1½ years purchase

13 DEATH VACANCY—GLOS—Old-established good middle-class non panel PRACTICE, producing about £1 800 to £2,000 p.a., in residential hospital town. Suitable house available Premium £2,400 Efficient locum in charge

14 HERTS—RESIDENTIAL TOWN—PARTNERSHIP—*A HALF SHARE*, with succession in three years, is offered in chiefly better-class Practice producing approximately £3 250 p.a Substantial panel and good appointments. House on rental Premium 2 years purchase

15 NORTH LONDON—Good middle and better working-class PRACTICE, producing about £_,800 p.a., with large panel House can be rented containing 2 reception 4 bedrooms, etc., small garden

16 EASTERN COUNTIES—Mixed-class PRACTICE *in pleasant agricultural district* producing for last twelve months over £1,300 p.a Fees 3 6 to 21 Nice house in good position with 2 reception, 4 bedrooms, dressing room etc Separate professional accommodation Modern conveniences Garden garage Price for freehold £1 300 Sport of all kinds and schools within reach. Premium £1 695

17 CROYDON AREA.—Recently established PRACTICE. Receipts for last 1_ months over £650 including panel of 350 House with 3 bedrooms, etc., garden and garage Can be rented at £85 p.a Reasonable premium for quick sale owing to ill health.

18 EASTERN COUNTY MARKET TOWN—HALF SHARE PARTNERSHIP in Practice established some 100 years, owing to retiral of junior partner Gross cash receipts average over £_,400 p.a., including over £ 00 p.a from Panel and P M S Suitable house available on rental Intending partner should be young and have had hospital experience Premium 2 years' purchase.

19 LONDON EAST—Established 30 years and producing £1 400 p.a approximately Panel of about 1 500 and appointments worth about £_,0 p.a included in total gross cash receipts. Small house on rental at £60 p.a. Accommodation apart from surgery etc., consists of 1 sitting room and 2 bedrooms. Premium _ years purchase

20 ESSEX—Well-established PRACTICE producing for past 1_ months about £1,500 including Panel 1 over 1 800 patients. Expenses are small Fees 2/6 and visits 3/6. The Practice is stated to be increasing steadily Good house containing surgery waiting room and dispensary 2 reception and 4 bedrooms, fruit and garden Garage and garden Price £2,000 Premium £1 000

21 SURGICAL [illegible] hopeful district within easy reach of London A in old-established Practice There is little visiting the patients come from all classes *Ingoing partner who must hold the English Fellowship would do all the surgery for the firm, but must be prepared to do general practice as well.* Choice of houses.

22. CROYDON AREA—Rapidly increasing PRACTICE producing about £1 800 p.a Panel of about 1 100 Fees 1/6 to 3/ with visits from 2/6 to 5/ Practically all cash Vendor specialising in midwifery Suitable house available on rental Premium £3,200

23 LONDON S E.—Old-established mixed-class PRACTICE producing about £800 p.a Receipts have declined owing to illness. Panel of 750 patients. Large house with very good garden can be rented.

24 SUSSEX COUNTRY—Good NUCLEUS with scope for further increase. Receipts 1935 £467 1936 £628 1937 for 7 months £452. Panel produces about £267 included in above Good house on rental.

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26 HOME COUNTIES—Mixed-class PRACTICE in residential district established many years. Average gross cash receipts for last 3 years £1,356 p.a Panel of 750 and appointments worth over £100 p.a Nice house with good garden containing 2 reception 5 bedrooms, dressing room, etc Professional *rooms with separate entrance can be rented at £95 p.a. Sport of all kinds and* good educational facilities Premium 2 years purchase

27 NORTH LONDON—Middle and better-class PRACTICE suitable for medical man with qualified wife or for working with a lady assistant Gross cash receipts for last 12 months £1,681 Panel of 320 appointments worth about £70 p.a Visits 5/ to 7/6 Good house with reception, 5 bedrooms etc. Professional rooms, small garden garage Freehold for sale or might be rented Premium 2 years purchase or near offer

28 PARTNERSHIP—LONDON EAST—A HALF-SHARE of middle and working-class Practice producing for immediate past 12 months £4 567 p.a Panel of over 5 000 Suitable house can be obtained

29 NORTHERN SUBURB WITHIN 10 MILES OF HYDE PARK—Middle class PRACTICE offering very good scope for increase, producing for immediate *past 12 months £829 Panel of about 560 and appointments worth* £50 p.a., plus private fees Good house containing 1 reception 4 bedrooms, Professional rooms, good garden and garage Price freehold £1 300 or can be rented at £90 p.a. Premium £1,200

30 [illegible]

31 [illegible]

which could be increased. Suitable house with 5 bedrooms on rental Moderate premium for quick sale

32. WEST MIDLANDS—PLEASANT RESIDENTIAL TOWN—PRACTICE producing about £1 600 p.a., including a selected Panel of about 560 patients. Mostly better-class and non-dispensing Consultations 3/6 to 10 6 Visits 5 to 1 guinea. Freehold house for disposal contains 3 reception 3 large and 3 smaller bedrooms with separate servant's quarters Excellent consulting rooms, garage for 2 cars.

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34 LANCS—High-class Seaside and Residential Town—Easily worked established PRACTICE for sale Gross cash receipts about £1,100 p.a., including a panel of about 3_5 patients Fees 3 6 to 10 6 Visits 5/ to 21 Midwifery about 12 cases p.a Minimum 5 guineas rising to 15 guineas Mostly non-dispensing. Low expenses. Suitable house available with consulting and waiting rooms, 2 reception 3 bedrooms and a maid's room and box room Large garden and garage Leasehold for sale or would be rented Premium 1 years purchase There is stated to be good scope for increase for an energetic man

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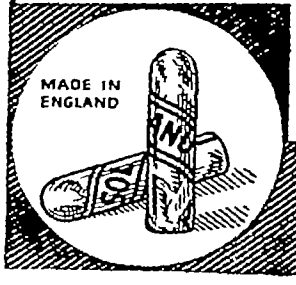
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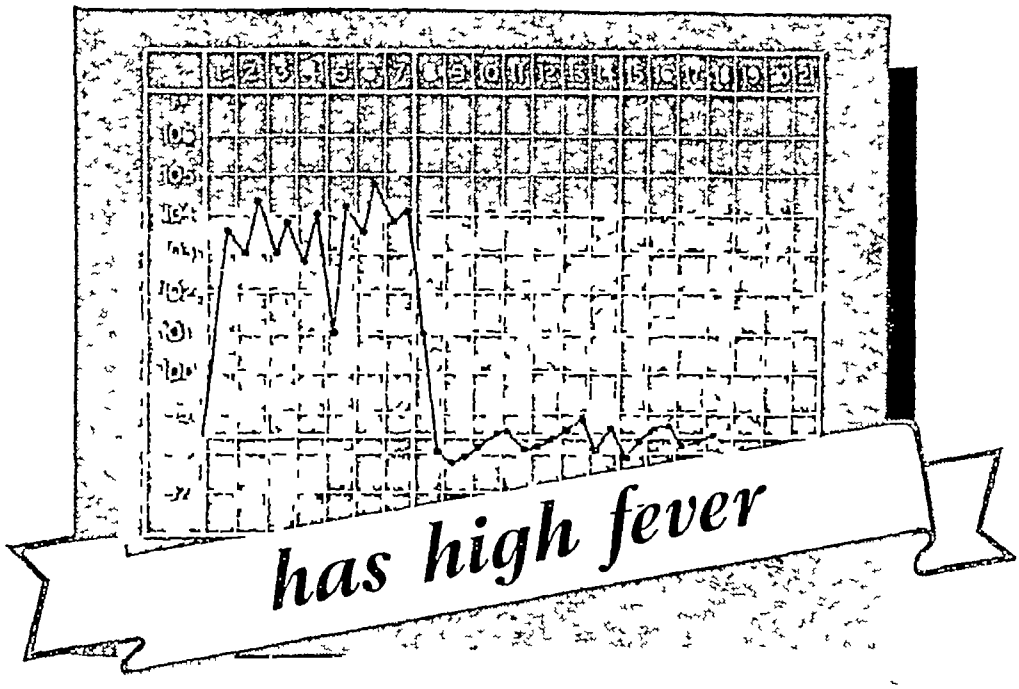
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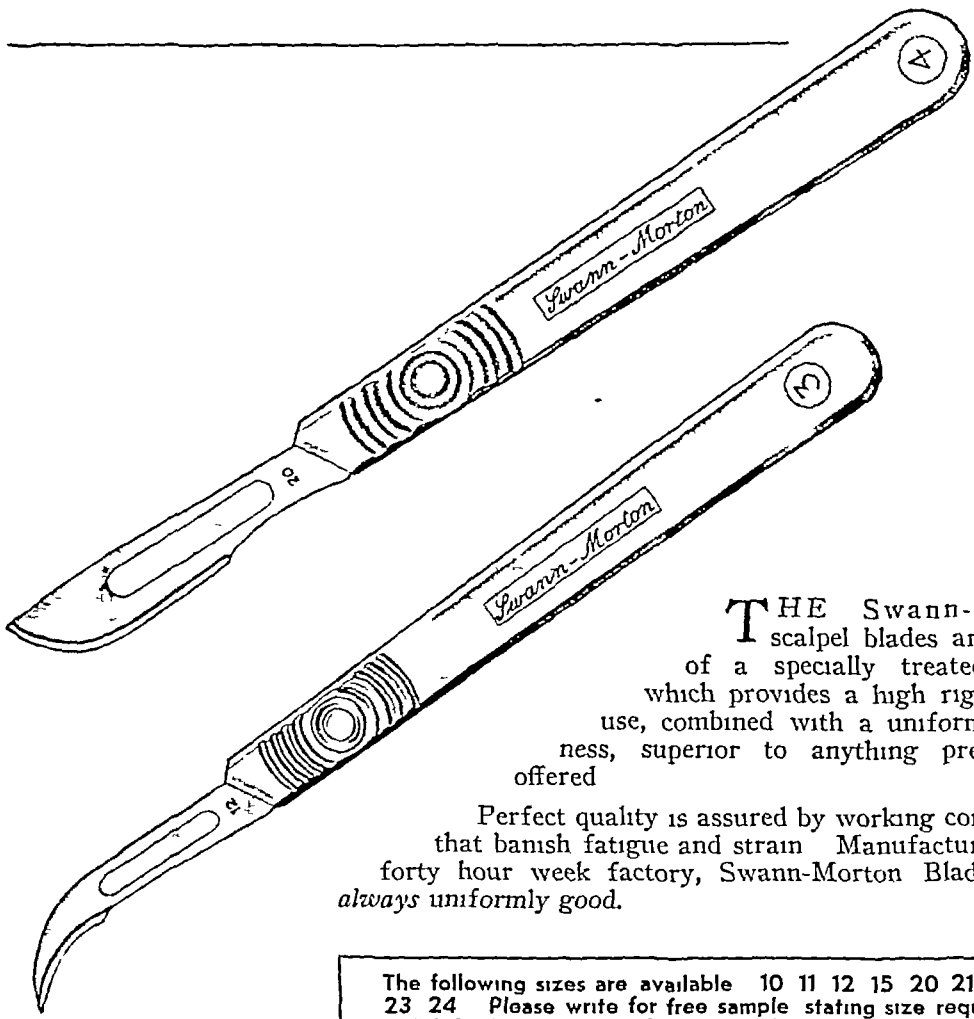
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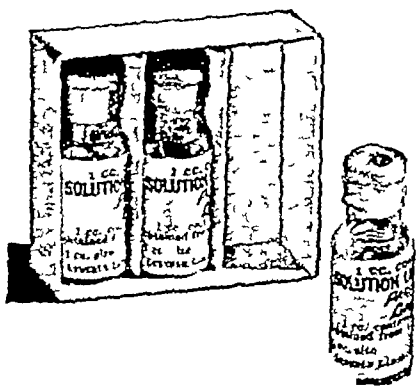
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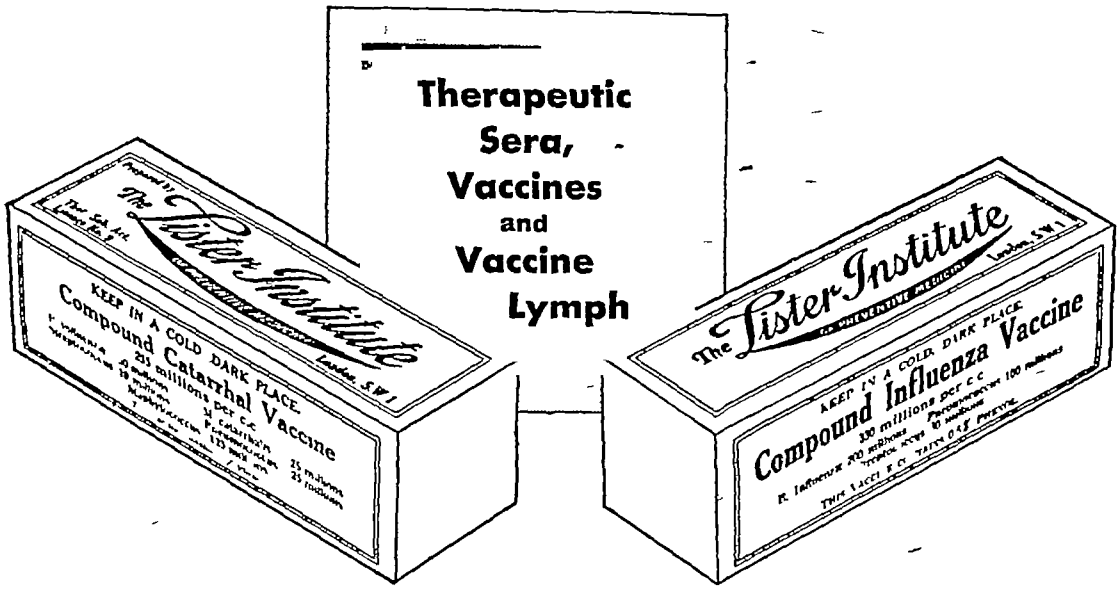
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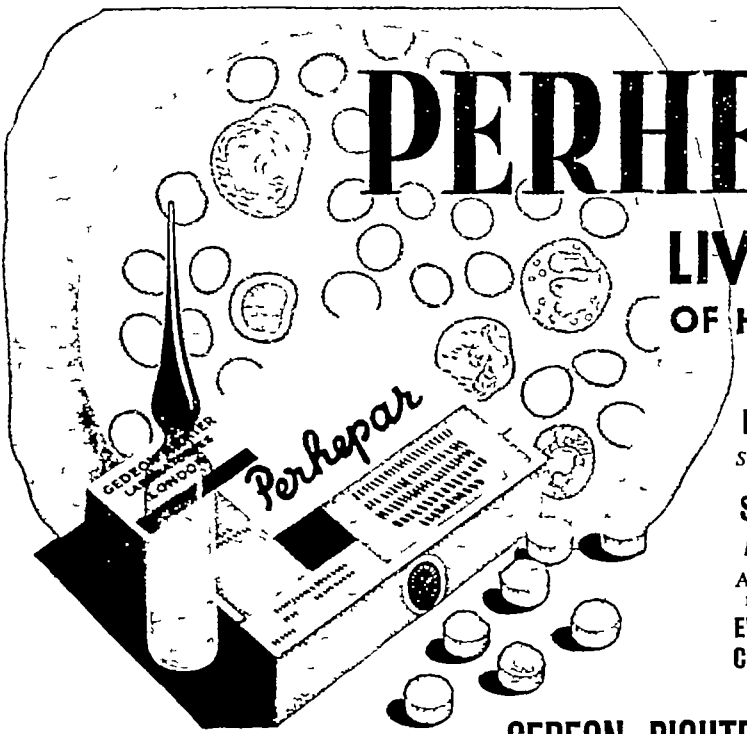
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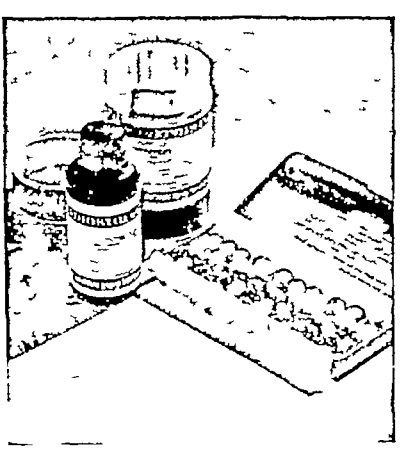
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It might have been thought that insurance companies would possess collective statistics about incidence and prognosis of mental disorders after such accidents The companies, if possible, tend to settle claims within the first year after accident One would, however, expect *a priori* that a settlement would be related to such collective statistics They exist in the case of epilepsy but not of mental disorder This is no doubt due in part to the difficulty of defining mental disorder, but since this disregard applies in respect of persistent psychosis one must ascribe it partly to the prevailing underestimation of this as a sequel

In the absence of satisfactory civilian statistics one might turn for help to the records of military casualties It is obvious that fractures of the skull in war are accompanied by laceration of the brain and by infection far more often than those in civil life But apart from such factual differences, there are discrepancies between military and civil findings which cannot be reconciled This would seem to depend upon the fact that the conclusions as to *military cases have been based on an acquaintance with* cases that was not close enough or not long enough, upon failure to define terms, and upon other statistical fallacies which will presently be considered

Official figures concerning casualties of war, both those *derived from British and those from foreign sources,* agree in dismissing as insignificant the influence of head injury in causation of either neuroses or psychoses In *my view this tendency is greatly overdone*

It is, of course, a truism that of the total of those who were recognized as suffering from a persistent neurosis or *psychosis which became manifest during military service,* and who have been pensioned or treated by the Ministry for these disabilities, a vast majority owed their disability to a combination in varying degree of neuropathic predisposition and emotional stress It is further true that of the total number of cases of neurosis and psychosis of war, those which are in any degree the result of serious head injury form a very small proportion indeed But it may be not merely a logical error to suppose that this last statement can be inverted, it may be one apt to result in grave injustice in both military and civil cases *It may be* wrong, in a patient with a history of head injury and with a syndrome indistinguishable from one of those that occur functionally, to dismiss as negligible the chance that the main factor of this syndrome is the physical effect of the head injury

I propose to deal separately with the problems of neuroses and of psychoses of war and briefly with the former, because there are no civilian figures regarding incidence of neuroses, either with or without head injury There can therefore be no quantitative evidence from civilian sources as to the probable fallacy involved in disregarding minor mental sequels of gunshot wounds of the head

My personal experience and that of the Maudsley Hospital would indicate that it is extremely difficult to discriminate sharply the minor organic element in many such cases from accompanying neurosis But our experience would suggest that, so far as such discrimination is possible, even in healthy young adults persistence of organic mental disability which unfits for employment is very common

It seems incredible that patients the subject of head injury due to war do not suffer in many cases from residual mental symptoms like those of the 'traumatic psychasthenia' that persists in imperfectly recovered civil cases That such cases do not appear among those drawing pensions for war neuroses may be due to the fact that while suffering from the usual syndrome they receive their pension for "G S W head" That they do not figure among those treated at Ministry of Pensions clinics and hospitals is due to the same fact they do not have to attend More often than in the case of patients with neuroses of emotional origin they are men of an independent type who try to bear the ill they have and get on with it

Turning to the problem of post-traumatic psychoses there is more to be said While special factors may operate to some extent in war cases, on the whole there is a very close similarity in the reasons which have led to the underestimation of the influence of head injury in causing psychoses, whether in peace or in war, this gives the problem a continuing importance

The total incidence of insanity in cases of "G.S W head" according to British official records is the same as that for the general male population, which varies from 0 34 to 0 35 per cent I am informed that experts attached to the German and French equivalents of the Ministry of Pensions stated that they had no evidence other than the cases of actual dementia and mental deterioration after damage to the brain to suggest that psychoses followed 'G.S W head" Their experience showed that psychoses in general and schizophrenia in particular were as frequent among the civilian population as among men wounded in the head It is notable that the same experts rejected the belief that trauma might have any influence in accelerating the course of neurosyphilis—a belief held by most clinicians whose experience is detailed rather than statistical

It is like putting science in blinkers to disregard, in considering such statistics, the possible preconceptions of those who collect them and who draw the deductions I am afraid that as a clinician I am left obstinately convinced that some undue scepticism on the part of officials tired of importunacy must here be allowed for The figures indicate that, apart from gross damage to brain, head injury of war has no influence whatever in determining psychoses Surely this is too good to be true When a clinician has seen the immediacy with which, in civil cases, psychoses evolve from the early syndrome following concussion without gross damage and either clear up or persist, can he accept such conclusions? Usually he will have seen even a few war cases having such immediate relations But whether he has done so or not, will he be prepared to believe in such a mysterious difference between psychotic sequelae in war and in peace?

On the contrary, the clinician will be set looking for possible sources of statistical fallacy, and I think here he will easily find half a dozen or more

(i) Statistics are of negligible value unless confined to cases in which 'G S W head" is grave enough to have some real *effect on the brain In so far as statistics of serious cases* are diluted with others of mere scalp wounds, naturally incidence of physiogenic mental disorders will approximate to normality

(ii) The ratio expressing incidence of insanity or of schizophrenia in the male population is not one of astronomical constancy It has a wide range of variation with age, time and place This might allow of some extra incidence among men with 'G S W head without such increase being obvious (The extra incidence among civilians with serious head injury is far beyond the range of normal variation)

(iii) It is likely that among those liable to "G.S W head" (mostly front line soldiers) the tendency to such psychoses as idiopathic schizophrenia is below average If so, incidence up to average would indicate not indifference of G S W head but, on the contrary, its influence in off setting natural immunity

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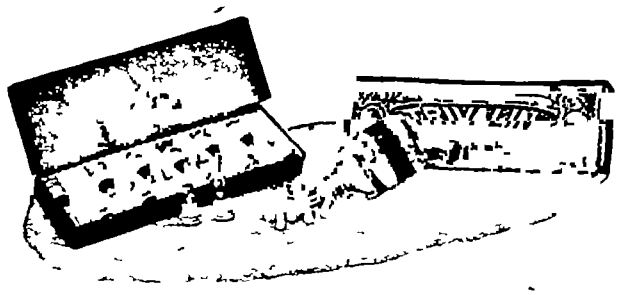
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example, those complicated by epilepsy or arteriosclerosis If cases were admitted early it was commonly on account of some antisocial propensity such as epileptoid mental paroxysms or persistent demoralization This bears out the view that the number of those certified as suffering from insanity due to head injury gives no real estimate even of the psychotic results due to this cause

2 During the same period 4,000 patients were admitted to two of the London observation wards which I visited weekly Of this total sixteen were suffering from mental disorder clearly attributable to head injury—approximately 4 per 1,000 admissions The majority fell into two subgroups to one the same remarks apply as to mental hospital cases The other subgroup was made up of quite early cases too troublesome to nurse in ordinary wards on account of "cerebral irritation" or similar restless excitement, from which they were suffering when first seen

3 Among 7,000 consecutive registrations at the psychiatric out-patient clinics of North London which are an offshoot of the out-patient department of the Maudsley Hospital there were forty-six having a definitely causal relation between symptoms and head injury—a proportion of nearly 7 per 1,000 This figure is intermediate between that for the mental hospitals and observation wards on the one hand and private practice on the other The reason, of course, is obvious

4 A final group of patients to be considered comprises fifty-one with the same causal relation who were treated as in-patients at the Maudsley Hospital during the years 1923 to 1936 among a total of 7,000 (this group of fifty one included fifteen derived from my own series of ninety-two) The patients of this group have been specially studied by Dr Tennent

Of these Maudsley in-patients thirteen might have been classified as neurotic and thirty-eight as psychotic The first qualification for admission was either good prognosis or scientific interest but there is naturally a tendency to treat in the wards patients with relatively severe sequels and to deal as out-patients with those having relatively minor consequences (either psychogenic or physiogenic)

Since the number in this series is too small, and since admission was selective and was based on three independent reasons, no general conclusions can be drawn as to the incidence or the prognosis of traumatic mental disorder as a whole or of particular forms of this But the series possesses considerable value as a set of examples because it has proved possible to trace all patients of the series and without exception to ascertain their present condition—in many cases years after treatment The series at least suggests in a preliminary way the future which may be anticipated for a number of syndromes and the influence upon prognosis of a number of complicating factors additional to the head injury

Detailed study of clinical records of all the cases figuring in Tables I and II reveals occurrence after head injury and, within at most six months of a large number of psychotic sequels of both the psychogenic and physiogenic types

TABLE I—*A Study of Cases of Head Injury with which were associated Mental Syndromes Definitely Attributable to Injury*

	Total Seen Privately 92. Total In Patients at Maudsley 51						Northern Clinics, 44		Observation Wards, 19	Mental Hospitals, 38	Total All Sources
	Private Practice only 77		Seen Privately afterwards at Maudsley 15		Maudsley Hospital 36						
	Psychoses	Neuroses	Psychoses	Neuroses	Psychoses	Neuroses	Psychoses	Neuroses	Psychoses	Neuroses	
Total of each group	23	54	13	2	24	12	13	31	19	38	229
Instances of											
(1) Known fracture	4	9	5	1	9	3	—	—	5	8	44
(2) Evidence of compression by haemorrhage		5	1		2				1	3	12
(3) Epilepsy	1	8	1		4		1		2	8	25
(4) Specialized mental syndromes											
(a) Cortical anaesthesia and cortical paresis											
Agnosia Apraxia Sensory aphasia Motor ,,		8	3	1	3		1		1	3	20
(b) Korsakoff's syndrome	3		3						4	1	11
(c) Demoralization	6				2				5	6	19
(d) Epileptoid mental paroxysm	2		2				3		3	5	15
(5) Generalized syndromes											
Schizophrenic and paraphrenic dementia	11		5		9		5		7	12	49

TABLE II—*Cases of Psychosis Following Head Injury within Six Months*

	Affective Group (21 Cases)		Schizophrenic Paranoid Group (49 Cases)	
	Number With Definite Prior Evidence	Number Without Definite Prior Evidence	Number With Definite Prior Evidence	Number Without Definite Prior Evidence
Cases having onset without interval after injury	13	0	9	24
Cases having onset with interval after injury	1	1	0	12
Cases having recurrent attacks after injury	4	2	2	2

Psychogenic Sequels of Head Injury

It will be convenient here to deal briefly with the occurrence of affective syndromes (including anxiety states) after head injury Hysteria may be dealt with





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While that order is constant the total duration of recovery may vary from one hour or less to weeks or months Not only so, but the duration of halt at particular stages of the sequence is variable Secondary dissolution may reverse the order of recovery

Such principles will appeal to any psychiatrist whose general outlook is influenced by the thought of Hughlings Jackson These principles represent the generalized organic syndromes of traumatic mental disorder as a sequence, the connexion between which is inherent in the normal structure of the central nervous system

Economy of hypothesis renders such a view preferable to another which seeks cause for separate syndromes in distinct pathological processes The onus is upon those who hold the second view to demonstrate the alleged specific changes, and it seems very doubtful that this can be done

On the one hand an early stage in recovery of post-traumatic mental disorder ("cerebral irritation") and on the other hand the final stage (what I like to call traumatic psychasthenia) have by separate observers been ascribed to cerebral oedema If in either case manometer readings of the cerebrospinal fluid or ventriculograms were decisive or if the results of hypertonic treatment were conclusive then we should have to accept these findings regardless of theory, no such proof exists so far as I know

Traumatic Schizophrenia and Paraphrenia—As a universal stage in the process of recovery there seems to occur a generalized disturbance which corresponds to the essence of the schizophrenic and paraphrenic syndromes (as these are seen in their most common form—the idiopathic or endogenous) Again something has to be allowed for age, rate of progress, duration, and the addition to the clinical picture in traumatic cases of disabilities due to grosser and even localized damage My findings seem to show that the occurrence of schizophrenia or paraphrenia as a stabilization of a universally occurring schizoid stage is common, that relapse into such a psychosis in a few months is frequent, and in either case the attack may be transient or the change lasting

With regard to evidence of prior neuropathic tendency, frequency is much less with schizophrenic and paraphrenic sequels than with affective disorders

(*a*) In a proportion of the cases there is evidence of prior schizoid or paranoid disposition (previous attack persistent abnormality of some degree or strong family history) Even here it is to be noted that the evolution of a psychosis which incapacitates the patients usually occurs after the accident without interval (*b*) In a somewhat larger proportion the psychosis of the same type develops a few months after the accident in a patient who has no pre-traumatic history indicating such liability this is comparable to what commonly occurs with traumatic epilepsy (*c*) In a proportion larger than the two former combined a psychosis of the same type develops with neither interval nor evidence of pre traumatic tendency

In the face of such evidence it is unscientific to dismiss such sequels as due merely to coincidence or to the antedating of a tendency that anyhow would have become overt later There is no reason to regard the causation as psychogenic In fact, the conclusion cannot be escaped that a considerable number of psychoses of schizophrenic and paraphrenic type occur as direct and physiogenic sequels of head injury

Traumatic Psychasthenia—I believe persistence of ultimate incapacity for employment by mental disabilities which are not gross and obvious to be more common than Dr Symonds does The physical character of the condition is indicated by the almost constant incidence of headache and dizziness, especially on stooping or moving the head Allowing for differences attributable to age of onset, to rate of progress, and to duration, the content of this terminal stage corresponds pretty closely to that covered by the inclusive term "psychasthenia" according to its usage by Janet I feel that this term, which has been allowed to become obsolete, would serve a useful function as a comprehensive category covering negative and positive symptoms due to derangements at the highest mental level It seems to have the same sort of right to recognition as the accepted term schizophrenia—namely, a right based on specially frequent coexistence of certain symptoms and minor syndromes in different cases, and upon the fact that these same symptoms and minor syndromes are apt to occur successively in a single case

Prognosis of Mental Disorder Associated with Head Injury

This prognosis depends primarily on how far the association is (*a*) accidental, (*b*) psychogenic, (*c*) physiogenic

(*a*) No discussion is possible here of cases in which head injury is not one factor of the mental disturbance It is of course never the single cause there are no single causes in psychiatry

(*b*) *Psychogenic Disturbances*—(i) Major attacks of affective disturbance and major paranoid states run their characteristic course If purely affective they are not influenced in any specific way by being related to trauma

(ii) Minor affective reactions including anxiety states being less related to constitutional bias and more to the emotional shock of trauma and the damage wrought to the patient's health and circumstances tend to last as long as this damage and to improve in so far as it can be reduced The prognosis of hysteria depends on the importance of the constitutional factor and the motivation When related to compensation it will usually clear unless so protracted that a taste for idle invalidism has become ingrained

(*c*) *Physiogenic Results*—(i) The occurrence of fracture of skull or of compression by haemorrhage in early stages has no importance other than any which it may derive from likelihood of being associated with grave damage to the brain There seems to be no evidence as to total frequency of known presence of fracture in two groups respectively—namely those in which after consciousness fully returns *some* mental derangement persists and those in whom none does But it seems that known presence of fracture is proportionally as common among those cases in which mental disorder never exceeds a *neurosis* as among those in which it amounts to psychosis."

(ii) Certain of the specialized forms of organic mental disturbance clear up in the great majority of cases so far as they themselves are concerned This applies to cortical anaesthesia and paresis to agnosia and apraxia, and to sensory and motor aphasia But they are present in cases where serious damage to the brain has occurred, and there is greater likelihood of persistent traumatic psychasthenia following.

(iii) The same principles apply in the case of Korsakoff's psychosis—namely almost invariable disappearance of the syndrome itself, but frequent persistence of traumatic psychasthenia in the same patient.

(iv) The occurrence of traumatic epilepsy is of specially bad prognosis development of progressive dementia is common with this

(v) The outlook in cases with epileptoid mental paroxysms or with persistent demoralization is almost uniformly bad

(vi) In many cases with an acute schizoid or paranoid syndrome that develops during the acute phase of the illness this clears up

(vii) Disappearance of the same syndromes is less frequent if they follow after any interval however short, of apparent normality



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several cases in which the patients for weeks were almost continuously noisy and unruly throughout their waking periods As the patient's abusiveness subsides and it becomes possible to carry on a conversation with him, two features become apparent—confusion and perseveration of words Thus

How old are you? Eh?—How old are you? How old am I?—Yes I don t know—What is your work? I sell things—What do you sell? Oh everything—What kind of things do you sell? Oh everything—Do you sell motor cars or vegetables or what? Everything—Do you sell motor cars? No, everything—Do you sell oranges? Yes, everything.—Have you a shop? No, everything.

A patient who has been noisy for any length of time is likely as he becomes more controlled to remain talkative for a considerable further period His talk circles round a very limited number of ideas and is characterized by frequent repetition, thus revealing both the perseveration of his ideas and the deficiency of his memory At the same time elation is likely to make itself apparent as a feature of his mentality, so that he becomes generally pleased with himself and his surroundings, and is what is commonly called "fatuous"

DISORIENTATION AND CONFABULATION

There may follow a more subdued state in which the patient answers rationally but is disorientated in time and place This again may last many weeks

One of my patients a consulting engineer, spent a considerable part of his recovery period (in imagination) in India inspecting a line and locomotives with which he had been concerned several years before, and when questioned he was ready to confabulate about his daily visits to India Another, confined for months to hospital, used to describe visits to his own home and the very questionable goings-on of his grown-up sons and daughters These two patients thus showed all the elements of Korsakoff's psychosis One of them had a good deal of subarachnoid haemorrhage, and I think that, apart from this, confabulation is uncommon, in my experience it does not occur during the more rapid recoveries

THE RETURN OF MEMORY

During this time memory begins to return The answer to the question Have you ever seen me before?" instead of being No or 'I don t know" becomes 'Yes, I think so,' and finally 'Yes with confidence, and eventually he can tell exactly when and describe what conversation took place Memory at first—like developing memory—is patchy The patient has 'clear or lucid' periods, and he remembers what takes place during those periods It may be possible to recognize the periods that he will remember by such signs as an increase in his alertness, more thoughtful answers, and a more respectful attitude towards the doctor, but I must say that I have sometimes been disappointed later to find that the patient remembered nothing of a period in which it seemed to me that all these signs were present Such periods may at first be of only a minute s duration, and then the patient again answers confusedly, but gradually they become longer

Memory returns as part of the general recovery, but the patient remains amnesic with regard to a period of variable duration preceding the accident

THE RETURN OF ACTIVITY

When the talkative phase has subsided or if it has never been present, the patient s general mental activity, as evidenced by his behaviour, is in most cases low He lies idly in bed or sits about, seldom speaks spontaneously, or if he does he is muttering something to himself about years long past, he takes little interest in what is going on around him, and shows no desire to read or to engage in other forms of mental or physical activity At first he carries out single actions in response to an immediate external stimulus As he improves the effect of an external stimulus is more prolonged, it produces more and more 'affective drive,' it carries him further Part of this improvement may be due to conditioned reactions, but it is apparent where conditioning can hardly be a factor, and the patient performs new activities with less and less urging At a later stage he takes in stupidly something of the content of the picture on the front page of a newspaper that is placed on his bed As the days pass he looks at the pictures with more understanding, but it may be a long time before he reads the headings of the paper with intelligence

When memory returns and he becomes normally orientated, he begins again to talk spontaneously Simultaneously, spontaneous physical activity has been developing It may, however, be years before the patient regains the degree of spontaneous mental and physical activity that he had before his accident, or he may never regain them We shall return to this point in considering "traumatic neurasthenia"

The Emotional State

The patient s emotional state throughout this period of intellectual recovery may go through different phases At first he is irritable, resentful, abusive At a subsequent stage he is often elated and childishly happy This has already been mentioned and I shall refer here only to some of the possible consequences of it. The patient is so pleased with himself and so anxious to be nice to everyone that he would be easily wheedled into making a bad settlement of whatever claim he might have for damages One of my patients told me how a terribly nice gentleman ' had visited him at his home in Sussex and explained to him that the accident (in which he had been knocked down by a lorry) was entirely his own fault, and that he would have no claim for damages at all I do not suggest that any advantage was taken in this instance of the patient s pleasure and simplicity, but the danger is obvious Elation, when it occurs, usually persists in some degree throughout the whole of the patient s illness It has a mitigating effect on some other symptoms, and it seems to prevent the occurrence of an anxiety state such as is common in the later stages of recovery Elation is usually accompanied by a lack of reserve and by some deficiency in the patient s normal respectful behaviour towards the doctor and other strangers with whom he comes into contact If the patient s emotional setting is not that of elation the alternative is depression, querulousness, anxiety, and outbursts of temper

Physiological Nature of the Symptoms

It is evident that the lack of spontaneous speech, lack of intellectual and physical activity, amnesia failure to retain impressions or to appreciate their full significance, represent abolition or severe impairment of function On the other hand, the early irritability and abusiveness and the later elation and talkativeness are in all probability due to release of function—release of functions represented at a cortical level by the abrogation of the higher cortical functions of reserve and thoughtfulness, or what the Romans called 'gravitas The disorientation in place

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patient's environmental conditions—including lack of income and the matter of compensation But in some cases there is another factor which I believe is of greater importance, and that is the difficulty which the patient has, because of his persisting intellectual disturbance, in adapting himself to his normal life, and particularly to his occupation An example will make clear what I mean

A butcher, aged 50, had had a serious accident seven months before I first saw him He said he was unable to attend to his business because whenever he went into his shop he felt awful, and after a few minutes had a feeling that he simply must get away from it He complained also of headaches, depression, inability to concentrate, being easily tired, lack of interest, disinclination to meet people, he found it a great effort to write a letter or to make a simple calculation, and his memory was very bad He had formerly been an active man with a good many interests and many friends, but since the accident had been content to sit about idly, and seemed to have lost all his old interests One of the reasons why he did not want to meet his former friends was that he had nothing to say to them There was thus ample evidence of intellectual impairment persisting from the time of the accident Consider the situation of this man when he goes into his shop His activities there are very largely habits and reactions conditioned over half a lifetime But they require memory, judgement, power of rapid calculation, grasp of details—qualities which he no longer possesses in adequate degree All his strongly ingrained habits and conditioned reactions are frustrated by his persisting mental impairment Is it any wonder that he feels awful and wants to run away after a few minutes? In the case of an employee the conflict is still greater because of the added feeling of compulsion to do the work

It is not surprising, then, if true neurasthenic elements are often superimposed on the picture of persisting psychasthenia In assessing such cases, whether with the neurasthenic element or not, it is important to obtain evidence which will reveal the degree of persisting impairment of the patient's mental activity Fortunately the prognosis is in general good

Other Types

The next largest subgroup is formed of those patients in whom a constitutional tendency towards neurosis of the anxiety type pre-exists and the accident serves to precipitate a period of aggravation They are usually to be distinguished from the last group by their volubility and the multiplicity of their symptoms Their "headaches" are the typical feeling of pressure on the top of the head or of a tight band round the head, and they are not brought on by stooping and by physical effort as are those of patients who are suffering from organic after-effects of head injuries Usually the accident has been of a less severe type than in the cases I discussed earlier, and a history of antecedent symptoms of neurosis may be obtained

Gross hysterical manifestations following injury are, I think, usually the result of pre existing tendencies, and occur in persons of poor mentality Minor degrees of hysteria are possibly common, in the sense that a patient may unconsciously take refuge in a continuance of subjective symptoms rather than make the effort to return to the conditions of his normal life or relinquish a claim to compensation

Then there are those who make the most of their symptoms in an effort to obtain the maximum amount of compensation We scoff at these but we must be careful to recognize that the difficulty of obtaining fair compensation gives rise, especially among the working classes, to a great deal of genuine anxiety

Finally there are cases in which the injury seems to precipitate an attack of depression in a patient whose pre existing mental constitution was of the cyclothymic or manic-depressive type

In referring to these latter groups I have stepped on to the verge of a big subject, with which I hope some other speaker will deal—namely, the influence of the patient's individual mental constitution on the symptoms arising in consequence of a head injury

TREATMENT OF VIRUS DISEASES OF THE SKIN*

BY

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Physician in Charge of Skin Departments Royal Free Hospital and the Hospital for Sick Children Great Ormond Street etc

It is a disappointing fact that our knowledge of viruses and the lesions they produce has not added greatly to our therapeutic efficiency in the management of virus diseases of the skin, especially as the most striking examples of lasting immunity occur in certain virus diseases, and few bacterial diseases exist which will bear comparison in this respect with diseases such as measles, mumps, varicella, variola, and zoster The latter impressive examples are apt to obscure the fact that, in general, no essential differences distinguish the immunity following virus from that of bacterial diseases and it appears to be most probable that viruses are living agents having many points of close resemblance to the pathogenic bacteria Similar antibodies are developed in virus diseases, and the presence of these antibodies has been demonstrated by the well-known bacteriological tests of complement fixation, agglutination, precipitation, and neutralization Specific therapy therefore follows the lines of bacteriological procedure, and would chiefly depend upon the use of vaccines and sera

Unfortunately experimental and clinical evidence indicates that in many virus infections specific antibodies are practically ineffective when the virus has once reached a susceptible cell No doubt there are exceptions to this rule, and in 1935 Laidlaw, Smith, Andrewes, and Dunkin demonstrated that an anti-influenza serum had considerable potency therapeutically, even when given to mice two or three days after experimental infection with influenza virus As a rule, however unless specific antibodies reach the cell before the invading virus infection is very likely to ensue, and the use of hyperimmune serum or that of convalescent patients is almost limited to prophylaxis Similarly the induction of active immunity by living or dead vaccine may be very effective in the prevention of infection but of little or no value when infection has occurred

The various means of producing active immunity in virus diseases are

1 Vaccination with living virus
   (*a*) Human strain—for example herpes
   (*b*) Modified by animal passage (vaccinia)
   (*c*) Attenuated by time or temperature (rabies)
   (*d*) Neutralized with immune serum (distemper)

* Read in the Section of Dermatology at the Annual Meeting of the British Medical Association Belfast 1937



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of success with any of these methods has been so small that spontaneous resolution might easily have accounted for the few cures following internal medication No mention has been made of the numerous methods of treating warts by suggestion, and although it is admitted that sometimes the results obtained by such means are very dramatic, no reasonable explanation can be given as to how such influences work in a disease so definitely organic, but if the percentage of success could be ascertained it might compare with the incidence of natural spontaneous disappearance

It is admitted that in some cases nothing short of total destruction of the wart by cautery or CO_2 snow or the removal of the entire lesion by curette will effect a cure

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LYMPHANGIOPLASTY—THE FATE OF SILK

BY

HAROLD HARTLEY, M D, F R C S

Consulting Surgeon North Staffordshire Royal Infirmary
Senior Surgeon Burslem Haywood and Tunstall War Memorial Hospital

With a Note by

R A. KEMP HARPER, M B, Ch B, D R

Honorary Radiologist to the above Hospitals

In 1916 I gave an account in this *Journal* of a successful case of lymphangioplasty for brawny oedema of the legs, and wrote "It is said that, whereas lymphangioplasty gives great relief in the brawny arm of cancer of the breast, in lymphatic oedema of the leg its results have not been satisfactory' Recently the patient I described then came to the Haywood Hospital It is hoped that the follow-up of the case, with a few remarks about the theory of lymphangioplasty and the fate of silk buried in the human body, may be of interest

Case Report

As a child, aged 13, in 1901 the patient was scalded on the lower parts of the legs and on the ankles and feet. Healing was very slow and she was unable to stand for six months and then had to learn to walk again From the age of 16 to 21 she had a sedentary occupation as a telephonist At 23 she became a barmaid, but after two years her legs became swollen, heavy and painful and she had to give up her work as it entailed long standing In 1913 after treatment at two of the best provincial hospitals had proved unsuccessful she came under my care

On June 30 1913, lymphangioplasty by Sampson Handley's method using No 12 woven tubular silk was performed on both thighs and legs at the North Staffordshire Infirmary The operation is easy, and special instruments are not required Improvement was slow but continuous and the legs regained their normal shape When next seen in July 1916 she could walk sixteen miles in a day without any swelling of the legs or discomfort The case was shown to the North Staffordshire Medical Society three years after operation

On December 30 1936 she was seen again as an out patient because she had bruised her right ankle and a small ulcer which resulted was not quite healed She is now 49 and can walk miles the legs are shapely and quite normal, except for the scarring left by the scalds The case was shown again to the North Staffordshire Medical Society on December 10 1936

RADIOLOGIST'S REPORT

Dr Kemp Harper reported as follows

'When this patient was x rayed faint opaque linear shadows some fragmented, were seen in the soft tissues in the position where the silk threads were introduced twenty four years ago We decided that calcification had occurred in pieces of silk which still remained unabsorbed after this long interval it was felt however, that some proof of this was required As a biopsy was refused by the patient, experiments were made Long pieces of silk (unimpregnated) were attached to the legs of a subject and films taken, these showed no sign of opaque linear shadows Similar pieces were then soaked in a weak barium sulphate solution and areas of density were seen somewhat similar to those on the original films Silk thread was obtained from the operating theatre of a fairly similar thickness, and this to our surprise was quite uniformly opaque On inquiry we found that the silk had been sterilized in perchloride of mercury and that the opacity of the silk depended on the length of time it had been in the sterilizing solution

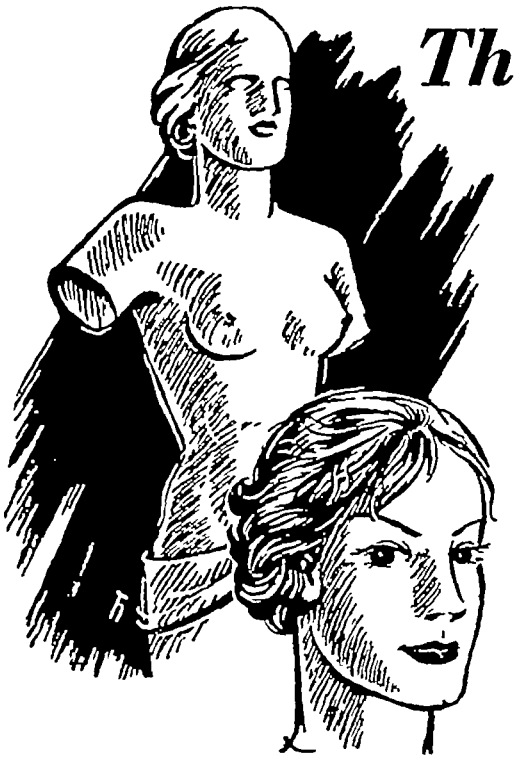
As a result of these investigations we feel confident that portions of silk have persisted in the soft tissues for twenty four years, and these pieces, unabsorbed presumably as the result of walling off with dense fibrous tissue, are still visible Two reasons can be advanced for this (1) that the silk or surrounding layer of fibrous tissue has been rendered opaque by the deposition of calcium, or (2) that mercury has remained in the silk unabsorbed for this length of time The latter reason cannot be definitely ruled out as injections of metallic substances into the buttocks in cases of specific disease are often seen on x ray examination of the same region years after such injections have ceased"

Theory of Lymphangioplasty

Brawny oedema is due to lymphatic superadded to venous obstruction A marshy field can be drained by lines of buried porous pipes, but unfortunately a perforated drainage tube buried in the human body becomes blocked by the organization of cellular elements and the coagulation of fluids which have entered its lumen Sampson Handley (1908, 1910) made the brilliant and promising suggestion that silk threads would continue to drain by capillary attraction He showed a section of a silk ligature which had been embedded in the tissues for ten years 'Though eroded at its surface the main substance of the thread is intact Moreover, leucocytes are evidently unable to penetrate between the fibrils of the silk, for the interior of the thread is entirely free from cellular elements Nor is there any microscopical indication of the coagulation of the body fluids in the interstices of the silk' Handley thought the capillary power was retained, but the question arises, Is there an impermeable sheath of fibrous tissue around the silk? This is the crux of the whole matter

Lymphangioplasty was tried, and many early successes in the treatment of the brawny arm of cancer of the breast and in various simple lymphangiomas or oedemas of the arm were reported years ago But Handley himself suspected that the operation would fail in the leg because it could not provide a motor force which would be able to overcome the full pressure of gravity in the lower limb

The operation was tried, chiefly in Cairo (Madden, Ibrahim, and Ferguson, 1912) for elephantiasis of the legs, and always failed The Cairo authorities gave histological details and made experiments, but their cases were not followed up long enough They found that the trauma of the introduction of the silk and the irritation



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GRANULOSIS RUBRA NASI IN A MOTHER AND DAUGHTER

BY

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Granulosis rubra nasi is a condition well known to dermatologists but not often recognized by the general practitioner Briefly it is characterized by redness and marked sweating confined to the nose and the surrounding area of the face, with red papules and sometimes numerous small vesicles It occurs most commonly in children, and usually clears up at puberty, but rare cases have been described in adults The aetiology is obscure, though it is clearly a vasomotor disturbance of some sort Many causes have been suggested, from tuberculosis to local sepsis, none of which has been satisfactorily upheld to the exclusion of all others An excellent account was given by Beeson in 1926, this should be consulted for further details

It is probably not so rare as one might think from the English literature, for according to Maschkilleisson and Neradow (1935) over 130 cases had been recorded up to 1932, and they were able to find thirty-three cases in four years in their own clinic This is a remarkable number, but in the dermatological department of the Leeds Infirmary there have been six cases in the last 20,000 patients It is, however, rare to find the disease in successive generations, though less uncommonly it is present in two or more children of the same parents According to Cockayne (1933) only eight instances are known in which there is evidence of the condition being inherited, and it is because the study of genetics demands the accumulation of such instances that I venture to report the following cases

Case I

This patient, a married woman of 43 (Fig 1), has six children four girls and two boys, of whom the second patient is the third girl None of the other children are affected, but the second girl has epileptic fits There is no evidence

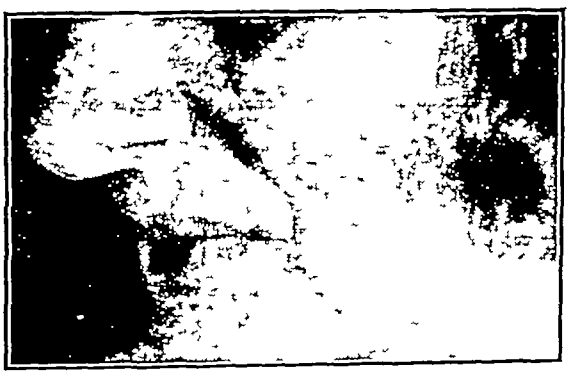


FIG 1—Case I, showing a group of vesicles

of chilblains or any other vasomotor disturbance in the rest of the family The husband has no blood relationship to the patient The woman says that her nose has been red and has been covered in perspiration ever since she was 12 Now, especially after exertion but also without it her whole face over the nose cheeks, and upper lip perspires heavily She has not noticed any abnormal sweating elsewhere her palms etc being normally dry The face does not trouble her at all, except for slight itching at times and she is not worried about the aesthetic appearance Apart from her face she is quite well but she suffers from chilblains on the feet in winter The general circumstances of the family are rather poor there is no history of tuberculosis in the family

Present Condition—At first sight her face suggests rosacea, but closer inspection shows that the lesions on her nose are a group of clear vesicles There are about half a dozen of these, 2 to 3 mm in diameter, situated close to the tip, except one which lies near the naso-labial groove on the right cheek The cheeks are rather highly coloured, and both in the malar region and on the tip of the nose are numerous fine telangiectases Beads of perspiration are present over the nose, cheeks, and upper lip, which on being wiped away soon re-collect.

Case II

Daughter of the above, aged 9 (Fig 2), general health good Since 3 or 4 years old she has had rather a red nose, and it has constantly been covered with beads of sweat. On examination the most striking thing is the intense perspira



FIG 2—Case II nose red but without cysts or telangiectasia

tion, limited to the nose which is also rather red towards the tip, but is not so vivid as the mother's. There are no cysts to be seen, nor has she any telangiectasia She shows no other evidence of vasomotor instability, her palms are dry, and she does not suffer from chilblains.

I wished to treat both these patients by means of x rays but they failed to turn up for treatment and when visited in their own home said that the condition did not trouble them so much as to require further attendance at hospital I think this attitude is to be deprecated, as the condition certainly was somewhat disfiguring, and the little girl ought to have been given the benefit of possible improvement

Comment

The exact mechanism of inheritance in this condition is not quite clear Some families—such as Lebet's cases (1903), a mother and two girls, and Hallopeau's (1906), a father and three children—suggest that the lesion is a simple dominant, but other families do not bear this out Cockayne (1933) explains it as follows "If it is in part dependent on an external factor such as a local infection or a circulating toxin it may be inherited as a simple dominant, but if it is determined solely by a genetic factor the dominance must be incomplete' Apart from this the mother is of interest as representing one of the few cases reported in adults and also in having a cyst on the cheek close to the naso-labial groove

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Clinical Memoranda

Concealed Inevitable Haemorrhage

The case history recounted below seems to present features sufficiently unusual to merit recording

A primigravida aged 37 years had a smart spontaneous vaginal haemorrhage when at home No pain or discomfort was experienced, the bleeding stopped without treatment after about ten minutes, and no recurrence of the loss took place She was given morphine by her family doctor and was kept in bed for ten days, after which time she was sent to the Princess Mary Maternity Hospital Newcastle

The patient was a spare, sallow complexioned woman who looked older than her actual age The uterine enlargement corresponded with a thirty two weeks pregnancy, and the shape and consistency of the uterus was normal, apart from a firm rounded mass about three inches in diameter which was palpable on its anterior wall below the umbilicus The foetus was presenting by the vertex in the right occipito-anterior position with the head above the pelvic brim, and although the foetal heart was not heard obvious movements could be detected *On vaginal examination no blood was* seen, but a uniformly tense cystic mass, seemingly intra uterine, *filled the pelvis The cervix was thinned and the external os* which was found behind the pubes was closed The urine and blood pressure showed no departure from normal, and radiography demonstrated an apparently normal foetus and a diffuse pelvic opacity

After elimination of extra-uterine swellings four possible diagnoses—namely, cystic fibromyoma with pregnancy, foetal abnormality, localized vesicular mole, and placenta praevia with concealed haemorrhage—were considered Although fibromyomata were present in the anterior uterine wall the tumour was not thought to be a cystic fibroid as the swelling was symmetrical, diffuse, and intra-uterine in position and the rectum as seen on the *x*-ray film was not displaced The presence of foetal abnormality did not offer a likely explanation of the phenomena as the foetal head was presenting and was freely mobile over the mass, and the radiograph showed no skeletal deformity Placental vesicular mole with a developed foetus and placenta praevia was a possible diagnosis, but it was thought that evidence of such a condition would almost certainly have been met at an earlier date The Aschheim-Zondek reaction was reported as ' positive—a good strong reaction The suggestion that the condition might be due to placenta praevia with concealed haemorrhage was felt to give the most attractive explanation of the case but the evidence in favour of this was scanty

Ten days after admission to hospital a large amount of blood clot was passed per vaginam without collapse or fresh haemorrhage The abdominal findings were unchanged, but vaginal investigation revealed that the cervix was now thick, its canal occupied a posterior position and admitted one finger with difficulty, and after expression of blood clot, placental tissue was felt crossing the internal os

Haemorrhage commenced during the examination, and was temporarily controlled by a firmly applied abdominal binder Upper segment Caesarean section was performed about twenty minutes later and a child of 4 lb was delivered in a state of asphyxia pallida from which it did not recover Old blood clot and the placenta were removed from the lower uterine segment, three small fibromyomata were enucleated from the vicinity of the uterine incision and the incisions were sutured A larger posterior fibromyoma related to the pouch of Douglas was left *in situ*

The patient was not unduly upset by the operation convalescence was uneventful and the parietal wound healed satisfactorily

WILLIAM HUNTER M.D, M C O G,
Honorary Assistant Obstetrician Princess Mary Maternity Hospital
Newcastle upon Tyne

Reviews

GASTROSCOPY

Gastroscopy The Endoscopic Study of Gastric Pathology By Dr Rudolf Schindler Preface by Dr Walter Lincoln Palmer (Pp 343 illustrated 34s net.) U S.A The University of Chicago Press, London Cambridge University Press 1937

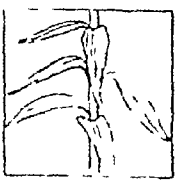
It is fourteen years since Dr Schindler published his *Textbook and Atlas of Gastroscopy* which did a great deal to bring about a revival of interest in gastroscopy in the years immediately after the war The present volume is, fortunately for us, written in English—in a quaint but expressive style Dr Schindler is to be congratulated on having produced a book in such readable English only three years after he left Munich to go to Chicago In an entertaining chapter on the history of gastroscopy he relates how near Glasgow came to being the birthplace of gastroscopy, but the sword-swallower whom Campbell asked to oblige him only replied, " I know I can swallow a sword, but I m —— if I m going to swallow a trumpet '

In the discussion on anatomy it is pointed out that the stomach has, under the conditions of gastroscopy, a shape differing enough from the usual topographical description to make orientation uncertain unless these differences are realized, the most important of all being the torsion of the lesser curvature The chapter on technique is long, and full of advice valuable even for the comparatively experienced gastroscopist, orientation being dealt with in great detail The rapidity with which he insists on the instrument being passed will surprise some English gastroscopists

Dr Schindler s indications for gastroscopy are many He implies that all gastric ulcers should be gastroscoped to determine whether malignant degeneration has occurred, for he believes it can be diagnosed even earlier by gastroscopy than by naked-eye examination after removal of the stomach, when the normal colours, dependent on its blood supply, are destroyed All cases in which a carcinoma is suspected should be examined to determine the diagnosis, and where the presence of a carcinoma has been shown by *x* rays and there is no obvious metastasis, gastroscopy should be carried out to determine the degree of intragastric spread and the question of operability In the majority of cases he claims that he can save a purely exploratory operation Here the not infrequent occurrence of a removable carcinoma with hepatic secondaries is ignored In duodenal ulcer the gastroscope may show any additional gastric ulcer or gastritis, and often the presence of haemorrhagic spots, some of which may have progressed to erosions or retrogressed to pigment spots This finding may have some bearing on both aetiology and prognosis Cases of gastro intestinal bleeding should be examined, particularly as the cause is either not shown at all or only inadequately by *x* rays, and the same applies to that large group of patients so frequently labelled as ' bowel distress " or " gastro intestinal neurosis," in which a more or less severe gastritis is often the cause of the symptoms Among the other indications are unexplained loss of weight or appetite, and unexplained vertigo, certain chronic dermatoses and urticaria, and dyspepsia in syphilitics

The diagnosis of chronic gastritis is the main justification for gastroscopy and Dr Schindler sets forth his views on the classification and diagnosis of the various types of gastritis clearly and dogmatically His clinical data and acumen are considerable, but what we miss is a

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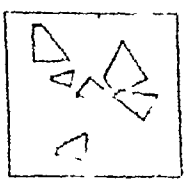
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The second part of the book deals with treatment, and rightly occupies the greater part of the volume Numerous useful hints are given as to the prescribing of a reducing diet which will function slowly but effectively, rather than those which reduce weight with great speed but which produce a feeling of extreme exhaustion and hunger in the victim The difficulty is that with these diets which work but slowly, removing a pound or two a week, it demands more will-power of the patient than is usually forthcoming Most people desire rapid reduction of weight, if only from the point of view of settling once and for all the question of an entirely new wardrobe, and the prolonged effort to keep a check on food intake is more than many can endure Although brief reference is made to a tendency to water retention in some cases of obesity, the matter might be elaborated with advantage in later editions All those with experience of these cases realize that, though the vast majority of patients can be reduced in weight by means of dieting alone, every now and then a case appears which is absolutely resistant to virtual starvation It is in these that one often finds a strong tendency to water and salt retention, and the use of some of the modern mercurial organic diuretics, associated with limited fluid intake and salt restriction, may act as a charm

Details of muscular exercise are not given, but Dr Christie wisely refers the matter to Mr Hornibrook s book entitled *The Culture of the Abdomen* which has been responsible for the restoration of waistline and bowel function in so many thousands of individuals during the last few years The book is unquestionably good and thoroughly practical, and will be welcomed by general practitioner and consultant alike

SPONDYLOLISTHESIS

La Spondylolyse et ses Conséquences Spondylolisthésis Scoliose Listhésique By Pierre Glorieux and Carle Roederer (Pp 208, 138 figures 60 fr) Paris Masson et Cie 1937

In publishing this treatise upon spondylolysis and its consequences spondylolisthesis and listhetic scoliosis, the authors have done a valuable service in giving a careful review of the very large literature that is growing up upon the subject more generally known as spondylolisthesis' This lesion used to be considered a rarity of interest to the obstetrician only as a cause of difficult labour, but now increasingly recognized as a very common and important factor in many cases of low back pain and sciatica in either sex

In the present work the congenital nature of the basic lesion of the posterior neural arch is discussed, with the effect of static influences and trauma in causing displacement of the two portions of the vertebra Scant justice is done to the very reasonable theories of the mechanics of spondylolisthesis put forward by Capener and other English writers, and in their place is substituted a plausible but even more questionable hypothesis Upon the radiology of spondylolysis the authors are to be congratulated upon a most painstaking investigation and a series of very clear demonstrations of the pre-slip stage They stress the importance of radiography of the lumbo-sacral region in the erect posture for in this position infractions of the laminae of the fifth lumbar vertebra may be seen which cannot be demonstrated in recumbency It surprises us that more use is not made of this position for spinal radiography by those having much to do with static disorders of the spine

Concerning treatment the authors have little new to offer, they stress the need for conservatism in the earlier stages and reserve operation for those cases in which pain persists or in which there is evidence of continued sliding of the lumbar spine forwards upon the sacrum This latter circumstance is not infrequently mentioned by writers upon spondylolisthesis, but it is worth noting that no very satisfactory series of radiographs appear yet to have been published showing the various stages of displacement in any single case Glorieux and Roederer rightly question the anterior bone graft procedure, and give a good account of other operative possibilities besides the well-known Albee or Hibbs type of posterior osteosynthesis Of particular note is the use of lumbo-iliac grafts thus copying the natural arrest of spondylolisthesis by ossification in the ilio lumbar ligaments Posterior bone grafting is, however, regarded as the easiest technically and very satisfactory in its results The book concludes with a short chapter on the medico legal aspects and a bibliography of 300 references

INFANT HYGIENE

Infants in Health and Sickness By Robert Ellsworth Steen M D F R C P I (Pp 127 illustrated 5s) London Humphrey Milford, Oxford University Press 1937

Dr R E Steen, who contributed the section on care of the infant to the recent edition of Tweedy s *Practical Obstetrics* has now republished this as a separate volume with a few minor additions under the title *Infants in Health and Sickness* The main portions of the book are concerned with feeding the normal baby and the principal disturbances of the digestive system Breast feeding and its management are well described, and the methods advocated when natural feeding fails are in accordance with modern views, the milk mixtures recommended being considerably stronger than those allowed under certain still popular but out-of-date systems, such as that of percentage feeding, which is severely criticized Diseases of the neo natal period are well described, as might be expected in view of the origin of the book Dr L B Somerville-Large contributes a useful chapter on ophthalmia neonatorum, and an appendix contains a valuable collection of diet sheets, which appear to be modified from those in use at the Hospital for Sick Children, Great Ormond Street, London Dr Steen must be congratulated on the way in which he presents his matter, and practitioners requiring a thoroughly practical manual on the care of the infant can be advised to buy this modestly priced volume

Notes on Books

An Atlas of Gas Poisoning was published for official circulation only, in 1918 by the Medical Research Committee, which was the precursor of the present Medical Research Council The Air Precautions Department of the Home Office has now issued a second edition of this atlas, which is to be sold at the very low price of 1s The atlas consists of 11 excellent coloured plates with 16 pages of descriptive text These plates show the typical lesions produced by phosgene and by mustard gas A large proportion of members of the medical profession have no first-hand knowledge of gas poisoning, and this atlas provides a very easy means of learning the essential pathology of two important types It should be found particularly valuable by those engaged in training personnel in the treatment of gas casualties

Professor A LEMIERRE s little work entitled *Certain Primary Truths on Infectious Diseases* (Paris, Masson et Cie, 24 francs), which forms the latest addition to the

BRITISH MEDICAL JOURNAL

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MENTAL SYMPTOMS ASSOCIATED WITH HEAD INJURY

THE PSYCHIATRIC ASPECT*

BY

EDWARD MAPOTHER, M.D., F.R.C.P.

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My contribution towards discussion of the problem in question is limited to two of its aspects—namely incidence and prognosis. No general conclusion on these points could be reached except by working forward—that is, by systematic and unselected consideration of after history in a large number of cases. The necessary facts could best be collected by one or more general hospitals that are called on to deal with many such accidents. A standard mode of examination, probably including such investigations as a radiograph of the skull and cerebrospinal fluid analysis, would have to be adhered to regardless of the needs of the particular case. It would be necessary that a full history of recent and remote experiences and mental tendencies should be obtained shortly after onset, and that subsequent regular notes should record at the time any changes that occurred. In the absence of such data it is clearly impossible to reach general conclusions as to incidence by working backwards from cases that eventually are seen by the neurologist or psychiatrist, since these are only the cases in which serious sequels have followed, and the psychiatrist sees in proportion more of the serious mental sequels while the neurologist sees more of the slight. Moreover, in the case of the psychiatrist there is for various reasons a tendency for him to see after accident a higher proportion of those who before it already had some mental symptoms than of those who had been perfectly normal.

Bearing in mind all these sources of error, and realizing that it is at present impossible to estimate total incidence, it yet seems worth while to consider the relation to head injury of the very numerous varieties of mental abnormality that may follow, their respective frequencies, and time relations, the connexion of these with one another, and finally the course which different varieties are prone to take. Before going further certain distinctions and definitions are necessary.

1. The relation of a mental abnormality to head injury may be physiogenic or psychogenic. The minimum evidence of physiogenic causation is the presence of retrograde amnesia.

2. Whatever the type of causation one can consider cases either in broad outline or in detail. (*a*) One can concentrate upon syndromes—that is, upon the effect of the injury on structures subserving functions which are innate and common to us all, and so upon structures which may probably be known fairly soon; or (*b*) one can study the effect upon connexions of a kind that are acquired and peculiar to the patient, and so disturbance of functions in a way that for a very long time will only be expressible in psychological terms and these of an individual kind.

* Read in opening a discussion in the Section of Neurology and Psychological Medicine at the Annual Meeting of the British Medical Association, Belfast, 1937.

I propose here to deal mainly with effects that are physiogenic and expressible approximately in terms of syndromes.

The psychiatrist is principally concerned with those mental sequels that follow recovery of consciousness. In my opinion the only practicable criterion of recovery of consciousness is awareness of external environment and accessibility. It is true that this often makes it impossible to ascertain the duration of unconsciousness as whether the skull was fractured. But the obtaining of a statement uniformly from all patients is dearly bought by a convention which makes that statement mean something *quite different in various cases. Such is the inevitable* result of identifying the duration of unconsciousness with the period which the patient subsequently cannot remember: this period may correspond to one or more of about eight different varieties of amnesia that follow head injury.

For present purposes I wish to classify as psychotic all mental abnormalities after recovery of consciousness into the character of which the patient at the time lacks insight and which if sufficiently prolonged would have justified certification. The term neurotic implies the contrary in respect of each of the two points. I shall deal largely though not exclusively with psychotic sequels.

Returning to the problem of the relations of various forms of mental disorder to head injury and their prognosis, I propose to attack this in two ways: (1) by discussion of published evidence of various authorities; (2) by consideration of hitherto unpublished data which I have collected from a number of sources.

1. Published Evidence

There are no national statistics in England and Wales that indicate the influence of head injury in causing mental disorder. The number of motor casualties has steadily risen until it has reached nearly 6,000 deaths and over 200,000 injured per annum. It may be that in these days of universal third party insurance the tendency to reckon oneself a casualty has increased, but it would probably be safe to assume that incidence of serious head injury with survival must be rising about as fast as deaths from motor accidents. The statistics of the Board of Control concerning admissions to mental hospitals reveal no trace of this. They show admissions attributed to injury as stationary in absolute number and as forming a declining proportion of the total number. This result is due to the fact that they not only fail to discriminate as to severity of injury but also fail to distinguish between injury to the head and to the rest of the body.

THE STATE OF THE PUBLIC HEALTH

CHIEF MEDICAL OFFICER'S REPORT *

[SECOND NOTICE]

A summary of the earlier chapters of Sir Arthur MacNalty's annual report for 1936 as Chief Medical Officer to the Ministry of Health appeared last week at page 1033

Tuberculosis in 1936

There were 28,268 deaths from tuberculosis in England and Wales in 1936—933 fewer than in 1935 The figures for both respiratory and non-respiratory tuberculosis are the lowest ever recorded There has indeed been a considerable decline in the mortality from respiratory tuberculosis during the past five years During the year 55,128 new cases of tuberculosis were notified in England, as compared with 55,418 in 1935 The number of cases dealt with by tuberculosis officers for the first time was 94,313, against 89,457 in 1935 In view of the steady decline in the incidence of the disease these last figures probably indicate that greater use is being made of the service for suspected cases There was an increase of 24 per cent in the use of *x*-ray examination in the diagnosis and control of dispensary cases, and the great improvement in the personnel of the service noted in Sir Arthur MacNalty's last annual report has continued Increasing importance is attached to the examination of contacts, it is among these that undiscovered cases of pulmonary tuberculosis are most likely to occur It is also worthy of note that a relatively larger use is made of beds for observational purposes This section of the report discusses the unsettled question whether there is or is not an abnormal prevalence of tuberculosis among nurses who attend upon tuberculosis patients

Venereal Diseases

Facts are given which appear to justify the conclusion that the measures taken under the Venereal Diseases Regulations are lowering the incidence of fresh infections with syphilis in this country and lessening the transmission of the disease to the next generation There was a slight increase in 1936 in the number of cases of gonorrhoea dealt with for the first time, but it does not follow from this that there has been an increase in the incidence of the disease Probably the treatment centres in this country are not yet attracting a sufficient proportion of members of the community infected with gonorrhoea, especially in the case of women During the year 735,554 pathological specimens were examined in the approved laboratories and centres, an increase of 23,148 over 1935

The Cancer Problem

There is still no indication of any decline in cancer mortality, indeed, the crude mortality figures again show an increase for the year under review, and, moreover, a greater one than in 1935 The certified deaths for both sexes numbered 66,354 for 1936 against 64,507 for 1935, an increase of 1,847 As pointed out in previous annual reports, there are reasons for believing that the recorded increases in mortality do not necessarily connote an augmentation of general causational factors, but the rising rates add to the difficulty of the administrative problem of providing adequate means for diagnosis and treatment Investigation into the causation of cancer proceeds, however, with increased zeal in two main directions with promising results—namely, the action of carcinogenic substances and that initiated by the discovery of virus tumours in fowls With our present knowledge, preventive measures are almost limited to modifying certain environmental conditions arising in a few occupations and to surgical treatment in the individual conditions predisposing to cancer As regards curative treatment the chief hope lies in earlier diagnosis, which enables earlier treatment to be undertaken with greater promise of lasting cure Adequate treatment means, however, not only earlier diagnosis but adequate facilities for treatment by operative surgery, radium, and x rays A careful investigation shows that these facilities, especially as regards radiation treatment, though increasing, are as yet by no means sufficient Suggestions are made whereby modern methods of diagnosis and treatment might be placed at the disposal of a larger section of the population

Relation of Food to Health and Disease

Investigations on nutrition problems were actively pursued The Advisory Committee on Nutrition, in addition to its memorandum *The Nutritive Value of Milk* has made progress in other directions—for example, the amounts of different foods required for correct nutrition, and cognate matters The League of Nations has also devoted much consideration to the subject, and has published the result of its inquiries in four important volumes In respect of investigations on nutrition which were initiated by and have been done under the supervision of the Ministry, studies have been made on the diets of sixty-nine working class families in Newcastle on Tyne and another study of the same type in the West Riding of Yorkshire on the growth rate of infants, on physiological tests of physical efficiency, and on the condition of the blood in expectant and nursing mothers Investigations have also been made on the diets in public assistance institutions, and suggestions have been made with a view to improving them The recent development manifested in the establishment of milk bars also receives notice, and the conclusion is drawn that if "operated on the proper lines their introduction is undoubtedly of advantage to the community in fostering the consumption of one of the most nutritionally valuable foods we possess The necessity for pasteurization is emphasized Evidence is accumulating that 'there is no significant difference in nutritive value between raw and pasteurized milk" In 1936 food poisoning outbreaks were much fewer than in 1935, the number about which the Medical Department obtained information being eighty-two, as contrasted with 137

Medical Intelligence and Research

A list is given of nearly sixty committees on public health and medical questions on which members of the Ministry's staff have served, without counting committees and subcommittees of the Medical Research Council Eighteen reports and memoranda of special medical interest were issued during the year Research in medical statistics is shown to have revealed such matters as that, in schools, the largest factor of lost time is disease of the respiratory organs especially the common cold and influenza, and that generally speaking the rates of mortality in the group of depressed areas have improved "at the same rate as or even a little faster than those of England and Wales as a whole' But the general results also showed a very great contrast between the death rates in various areas, and there is no ground for relaxation of effort

Two features of this section of the report are those dealing with new drugs of the so called "prontosil" group, and some of the dangers attaching to the use of lipstick, certain classes of hair dyes and some modern "slimming' remedies Other matters dealt with range from a discussion on diphtheria prophylactics and water supplies to the "disinsectization' of aircraft and the therapeutic use of snake venom Full particulars follow of port health administration during the year, and of international health work In connexion with the former an account is given of the remarkable outbreak of yellow fever on board the s s *Sea Rambler* The remainder of the report consists of statistical and other appendices Among these may be mentioned Appendix A,-devoted to investigations of streptococci, and Appendix B, which deals with thrombo angiitis obliterans and the alleged relation of this disease to smoking

* *On the State of the Public Health* Annual Report of the Chief Medical Officer of the Ministry of Health for 1936 H.M Stationery Office (4s net.)

(iv) Many patients who would be in a mental hospital if suffering from identical symptoms of non traumatic origin are neither certified nor in any institution if the psychosis be due to head injury of either military or civil causation Both in peace and in war cases compensation is generally available that makes it possible to keep the patients uncertified at home This is shown by the high proportion of very chronic helpless or troublesome patients among those actually sent

With regard to the special question of whether a post traumatic schizophrenia exists and the incidence of this two points should be noted

(A) Refusal to recognize existence of this is often due to an outworn conception of schizophrenia as being not a mere syndrome but a disease of constant and specific aetiology Under the influence of this conception we get argument in a circle The name schizophrenia is withheld from traumatic cases to which it would be applied if a history of injury were absent Naturally we shall find little schizophrenia as a sequel of head injury if to those cases that might be thus named we apply the so-called diagnosis insanity with gross brain lesion"

(B) Even if as a general principle the occurrence of schizophrenia with causal relation to head injury is recognized it is easy in the individual cases unduly to minimize the responsibility of trauma by overemphasizing trifling indications that may be seen as precursors of schizophrenia but are also common in those who never develop it A case for dismissing most actual instances as idiopathic rather than traumatic can be bolstered up by use of such evidence

The whole situation becomes analogous to that of epilepsy once it is grasped that like epilepsy schizophrenia is the name of a syndrome and that the idiopathic variety is merely the commonest among many We see that after head injury schizophrenia may like epilepsy appear early and may then be transient or may persist It may occur later with an interval of normality While responsibility of trauma for fits is recognized although these first occur after an interval of years I should not for the present suggest such recognition in the case of schizophrenia appearing after an interval of more than a few months Thus the evidence of connexion is much stronger in cases of traumatic schizophrenia hereafter cited than is usually required for diagnosis of traumatic epilepsy

2 Evidence from Hitherto Unpublished Data

Personally I have always found it difficult to reconcile statements made by pensions officials of various countries concerning absence of causal relation between head injury and mental disorder with one's clinical experience showing the immediacy of sequence Thus it has seemed worth while in respect of civilian cases to try and frame some statistics that are based upon either personal knowledge of the patients or at least upon a detailed study of the clinical records made by psychiatrists in charge of the cases One difficulty which arises is that the impression which any psychiatrist would get regarding the incidence nature and outlook of traumatic mental disorder would vary enormously according to the conditions under which he practised I have therefore thought it might be useful to collate (i) All instances among a series of 5 000 psychiatric cases seen consecutively in private practice in which serious head injury and definite mental disorder coexisted and in which there appeared to be a clear causal relation between them (ii) All similar instances from each variety of L C C institution at which may be treated any sequels of head injury that come under a psychiatrist at all

The collation of the statistics from various types of L C C institution has involved preliminary examination of over 30 000 case records I have to express thanks to the medical superintendents of twelve institutions for granting access to these records and at the same time to the medical staff and social workers for all the trouble they have taken in searching for relevant cases It is hoped that others may be able from special standpoints to make a more adequate analysis of the cases so extracted

CASES SEEN IN PRIVATE PRACTICE

There were 123 cases in which mental disorder was said to be present and was attributed to an alleged head injury among 5 000 consecutive patients seen privately However forty three of these 123 patients were seen for medico legal purposes and only eighty for purely medical reasons This situation contributed to the fact that of the 123 the relation was truly causal in ninety two but not so in thirty one Disregarding the latter the proportion of cases in which mental disorder and head injury were causally related among all those seen privately works out at 18 per 1 000

The group of thirty one cases were excluded from the eventual comparison with other groups derived from various municipal institutions (which had been similarly weeded) In all such groups there might be a tendency towards inclusion of too many cases as illustrating correlation of mental disorder with head injury One needs constantly to check this tendency which results from several causes First the distortion of history to which relatives are prone The temptation in idiopathic cases to find some event that can be held responsible is almost irresistible Attribution to injury is to most relatives more agreeable than admitting mental disorder to be constitutional and perhaps hereditary In medico legal cases of course there is an added incentive for distortion—a hope of pension or of damages for injury sustained during employment or in a road accident

Among the thirty one excluded cases were many presenting difficult and interesting problems of aetiology Some details will illustrate the similar sort of weeding that had to be done in respect also of the groups from L C C institutions

31 Cases in which Mental Disorder was Said to be Present and was Attributed to Alleged Head Injury but which were Excluded as not having True Causal Relation

(*a*) Organic disease with mental incapacity existing before accident (whether unchanged or aggravated by it)

Epilepsy 2 general paralysis 1 post-encephalitic Parkinsonism 1 arteriosclerosis 3 meningovascular neurosyphilis 1

(*b*) Mental disorder without well-defined physical disease existing before accident (whether unchanged or aggravated by it)

(i) Injury unconnected amentia 1 schizophrenia and paraphrenia 4
(ii) Injury suicidal and due to prior psychosis 3
(iii) Injury due to alcoholism 3

(*c*) Mental disorder developed after injury but independently of it (as shown by long interval)

Idiopathic schizophrenia 4 idiopathic epilepsy 1

(*d*) Malingering 7

CASES TREATED AT VARIOUS L C C INSTITUTIONS

1 During the five years 1932 to 1936 inclusive there were 12 000 admissions to the seven London County mental hospitals receiving the certifiably insane from London south of the Thames and thus serving a population of some two millions Of these 12 000, mental disorder was causally related to head injury in thirty three —that is approximately in 3 per 1,000 admissions This group contained a large proportion of very late cases and those of bad prognosis and often difficult to nurse—for

pulmonary tuberculosis has proved that tomography can help to open up the jungle of the "radiographic hilum" When it has come into routine employment we may expect to hear less and less of "thickened roots" and more and more of pathological facts, precisely stated

Although the main interest has up to the present been directed to tomography of the chest, it is becoming clear that it has much to offer in skeletal radiography It may solve two types of problem familiar to all radiologists The first is that of a bone of low density and delicate structure, hidden by denser structures common examples are the sternum, patella, zygoma, sternoclavicular joints, atlas and axis, temporomandibular joints, hyoid bone, thyroid cartilages, and many others, which at present require special techniques involving oblique incidence of the rays, with consequent distortion The second type of problem is that concerned with regions in which there is a multitude of overlapping structures, as in the skull and spine It is not possible to consider here in detail how valuable tomography is proving itself to be in such cases Twining [10 11 11] has given examples of its value in radiography of the skull, sinuses, and spine, and in ventriculography Janker[8] has applied it to the study of the spine and long bones, to the differential diagnosis of sarcoma from simple disease of bone, and to other conditions of orthopaedic interest He has also employed it in ventriculography,[15] and considers that it may be of real aid in the localization of brain tumour It would be absurd to allege that tomography in its present form can replace the older methods, especially stereoscopy, but in conjunction with them it has much to offer The great need at the moment is for the apparatus to be available at a reasonable cost for routine work Only in this way can the indications for tomography be learned and its many possibilities exploited It has been shown by Twining[11] in this country, and later by Colyer (at a demonstration at the British Institute of Radiology, May, 1937), that tomography can be carried out efficiently with simple and inexpensive attachments to standard apparatus for radiography We believe that this lead will shortly bring about the development by manufacturers of such attachments Most publications have dealt with work carried out with the excellent pioneer apparatus of German firms, which is somewhat expensive Given the necessary increase in facilities it can hardly be doubted that in a few years all radiological departments will employ tomography as a routine measure, much as they now use stereoscopy, not, of course in every case but for particular purposes which it alone can fulfil

[14] Twining, E W (1937) *Brit J Radiol* 10 332
[15] Janker, R (1937) *Zbl Neurochir* 1

DANGERS OF "SLIMMING"

Sir Arthur MacNalty, in his annual report as Chief Medical Officer of the Ministry of Health for 1936 (of which our summary concludes this week at p 1074), makes some pointed remarks on the danger of taking drugs for "slimming" except on medical advice He thinks that one drug, dinitrophenol, should not be taken in any circumstances, for medical literature is strewn with records of disasters from its use Nor have these disasters always been due to overdose or carelessness The fatalities have not been few, and, short of that, grave disabilities and impairment of health have resulted Among the more serious evils which have followed in the train of this noxious drug are cataract, agranulocytosis, exfoliative dermatitis, and toxic jaundice Moreover, there is no known antidote nor can the measure of susceptibility to it be estimated Sir Arthur rightly concludes that it would be well if its existence were forgotten

But this is only an extreme instance of the harm which is being done by the slimming cult Haphazard and light-hearted use of thyroid extract for weight reduction is another This can only bring discredit on a drug which when suitably administered is of the highest value if hypothyroidism is present Otherwise its general effect may be described as the dehydration of fats—a process which is complete within ten days—and an increase in the basal metabolic rate Now this rate is by no means always subnormal in obesity, and may even be higher than normal In such circumstances the use of thyroid may be followed by tachycardia, glycosuria, and other signs of hyperthyroidism Moreover, it is often overlooked even by the medical profession, that the new scale of doses in terms of thyroideum siccum is about five times as strong as the old scale in terms of the fresh extract Naturally, serious results have followed an unintentional change from the old scale to the new There is another aspect of this question Professor E C Dodds, quoting Murray Lyon and Dunlop to the effect that 9 grains of thyroid extract are required to produce a loss of weight equal to that produced by a standard 1,000 calorie diet, has pointed out that it would be dangerous to use thyroid extract in the treatment of obesity in a person who is over eating and therefore might easily be taking 5,000 calories a day, and if even 18 grains of thyroid were given the total energy balance would still exceed requirements, so that the individual would not appreciably lose weight But we should not agree with him that every case of obesity can be cured by diet alone, if thereby he implies that this can be done without disturbance of health During the food restric-

at the same time since to this applies most of what is to be said

In determining any of these syndromes the physical effect of the injury is of *minimal importance*—as witness the fact that they often occur in cases with no retrograde amnesia at all The important factors are (i) the purely emotional shock experienced at the time of the accident or subsequent distress caused by any impairment of the patient's bodily condition or external circumstances (ii) the constitution at the time of accident—that is the resultant of inborn tendencies and the evolution of these which has been determined by age physiological epochs and any prior experience (mental or physical)

Minor degrees of affective disturbance (and minor paranoid reactions) may follow head injury in virtue mainly of the first group of factors or at least of these coupled with minor constitutional abnormalities Affective and paranoid developments of psychotic severity after trauma occur almost exclusively in those with evidence of major neuropathic tendency (previous attacks persistent abnormality of some degree or strong family history) This is indicated by Table II in respect of major affective cases

Hysteria—This term is used here in a strictly limited sense—the representation or exaggeration of some incapacity (whether physical or mental) motivated by desire to obtain pleasure or reduce displeasure with incomplete knowledge of the motive or intention for representation or exaggeration If knowledge is complete then the condition is malingering if such insight is totally and permanently lacking then we are dealing with a psychotic condition which should hardly be called hysteria The transition from one to other category may be entirely continuous in different cases or in the same one

Hysteria as a factor of any degree whatever in post-traumatic mental syndrome is far less frequent than used to be thought, and as the whole mental picture it is still less common It was present in thirteen out of my series of ninety two cases but in four at least of these it was combined with either physiogenic disability or with affective *disturbance that was not motivated Even that gives an* unduly high idea of its prevalence owing to the large proportion of medico legal cases in my series

It is a gross mistake to look only to financial motives for hysteria even in compensation cases as shown by one case in a mental hospital where the whole mental syndrome was hysteria following head injury Even when money is the main motive those of us most conscious of our own rectitude need not be entirely scornful The patient with any physiogenic disability often regards the capitalization of it at the highest figure as being a duty to his family and his sole chance of doing anything for them and is usually prompted by his wife

Mental Syndromes having Physiogenic Relation to Head Injury

Physiogenic syndromes appear to fall into two classes

(A) Disorder of specialized mental functions probably associated with damage to particular neuronic patterns and so perhaps with lesions of focal distribution—This class includes cortical impairments of perception and of voluntary movement agnosias and apraxias of various types sensory and motor aphasias Also in my opinion Korsakoff's syndrome demoralization epileptoid mental paroxysms

(B) More generalized types of mental disturbance, probably associated with diffuse impairment at one of a series of cortical levels

I should incline to suggest that the universal sequence of stages during recovery in a very severe case is as follows (1) Coma (2) Confusional states with (*a*) stupor (*b*) active delirium (3) Schizoid states with (*a*) schizoid stupor (*b*) schizoid activities (4) Psychasthenic states with (*a*) depersonalization and derealization (*b*) obsessional thought feeling and action

A SPECIALIZED PHYSIOGENIC SYNDROMES FOLLOWING HEAD INJURY

As stated these may include (i) cortical impairments of perception and voluntary movements agnosias and apraxias sensory and motor aphasias (ii) Korsakoff's psychosis demoralization and epileptoid mental paroxysms I do not intend here to say more about the items of subgroup (i) but something about those of subgroup (ii)

Korsakoff's Syndrome—This has been regarded by Symonds as one of the universal stages in the process of recovery from any mental impairment by head injury which goes as far as loss of consciousness I should be loath to agree on theoretical grounds if at any stage in the universal process of recovery mental disturbance were limited to that extremely specialized incapacity to which this distinctive name can most usefully be restricted then the fact would seem destructive of an illuminating generalization which Symonds himself has expounded Clinical fact of course and not theoretical preconceptions must decide But I have not found fact as suggested

Demoralization of every kind is another occasional sequel which is apt to become apparent after an interval By demoralization is meant habitual disregard coupled with consciousness of the anti social character of one's acts in pursuit of pleasure or avoidance of displeasure There were nineteen cases among all the psychotic cases which I investigated—including six among my own It is most common by far among children and among adults I think it was commoner in soldiers and for the same reasons that produced a wave of criminality as an aftermath of war It is not confined to those who have been morally below par before the accident Though usually a psychogenic element is traceable in determination of the condition it cannot be wholly explained thus It may be an almost isolated anomaly or may be associated with widespread deterioration of various kinds and degrees

Epileptoid Mental Paroxysms—What are popularly called brain storms usually include violence They may be associated with persistent demoralization or with a schizophrenic state or with liability to motor convulsions But they may also occur in post-traumatic patients who for most of the time are decent citizens They were relatively common among those who had a head wound in war and are specially liable to be precipitated by a small amount of drink

B GENERALIZED MENTAL DISTURBANCES

Certain principles emphasized by Dr Symonds concerning these appear in essence to be not only true but to exemplify conceptions of great importance these conceptions have a much wider significance in psychiatry than their particular application to post traumatic mental syndromes The objective facts are as follows

In respect of these syndromes a constant sequence can be recognized According to the severity of general disturbance to the brain impairment proceeds as far as one of a definite series of syndromes of which the most extreme is coma In the course of recovery these syndromes can be recognized as a series of stages and recovery necessarily proceeds in regular order from one to another of them

ory, and Spain The number of addicts reported in 1935 was in Egypt 16 957, in Japan 2 800, in the United Kingdom 700, in Italy 427, in Poland 378, in Turkey 144, in the Netherlands 41 In the United States it is claimed that "the total number of non-medical addicts has decreased and that there is now less than one addict known to the authorities per 1 000 of the population" The area under poppy cultivation in China is estimated to be about 109,654 hectares, in British India 3,346 hectares, in Turkey 25,417 hectares, in Soviet Russia 10,024 hectares in Iran 18,860 hectares, in Japan 1,502 hectares, and in Korea 2,481 hectares Four countries furnish information as to the revenue derived from opium The total revenue of the Central and Provincial Governments of India derived from excise duties and licence fees in 1935 was 23,092,305 rupees (26,325,228 gold francs) In Iran the budget estimates for revenue derived from the opium monopoly in 1935 were 75,000 000 rials (14,250,000 gold francs) In Korea the opium revenue in 1935 was 433,786 yen (390 407 gold francs) In the Union of Soviet Socialist Republics the income of opium cultivators was 3,200,000 roubles in 1935 The participation of sovereign States in the three Opium Conventions of 1912, 1925, and 1931 is reported as follows Forty-five States are parties to all three conventions, seventeen are parties to only two conventions, six to one, and three to none

THE PROBLEM OF LEISURE

Under the auspices of the National Institute of Industrial Psychology and the British Institute of Adult Education a conference on this subject was held at Queen Mary Hall London, on November 18 The audience, which numbered more than 500, included representatives of over 200 organizations concerned with recreational and educational facilities Sir Wyndham Deedes, who presided, read appreciative messages from the Duke of Kent, the Archbishop of Canterbury Viscount Sankey, and Sir John Reith The time had come he said, for some scientific approach to the subject It was significant that such a great gathering should assemble to discuss how the people might more usefully spend their leisure time The whole question of leisure was intimately connected with the questions of sound and healthy bodies, and it was significant that, on a computation made by the British Medical Association, 40 per cent of our population needed and did not get the right kind of physical recreation The special aspect of the problem before the meeting was a proposal to make a survey in representative districts of the facilities for leisure occupations and the extent to which they were used This proposal was outlined by Captain Blaksley of the National Institute of Industrial Psychology who said that last summer, when the Institute decided to turn its attention to the problems of leisure as well as to those of work, he found a marked consensus of opinion that the matter should be taken up promptly While a good deal of useful information had been collected concerning particular groups nothing had been published which could be called national in its handling of the problem The proposed inquiry would serve two purposes it would provide practical guidance for those concerned with leisure pursuits, and it would educate public opinion in the opportunities for profiting by increased leisure time A committee to supervise the inquiry was already in process of formation Mr R S Lambert of the British Institute of Adult Education followed with references to the serious degree of apathy among large sections of the public towards the facilities available for the beneficial use of leisure After discussion, in which Mr Osborn (Garden Cities and Town Planning Association), Mr Holdsworth (National Cyclists Union), Dr Rutland (London Council of Social Service), Dr Leon Zeitlin, and others took part, a resolution was carried unanimously, welcoming the proposed inquiry and report as a step of practical value

THE DISEASE OF SWINEHERDS

From work recently reported by Dr Paul Durand and his colleagues[1] it seems as if yet another addition will have to be made to the already lengthy list of diseases communicable from animals to man As long ago as 1914 Henri Bouchet, a country doctor in Haute-Savoie, observed a peculiar disease in swineherds, to which he gave the name "pseudo-typhoid meningitis" Other workers have encountered the same disease in Switzerland and Italy and have called it by a variety of names The present authors give a careful clinical account of the disease and describe its successful transmission under experimental conditions to human beings After an incubation period of two to four weeks the natural disease commences with fever headache, and severe muscular pains Digestive troubles appear—foul breath, green vomit, abundant fetid diarrhoea, meteorism, and sometimes rectal haemorrhage After about four days of this preliminary typhoid state the temperature falls nearly to normal, and the patient may attempt to resume work In a couple of days, however, it rises again and meningeal symptoms appear The cerebrospinal fluid is under considerable pressure and the lymphocytes usually number several hundred per c mm Examination of the blood reveals a polymorphonuclear leucocytosis After three or four days the meningeal phase comes to an end and the fever falls by crisis or lysis In some cases a non-haemorrhagic macular or maculopapular rash appears on the abdomen and inner aspect of the thighs just before the remission Conjunctivitis is not uncommon during the typhoid phase The disease is practically never fatal, and leaves behind it a fairly solid immunity Under the euphemistic guise of pyrotherapy experimental inoculations were made into mental patients Blood from a case on the fourth day of the disease was injected intramuscularly into a patient with dementia praecox This patient developed the disease and served as the starting-point for a series of twenty-one passages Altogether seventy-eight subjects were inoculated, some with blood, some with urine, and some with cerebrospinal fluid The incubation period of the experimental disease was usually about twelve days and the duration about nine days Clinically the fever and the typhoid-like symptoms were present, but

[1] P Durand P Giroud, E Larnvé and A Mestrallet (1937) *Arch Inst Pasteur Tunis* 26 213 and 228

(viii) Residual symptoms having at least the severity of those termed traumatic psychasthenia are very common The condition is of good prognosis up to about two years but any change which persists longer than this is apt to be permanent In assessing the degree and importance of residual defect standardized tests are of little value Symptoms that are reported by a reliable and unbiased witness as occurring but which cannot be detected at interview must be accepted Many of the minor changes of this condition—such as lack of initiative retardation loss of memory for engagements, indecision—which need not transpire at interview may destroy the usefulness of anybody doing responsible work

(ix) While the syndrome traumatic psychasthenia may remain stationary it may on the other hand be the starting point of a progressive deterioration into dementia

(x) Permanent change is more likely (*a*) at the extremes of life (*b*) when organic disease exists—for example arterio sclerosis (*c*) when there is a constitutional psychopathic tendency It must be recognized however that even in young adults and even in absence of any of the grosser psychotic sequels traumatic psychasthenia may persist.

MENTAL SYMPTOMS ASSOCIATED WITH HEAD INJURY

THE NEUROLOGICAL ASPECT*

BY

J P MARTIN, M D, F R C P

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In considering the mental disturbances which frequently result from injuries to the head we recognize at once two groups or chains of possible causal circumstances The first consists of material elements and comprises the organic injuries of the brain and the subsequent reactive changes in the cerebral tissues The second consists of abstract elements and comprises the emotional disturbances connected either immediately with the accident itself or with the patient's adaptation to his normal life afterwards and if the question of compensation arises it adds to this group further elements of anxiety and possibly greed Both the material and the abstract factors react by their different means on a mental constitution and a mental content which are in large measure peculiar for each individual The thread of the material effects and the patient's mental constitution are the warp and the woof of the weave of mental symptoms and the emotional effects are printed on, but we who find it difficult enough to make out the pattern may often be in doubt as to what is imprint and what is woven in the texture

The range of our subject includes cases of many different kinds and I have grouped them below chiefly according to their physical nature, but I shall have time only for brief discussion of two or three of these groups

Classification in Groups

The subject as I see it contains the following groups In many cases the initial mental symptom is unconsciousness using the word in its popular sense—that is to say, the abolition of all signs of mental activity

1 Cases of simple concussion in which the unconsciousness is usually of brief duration and there is no indication that the brain has been organically injured—I have never seen any mental symptoms persisting in such cases with the exception of one quite atypical instance which will be referred to in group 7

2 More severe cases in which unconsciousness is usually more prolonged and there is conclusive or strong presumptive evidence of organic injury of the brain—In such cases recovery is occasionally characterized by profound mental disorder lasting many weeks or months and it is with such instances that we are most concerned to-day

2a Rare cases of this kind in which recovery having reached a certain stage relapse occurs and the patient sinks into a state of dementia—cases of "late dementia"—I have seen three such cases and the descriptions of them are fairly common in the literature

3 Cases in which there has been actual loss or known gross local damage of cerebral tissue which may in itself be responsible for mental changes—I have in mind cases with open wounds through which cerebral tissue has been extruded cases of gun shot wounds and perforating injuries and cases of depressed fracture in which the damage is local

4 Cases of intracranial haemorrhage particularly (*a*) traumatic subarachnoid haemorrhage and (*b*) subdural haematoma—Here the physical factors appear relatively simple while on the psychological side the cases differ obviously from those of the earlier groups in that the sequence of mental changes is from normality down to coma instead of from coma upwards

5 Cases in which fits occur and are accompanied by intellectual deterioration—The fits are likely to begin long after the injury and the factors responsible for the mental symptoms are evidently different from those operating in the preceding groups

6 Cases of so called traumatic neurasthenia—The physical evidences of injury if there were any have disappeared (or have been allowed for) but mental symptoms of a nature that we know well have become apparent This is a difficult and complex group which we must try to unravel

7 Cases in which the mental symptoms persisting after the accident are those of one of the well known types of psychosis and probably depend essentially on the patients antecedent mental constitution—Cases of manic depressive psychosis schizophrenia and paranoia have all been described following head injuries I have myself had one case in which a dementia with schizophrenic features followed in a boy of 16 an injury which caused unconsciousness for about half an hour and no outward signs of organic damage to the brain It is difficult to know for how much the physical factors count in such instances

Stages towards Intellectual Recovery

In group 2 the physical concomitants usually leave little doubt that the brain has been organically damaged There are probably signs of fracture of the skull and possibly cranial nerve disturbances reflex changes signs of local weakness of limbs or blood in the cerebrospinal fluid The initial stupor may last a number of hours or several days and the return of mental activities is gradual In the vast majority of cases the patient passes as "normal" mentally within a few days and if I describe cases in which recovery takes weeks or months it is because of their great intrinsic interest and because of the light they throw on other cases The course of events is somewhat as follows

THE IRRITABLE AND NOISY PHASE

The patient ceases to be entirely passive when moved or touched and makes grimaces or movements—and soon utters words—expressive of resentment Within a very short time he may become abusive when attended to or even when spoken to This phase varies in duration from a few hours to many weeks It is sometimes accompanied by periods of restlessness and noisiness, and I have had

*Read in opening a discussion in the Section of Neurology and Psychological Medicine at the Annual Meeting of the British Medical Association Belfast 1937

opening of the vagina, but they show a gradually diminishing intensity of the remaining effects Doses below 1/16 mouse unit do not give indications which can clearly be associated with gonadotropic activity Similar gradation of effects was obtained with the immature male mouse, in which the action of the hormone on the testicle, epididymis, seminal vesicles, prostate, and penis was studied As in the case of the female, three phases—Ia, Ib, Ic—are distinguished corresponding to 1/4, 1/8, 1/16 mouse unit Phase Ia includes hypertrophy of the penis and intense keratinization of the glans hypertrophy of the testes and seminal vesicles, great interstitial and epithelial hyperplasia of the testes but little effect on spermatogenesis, whilst Ib and Ic show diminishing reactions except in the matter of spermatogenesis, in which the larger dose, 1/4 mouse unit, seems less effective than 1/16 mouse unit Using these criteria on the cerebrospinal fluid of human subjects Monnier was able to demonstrate that normally no gonadotropic hormone can be found, in cases of intracranial hypertension very small amounts of the hormone are detectable in the cerebrospinal fluid, but always less than can be detected in the urine or blood The same is true for the ventricular fluid In a series of twenty cases of cerebral tumour tests were carried out on urine, blood, cerebrospinal fluid, and ventricular fluid, with the result that positive Aschheim-Zondek reactions were obtained in nine cases The reaction seemed to be conditioned by the position of the tumour it is frequently positive when the tumour is frontal or in the neighbourhood of the sella turcica, and especially when the tumour is basilar—that is in the region of the thalamus or pineal gland Parietal, temporal and cerebellar tumours did not yield positive reactions Of fifteen cases of various other neurological conditions, only three gave weak positive reactions As no greater quantity of hormone was ever found in the cerebrospinal fluid than in the urine, it is sufficient in any given case to test the urine only Whilst these results are as yet rather of academic interest, it is worth observing that the pituitary can share in the general disturbance from a cerebral tumour by exhibiting a demonstrable hyperfunction

CORPUS STRIATUM AND MAINTENANCE OF EQUILIBRIUM

The relation of the cerebellum the sensory system, and the labyrinth to the mechanisms of equilibrium and posture is now well recognized Physiological and pathological studies have been directed towards elucidating the nature of the peripheral reception, both internal and external the mode of collection and correlation of the impressions received, their transmission to the special centres and the evolution of those motor responses resulting in a maintained balance Much is known of the function and mode of action of the peripheral receptors in the control of posture and equilibrium On the anatomical side a great deal of work has been directed towards tracing the conduction path from the labyrinth to the central nervous system but this still remains undetermined Both clinical and physiological evidence, however, leave little doubt of some intimate functional connexion between the vestibular apparatus and the anterior frontal area Experimental research has demonstrated the importance of the mesencephalon in the reflex regulation of posture The pathological changes in the corpus striatum and mesencephalon found in cases of post encephalitic Parkinsonism have directed attention to the probable functional relation between the corpus striatum and the vestibular apparatus Delmas-Marsalet, Berguignan, and Verger[1] have recently published a review of the problem and have made some important experimental and clinical observations They destroyed parts of the corpus striatum in dogs by a special technique and studied the subsequent spontaneous behaviour of the animals as well as the effects of rotation and cocainization of the labyrinth They found that the animal with one caudate nucleus destroyed presents a slight curvature of the neck towards the injured side and a tendency to turn towards the same side If one lenticular nucleus is destroyed the curvature of neck and spine towards the injured side becomes very marked, and rapid circus movements towards the same side are established After either of these lesions labyrinthine tests give rise to peculiarly dissociated reactions thus nystagmus is normal, but posture and rotatory reactions occur with great intensity towards the operated side and are absent on the unoperated side, "as if the lesion of a *noyau strie* facilitated the rotatory reactions, spontaneous or provoked, directed towards that nucleus, and inhibited the reactions in the opposite direction" Gross disturbances of equilibrium follow bilateral lesions thus destruction of the caudate nucleus on one side and the lenticular nucleus on the other leads to incoordination and a tendency to fall on the side Labyrinthine tests in an animal with bilateral lesions increase the disequilibrium, but excitations of each of the labyrinths provoke perfectly symmetrical reactions of a more feeble character however, than in the normal animal Delmas-Marsalet and his co-workers point out that this experimental syndrome is similar to that produced by an experimental lesion of the pre-frontal lobe Working on these lines they conclude that the pathway from the vestibular nuclei is to the lenticular nuclei spreading probably to the caudate nucleus and thence to the frontal cortex, the nystagmic reflexes are probably borne by collateral fibres given off in the mesencephalic region

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The Nobel prize for chemistry has been awarded jointly to Professor W N Haworth director of the department of chemistry in the University of Birmingham, for his research on carbohydrates and vitamin C and to Professor Paul Karrer, of Zurich, for his research on vitamins

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We regret to announce the death of Dr Orlando Charnock Bradley, principal of the Royal (Dick) Veterinary College Edinburgh who was president of the Section of Comparative Medicine at the Edinburgh Meeting of the British Medical Association in 1927

[1] *Rev Laryng* April, 1937, p 353

and time may also represent some release of function—some uncovering of almost disused functions—again at a cortical level The circling of the patient s thoughts around a small number of ideas is probably largely due to the failure to receive new impressions at their proper value, or, while the patient is disorientated in time, it may be due to the liberation of a few memories of the period in which he fancies he is living In either case it would seem to be due to the partial release of certain functions and the failure of others

Most of these symptoms are probably the result of diffuse rather than local cortical disturbances but a major importance for the intellectual defects attaches, in my opinion to impairment of the function of the cortex of the frontal lobes Elation is also, I believe, the result of a frontal lobe disturbance I have seen it with localized injuries of the frontal lobe, and in its extreme form it merges with Witzelsucht ' or pathological tendency to joking, which also occurs with frontal lobe lesions

Prognosis

You will have gathered from the trend of my remarks that even when mental symptoms are prolonged their course is towards recovery, and in the majority of cases recovery is eventually complete It is seldom more than six months before the patient behaves as a normal individual, though he may still have some residual symptoms But you will have noticed, too, that I made a special sub group of certain cases in which after partial recovery the patients lapsed into a state of dementia which persisted I cannot stay to discuss this group further, but it is noteworthy that the youngest of my three patients was 55 years of age

Meningeal Haemorrhage

In all the cases we have been discussing the symptoms have begun with stupor and gradually or quickly receded I must make some mention of two small groups of cases in which it is possible to watch the progress of the symptoms in the opposite direction, from normality down to stupor I refer to the cases of sub arachnoid and subdural haemorrhage resulting from injury In the former subgroup stupor may take from a few minutes to an hour or two to develop, according to the severity and perhaps the site of the haemorrhage The symptoms are excitability restlessness irritability, unreasonableness, lack of reserve an activity which is rational but not fully comprehended and which is accompanied by a hypomanic emotional state, disorientation, confusion, then diminishing activity, paraphasia drowsiness stupor More frequently than not the early symptoms are marked by concussion

In this connexion I would like to tell the story of one of my patients who had a moderate amount ot blood in his cerebrospinal fluid He was knocked unconscious by a blow on the face, and his amnesia begins about five minutes before the blow At the time the blow was struck he and another man had agreed to have a fight and were on their way to a suitable place, it may be that his emotional state then had an effect on his subsequent behaviour He was taken unconscious ' (in the popular sense) to hospital He remained without signs of mental activity while a cut lip was stitched, and then rather quickly he appeared to come round He at once became extremely excited violent and threatening and was arrested as drunk by a policeman who had come with him in the ambulance He has no recollection of any of this, and was undoubtedly unconscious throughout He remained in the police cell for eight to nine hours, and late in the evening was bailed out comatose by his brother The next morning, still stuporous and irritable and, when roused, abusive, he was produced in court and, still quite unconscious, was actually induced to stand up while he was lectured by the magistrate and ' bound over ' He subsequently passed through a period of very noisy and unruly behaviour followed by confusion, disorientation perseveration, and so on, and it was nearly four weeks before he again became conscious

With the subdural haematomas the progress towards stupor is much more gradual and there is not the same element of irritability—not the same positive elements in the mental disturbance The decline can be watched over weeks or months, and the steps are those of a simple dementia reduction of mental and physical activity, reduction of interests, periods of disorientation perseveration of ideas amnesia, confusion drowsiness—all perhaps variable but increasing with each aggravation—and finally stupor

Although the course is downwards instead of upwards the actual symptoms in these two subgroups are similar to those of phases in the preceding cases

Our Ignorance of Essential Pathology

We are almost completely ignorant of the physical and functional changes in the brain which are essentially responsible for these mental symptoms following injuries, and I have not found in the literature any detailed patho logical reports of cases of traumatic psychosis In the great majority of cases the lesions in the brain are wide spread, and in the cases of intracranial haemorrhage an extensive area of cortex is affected either by pressure or by direct contact with effused blood, and it is rational to correlate the temporary dementia with depression of activity over such a considerable fraction of the cerebral cortex

Whatever the disturbance is which affects the brain after injury it is one that in certain cases takes months to recover Oedema, haemorrhage local circulatory disturbances the effect of degenerating tissue elements on the cortical cells damage to association tracts with subsequent compensation for the deficiency changes in the myelin sheaths, and reactive changes of the interstitial elements in the brain may all exert their influences, and in the presence of so many possible factors it is useless to theorize The elements of Korsakoff's psychosis which appear are probably due to the toxic effects of degenerating blood and other tissue

" Traumatic Neurasthenia "

It will perhaps have occurred to you that some of the cases that are dubbed traumatic neurasthenia are characterized by symptoms of the very same nature is occur in the final stages of recovery in the cases I have been discussing Such are slight confusion inability to think clearly, inability to sustain mental activity, lack of spontaneous conversation and spontaneous physical activity and lack of reading in a person who has been accustomed to read These are fairly good indications of a minor degree of that receding dementia which is a feature of the more obvious and prolonged mental disturbances and such symptoms undoubtedly have a basis in organic cerebral injury I always distrust the label ' traumatic neurasthenia if the patient s injury has been a serious one With this psychasthenia the emotional state is variable but more often leans towards depression There may be superimposed factors of anxiety arising from the

"HUXLEY, THE BRAIN, AND THE MIND"

PROFESSOR ADRIAN'S HUXLEY LECTURE

The Huxley Lecture at Charing Cross Hospital Medical School was delivered on November 18 by Professor E D ADRIAN M.D., F R S, of Cambridge, who gave it the title of "Huxley, the Brain, and the Mind"

It was ninety-five years ago, said Professor Adrian, that Thomas Henry Huxley entered that hospital as a medical student, after having served for a year as an assistant to Dr Chandler in Rotherhithe In those days medical studies were taken in an inverted order or in no order at all, for Huxley began in the surgery of a slum practice, and then went on to chemistry, physiology and anatomy at Charing Cross He took his M B after three years, became a surgeon in the Royal Navy, and was appointed to a frigate which was to serve in East Indian and Australian waters But on that frigate he found his abiding interest in zoology and was lost to medicine

Clinical Research in Neurology

A lecture which commemorated Huxley to medical students could hardly avoid reviewing the advances which had been made since Huxley was at Charing Cross As a physiologist the lecturer supposed that he ought to begin by celebrating the successful invasion of that science into medical teaching and practice But he was not sure that the invasion had not been almost too successful, for there was some danger that physiology, having penetrated into the realm of zoology on the one side and of medicine on the other, would become absorbed in the vast territories it had conquered and would cease to exist as an independent science For its offspring biochemistry the danger was not so immediate, though the biochemist had already made himself so indispensable to medicine that it might soon become difficult for him to follow his own devices How this situation would develop no one could foretell, and it was not really known how it ought to develop, but a balance should be struck between the academic and the practical There was one branch of science in which the two fields of interest had always blended In neurology true clinical research from Huxley's time onwards had had the closest possible relation to experimental physiology, and progress had been due to hospital wards and laboratories alternately For this reason the lecturer proposed a discussion on the present lines of advance in knowledge of the nervous system

After mentioning certain more academic branches of neurology in which there had been steady progress with no sign of unusual difficulties ahead, Professor Adrian said that all the evidence went to show that there was no reason to suppose the cell units of the nervous system to differ greatly from excitable cells elsewhere They were less stable, no doubt, and their reactions less stereotyped, but the mechanism of excitation and conduction was the same in them as in the muscle fibre The special properties of the central nervous system must be due to the special way in which its units were organized Up to a point the organization of the units was no more difficult to understand than their individual reactions, thanks to Sherrington's analysis of the reflexes, but the difficulties of analysis were of a different order on passing to higher levels of the nervous system and more fully integrated behaviour

The Labour Organization of the Brain

No detailed anatomical basis for memories and intelligent actions was available The 'factory' which produced the materials of consciousness was not made up of a vast number of independent sections which turned out a particular product There was a less degree of organization and a high degree of elasticity so that minor accidents had little effect on the other hand a major breakdown in any department might affect the efficiency of the whole concern.

The labour organization of the brain was illustrated by another set of facts relating to the changes in the general level of cerebral and mental activity As Head had shown, a loss of function due to destruction of the cortex was not a constant quantity, but depended on factors which could change rapidly and were related to emotional tension and alertness The normal fluctuations in the efficiency of behaviour seemed to depend on general factors of this kind

The parts played by cortex, thalamus, and hypothalamus in the change from sleep to waking or from anger to happiness were very far from being understood At present it was not known what change took place in the brain when something was learned, and it was important to realize the lack of knowledge in these respects All that could be said was that the cerebral cortex did not make up the whole of the mechanism for intelligent behaviour, and that the level of activity in any region might depend on interactions which included the more primitive regions as well Indeed, everything pointed away from an analysis of behaviour in terms of isolated reflexes and association systems, and the idea must be faced that the whole brain co-operated in any of its activities, although it was not known what kind of mechanism was brought into play

Far from this being a confession of failure, it meant that cerebral physiology was now facing its most important problem, and it was facing it armed with new methods of all kinds But the change in physiological outlook was noteworthy for another reason, because it corresponded in a measure with the change in psychological outlook which had come about since Huxley's death The change could be seen most clearly in comparing a modern textbook of psychiatry with one written fifty years ago In those early days psychiatry tried to advance, much as neurology was trying, by setting up hypothetical schemes of mental disorder and then forcing the symptoms to fit The key points of this scheme were not different cortical centres but the faculties of cognition, emotion, and volition, it seemed reasonable to analyse the disorders of the mind in terms of these faculties much as disorders of speech were to be analysed in terms of word centres in the cerebrum The attempt broke down in face of the bewildering variety of mental symptoms

The Freudian Conception

On the theoretical side the greatest change had come with the general acceptance of the idea that conscious behaviour was guided by a balance of unconscious forces and would be impossible without them For this Freud was mainly responsible The lecturer recalled the puzzled excitement with which Freud's theories were discussed by the medical students at Cambridge before the war The central idea then seemed as unlikely as was the detailed analysis of dreams and trains of thought Nowadays the central idea appeared to be too obvious to discuss, and whatever might be thought of the details of psycho analysis, disorders of the mind could scarcely be considered without making some use of the Freudian conception

No doubt this change had been assisted by the natural shift of emphasis as one generation succeeded another There had been other formulations of the same position, less challenging than Freud's Pavlov's work on conditioned reflexes, though it had little to do with psychology, had been far more important in one country in changing the popular conception of the mind

But whatever its causes the change had had far-reaching effects, more on social behaviour generally than on the specialized activities of neurologists and psychiatrists for there was more to change in the layman's point of view It had altered the relation between parents and children, and made people less sure of themselves "We are less shocked than we might have been at the idea of developing beliefs and loyalties by State propaganda, more ready to accept the challenge that our scientific deduc-

2. Vaccination with killed virus

Heat, formalin or phenol and a further modification of virus absorbed on inert protein or other material

Herpes and Zoster

Let us consider what has been tried and what accomplished in the treatment of skin diseases due to viruses first, in the case of herpes Andrewes and Carmichael (1930) demonstrated the presence of antibodies in all of seven cases of frequently recurring herpes, and they made the observation that in some obscure way herpes can occur in man despite the presence of antibodies in the serum This finding was confirmed by a different test (Brain, 1932) specific herpetic antibody was found in thirty out of thirty two individuals who were subject to herpes, and in two cases of recurrent herpes repeated tests showed the constant presence of antibody It was thought that a transient local lesion like herpes could scarcely account for the persistence of antibodies in the serum, and it seemed probable that these patients were carriers of the virus, for there is some evidence that such carriers exist

Apparently when the antibody content of the serum is below a certain level active herpetic lesions can occur In some cases it would seem that a second infection, such as pneumonia or the common cold, renders the patient susceptible to the herpes virus already present It is reasonable to suppose, therefore that if the antibody content of the plasma can be raised above a certain threshold the herpetic virus will be unable to produce active lesions Two methods of raising the antibody titre have been employed Hruszek (1933) claimed a high percentage of success by vaccinating patients with the vesicular fluid of their own early herpes lesions In 1936 I described a more cautious method in which a formalized 10 per cent suspension of herpes-infected pads of guinea pigs was used, and very successful results were obtained in a few cases of frequently recurring herpes although some cases did not respond at all With Hruszek's method it is sometimes difficult to get positive takes from patients vesicles Sufficient data, however, are not at present available by which to estimate the relative value of these two procedures

So in the case of herpes specific treatment of some value may be tried but its success cannot be guaranteed, and such treatment should undoubtedly be reserved for cases of frequently recurring herpes which are not improved by local *x* rays and general tonics It might be added that fractional doses of *x* rays—for example one-third pastille dose (90 kV, 3 mA, 0·5 mm. Al screen, 120–150 *r*) repeated at three weeks interval, for three doses—to a constantly affected site of eruption seem to desensitize the skin and often prevent or mitigate the severity of the subsequent lesion

In the case of zoster, of course the eruption rarely recurs and since the slight warnings of an impending attack are often unappreciated until the eruption appears prophylactic treatment can seldom be attempted No doubt zoster convalescent serum would be of considerable use if it could be given three or four days before the eruption occurred but for the reasons stated this is usually impracticable When the disease is manifest specific treatment is unlikely to avail and perhaps the two most successful treatments are posterior pituitrin extract by injection and sodium iodide in large doses by mouth or intravenously Unfortunately the extreme variation in severity and duration of the attacks of shingles makes it very difficult to assess the value of any therapeutic measure, but impressive results have been recorded after the use of these drugs

Warts and Molluscum Contagiosum

With regard to warts and molluscum contagiosum the *virus is embedded in the nucleus or cytoplasm* of the epidermal cells, and it seems unlikely that the quiet reaction it provokes would account for any significant antibody response on the part of the host or, if such antibodies were circulating in the blood stream, that these would be able to penetrate the cell membrane and affect the virus

I have been unable to demonstrate the presence of antibodies in patients serum and have had no therapeutic success from injecting vaccines prepared from warts or the lesions of molluscum contagiosum The spontaneous disappearance of warts is more likely the result of an abiotic change in the virus than of the destruction of the virus by specific antibodies Of the non specific methods of treating warts probably paints of various kinds are most commonly employed A well known one is 10 per cent salicylic acid in flexible collodion Owing to the horny surface of a wart it is essential to use a keratolytic substance, and caustic potash, phenol, and glacial acetic acid belong to this category A useful combination is the following

Phenol	10 parts
Glacial acetic acid	10 ,,
Salicylic acid	10 ,,
Strong tincture of iodine	20 ,,
Industrial methylated spirit	ad 100

Success may often be obtained by constant daily applications of such remedies, assisted by the cautious paring away of the keratin layer Attention has recently been drawn to successful treatment by covering the warts with strapping, but this method, too, often fails

In other cases it would appear that warts disappear if mild inflammatory reactions are provoked in their vicinity and it is quite likely that the success which often follows x ray therapy is due to this fact Ionization is another good method which probably acts in the same way, it has proved particularly useful in the case of paronychial warts The lesions are cleaned with ether and then painted several times with liquor potassae to soften the keratin, remove grease, and increase the conductivity of the skin The fingers are then dipped in a 1 per cent solution of magnesium sulphate which is in contact with the anode of a galvanic battery, and a current of 5 to 10 milliamperes is passed for thirty minutes Dr Grace Griffith has obtained considerable success with this method in my clinic at St. John's Hospital for Diseases of the Skin As a rule weekly treatments were given but in obstinate cases more frequent applications were advantageous

No doubt the occurrence of spontaneous resolution occasionally accounts for a success claimed by the milder methods of treatment mentioned above This applies to a greater degree when one considers the general methods employed in the treatment of warts, and the multiplicity of these treatments indicates their unreliability An old fashioned remedy is 1 oz of liquor calcis three times daily and it has been claimed that magnesium sulphate in doses sufficient to produce three liquid stools a day is often successful Small doses of arsenic by mouth have been advocated, and a more recent treatment is the intramuscular injection of mercury salicylate Others prefer pills containing the green iodide of mercury in doses of one sixth to one grain three times a day My measure

influencing their work more and more, alike those who worked in the sphere of public health and those who practised individual medicine In this reorientation they all came nearer together, as witness the present drive for national health in which both sections united The efforts of the medical officer of health and of the family doctor were both necessary, and they should pull together He had been impressed by the manner in which medical officers of health were specializing upon certain aspects of their work, for example, one would concentrate upon ventilation, another upon accident prevention, and another upon the important subject of food By reason of their specialization, not only medical officers of health but the medical profession in general was making an enormous contribution to national fitness The present campaign dealt more with biology and less with pathology, but health services as such could not be "got across" without the help of the family doctor

Lord SNELL paid a tribute to the medical staffs of the administrative authorities of the country Those authorities, he said, did not regard their medical staffs as paid officials, but as partners in carrying out the policy decided upon In his view the authorities had a duty towards doctors in equal measure to the duty of the doctors towards the authorities, for the work of medical officers of health in such matters as tuberculosis and the effect of slum conditions upon health generally was altogether beyond praise, and an authority which ignored their advice would be gambling with the health of the people When an epidemic came the weight of criticism fell on the medical officer, and yet it might be that this had happened because the advice of the medical officer had not been followed In spite of the great strides of preventive medicine we were in some respects still behind The vermin-infested and fever-stricken areas in great cities must be abolished, the smoke nuisance must be abated, and the great problem of noise remained still to be tackled

Reports of Societies

PSYCHOLOGICAL APPROACH TO RHEUMATISM

In the Section of Physical Medicine of the Royal Society of Medicine on November 19, with Dr F D HOWITT in the chair, a discussion took place on "The Psychological Approach to Rheumatism"

Dr J L HALLIDAY said that medical science had so far proved ineffective in the disorders labelled with such terms as gastritis, peptic ulcer, chronic bronchitis, and rheumatism What was an ill person? A useful working definition was 'A person who is not himself' In the absence of the psychological approach the range of observation might be too narrow, and the deductions therefore inadequate In considering the cause of illness it was necessary to bear in mind the kind of person, the nature of his environment, and the mechanism of his illness The psychological factors in environment included those happenings which frustrated instinctive drives, such as the deep-seated tendencies towards self-preservation When these drives were frustrated emotion resulted, and if the emotional reaction was maintained illness might well arise, physiological mechanisms being concerned in emotion

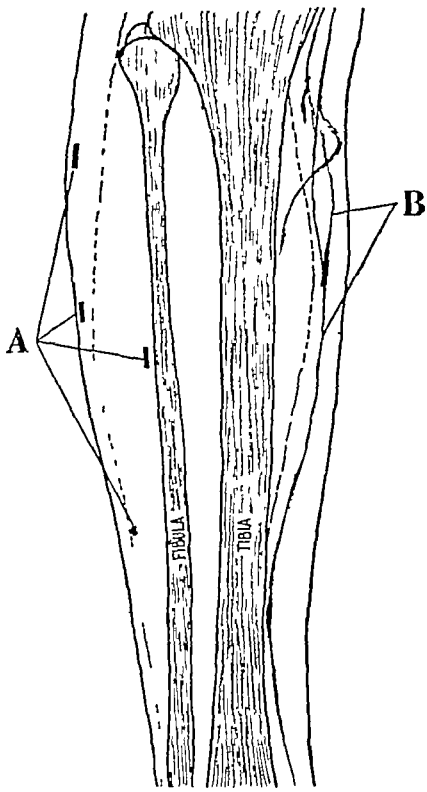
Applying these considerations to non-arthritic rheumatism—to which he limited himself—Dr Halliday said that his observations concerned patients labelled 'rheumatic' who complained of pain and stiffness, but presented no evidence of obvious structural change Their modes of behaviour would have been labelled more accurately as psychoneurotic—anxiety states and hysteria Patients who developed rheumatism in the course of emotional reaction tended to date the onset of their illness to the time when the rheumatic symptoms first appeared Their preceding disturbances might have been very definite and severe, and have included mental symptoms, but their consciousness was dominated by their rheumatism During physical examination attention should always be paid to the patient's face and manner The facial expressions which gave the hint that the illness might have emerged from emotional reaction belonged to one of two groups—the anxious and the cheerfully detached The first might be described as strained, tired, hunted, or worried, and the appearance was often associated with tachycardia or visceroptosis The "detached face" might be wistful, complacent, smiling, or even spiritual, and this was sometimes associated with a marked thudding of the aorta in the epigastrium

Much could be learned by preliminary questions Of particular interest were the patients who protested too much, and repeated such phrases as "I was never one to give in" These often complained of stiffness of the head or back The person who developed rheumatism as an emergent from emotional reaction might be of either sex and any age, though the maximum age distribution of onset was 35–45 The history of previous illnesses was important. Many of these patients had on previous occasions responded to like stresses by illness which emerged from emotional reaction An inventory of these illnesses included such terms as anaemia, headache, recurring colds, nervous breakdown Certain occupations seemed more liable than others to psychoneurotic illness in males, miners, workers at heights, and clergymen, in females, typists, housekeepers, cleaners, and piece workers, in both sexes, teachers, canvassers, travelling agents who worked on commission, and persons in sheltered clerical occupations in which the instinct of creation was continuously thwarted

Psychological Mechanisms

In rheumatism emerging from emotional reaction a common psychological factor was the loss of a loved object, whether person, career, or money Dr Halliday went on to draw attention to a few simple psychological mechanisms Inherited patterns of behaviour might play a part in determining the nature of a person's reaction There was a common belief that one family tended to be 'chesty," another to be highly strung, a third to have weak stomachs Another factor was acquired bodily inferiority During emotional reaction pains and other symptoms tended to be located in parts of the body which had been affected previously by operation, injury, or disease Yet another factor was fears and knowledge of disease It was not uncommon for a medical student or nurse to go to the teacher and express the fear of having developed some illness of a serious nature, usually this happened during an anxious time just before an examination A little knowledge of medicine might be highly dangerous to health Health lectures, newspaper articles on disease, magazines devoted to the body, and medical dictionaries were part of the everyday environment, and by these means the instinct of bodily preservation was constantly being tickled As a result, when a person developed an emotional reaction he might accept from what he had heard about disease the idea that he was the victim of a grave illness, and the nature of the illness so selected might determine in part his bodily symptoms Of deeper importance was the mechanism known as identification—the tendency of a person to behave in the same way as those around him A good example was the morning sickness of a young husband when his wife was pregnant for the first time Pains diagnosed as rheumatic sometimes developed in this way The examination of any patient with rheumatism was incomplete, and the inferences made might be misleading, if the investigation was not directed to the illness or death of a loved person Still another mechanism was symbolism—a symbol being

it set up as a foreign body caused the formation of granulation tissue which contracted, strangling all the channels within its grasp Finally, the silk thread is isolated like a long worm lying loose in an impermeable sheath If this is true, it would appear that lymphangioplasty is unsound in theory, and can give only temporary benefit even in the arm If drainage is effected and does persist, we can only suggest that the density of the fibrous sheath may depend upon the nature of the silk used and its mode of preparation or that it remains incomplete (fenestrated) or otherwise permeable by fluids (The hardest fibroids are living and moist, and evidently lymph percolates through them) It hardly seems possible that the sheath is absorbed as time goes on, leaving the



A represents fragmented portions of silk visible on the radiograph in the soft tissues of the outer aspect of the leg on the inner aspect (B) are faint opaque linear shadows

silk to act as a drain Lymphatic vessels and lymphatic glands can arise *de novo* in the human body and possibly a collateral circulation of both lymph and venous blood develops the blocked vessels may also regain their patency All these matters call for discussion however, for we cannot agree that the silk is destroyed our radiographs prove the contrary

The Fate of Silk

Thirty years ago surgeons used silk much more freely than nowadays We were rather afraid of embedding long pieces because if they became infected—from external or internal sepsis—trouble followed, and sooner or later the silk would be discharged. We were not certain to what extent the silk would be absorbed or whether it would remain permanently embedded in a sheath of fibrous tissue or persist in some altered form It appears that this uncertainty remains to this day, for instance it is easy to find in the literature such statements as "it is claimed that Japanese silk is absorbable' and of silk saturated with mercuric biniodide and stored in liquid paraffin it is not absorbed, but is assimilated by the tissues forming the basis of a structure closely resembling tendon It gives rise to no irritation and does not tend to work out (In the case reported here Chinese twist impregnated with biniodide of mercury was used)

We submit that our radiographs prove that some of the silk inserted in our patient twenty-four years ago has remained practically unaltered without causing the slightest trouble Therefore, we cannot agree with the Cairo authorities who found—in healthy guinea pigs after twenty one days— that 'the fibrils of the silk were slightly separated and broken up into strands by trabeculae of connective tissue passing inwards into the thread, and that this process must eventually lead to its complete disappearance and the formation of a solid column of dense fibrous tissue along which no absorption of fluid of any kind can possibly occur In some of their sections the silk was so loose that it fell out, and, therefore, could not have been invaded

Conclusion

As regards the case reported, the perfect result cannot, after mature consideration be claimed as due to the lymphangioplasty It is not known why the brawny oedema came on so late, and the improvement after operation was 'slow but continuous' whereas the benefit other surgeons have described has appeared soon after operation but has not persisted We give all the credit to the *vis medicatrix naturae*

My thanks are given to Dr Kemp Harper for his excellent work, and to Dr E. C Myott of Stoke on Trent for kindly help and criticism As it has been found impossible to reproduce sufficiently clearly the opacities seen on the original films prints have not been forwarded but the films have been placed in the hands of the Editor of the *British Medical Journal* for his scrutiny

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R Castaneda Palacios (*Dtsch med Wschr* July 23, 1937) has investigated the Chediak syphilis reaction at *Professor Schittenhelm's hospital in Munich, applying it* to 536 patients seventy-eight of whom were syphilitic The disease was tertiary in sixty-eight cases secondary in five primary in three and congenital in two Chediak's reaction was positive in seventy cases (89 7 per cent) whereas the Wassermann reaction was positive only in fifty six cases (71 7 per cent) In none of the 458 non syphilitic patients was Chediak's reaction positive, although they represented a wide range of diseases including malignancy, infectious diseases and disorders of metabolism But the author agrees with Chediak himself in applying clinical and laboratory tests to doubtful cases He describes a case in which the Chediak reaction was thrice negative, while the Wassermann reaction was at first positive The patient was a man, aged 41 whose vague cardiac symptoms had suggested a diagnosis of vascular syphilis The subsequent course of the case and a Wassermann reaction which was negative when repeated suggested that Chediak's reaction was the more delicate and reliable of the two

trate too much on the hunt for the organism, with a comparative neglect of other dangers Eclampsia was the commonest cause of toxaemic death Of 110 cases of eclampsia thirty-four came from L C C clinics, and six of them died In the other seventy-six emergencies there were fourteen deaths

The fact that 30 4 per cent of the cases of albuminuria had haemorrhages showed that this complication was bound up with the prevention of toxaemia During the six years under review no woman who had attended the L C C ante-natal clinics had died of accidental haemorrhage In 375 cases of placenta praevia seven were lost directly from haemorrhage and three from sepsis As to obstetric shock, cases which came in after having had outside interference constituted a tragic series of mismanaged labours In regard to anaesthesia, little chloroform was given, but personally Dr Fairfield was not as scared of it as were others Out of 781 Caesarean sections there were four deaths following spinal anaesthesia, but no deaths from any other kind of anaesthetic

General Discussion

Professor MUNRO KERR submitted that no proper comparison was possible between the L C C figures and those of maternity hospitals in the provinces, in the latter from 20 to 40 per cent were emergency cases, as against 10 per cent of the L C C cases not previously booked for delivery at hospital The L C C reduction in maternal mortality had been most striking in the cases other than those due to sepsis He objected to the frequently repeated statement that auto-infection was only of minor importance, in two series of cases at Aberdeen localized infection in or on the patient's person was responsible for 30 per cent of the fatalities It should be possible almost to eliminate extrinsic infection by the use of masks, gloves, isolation of infected patients, restriction of visitors to patients, and limitation of the number of patients in each ward Professor JAMES YOUNG remarked that in all the series of figures sepsis was the most important factor in maternal mortality It could still be argued with some force that one of the most important risks run by women who entered maternity hospitals was that of puerperal sepsis, ten years ago that risk was considered to be six times as great as when the woman was delivered in her own home In sepsis the great problem was that of the carrier, a second problem was that of toxaemia, and the L C C hospitals had been remarkably successful in safeguarding against the major risks of fulminating toxaemia

Dr W H F OXLEY said that Dr Fairfield had rightly stressed the importance of an immediate swabbing of the cervix and a bacteriological examination in any patient showing a rise of temperature, because the presence of the haemolytic streptococcus constituted a more serious problem than that presented by the staphylococcus or the *B coli* group Dr ARNOLD WALKER gave a short account of his work at Willesden, where there were 2,900 births in a year, one-third of the number taking place in the Willesden Maternity Hospital The stillbirth rate was under 3 per cent, the infant death rate 1 8 per cent In all the booked cases in the year there had been only five maternal deaths, and only two cases were proved to be infected with haemolytic streptococci

In further discussion Professor MILES PHILLIPS (the president) considered that Dr Fairfield s contribution constituted a good plea for the institutional care of cases of labour Professor C G LOWRY of Belfast considered that fifty years hence no woman would be delivered in her own home unless her case was one of really precipitate labour and there was no time to transfer her to an institution The overstressing of the dangers of employing forceps was sometimes responsible for an unnecessary prolongation of the woman s sufferings Mr EARDLEY HOLLAND emphasized the present-day safety of women who were delivered in a first-class maternity hospital in preference to their own homes

PLASTIC SURGERY

At a meeting of the Devon and Exeter Medico-Chirurgical Society on October 28 Sir HAROLD GILLIES gave an address on the scope and developments of plastic surgery

Sir Harold discussed his subject under three main headings (1) scarring from minor injuries, treatment of naevi, etc , (2) conditions necessitating major operations, and (3) recent operations undertaken for the remedy of deformities resulting from paralysis of the facial nerve The first two parts were illustrated on the screen, and the third by the cinematograph He dwelt upon the frequency of motor accident injuries, and the care that must be taken to avoid disfigurement This was by no means always possible, although the importance of the early and efficient primary suture could not be over emphasized He had had experience of cases requiring treatment for the bites of various animals, including the dog, lion, and horse—that from the last-named being especially injurious He had seen dog bites of both the nose and lip, and in one of the former the tip of the nose had been immediately recovered and replaced In another more severe instance it had been necessary to rebuild the nose anteriorly by means of a flap turned down from the forehead and folded into the nostrils, healing took place in three weeks In a cut from broken glass involving the bridge of the nose a portion, including a minute slice of cartilage, had been recovered and sutured into place about ten hours after the receipt of the injury In the repair of the eyelids he often had to obtain tissue from the ear, but where feasible the opposite eyelid offered the best possible material In petrol burns causing ectropion thick razor-grafts were indicated, and where the eye socket was injured, especially by caustics, he advocated the complete removal of mucous membrane and repair with skin In a case of serious disfigurement resulting from a burn on the parieto-frontal aspect of the scalp he showed how it had been found possible to rotate the scalp, and by bringing it forward allow complete adaptation to the raw surface, which represented the area of the excised scar

Bony Injuries of the Face

The lecturer, touching upon bony injuries of the face, mentioned the frequency with which displacements of the internal extremity of the malar bone escaped notice Diplopia might be present and difficulty in opening the mouth, and irregularity of the orbital ridge was often evident, *x*-ray examination would reveal contraction of the antral cavity Reduction was best effected by means of a lever inserted along the deep temporal fascia from above Fracture of the nasal bones often escaped notice at the time of the injury and became apparent later, either on subsidence of the overlying haematoma or on x ray examination For reduction of the displacement a general anaesthetic was advisable, and Ash s forceps had proved most effective In such cases he was not content until he had satisfied himself that he could reproduce the reverse deformity before replacing the bones in their normal position

He showed two cases of hairy mole on the face, one of these bilateral and extensive, giving a leonine appearance He had found that a graft was worth trying in these cases—a rotation flap wherever indicated He deprecated the use of carbon dioxide snow except in the treatment of small capillary naevi of the face, he had experienced considerable difficulties in cases in which unsuccessful attempts to treat naevi had been made previously with snow or with caustics In the removal and subsequent repair of an ulcer of the face and lip which had become carcinomatous it had been found necessary to approximate the lips by suture as a stage in the remoulding by grafts Illustrations of repair of a large naevus on the right side of the face by a pectoral flap were also shown For the treatment of a cavernous naevus he strongly advocated radium needles at the earliest

THE ANTUITRIN S INTRADERMAL PREGNANCY TEST

BY

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Many attempts have been made to devise a pregnancy test which is simple, rapid, inexpensive, and accurate those of Friedman and Aschheim and Zondek most closely approach this ideal By repeated and universal trial they are acknowledged to have reached a high degree of accuracy—namely, 99 per cent in the non pregnant and 97 per cent in the pregnant woman Both tests however, retain certain inherent disadvantages they are relatively expensive they require two and four days respectively for their interpretation and they demand the co-operation of a skilled biochemist for their performance Any test, therefore, which is to supersede these must possess not only their proven accuracy but also the properties in which they are deficient

With these ideals in view, and hoping to overcome the threefold disadvantage of the biological test, Pollatschek and Porges (1929) devised the intradermal sensitivity test, using a preparation of gonadotropic hormone They claimed absolutely reliable results Deutsch (1929) Strauss (1930) and Dowell (1933) substantiated the original workers findings they were followed by Gilfillen and Gregg (1936) who used a purer preparation (antuitrin S) with similar results On the other hand Weisman and Yerbury (1937) using the same technique as Gilfillen and Gregg reported the following figures seventeen non pregnant single girls, sixteen pregnant, twenty six male medical students and physicians twenty four pregnant nineteen pregnant women two non pregnant from which they naturally concluded that the test was worthless

Another intradermal pregnancy test was elaborated by Gruskin (1936) and later by Schwartz (1936), using placental extract the technique and rationale being similar to that of the antuitrin test Many of their results were however, equivocal, and the test is now regarded as fallacious in this country (*British Medical Journal* October 16 1937, p 757)

Feeling that no exhaustive trial had been made of the antuitrin test in England and fearing that its enthusiastic adoption by practitioners might lead to serious clinical error we determined to investigate its accuracy in a large series of cases faithfully following the technique of Gilfillen and Gregg and reading the results at one half one and two hours Our material consisted of 147 cases (forty nine males and ninety-eight females) Seventy-three of the women were between the fourth and ninth months of pregnancy and twenty five were non pregnant, fifteen being in the pre menopausal and ten in the post menopausal age

TABLE I—*Showing Results of the Active Antuitrin S Test*

	Positive (Non Pregnant)	Negative (Pregnant)
Males	44	5
Females (pregnant)	51	22
Females (non-pregnant pre-menopausal)	13	2
Females (non-pregnant post-menopausal)	8	2

These results were so palpably inaccurate that we abandoned further investigation of the antuitrin test at this point

Reasoning that the reaction obtained in those cases which showed a positive skin flare was perhaps not due to the active hormonal content of the injected substance but to the presence of foreign protein, we further tested forty one cases (ten males, thirty one females), using inactivated antuitrin S Twenty one of the females were between the fourth and ninth months of pregnancy and ten were non pregnant The results were as follows

TABLE II—*Showing Results with Inactivated Antuitrin S*

	Positive (Non-Pregnant)	Negative (Pregnant)
Males	10	0
Females (pregnant)	12	9
Females (non-pregnant)	10	0

From the above figures it is evident that the results of this test are as fallacious as those obtained with active antuitrin S

Conclusion

The antuitrin S intradermal test for pregnancy which has been so enthusiastically acclaimed, has proved in our hands to be valueless

We are indebted to Dr T Izod Bennett who sponsored this investigation and to Mr L Carnac Rivett for permission to test patients under his care Messrs Parke Davis and Co very kindly supplied the antuitrin S used in this investigation.

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A Mayer (*Münch med Wschr* July 23 1937) discusses from the point of view of sickness insurance the rate of growth of cancer of the cervix In general he concludes that a woman with this condition who became insured six months before the diagnosis was made must have had it at that time if the growth is inoperable, but may not have had it if the growth is an early one Stähler analysing 200 cases, has estimated that the average duration of the initial symptomless period is 2 7 months Very great variation however is shown in the rate of growth As examples of slow growth cases are cited of women aged from 34 to 44 who had had symptoms for one to six months but in whom the growths remained operable and practically stationary for ten to fifteen months so that they were still classified as operable fourteen to twenty-one months after the first onset of symptoms On the other hand Mayer has seen a woman aged 22 who had had a blood stained discharge for fourteen days and presented an early ulcerating carcinoma of the portio with a metastasis in one fornix ten days later the primary growth had attained the size of a billiard ball and death followed after eight days Weinzierl found microscopically adenocarcinoma in a non hypertrophied but eroded cervix and saw nine days later a cauliflower tumour the size of a small hen's egg which was found to be an aggressive cylindrical-cell carcinoma of immature cell type with much penetration of lymph vessels

self-confidence of a child Organ inferiorities might become the stimulus to higher development or the determinants in the choice of careers These studies in organ inferiorities and their psychical compensations led Adler to the study of the origin and consequence of feelings of inferiority

Dr Dukes was not satisfied with the use of the word "inferiority" as applied either to the body or to the mind He warned against hasty assumptions with regard to inferiorities and supposed compensations, and gave examples He spoke of the absence of "controls" in Dr Adler's theories The value of Adler's work lay in the teaching that physical ills and defects were not necessarily injurious, but might be of value to the sufferer

CLINICAL VALUE OF THE TOMOGRAPH

At a meeting of the Section of Medicine of the Royal Society of Medicine on November 23, Dr H LETHEBY TIDY presiding, the subject of discussion was the clinical value of the tomograph Tomography is the "sectioning" of an organ or part by x rays, so that it becomes possible by successive images to analyse the subject in slices and then to give synthesized reproduction of the structure, other terms such as 'planography," "stratography,' and "laminography' are also current

Dr J B MCDOUGALL discussed the value of the tomograph in the elucidation of chest conditions, particularly pulmonary tuberculosis There was no department of medicine which owed more to radiology than that which had to do with diseases of the chest The *x*-ray film could convey much more than any individual sign or group of signs could discover But the radiologist would agree that the usual antero-posterior, lateral, or oblique x-ray view left out much detail At a time when the surgeon had come into the field of chest diseases, accuracy in localizing cavities, for example, and in determining the pathology of any lesion was ever more imperative One of the difficulties in interpreting chest radiographs was due to the superimposition of the normal structures of the chest and of certain pathological deposits in the lungs themselves Perhaps no radiograph was more difficult to interpret than one taken after thoracoplasty

After describing briefly the elaborate apparatus for tomography constructed by the Sanitas Company of Berlin, Dr McDougall said that there were simplifications of the method which were likely to be of equal value Tomographic images could be produced by a relatively simple mechanism The ordinary *x*-ray apparatus might be modified to permit of its use for this purpose, and experience would show that costly apparatus was not necessary At the same time he deprecated the idea that tomography could be carried out by any kind of makeshift or that it was a sort of radiological trick In his device, with the tube above the couch at an angle to the horizontal plane and the film holder below, there was a pendulum arrangement whereby tube and holder moved reciprocally—that is to say, the tube was at one extremity, the film-holder at the other, and when electrical contact was made they both moved in an arc of approximately 45 degrees in opposite directions Such was the apparatus which had been used at Preston Hall during the last twenty-two months, but there were other modifications, in one of which the arc was not used at all the tube moving in a horizontal line parallel with the film-holder, and in another the tube and the body of the patient moved in opposing arcs, the film-holder remaining stationary

He proceeded to show how by tomographic investigation the different features of cases of pulmonary tuberculosis could be brought out The successive appearances at increasing distances from the front of the chest were shown in his films, and he drew particular attention to the elucidation of cavities and cavity formation in general Many cavities in lung tuberculosis, he said, seemed to be pear shaped with the larger end towards the posterior part of the chest Clear information was obtainable by this method of the nature of the cavity wall and the tissues immediately around it, also the relationship of the cavity to the bronchial tree Most important was the clear evidence afforded of separate and distinct cavities in the lung unsuspected so long as the investigation was limited to ordinary radiography The exhibition of his tomograms of lung appearances evoked repeated applause from those present In conclusion Dr McDougall admitted that there were many features in tomography which gave rise to great difficulties in interpretation The method was new, but it seemed likely to be employed more and more in the many branches of radiology as time went on, and it had already extended the boundaries of clinical investigation, especially of the chest

Dr E W TWINING said that this method offered fascinating possibilities to the radiologist Not least valuable was its stimulus to learn anatomy afresh in a three-dimensional way He addressed himself to the study of the air passages by this method, and showed that malignant bronchial obstruction might be diagnosed quite successfully without the use of lipiodol He worked with a very simple home-made attachment, using a lever instead of a pendulum to get the proportional movement between tube and film One of the uses of tomography was to increase the contrast between the object and its surroundings, though it meant some loss of detail In a series of pictures he showed how rapidly the shape of pulmonary abscess cavities appeared to alter as sections were taken One of the major problems was the differentiation between malignant neoplasm and chronic abscess, and here tomography could furnish some useful hints He believed that tomography gave a better chance of investigating the wall of a cavity and the septa than any other method Again, in an obscure case of collapsed lobe of the lung it was possible by this sectional method to follow the vessel shadows into the particular lobe The components of the mediastinum could be sorted out in a way not possible by ordinary radiography He illustrated its use also in bronchial stenosis It was possible to show by tomography the point of narrowing somewhere in the bronchus in malignant disease In Manchester, although the Royal Infirmary was a pioneer in the use of lipiodol there was some reluctance to employ the method of pouring quantities of oil into the bronchi which was always messy and possibly dangerous, and in some bronchial conditions tomography offered an effective substitute, though not, he thought, in bronchiectasis

Dealing with the applications of tomography to other fields, Dr Twining showed how it could bring out the patella much more evidently, also the sterno-clavicular joint Further, it illustrated the topography of the skull The ordinary antero-posterior view of the skull was confused by many overlapping shadows, and a series of tomograms resolved them Particularly well shown was the mass of bone which filled the temporo mandibular joint With the mastoid cells and the petrous bone tomography was not very satisfactory, but in the skull it was of value in bringing out delicate calcifications, and it distinctly showed pineal tumour As cheaper apparatus became available, he believed the method would come into routine use

Dr H C COLYER showed a few films illustrating the use of tomography in chest conditions, and described a slight modification of technique which he had adopted Dr PHILIP ELLMAN suggested that tomography should be useful in certain cases of bronchiectasis, particularly when the heart shadow interfered with the usual view Dr S C SHANKS asked whether there was any experience available of this method in the abdomen, in finding calcified gall-stones for instance, or in intravenous urography Dr GRAHAM HODGSON said that he, as a radiologist, had been filled with enthusiasm for this new method

fuller correlation between the morbid anatomy the clinical picture, and the endoscopic pathology The microscopic sections illustrating the changes in the gastric mucosa could have been more numerous and perhaps a little more clearly reproduced The classification roughly corresponds to Faber's, and comprises superficial, atrophic, and chronic hypertrophic gastritis, with a special division given to post-operative gastritis, a very frequent disease producing more distress than the patient—debilitated no doubt by disease—has the heart to complain of to the well meaning but unduly optimistic surgeon However, unlike some of the German authorities Dr Schindler does admit having seen good results from gastrojejunostomy, and in the absence of severe gastritis even the development of a sphincteric action at the stoma The fact that he finds antral gastritis so much less frequently than the pathologists might be due to the peculiar technical difficulties preventing close inspection of the antrum, which in its distal extremity lies too far from the lens and the light to be examined in detail

The coloured diagrams, though good, fall very far short of the excellence of the originals The bibliography is full and the index well compiled This book is the most valuable contribution to gastroscopy yet published, and no gastroscopist will be without it

EXPERIMENTS ON ANIMALS

The Truth about Vivisection By Sir Leonard Rogers K.C.S.I., LL.D M D F R.C.P F R C S (Pp 182 9 illustrations 5s net) London J and A Churchill Ltd 1937

It is with the detached pleasure of the antiquarian that one reads of the relentless strife and apparently interminable labour of argument that attended the birth of the Darwinian hypothesis It was all most obviously infuriating at the time, but the hypothesis has since then abundantly justified itself and shown itself adaptable to changing knowledge no man asks more of a hypothesis than that The younger medical man of these days has come to view the anti vivisection agitation with a detached interest similar to that which he brings to bear on the opponents of evolutionary theory It is not that he forgets their existence, their pamphlets and their shop window displays effectively prevent that But to-day scientific and medical men of good will almost instinctively approach such phenomena from the standpoint of the psychologist where tout comprendre c est tout pardonner We do most fully understand the painful emotional state of the anti vivisectionists and we realize how bad is the prognosis for their ultimate comfort For it should be remembered that the logical anti vivisectionist (logical that is to say, within the limits of his own pseudo-paranoia) must also be an anti vaccinationist, a vegetarian and an opponent of the germ theory of disease To do them justice many of them are all these things so the anti vivisectionist has much to worry about

The question that must be asked is Has the scientist, the exponent of animal experiment, anything to worry about? If so, then this lucid little handbook is amply justified, for it displays clearly, though necessarily briefly, some of the great structure of achievement both in medical and veterinary science which has resulted from experiments on animals It quotes from the anti vivisection literature to illustrate their arguments and the style of their propaganda and the basis of their anxiety But in none of these need the scientist find much cause for worry It is suggested however, that an anomaly of some importance lies in the fact that it is still permissible in law for bequests to be made to societies whose anti social activities include active opposition to the inoculation against typhoid of troops serving in foreign wars and that in the last war such opposition was influential enough to ensure, in spite of the proven efficacy of such inoculation, that it should not be made compulsory This achievement by the "antis is certainly a striking testimonial to an influence which may have been thought by many to be on the wane It is the influence of money and enthusiasm, and one is to understand from this book that the 'antis have plenty of both these serviceable commodities It is a combination whose possibilities for harm cannot be ignored and which in these days of widespread poverty and emotional imbalance of dictatorships, and of group-movements, may at a crucial time achieve results disastrous to the progress of experimental science Sir Leonard Rogers may, with a clear conscience, say, 'You have been warned'

OBESITY AND ITS TREATMENT

Obesity A Practical Handbook for Physicians By W F Christie M D (Pp 204 16 illustrations 12s 6d) London William Heinemann (Medical Books) Ltd 1937

Medical interest in the problem of obesity lagged behind that of the public, and consequently when patients clamoured for knowledge as to how they should reduce their rotundity the practitioner was only too often at a loss to know what advice to give The opportunity was not overlooked by various purveyors of crank diets with the result that most extraordinary and diverse slimming schemes were adopted, with good, bad, or indifferent results Now that we have somewhat tardily recognized that obesity is a disease which should be treated, articles of value have appeared from time to time in the medical journals, dealing as a rule with the aspect of treatment only

The volume under review has a wider aim Its first part consists of a discussion of the nature of adipose tissue, its storage and the different types of fat found in different situations and their relation to the type of food taken in excess It passes on to a discussion of the causes of obesity, and the author wisely warns against the assumption, so flattering to the patient and not infrequently to the physician, that the trouble is one of endocrine dysfunction The main clinical features of different types of obesity are discussed, and the section on prognosis is worthy of study A section of particular value is that dealing with the calorie expenditure for various common activities, such as moving about in a room talking and so on, and it is extraordinarily interesting to observe in the light of these figures what erroneous ideas many of us have as to the weight reducing properties of different forms of exercise Dr Christie is in agreement with most of those who write with knowledge of this subject that quite a small proportion—in his case 18 per cent—of patients admit to a peculiar liking for taking food in considerable quantities Even allowing for the fact that many gluttons will not admit to gluttony yet there is no doubt that most of those who suffer from obesity have in point of fact a small appetite He points out that the putting on of weight in spite of this is to a large extent the result of the modern tendency to concentrate nourishment into small bulk Thus patients who declare that they only have a small sandwich and a glass of beer for lunch would be surprised to find according to the author, that a sandwich made of cheese and bread, accompanied by a glass of beer produces 530 calories in comparison with a lunch of two slices of roast beef two potatoes half a pound of brussels sprouts and a glass of red wine, which brings up the calorie value to only 460

quarters of a century, and nine members of its present staff have seen over forty years service The brochure sets out many interesting reminiscences of the firm s early work in photography (when "crowned heads and members of the nobility flitted through the showrooms - to receive advice or criticism of their photographic efforts"), x rays, cinematography, and especially, microscopy It was about the eighties of the last century that the serious use of the microscope in medicine and in medical teaching began, and a microscope brought out by Watson s in 1889 found wide acceptance not only in the schools but in the societies of amateur microscopists, which were then springing up all over the country The firm was also a pioneer in camera production before the camera was popularized as it is to day Their detective camera was one of the earliest of the hand cameras, and they also introduced a reflex as far back as 1890 Their work in x rays became so considerable that another company—Watson and Sons (Electro Medical) Ltd—was formed The firm claims to be the first to have demonstrated x-ray apparatus in the London hospitals

Royal Dental Hospital

The Royal Dental Hospital of London held its twenty-eighth annual clinical 'at home' on November 20, followed by the annual dinner of the staff and past and present students In the morning demonstrations were given in the hospital s in-patient department (which is at Charing Cross Hospital), and in the orthodontic department, the conservation room, and the mechanical laboratory Lectures were given on the uses of zinc oxide and oil of cloves in dental surgery by Mr V A F Greenish, and on the construction of radium applicators for lesions in and around the mouth by Mr D G Walker In the afternoon clinical cases, general and orthodontic, were exhibited, including some cases recently treated in the electrotherapeutic department, prosthetic cases were shown in the appliance room, and there were exhibitions of radio grams in the x-ray room and of photomicrographs and drawings in the research department

Mr Frank Coleman presided at the annual dinner, and in proposing the health of the hospital and the dental school briefly sketched its history, which fell, he said, into three periods During its period in Soho Square two outstanding events took place—the formation of the Odontological Society and the granting of a licence in dental surgery by the Royal College of Surgeons—in both of which some of the men associated with the school took a prominent part Afterwards the hospital moved into Leicester Square, close to its present home, and here also two events took place in which the school had its share the passing of the Dentists Act, 1878, and the formation of the British Dental Association The third period, with the hospital and school in its present premises, had again been marked by two events—the Dentists Act, 1921, and the appointment of dental surgeons to schools and in the Services The important scientific event of the first period was the introduction of nitrous oxide gas, of the second the application of x rays to dentistry, and of the third, the realization, thanks mainly to their old friend William Hunter, of the relationship of oral sepsis to general health As for the future of the dental school, this must be largely bound up with amalgamation with a general hospital to consolidate and expand their gains, at the same time the school must not be regarded as a satellite of any general hospital The dean (Mr H Stobie) said that the school greatly regretted the death of Sir John Bland-Sutton, who had been consulting surgeon on its staff for about seventeen years in his place they had been fortunate enough to secure Sir Holburt Waring He also reported the resignation of Dr E W Fish who had given ten years service and who, they were all glad to know was going to continue at St Mary s Hospital his outstanding researches under conditions which the Royal Dental Hospital could not provide He mentioned various other changes which had taken place in the staff, and reported an increase in the number of students entering the hospital and very satisfactory examination results Mr V A F Greenish proposed the health of the guests, who included officers of the British Dental Association, examiners for the Royal College of Surgeons, members of the board of management of the hospital, and representatives of the Army Dental Corps Mr Bryan J Wood, president of the British Dental Association, in responding, spoke particularly of the service of dentists with His Majesty s Forces The conditions of pay and service in the Army and Navy were now regarded as adequate, but this could not be said of the conditions offered in the Royal Air Force and the step had been taken of refusing advertisements of the Air Ministry for officers in that Service A witty speech by Mr A T Pitts in proposing the health of the chairman concluded the evening

Sheffield Hospital Amalgamation

The boards of the Sheffield Royal Hospital and the Sheffield Royal Infirmary on November 17 approved the promotion of a Parliamentary Bill seeking an amalgamation of the two institutions under the title of Royal Sheffield Infirmary and Hospital Mr F W Osborn, chairman of the Royal Hospital board, said that the amalgamation would not interfere with co-operation between all the voluntary hospitals in the area Existing places and equipment would continue to be used so long as they were efficient, but when any buildings became unsuitable they would be replaced by the most modern type of structure on the site of the new hospital Sir Arthur Hall, M D, said that in this matter Sheffield was only doing what had already been done in other large cities

SCOTLAND

Old Edinburgh Hospitals

In the series of Rhind Lectures on Mediaeval Edinburgh, Dr C A Malcolm delivered an address on "Hospitals and Hospices of Mediaeval Edinburgh' The Church, he said, was the chief provider of hospitals, and each monastery had an almoner whose duties included that of seeking out the sick and suffering in the neighbourhood Three abbots of Holyrood had each founded a hospital Abbot Crawford that of St Paul in Leith Wynd, Abbot Bellenden that of St Leonard on a hill in Holyrood Park, and Bishop George Crichton, an ex-abbot of Holyrood, one in Abbeyhill Each collegiate church also had a hospital with a herb garden from which medicines were extracted The town had almshouses, and the Knights Hospitallers had a hospital of St John the Baptist between the Grassmarket and Greyfriars, which was abandoned in 1438 in favour of the Town s Hospital in St Mary s Wynd With regard to the latter, a document had recently been discovered in the General Register House in which it was stated that many of the poor and weak died because of the severe colds in these parts and the lack of hospitality, and therefore the town had decided to build a hospital with twenty-four beds, in each of which two patients could be accommodated The town had been severe in its treatment of lepers, who were isolated in a dwelling outside the town near Calton Persons affected with the plague were obliged to isolate themselves at home, but in 1612 all infected persons were sent to an isolation hospital in the Burgh Muir, a gibbet was erected in the grounds for those who attempted to escape There were also hostels in Edinburgh from the twelfth century belonging to various Scottish abbeys, but these ceased to offer hospitality about 1420 because of the great expenses incurred

Longmore Hospital, Edinburgh

It was stated at the annual meeting of the Longmore and Liberton Hospital that the daily average of in patients during the past year had been 201 Out of 155 applica-

series edited by Professor L Ombrédanne and N Fiessinger, consists of a number of aphorisms essentially clinical in character, dealing with the various forms of acute infectious disease After a few pages devoted to clinical examination and methods of exploration, the author deals with the different types of fever (continued, intermittent, remittent, relapsing and undulant) the various forms of septicaemia, the acute exanthemata, influenza, erysipelas varieties of sore throat, treatment and prophylaxis The work is an excellent introduction to the study of the various forms of acute infectious disease

Dr ANDRÉ HUREZ has contributed a modest monograph *Le Traitement des Broncho-pneumonies Infantiles* to a series on New Therapeutics edited by Professor F Rathery (Paris, J B Ballière et Fils, 16 fr) He summarizes the modern methods available including the oxygen tent, and has included a useful section on preventive measures

Amino Acid and Ammonia Metabolism in Liver Diseases by ESBEN KIRK (Copenhagen Levin and Munksgaard 10 cr) sets out the results of the author's investigation in the form of a degree thesis Hitherto this line of inquiry applied in clinical work has not proved very fruitful and this was possibly due to the use of faulty methods of analysis However Dr Kirk, whose experience in analytical technique is considerable, in applying newer and more reliable methods has not met with much greater success His most important finding is in regard to blood ammonia values, which are enhanced in cases of cirrhosis of the liver and he offers the suggestion that this abnormality is to be attributed to the existence in cirrhosis of a collateral portal circulation short-circuiting the liver In presenting these results in English the author should have sought the assistance of someone with greater command of the language

Preparations and Appliances

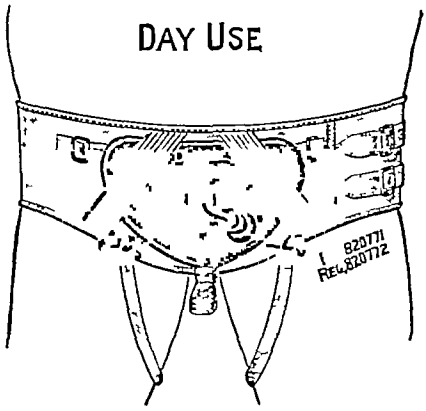
APPARATUS FOR BLADDER DRAINAGE

Mr D A. BEATTIE, F R C.S (Bury St. Edmunds) writes

The appliances at present on the market for drainage of the bladder after suprapubic cystostomy leave a good deal to be desired and the apparatus illustrated has been designed with the idea of eliminating these disadvantages It consists of a washable abdominal belt made in cellular material and provided with detachable linen groin straps This belt is made to measure in each case and is provided with a hole for transmission of the catheter Drainage from the bladder is provided by the routine method of a soft rubber catheter inserted through the suprapubic opening and kept in position by a circular rubber shield which itself is held in position by the abdominal belt Attached to the belt are two elastic and webbing straps, which support and carry the detachable rubber reservoir This reservoir unlike the belt is a standard fitting, and is provided with an oval aperture for transmission of the catheter enabling it to be used in every case whether the suprapubic opening is high or low in position The catheter used with the set is somewhat shorter than normal and drains into the reservoir through a special non return valve thus eliminating any chance of a reversal of flow while the patient is lying down The reservoir is provided with a stop cock at its lowest point protected by a rubber shield which prevents soiling of the fingers.

In practice the apparatus has proved extremely successful its greatest asset being that it consists essentially of two separate parts thus enabling the rubber reservoir to be removed for cleaning purposes whilst leaving the catheter and shield held *in situ* by the abdominal belt. The abdominal belt, being an accurate fit to each patient, makes for greatly increased comfort, and is easily washed when it becomes soiled Unlike the usual rubber fitting, which causes excessive sweat production and always feels wet and uncomfortable this belt allows perfect ventilation and actually absorbs any small quantities of discharge which may occasionally flow from the sinus

For night use the reservoir may be detached and the catheter fitted to a night tube which is supplied with the apparatus and which drains into a receptacle beneath the patient's bed Owing to the short catheter used and the curved



design of the rubber guide the apparatus is much flatter than most other types which is a great advantage from the aesthetic point of view

The appliance is named the Pseudo-cyst and has been made for me by Donald Rose 36 George Street Manchester Square London W 1

A DETACHABLE GRIP FOR SPINAL PUNCTURE NEEDLES

Dr F C EVE F R C P (Hull) writes

The handle of the usual lumbar puncture needle is evidently in the wrong place for if it is used as a handle the needle tends to bend or break In practice the operator is obliged to ignore the handle and has to grasp the needle near its point between his thumb and fingers with risk of slipping, bending or bacterial contamination. Hence Messrs Thackray of Leeds have made to my design a little detachable grip (1¼ by 1/2 by 1/4 inches) It resembles a flat mussel shell in being hinged down one side and in gaping slightly open (by a weak spring) A longitudinal groove grasps the needle firmly when the grip is pressed by the fingers The grip is applied at a convenient spot near the needle point, and thus the skin and fascia are pierced without risk of bending or fracture The grip is then released and falls off The needle is now advanced with a gentle probing action Brittle (steel) needles must of course never be used The outer tissues (especially in wasted subjects and in cisterna puncture) may need force enough to bend badly or (one hears) to break a needle

STAPHYLOCOCCAL VACCINE PLASTERS

Histoplast vaccine plasters (Thos Christy and Co Ltd) represent an application of the method of treatment of boils, furuncles, etc which was discovered by Professor Aug. v Wassermann who found that furunculosis was due to the acquisition by the skin of a hypersensitivity towards staphylococci and that insensitivity could be induced in such states by the application of vaccines Histoplast consists of plaster on which a staphylococcal vaccine is embodied in a plaster ointment The manufacturers quote a considerable number of favourable clinical reports on this method

OIL OF AUSTRALIAN TEA-TREE

The Belgravia (brand) antiseptic (Belgravia Chemical Manufacturing Co Ltd) is a preparation containing volatile oil of the Australian tea tree (*Melaleuca alternifolia*) This volatile oil is known to be a powerful antiseptic and to be non irritating.

Correspondence

The Problem of Safe Milk

SIR,—Dr J W P Thompson's exhortation to his colleagues (*Journal* November 20, p 1046) to protect their own households by insisting on the purchase of "safe" milk for domestic consumption might well be reinforced by a broader motive Not mere protection at home but protection also for patients is the doctor's function Indeed, to judge from some recent utterances, it is by preventive methods rather than by curative ambitions that the general practitioner is to justify his continued existence However this may be, it is certain that were every practitioner to make himself an active agent in instructing the public on the dangers of raw milk and on the simple methods by which these dangers can be avoided, a forward step in preventive medicine would be gained

The medical indictment against raw milk is a serious one in reference both to tuberculosis and to acute epidemic disease, and the possession of the knowledge on which this judgement is based imposes a corresponding measure of responsibility, and such responsibility can be discharged only by the conveyance of the relevant information to the public—a task for which the general practitioner has a special opportunity

The need for such education at the present time is urgent, as the intention of the Government is not to control by central legislation the quality of the milk supply, but to place this function at the option of the local health authorities Hence in municipal areas generally it will lie with the representatives of the voters, and indeed with the voters themselves, to say whether this option shall or shall not be exercised Active opposition from the agricultural interest is certain, all the more need therefore for a sustained educational campaign by those whose concern and responsibility is the protection of patients and of the public And here obviously the general practitioner commands the field

The sermon required is a simple one, it needs, however, constant repetition Tuberculin tested milk is attractive, but its supply is limited as the herds to provide it are, and will long be, few in number, in addition, it is relatively expensive, and its guarantee is against tuberculosis only Efficiently pasteurized milk, on the other hand, means both general and particular safety, and this at an economic price, where it cannot be obtained sterilization or boiling may be accepted as a substitute

This simple position is confused in the public mind by various names applied to particular grades or brands of milk, and one of these is the official term "accredited" Naturally the purchaser concludes that milk so labelled possesses all the virtues—cleanliness, purity, safety Yet "accredited" milk cannot profess to be "safe" milk, for it is neither obtained from tuberculin-tested herds nor is it protected by pasteurization or other heat process The intention of the Government is to let each local area settle the quality of its own milk supply Surely it is for the medical profession to see that those who have to make the choice are duly warned and instructed—I am, etc.,

London, W 1, Nov 21 C O HAWTHORNE.

Typhoid Precautions

SIR,—As soon as a medical man, be he medical officer of health or general practitioner, knows that typhoid fever has broken out in his district, he gives urgent instructions to his household, his patients, and his acquaintances to take every precaution—to boil their milk and water, to toast or lightly re-bake the bread, to buy butter and cheese in packets, to avoid ready-cooked cold meats, if salads are eaten, to soak them in chlorinated water before washing them in boiled water, and so on

Why should not the general public have the same early warning and opportunity of escape? The reasons I have been given are

1 Fear of producing a panic Surely panic is born of fear and ignorance Knowledge averts panic And in any case, are we so prone to panic?

2 That if the epidemic is likely to be considerable the source will be found so quickly that the epidemic will be nipped in the bud In the Sydenham epidemic I am informed that the ultimate source was never found though there was sufficient evidence before long to cut out what was probably the distributor In this epidemic one of the late primary cases was that of a mother She died

3 That the business of ice-cream merchants and so on might be adversely affected and who would compensate them if they were found not guilty? If this risk is uninsurable, one has only to think of the thousands of pounds being paid in compensation to farmers in the attempt to stamp out foot-and-mouth disease

It is difficult to believe that so many primary cases would have occurred if the milk had been boiled at Bournemouth, and the water at Croydon, immediately on the notification of, say, the first three cases

Instead of the deplorable secrecy practised by the Ministry of Health I would have flaming publicity, with posters on every hoarding and warnings on every cinema screen I can think of no excuse for sparing every conceivable effort to minimize an epidemic of this dire disease I would suggest that the following instructions should be issued

1 Food should be handled as little as possible
2 Food should be protected from flies
3 The hands should be washed always immediately after using the lavatory (Typhoid germs live in excreta)
4 The hands should always be washed and scrubbed before handling food whether for oneself or for others (During an epidemic a certain number of persons may become infected without suffering.)
5 All milk and water should be boiled
6 Bread and bought cakes, if not wrapped should be baked again lightly or toasted
7 Butter margarine, and cheese should be purchased only in packets
8 All meats except tinned meat, should be cooked at home
9 Bought salads if eaten at all, to be washed thoroughly soaked in weak chlorinated water (Milton may be used) for an hour and washed thoroughly again in boiled water
10 No food to be eaten out of the house unless it is known that all these precautions are being taken conscientiously

—I am, etc,

London, S E 26, Nov 14 W M PENNY

Immunization against Typhoid

SIR,—From reports in the lay press it would appear that the Croydon health authorities are afflicted with the same doubts and anxieties as those which beset many members of the profession in Bournemouth last year I refer particularly to an announcement by the medical officer of health for Croydon advising against inoculation on account of the dangers of the 'negative phase There was so much diversity of opinion here on this subject that I sought and obtained the opinions of a number of authorities in London and at the universities As the replies were in the nature of private letters I do not feel free to quote them, but with one or two exceptions the

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TOMOGRAPHY

The discussion on tomography at the Royal Society of Medicine this week (see p 1088) bore witness to the interest that is being aroused by this new method of radiography, especially in the investigation of pulmonary disease It is well, therefore, to consider the claims made for it and the possibilities of future development. The method conceived by Bocage in 1931 and recently brought to practical realization through the work of Ziedses des Plantes,[1] Grossmann,[2] and Chaoul,[3 4] has the fundamental aim of "focusing" x rays in such a way as to eliminate those superimposed shadows which may make a plain radiograph, even in expert hands, so difficult to read The principle is simple If the *x*-ray tube and the film are coupled together by a pendulum or lever, and caused to move during the exposure in opposite directions, objects within the body situated in the plane of the axis of rotation of the pendulum or lever are sharply defined, while objects in other planes are blurred Those which lie close to the selected plane are the least blurred, those furthest from it are the most blurred By varying the extent of the movement a plane of body tissue of any desired thickness can be investigated In practice effective sharpness is obtained in a stratum of tissue of a few millimetres up to a centimetre or more in thickness The optimum movement for any given purpose is variable, and a wide field exists here for experimental study The only disadvantage of tomography is a slight loss of definition due to blurring caused by structures lying very close to the desired plane, but this is more than offset by the increase in contrast and effective isolation of the structures to be studied

By tomography of the lung Chaoul[3] demonstrated that a cavity invisible in plain films could be clearly seen in the tomogram, its depth and size could be estimated, and the type of the cavity, whether single or multilocular smooth-walled or "ragged" could be determined. Malignant cavitation sometimes showed special characters distinguishing it from that due to other conditions[5] Thoracic surgery, the activity boldness, and scope of which increase from day to day, thus finds ready to its hand an important aid, and in Sauerbruch's clinic tomography is employed for the detection of residual cavities after thoracoplasty apicolysis, and other operative measures Interesting examples of such uses have also been described by McDougall,[6] who was the pioneer of tomography in this country and has applied it in particular to the problems of pulmonary tuberculosis[6 7] The advantages of tomography in diseases of the lung are already manifest, and if no other field were open to it it would have earned a place in our diagnostic equipment. Even in lung radiography its limits are not reached with the investigation of cavities The larynx, trachea, and bronchi are by this means accessible to study without the aid of contrast media Janker[8] has shown neoplasms of the larynx and pharynx in greater detail, and with better contrast, than is possible with the usual "soft-tissue" radiography Canuyt and Gunsett[9] have made tomograms through the larynx in the antero posterior plane which show very clearly the true and false cords, the glottis and the laryngeal ventricles, and display the distortions of these structures caused by laryngeal cancer This appears to us to have very distinct value particularly in demonstrating the downward extent of a laryngeal cancer into the trachea, the degree of which is difficult to estimate by indirect laryngoscopy Twining[10 11] has employed tomography for demonstrating bronchial stenosis and obstruction by carcinoma, and the drainage bronchus in cases of lung abscess When the lung field is completely opaque to ordinary methods a tomogram can show the air tubes, for the gain in contrast obtained by this method enables them to be "dissected out" of the surrounding opacity Bronchiectatic cavities can sometimes be displayed without the assistance of lipiodol, but tomography is in general inferior to lipiodol bronchography for this purpose the latter shows far more abundant and sharper detail The new method has undoubtedly thrown fresh light on those ancient bugbears the hilar shadows Chaoul[3] and Greineder[12] have used it to confirm the observations of Assmann and others on the part played by the pulmonary vessels in the formation of the hilar shadows in their hands it has brought out the arteries and veins in considerable detail, and revealed their relations to one another Sopp[13] has gone a stage further, and in a valuable study of enlarged hilar glands in broncho

[1] Des Plantes Ziedses (1932) *Acta Radiol* 13 182
[2] Grossmann G (1935) *Brit J Radiol* 8 733
[3] Chaoul, H (1935) *Fortschr Röntg nstr* 51 342
Chaoul H (1935) *Beitr klin Tuberk Brauer* 86 570
Chaoul, H., and Greineder K (1936) *Fortschr Röntgenstr* 53 232
McDougall J B (1937) *Amer Rev Tubercl* 36 163
[7] McDougall J B (1936) *Lancet* 2 185
Janker R. (1937) *Zbl Chir* 14
[9] Canuyt and Gunsett (1937) *Bull Ass franç Cancer* 26 398
[10] Twining, E. W (1937) *Brit J Radiol* September 696
[11] Twining E W (1937) *British Medical Journal* 2 237
[12] Greineder, K. (1935) *Fortschr Röntgenstr* 52 443
[13] Sopp J W (1936) *Beitr klin Tuberk* 88 637

the records of cancer research, with its infinitely greater resources, show how much work is necessary before such results can be achieved It is only "little by little" that we shall bring the scourge of rheumatism under control, and years of painstaking labour with little to show will be required Some of the results of the work done at the Devonshire Royal Hospital will be found in the three reports on chronic rheumatic diseases of the British Committee on Chronic Rheumatism, and a full account of all the published work will gladly be supplied to anyone interested on application to the hospital—I am, etc,

Buxton, Nov 20 CHARLES W BUCKLEY

"Cures" in Rheumatic Disease

SIR,—What significance are we justified in attributing to the word "cure" when applied to such notoriously intractable conditions as the chronic rheumatic diseases? It will be conceded generally that actual cure of *many forms of rheumatic disease*—apart from temporary cessation or alleviation of symptoms of variable duration—can, in the present state of our knowledge, scarcely be anticipated, except when the condition is mild in form and in the earliest stages, and when gross structural changes have not yet occurred In most cases *of arthritis, for example, except in mild forms* and in the earlier stages, some degree of permanent damage has been done to the joint structures, particularly the articular cartilage, and although remarkable improvement may be brought about by treatment, it is surely unscientific to use the word "cure' in many of these cases, even if there has been complete cessation of symptoms for a time A careful follow-up system extending over years would doubtless reveal some history of recrudescence of symptoms in many of the cases discharged from clinics or institutions as 'cured'

These perhaps rather platitudinous reflections are prompted by the somewhat reckless manner in which the word 'cure" is used in statistics relating to rheumatic diseases, and *in the mass of literature" that descends* upon most of us not only relating to various remedies, secret or otherwise, and forms of physical apparatus, etc, but also in the form of prospectuses and advertisements of various institutions for the treatment of rheumatic diseases Some of these institutions are not staffed by legally qualified medical practitioners, and in the present unsatisfactory state of the Law it is doubtful whether much can be done to prevent the dissemination of their extravagant and misleading claims and the exploitation of the public I regret to observe, however, that advertisements emanating from certain well-known spas in this country also make use of the word 'cure" in a similar reckless manner *These advertisements emanating from* the lay authorities must assuredly cause grave concern to the distinguished medical men attached to these spas, some of whom are doing such admirable work We often *read of tariff rates for a two or three weeks'* 'cure" At some spas "cure tickets can be obtained covering all treatments and entertainments, and a recent widely distributed spa advertisement claims that 'all sufferers are relieved most are definitely cured"!

The 'cure is often alleged to be due to certain physical or chemical properties of the spa waters Although the internal and external actions of the waters are at long last being investigated scientifically, is it not true to assert that to date the evidence garnered which will satisfy strict scientific scrutiny is meagre in the extreme, and scarcely justifies the confident tone of some spa advertisements? It will probably be argued that the word "cure" *is of long-established* usage for a course of treatment at a spa, irrespective of the result of such treatment May I utter a plea that this misleading term should be abolished, at any rate when applied to courses of treatment for rheumatic disease? The tragedy of disappointment will then be avoided by those members of the public who have suffered for many years from crippling rheumatic disabilities and who really expect a cure and have not the necessary subtlety to interpret the term as synonymous with a "course of treatment"—I am, etc,

London, W 1, Nov 21 A. G TIMBRELL FISHER.

Puerperal Fever in General Practice

SIR,—At a meeting of the Pathological Society of Manchester on November 10 Dr C G Paine of Sheffield gave an address on recent advances in the pathology and treatment of streptococcal infections, based on a fatal case of puerperal sepsis, the aetiology, pathology, and bacteriology of which were fully investigated and the treatment described The aetiology and treatment are of immediate practical importance to the general practitioner, not merely on their own account, but also because of their medico-legal aspects

The patient was attended by a midwife who called in a doctor on account of delay in the second stage, but when he arrived that stage was over and he found a lacerated perineum, which he sutured On the third day the patient was not well, and on the fourth she was so obviously ill that she was sent into hospital, where she died, after surviving the acute septicaemia from embolism due to thrombosis spreading from the pelvic veins to the great veins Haemolytic streptococci were found in her blood and locally Streptococci of exactly the same strain were found in the throats of both doctor and midwife, but not in the throats of her husband and children, though other strains of streptococci were present in their throats too In hospital she was treated with sulphanilamide, and the history and temperature charts suggested very strongly that the treatment pulled her through the acute stage though it failed to prevent the complications which proved fatal.

This case, together with others on record points to the advisability of using sulphanilamide in the same way as we use anti diphtheritic serum—that is, in all suspicious cases and at the earliest possible moment, and particularly before sending a serious case into hospital if that involves a few hours delay In this instance it seems highly probable, though not certain, that the infection passed from the doctor or midwife to the patient, though it might possibly have been the other way round, the patient already having the germs in her throat and conveying them to her attendants In either event the wearing of masks would have tended to prevent the passing of the infection from one to the other Apart from this, is it not possible that a toilet of the throat by drinks, mouth-washes, gargles or sprays might materially diminish the risk of infection? This applies, of course, to all who come near the patient in labour, and not merely to the doctor and midwife To insist on all concerned sterilizing" their mouths and throats would make for safety, and would be decidedly educative An accusation of gross negligence for not wearing masks, for not making any attempt to cleanse the throat, or for not administering sulphanilamide at the first danger signal, could hardly have been substantiated in this case to-day, but when records of similar cases have accumulated someone will find himself attacked, and we do not know how soon that may be—I am, etc,

Bramhall Nov 13 J PRICE WILLIAMS

tions of the war it was noted that the subjects of hypopituitarism did not appreciably lose weight, but their tissues became more watery Indeed, of late the factor of water retention by the obese has received a good deal of attention The whole subject is much more complicated than was formerly supposed, and at present we cannot explain as Dr Levy Simpson says, why of two people with normal metabolic rates and similar food intakes and energy expenditure one may be fat and the other thin

Both the physical and psychological effects of slimming may be harmful in various ways The resistance to pulmonary tuberculosis appears to be lowered Liberal make-up will not successfully hide a haggard, drawn expression nor an irritable disposition Anorexia nervosa may ensue, though it is arguable that here the mental state sometimes induces the desire to slim Nevertheless the impulse to self-starvation not infrequently originates in a girl being teased because she is getting plump However, the sex which for many years injured its health by tight lacing is not likely to be deterred from slimming by such considerations The dictates of fashion will be paramount Women may retort that they try to conform to the prevailing masculine conception of female beauty, indeed, it may well be that both sexes are therefore to blame

THE METABOLISM OF MAGNESIUM

Three papers on magnesium metabolism in health and disease by Tibbetts and Aub[1] are very welcome as up till now but little attention has been given to the part played by this element in man Magnesium is the metallic element in chlorophyll as iron is in haemoglobin but magnesium is important not only in plant life but also in the economy of animals and man[2] All living cells contain magnesium which, like potassium, is present in much higher concentration in the cell than in the surrounding fluids Sodium is more highly concentrated in the latter and the difference in concentration of electrolytes on either side of the semipermeable cell membrane is an important factor in the dynamics of cellular activity If magnesium salts are injected and the concentration of magnesium in the body fluids is raised to the same level as in the cells the animal becomes flaccid and comatose and dies This anaesthetic property is used in the treatment of convulsive states as described in a recent annotation on eclampsia[3] Just as calcium is essential for the clotting of blood and milk so magnesium acts as co-enzyme in the cycle of reactions whereby muscle extracts convert glycogen or starch to lactic acid In spite of the fairly close chemical relation between calcium and magnesium their distribution in body tissues is very different Under normal conditions magnesium tends to be higher than calcium in the cells of soft tissues while calcium is higher than magnesium in extracellular fluids and bones An average diet provides over 300 mg of magnesium a day which is more than enough to maintain the organism in balance[1] Magnesium exchange is not greatly affected by the ingestion of large amounts of phosphate and storage of phosphorus is not necessarily accompanied by retention of magnesium or calcium The excretion of magnesium is increased by the ingestion of ammonium chloride the amount of magnesium put out being such that it can only have been derived from the tissue cells Magnesium ingestion increases calcium elimination but in general there is a surprising lack of parallelism between the metabolism of calcium and magnesium The alterations in magnesium metabolism in hyperparathyroidism are relatively trivial and the addition of magnesium gluconate to the diet does not relieve the drain upon body calcium in fact the reverse is true In exophthalmic goitre and Cushing's syndrome conditions in which the excretion of calcium is increased, and in steatorrhoea, in which calcium is absorbed with difficulty the metabolism of magnesium is normal In Addison's disease magnesium and phosphate excretion are unaffected and calcium elimination somewhat diminished, in spite of the uncontrolled loss of sodium chloride Tibbetts and Aub conclude that the usual assumption that calcium, magnesium, and phosphorus necessarily respond as a group is unjustified These unrelated variations are surprising in view of the rigour with which the electrolytes are maintained at a constant level in the body and it is especially remarkable that two kations so closely related as calcium and magnesium should behave quite independently Differences of behaviour of substances *in vitro* and *in vivo* are, of course an expression of the life and work of the organism We can already explain some of them by overriding hormone control and by processes of esterification which alter diffusion gradients but we are still very ignorant of the way in which the body manages intracellular electrolytes such as potassium and magnesium.

[1] *J clin Invest* 1937 16 491 503 and 511
Holmes, E., *The Metabolism of Living Tissues* Cambridge 1937
[2] *British Medical Journal* 1937 2 536

INTERNATIONAL CONTROL OF TRAFFIC IN NARCOTICS

An analytical study of the annual reports furnished by Governments to the League of Nations on the traffic in opium and narcotic drugs provides much interesting information There is clearly a salutary tendency to bring legislation and administration into harmony with the International Conventions of 1912 1925 and 1931 The question of severer penalties has received attention notably in China and the Shanghai International Settlement. In Canada it is claimed that a principal cause of the decrease of opium smoking has been the infliction of a minimum penalty of 6 months imprisonment and a fine of 200 dollars for illegal possession of opium Laws or regulations relating to heroin have been enacted in India and Sweden while in Latvia the use of the drug is prohibited The control of drug addicts has been the subject of legislation in China, Kwantung Leased Terri-

Gastroscopy should never eliminate the radiologist (Henning, Gutzeit, *et al*) but should supplement his findings, as the lesser curve of the antrum, for instance, is better demonstrated by a barium meal Once the instrument is passed the number of failures to examine the stomach is small In three cases out of 216 examinations I failed to obtain a view The introduction is comparatively easy, but the interpretation of this the most difficult of endoscopic methods requires a great deal of experience—I am, etc,

Royal Victoria Infirmary, Newcastle upon Tyne Nov 20 J DUDFIELD ROSE

Disseminated Focal Pneumonia

SIR,—Perhaps if I had stated more clearly in my description of disseminated focal pneumonia that this represents only one variety among the atypical pneumonias, Dr Higgins (*Journal*, November 20, p 1045) would not have been under the misapprehension that this condition is a common one Even in hospital practice (certainly in this hospital) one sees a very large number of the more benign lung inflammations During the past four years I have made careful studies of them in an attempt to make my conception of them more precise

The common type of relatively benign pulmonary involvement following upper respiratory infections described by Dr Higgins has been frequently observed Radiologically many of these cases present a picture which corresponds well to his description of them as 'a patch on the lung"—namely, an ill-defined but localized opacity of fairly homogeneous density This I take to be the condition described by Allen (*Ann int Med*, **10**, 441) as "*acute pneumonitis*"—I am, etc,

J G SCADDING

British Postgraduate Medical School, Nov 20

Treatment of Psychoneuroses

SIR—Dr Marion E Mackenzie's letter (*Journal*, November 20, p 1046) serves as a model of exposition in plain language of the difficulties which beset the medical man in private practice Thin partitions divide the bounds of the various mental sicknesses classified under the official nomenclature, and not very infrequently it is found that a diagnostic label is attached which embraces only some of the signs and symptoms, but that prejudices the treatment What the patient suffers from—the pathology—and the underlying cause are more important than the name of the disorder

The "conversion hysteria," let it be called, of the stenographer cited by the author is a fair example of a case coming well within the province of the family practitioner to treat, but the general and increasing tendency of to-day is to ticket such cases neuroses and psychoneuroses and straightway pack them off to the psychiatrist, thus at least faintly branding the patient as a "nervous case" with all its damaging implications As a lead in procedure in this class of disorder I quote Mott and Clouston ' The whole class of mental diseases should be regarded and treated, not as local disturbances, but as widespread disturbances of the normal physiological conditions of the whole organism ' Fear, hunger, and love are dominating instincts, and their reactions in behaviour are conditioned by social convention Toxic influence, endocrine unbalance, and metabolic deviation should be ever present in the thoughts of the investigator who attaches importance to biology and biochemistry in the causation and treatment of disease—I am, etc,

Southampton, Nov 21 ARTHUR KING

Obituary

R V DOLBEY, M.S., F.R.C.S

Late Professor of Clinical Surgery, School of Medicine, Cairo

Mr Robert Valentine Dolbey, who died at Chelsworth Hall, Suffolk, on November 13, at the age of 59, was the son of T H. Dolbey, barrister-at-law, and from Dulwich College, where he made his name as an athlete, went to study medicine at the London Hospital He obtained the English Conjoint diplomas in 1902, the M B Lond degree in 1903, the M S (qualifying for the gold medal) in 1905, and the F R C S in the same year He served in the South African war and received the King's medal with five clasps He then went to practise in British Columbia, where he was very successful as a surgeon, but in August, 1914, he left this congenial work to join the Army in France, reaching the rank of temporary major R.A M C, and being twice mentioned in dispatches, he saw war service in Belgium, Tanganyika, and on the Italian front

In 1919 he was appointed to the chair of clinical surgery at the School of Medicine, Cairo, and surgeon to the Kasr-el-Aini Hospital, and the American College of Surgeons paid him the honour of election as one of its Fellows He was also for some years surgeon to the Anglo-American Hospital at Cairo, and during his time in Egypt contributed papers to the *Lancet* on the incidence of cancer and on surgical tuberculosis in that country Tributes have been paid in the *Times* and elsewhere to his fine work for the wounded during the war on various fronts Mr Dolbey wrote two interesting books, *A Regimental Surgeon in War and Prison* and *Sketches of the Campaign in East Africa* He had been a member of the British Medical Association for more than thirty years

We regret to announce the sudden death on November 17 of Dr ARTHUR INGRAM COOKE of Chobham, Surrey He was born in 1881, the second son of the late Rev Frederic Cooke, rector of Westbury, Shropshire, and studied medicine at Gonville and Caius College, Cambridge, graduating B A in the Natural Sciences Tripos of 1902 He then went to St Thomas s Hospital, taking the B Ch degree in 1907, and served as ophthalmic house surgeon and casualty anaesthetist there After proceeding to the M.A. and M B in 1909 he was house-physician to the Brompton Hospital and house surgeon to the Sussex County Hospital and to the Hospital for Women at Brighton He took his M D degree at Cambridge early in 1914 Dr Cooke held a temporary commission in the R A M C during the last two years of the war, and served as eye specialist to the East African Forces He was an accomplished all-round practitioner, deservedly respected by patients and colleagues He joined the British Medical Association in 1911, and was a member of the Woking and District and the Camberley Medical Societies

The death of Miss ANNIE BRUNYATE M.D, occurred on October 13 at High Littleton House, Somersetshire, to which she had removed less than two months previously on her relinquishment, under the age rule, of the post of deputy medical officer of health for the Parts of Lindsey, Lincolnshire She was a scholar of Girton College, and gained honours in the Mathematical Tripos, 1895, proceeding then to the London School of Medicine for Women with an entrance scholarship She graduated M B, B S of the University of Durham in 1902, proceeded M.D in 1905, and four years later took the Cambridge D P H, with distinction in sanitary science Dr Brunyate joined the Lindsey Public Health Department in 1917, and it is significant that the post of deputy M O H. was created for her in 1930, as had been the post

the typical remission and the secondary meningeal phase were of less frequent occurrence The rash and the conjunctivitis occurred in a proportion of the cases Bacteriological and serological examinations were negative and the fact that the blood plasma was still virulent after passage through an L_2 candle suggested that the causative agent was a filterable virus The blood was uniformly infective during the first week of the disease the urine became infective during the second week and remained infective during the early stage of convalescence The cerebrospinal fluid was sometimes infective The virus was neutralized by serum from a patient who had recovered from the experimental disease as well as by the serum of two patients who had suffered from the natural disease one or two years previously The experimental evidence submitted leaves little doubt that the disease is due to a filterable virus How the disease is transmitted from pigs to man is unknown but it is suggested that the louse may be responsible Case to case infection in man does not appear to occur so that infection by the respiratory tract can probably be ruled out. Little seems to be known about the nature of the disease from which the pigs themselves suffer It is said to affect young pigs of 1 to 2 months of age to occur sometimes in epidemic form and to be characterized by convulsions and other nervous symptoms to last about a fortnight and to be accompanied by a very low mortality There seems to be ample scope here for further research

ALLERGY AND IMMUNITY IN TUBERCULOSIS

On the basis of Koch's phenomenon it had been assumed until very recently that allergy in tuberculosis represented a state of the body in which tuberculin hypersensitiveness and immunity to reinfection were always present together and were directly dependent upon each other That the two were dissociable was first shown by Rich in 1929 and later by others who succeeded in desensitizing animals with living avirulent bacilli The animals lost their hypersensitiveness to subcutaneous injection of tubercle bacilli or tuberculin but not the immunity to virulent reinfection Other workers have succeeded in desensitizing animals with tuberculin Pagel[1] has carried the experimental investigation of this subject a step further Guinea pigs were vaccinated with heat-killed tubercle bacilli They developed a hypersensitiveness which was expressed by an immediate though not very intense reaction at the site of subsequent tuberculous infection This immediate reaction was not always associated with protection against tuberculous infection On the other hand protection did occur independently of the quality of the immediate reaction—that is without intense inflammatory response and scab formation When one per cent. peptone broth was used as the excipient of the vaccine in the place of saline protection was often obtained without any immediate hypersensitive reaction after infection Animals "treated with one per cent. peptone broth alone often showed retardation and diminution of the response at the site of infection yet visceral tuberculosis was attenuated and in some animals even failed to develop at all This Pagel regards as a hetero allergic immunity reaction to tuberculous infection That peptone broth can act in a way similar to an antigen in tuberculous animals was shown by the intracutaneous injection into them of peptone broth the local response was quite different from that in normal animals The inflammatory response in tuberculous animals however was diminished (and was identical with that in normal animals) after the animals had been treated with "calcium Sandoz" In tuberculous animals that had been treated with peptone broth previous to infection intracutaneous injection of one per cent peptone broth produced a granulomatous lesion with giant cells after seven days Finally histological examination of the immediate reaction at the site of tuberculous infection in animals vaccinated as above showed evidence of fixation and destruction of the injected tubercle bacilli in the absence of increased inflammatory reaction and necrosis These experiments conclusively prove that hypersensitiveness and immunity in tuberculosis are dissociable phenomena

[1] *J Path. Bact.*, 1937 44 643

ASCHHEIM-ZONDEK TEST IN THE DIAGNOSIS OF CEREBRAL TUMOURS

The fact that the Aschheim-Zondek reaction is due to gonadotropic hormones secreted by the anterior pituitary makes it not unreasonable to attempt to utilize it in cases other than pregnancy where the pituitary gland is suspected to be in a state of increased activity Cerebral tumours may therefore *a priori* well be included The investigation of the presence of gonadotropic hormone in the body fluids in such cases necessitates a technique which will detect much smaller quantities than those associated with pregnancy and a standardization of the effects Monnier[1] has recently attempted such a standardization using immature mice and a physiologically standardized extract of human pregnancy urine The effects of different amounts of the gonadotropic hormone were studied in both the immature male and the female mouse In the female the ovaries tubes uterus, and vagina were studied macroscopically and microscopically after injections of 1/4 1/8 1/16 1/32 and 1/64 of a mouse unit as ordinarily defined, the results obtained with the first three doses being characterized as phase Ia Ib and Ic respectively Since the effects of small doses were to be defined Monnier chose as his starting point an amount of hormone (1/4 mouse unit) well below that required for full luteinization or maturation of the follicle but sufficient to indicate an unequivocal pituitary activity Phase Ia in the immature female mouse (resulting from 1/4 mouse unit) is characterized by enormous hypertrophy and hyperaemia of the tubes and uterus visible macroscopically and opening of the vagina Microscopical study of the tissues in phase Ia showed that follicular maturation is too feeble to be used as a criterion On the other hand the intense hyperplasia of the tubes the uterus and the vagina and the keratinization of the vaginal epithelium are unequivocal Doses below 1/4 mouse unit do not in the immature female mouse lead to

[1] *Presse méd* 1937 45 412.

LEGACIES TO MEDICAL CHARITIES

BY

HENRY ROBINSON, M D

Chairman of Council Royal Medical Fourdation of Epsom College

The subscription incomes of the medical charities, by which are meant especially the Royal Medical Benevolent Fund and the Royal Medical Foundation of Epsom College, are still far below what they ought to be, although the persistent efforts of the British Medical Association on their behalf have brought about improvements in this respect In what follows, I want first to emphasize that a plea for legacies is not meant to supplant, but to supplement, the prime duty of the profession to subscribe annually

At the Annual Meeting in Belfast last July I was able to give some statistics which I had collected by study of the wills and bequests column of the daily press, and these have now been further analysed My investigation covered a consecutive period of exactly twelve months I took a basic figure of £20 000 and excluded every (medical) estate below that figure It is, of course, clear that a medical testator with no dependants or near relatives who has £10,000 to dispose of owes a much greater obligation to be charitable than one with double that amount who leaves a widow and a large family, but *it is impossible to allow for factors such as this so* the base line was selected on the assumption that all members of the profession possessing property of that value can afford at least a small legacy to one of the charities of their own profession

Before going any further I ought to make two things quite clear first that though the total number of the estates dealt with is surprisingly large it contains only a small fraction of the medical practitioners who die in any one year and secondly, that most of the largest estates which swell the total to imposing dimensions, have obviously and notoriously not been accumulated by successful practice but are the results of non-professional activities or inheritance from ancestors engaged in more lucrative pursuits All the same in my view a qualified medical man (or woman) who is fortunate enough to inherit wealth owes as great a duty to the medical charities both during life and as a testator as one whose prosperity has been the result of professional success I have included in my collection a few estates left by the widows of doctors whenever they have exceeded my datum line

The total number of these estates noted during the twelve months was 115 with roughly a total value before deduction of death duties of £4 978 000 These very considerable figures certainly surprised me and may possibly surprise others but I do not think they can be a freak result (except perhaps by the inclusion of three six-figure estates not acquired in the practice of medicine) because the numbers per month fluctuated remarkably little right through the whole year

It might reasonably have been anticipated that the two medical charities would have benefited very considerably from the wills of these wealthy individuals The Royal Medical Foundation of Epsom College however has in prospect (for it is not yet to hand) but one legacy of £300 from among the whole lot the Royal Medical Benevolent Fund has done rather better with (I think) one good legacy and two or three smaller ones But the grand total can only be described as miserable and unworthy One per cent would have brought in £50 000 which would have put both charities in a position to afford help worthy of a great profession

Another distressing feature of the list is the discovery that few among the larger estate owners have ever subscribed during their lives to either of these medical charities—the cynical will say that is why they left such large fortunes, but probably the real reason is more often thoughtlessness In one case where a medical widower left £52,000 it was discovered on inquiry that the local charities secretary had many times approached him for a subscription and had every time been refused on the ground of insufficient means! A further anomaly is disclosed in a few of the cases where large legacies (sometimes running into several thousands) are left to all sorts of philanthropic organizations, often very deserving ones, without a thought of the claims of our own professional charities For instance not long ago a doctor left about £10,000 among four separate missions to the heathen, he had never subscribed to any of the medical charities Another one, also recently, left some thousands among selected charities, and he too had never contributed to the Royal Medical Benevolent Fund or to the Royal Medical Foundation of Epsom College A woman doctor with no dependants left an estate of £37,000, without a legacy to medical charity, although during her life she had bought and presented to the National Trust a well known beauty spot for preservation in perpetuity She too, appears never to have subscribed to any medical charity during her life

One could multiply instances of similar complete disregard of those claims which might be thought to lie very near the heart of medical testators but perhaps I have said enough I will add just this, that the Council of Epsom College have during the years 1936 and 1937 together sanctioned capital expenditure—in their view, and in my own view necessary expenditure—amounting to about £17 000 and in consequence have to face an exceedingly heavy overdraft from their bankers or else to sell out investments Either expedient will, of course, reduce the income of the Foundation, and this disadvantage could have been avoided if the testators above recorded had taken what appears to me a just view of their responsibilities I present these statistics to the profession in the earnest hope that those who can afford to help the medical charities in this way will not forget or neglect to do so May they live long to enjoy the sensation of knowing that their duty has been done!

R Lévy-Dreyfus (*J Urol méd chir* July 1937, p 5) considers that intestinal fistulae rarely follow operations on the kidney He has been able to trace only fifty five cases in the literature The fistula is caused either by manipulation of the kidney during operation or by the persistence of tuberculous infection or perirenal suppuration In the cases reported tuberculosis was responsible for the largest number of cases, other causes may be lithiasis perinephric suppuration, and neoplasms Fistulae of the colon were most common though there was an almost equal number of duodenal and right colic fistulae The intestinal opening is seldom longer than 1 cm and is often a good deal smaller The first sign of a fistula is the escape of intestinal contents from the wound or scar accompanied by local inflammation and fever This usually occurs in the first few days after operation although cases have been seen when a much longer period has elapsed and one instance is noted where a fistula of the colon was not observed until ten years after the removal of a tuberculous kidney though a sinus had persisted since the operation Fistulae of the colon tend to heal spontaneously and rapidly in about 65 per cent of cases with a gradual decrease of intestinal discharge Surgical treatment may be necessary for those cases in which the fistula does not heal. When the perforation is in the colon an entero-anastomosis followed by a colectomy is the procedure of choice The prognosis in cases of duodenal fistulae is more serious, and operative treatment carries such a high mortality that medical measures should first be tried The most simple form consists in keeping the patient in the ventral or lateral decubitus for a long period, with the reduction of fluids by the mouth

tions will depend on whether we were bred capitalist or communist, Aryan or non Aryan There is nothing new in the idea that reason is not the main guide of human behaviour, but nowadays we have to consider it as a scientific statement, not merely as a satirist s invention to shame us into good behaviour'

This change of outlook favoured Huxley s general conception of brain and mind It was true that the Freudian mechanism was a psychological, not a neural affair, but advancing knowledge of cerebral and mental organization seemed to be leading neurologists and psychologists towards a common ground Both were concerned with the driving forces, whether they were the incentives to intelligent action or physical and chemical factors, which controlled the level of activity in the cortical networks, and both had new methods of attack of great promise Although the neural basis for the simplest intelligent action was not yet certain, a period of rapid progress in cerebral physiology was probably beginning and certainly an understanding of the psychological factors which controlled behaviour was being approached

Practical Results

As to what practical results had followed from this increasing knowledge no one doubted that disorders of the nervous system were better understood and treated than in Huxley s time though there had been no success as yet with disseminated sclerosis and some of the slow degenerations With the psychoneuroses there was certainly more understanding, though it was hard to avoid the impression that there was also more disease In the major disorders of the mind there had been relative failure There were some new empirical treatments with a limited success, and in some cases the prognosis could be given with greater certainty but it must be admitted that an increased understanding of the insane personality had not yet done much to restore it to sanity—so at least it appeared to an onlooker This failure was to be regretted, but it was not surprising The advance had been mainly on the psychological side, and psychological lines of treatment only could be suggested For the psycho neuroses these might be enough but in the psychoses the patient had become inaccessible to such treatment because his thought had ceased to run along the customary lines To restore it would seem to require treatment of the bodily changes which must certainly occur when the mind became incapable of bearing its normal burden

Professor Adrian added that no one need hope for the time when the medical experts would be required to deal with all conduct which was thought by the ruling classes to be anti social There would be quite enough to decide if they were called to breed out abnormalities and obtain a standardized race But it was none the less a logical outcome of Huxley s creed that the biologist should become an expert on human as well as animal behaviour The biologist was still too ignorant to suggest many improvements in the accepted methods by which society controlled its members though lately they had been bold enough to assert that hungry men were often discontented and that prison did not always induce repentance That was perhaps enough at the present stage

Huxley spoke somewhere of biological science as providing an antidote to that phase of despair which the student if he took an earnest interest in social problems would assuredly sooner or later enter The lecturer supposed an occasional phase of despair over the suffering of mankind was still a valuable part of medical training Nowadays not so much comfort could be extracted from the doctrine of evolution or of the survival of the fittest but compensations were not lacking One of these was the knowledge that medical and biological research since Huxley s time had greatly lessened pain and disease another was the more ambitious belief that by research on the brain and on the mind it would be possible eventually to understand and control the forces which determined human behaviour

SOCIETY OF MEDICAL OFFICERS OF HEALTH

THE ANNUAL DINNER

The Society of Medical Officers of Health held its annual dinner at the Piccadilly Hotel on November 18, with the president, Dr JAMES FENTON in the chair Among the principal guests were

Sir Comyns Berkeley (Chairman of the Central Midwives Board) Viscount Dawson of Penn (President of the Royal College of Physicians) Captain G S Elliston M P Lord Horder Sir Kaye Le Fleming (Chairman of Council British Medical Association) the Earl of Limerick Mr Hugh Lett (Master of the Society of Apothecaries) Sir Ewen Maclean (President British College of Obstetricians and Gynaecologists) Sir John Parsons (President Royal Society of Medicine) Sir Allan Powell (Mayor of Kensington) and Lord Snell (Chairman of the London County Council)

Mr R H BERNAYS M P (Parliamentary Secretary Ministry of Health), proposing the toast of The Society said that it was largely to the medical officers of health that the country owed the splendid public services now available for the prevention and cure of disease In many areas, especially rural, full advantage was not taken of the services, and the Ministry was at present concerned with securing a better use of existing facilities There were hundreds if not thousands of pregnant women at the present moment who had not sought, and did not realize why they should seek medical care before their confinement He added that he was sure the local health arrangements were at their best and most fruitful when there was full and friendly co-operation between the local authorities as represented by their medical officers of health and the general practitioners of the area The national health campaign was the beginning and not the end of the matter for health education must be continuous if it was to be successful He had been specially instructed by the Minister (Sir Kingsley Wood) to invite the individual co-operation of all in the medical profession in the health campaign and to express his gratitude for what had already been done

Dr JAMES FENTON in responding said that medical officers of health were grateful to private practitioners for the spirit of co-operation they had shown in the campaign The maternity and child welfare tuberculosis and other services were now firmly established, and the outstanding problem was to teach people to take the fullest advantage of them He went on to suggest that the municipal hospitals should be made use of for research into the causes and prevention of the two maladies which took a heavy toll of life health, and comfort and the origins of which were still obscure—namely, cancer and rheumatism—but he agreed that hospital research was not enough it must in some way be combined with research among the general body of the people in their homes and work places He reminded the gathering that those who had gone before them had not been afraid to tackle difficulties and by their labours they had enabled the present generation to prevent what seemed in their day as unpreventable as cancer in our own How would posterity look upon us if we did no more than polish the monuments chiselled by our forefathers?

The Positive Element in H alth

Captain G S ELLISTON M P., proposed the health of the guests in a comprehensive speech coupling the toast with the names of Lord Horder and Lord Snell

Lord HORDER said that it was necessary to concentrate upon the positive element in health rather than on the negative absence of disease This was of fundamental importance to-day not only in the work of medical officers of health and general practitioners but in that of consultants and specialists This positive element was

anything which stood for a mental experience Symptoms often called rheumatic might be symbols of deep seated emotional attitudes

The psychological approach, Dr Halliday concluded was neither muddle headed nor mystic but scientific and practical Its employment meant that a sense of proportion and perspective was achieved By the use of a simple psychological technique observations might be made which were relevant to the aetiology treatment, and prevention of much incapacity and illness which was labelled in practice and in statistics under the comprehensive term non arthritic rheumatism This would not be believed or accepted until students of rheumatism made the necessary effort to become acquainted with such technique and applied it for themselves in daily practice

Psychological Background of Organic Disability

Dr R G GORDON said that Dr Halliday had spoken of cases which were not properly those of rheumatism at all but should have been diagnosed as hysteria or other form of psychoneurosis He himself proposed to speak about the psychological approach to those patients who actually had rheumatic disease Unless the psychological factors which might be concerned in the history of these patients were kept in mind there would be no real success in curing or understanding the condition Many people suffered from a certain degree of organic disease which they used in order to achieve an object often very satisfactorily from their point of view because nobody could deny that the disease was present An obvious example was afforded by compensation cases in which a man naturally tended to cling to his compensation so long as he was uncertain of his earning capacity Disappointment in love was another example The rheumatic disease or other trouble tended to persist until the individual was persuaded to make some readjustment to life A most common group of rheumatic cases were in people of middle or even late middle life who had some chronic condition and used this to excuse further effort or to obtain sympathy from their friends He instanced the hunting man who had a mild osteo-arthritis of the hip was persuaded that he was never going to hunt again and went limping and groaning around the health resorts It required a skilled and persuasive physician with psychological knowledge to get such persons out of that condition The temptation to tell the patient that he had got some disease with a high sounding name seemed to beset some members of the profession and to yield to it was not very creditable It was equally wrong to suppose the pain to be imaginary The effect of the emotional stress was to sensitize the thalamic centres where pain was felt The cortical control over these centres was diverted by the emotional condition and a neural habit was formed in which the pain became habitual and was a real pain to the patient What had to be done was to remove the fibrositis which might be the original cause but the main part was to desensitize the thalamic centres by straightening out the emotional condition and in such cases wise though it might be very simple psychotherapy was enormously effective Dr Gordon emphasized that it did not follow that the physical side should be neglected Attention to the physical side might be a means of gaining the patient's confidence so that what the psychologist called 'transference' took place

In many conditions of illness (Dr Gordon added) the soil on which the illness developed was psychogenic The valuable work of the old physicians who paid such attention to the soil was apt to be forgotten In a case of rheumatoid arthritis for example, the immediate past history might reveal a bereavement or a fright as a result of which there was produced the soil wherein the organism found lodging It might further induce autonomic changes and the balance of the endocrine organs might be upset All these cases required treatment but it was a wise physician who, in establishing treatment, could take every aspect of his patient into account and sometimes confess his own inability to carry out treatment effectively The spa physician might discharge a useful function in these cases studying and sorting out the factors and sending the patient back to the experts, who would carry out the necessary treatment

Dr S D MITCHELL related particulars of an examination carried out by Dr Philip Ellman and himself into forty cases of rheumatoid arthritis and forty cases of osteo arthritis in which the personal factors relating to the history and behaviour of each individual were studied The results which had been already published showed, among other things a high percentage of morbid anxiety among the rheumatoid arthritics Dr KERR PRINGLE pointed out one disadvantage of institutional treatment—that these people got together and by talking over their symptoms magnified them Dr F D HOWITT said that many doctors were too much inclined to pigeon hole their rheumatic cases and apply treatment according to categories rather than according to the merits of each case It was well known in treating a primary atrophic type of rheumatism how largely emotional factors and home environment entered into causation and prevented recovery

MATERNITY WORK IN L.C.C. HOSPITALS

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on November 19 Dr LETITIA FAIRFIELD presented a survey of maternity work in London County Council Hospitals during the years 1931 to 1936

Dr Fairfield pointed out that the conditions in the municipal hospitals were of interest as an increasing proportion of the midwifery of the county was conducted within their walls Of the 58,130 births in London last year 18,261 took place in L.C.C. hospitals The number of beds had increased during the period from 600 to 853 while the maternity units had been reduced from twenty-six to twenty two The optimum size of unit was now considered to be from eighty to ninety beds Of the women confined 46·5 per cent were primiparae 8·7 per cent were unmarried Although no compulsion could be exercised 90·88 per cent attended the Council's ante natal clinics The rate for aided or complicated labours remained steadily at about 16 per cent The stillbirth rate was 3·8 per cent., and the death rate of infants within the first ten days of life 1·9 per cent Caesarean sections constituted 0·85 per cent of the deliveries the forceps rate was steadily between 3·25 and 3·39 per cent the surgical induction rate was 2·47 per cent (mainly owing to the practice of one or two hospitals)

Puerperal Sepsis

It was difficult to secure really comparable figures for the maternal mortality rate The deaths from truly obstetric causes after the twenty-eighth week were presented separately The total had been 292 out of 79,254 confinements the rate had fallen by 50 per cent between 1931 and 1936 and was at least 20 per cent lower for 1937 Puerperal sepsis with ninety five deaths was the major problem Cases of sepsis from the hospital standpoint fell into four groups autogenous epidemic sporadic cases after normal labour and sporadic cases after abnormal labour Only the last group now contributed to the Council's death rate Two factors had revolutionized the outlook for such cases The first was the intensive work of Dr Leonard Colebrook and his colleagues in regard to the haemolytic streptococcus and the second the discovery of prontosil though this latter advance came too late to influence favourably the statistics she was presenting Only three patients had been lost from infection since prontosil was used and of these two had been infected before coming into hospital and were seriously ill on arrival She insisted that it was possible to concen

moment, without any other radical treatment An extensive cavernous naevus of the nose eyebrows and lips had necessitated after radium treatment upper and lower pedicle grafts together with inclusion of various borrowed bits of cartilage

Sir Harold Gillies stressed the importance of recognizing the improvement in mental attitude that was coincident with the disappearance of disfigurement A girl who had suffered the loss of the scalp in a factory accident and for whom repair had been effected by a double pedicle graft—from abdomen to arm and then from arm to forehead—was enabled to wear a toupée, which gave her a normal appearance she had subsequently married Similar grafting had proved effective after excision of deep scarring of the face secondary to burns Amputation of a lower extremity had been rendered unnecessary in the case of a middle aged woman the victim of a severe motor car accident by effecting a very difficult repair with a pedicle flap from the abdomen In the case of a severe x ray dermatitis affecting the arm of a radiologist excision of the diseased area had been the means not only of removing pain but also of restoring useful function to the limb

Buccal Deformities

In dealing with buccal conditions skin grafts maintained in position by pressure moulds of the cavity gave excellent results, and it was surprising to note the rapidity with which healing took place An appropriate and exact moulding of dentures was a *sine qua non* when repairs to the mouth and chin were undertaken In syphilis there had seemed to be reluctance to attempt to correct deformities in the past but once the disease had responded to specific treatment he saw no reason for such reluctance

Syphilitic ulceration destroyed the mucous membrane of the nose and so skin grafting was required for lining the nares in addition bone grafting and a suitable dental appliance had done much to improve the appearance in certain cases

Sir Harold gave a short account of the modern developments in the treatment of congenital malformations—for instance hare-lip where the muscles were now united in separate layers and building carried out in stages without hurry Allusion was made also to Abbé's operation for repair of double hare lip He discussed the difficulties associated with hypospadias and other congenital defects of the penis and urethra In one such case he had removed the umbilicus and grafted it on to the tip of the penis thereby reproducing at one and the same time a normal appearance and a patent urethral opening In congenital webbing of the fingers pressure skin grafting had proved satisfactory In flattening connected with frontal sinus defects and in hemiatrophy of the face flat grafts had given perfect results The best grafts for this purpose were obtained from the abdomen in particular the right iliac fossa

He mentioned the difficulties met with in treating congenital absence of the ear at the moment six out of ten cases in which he had obtained cartilage from the mother had given very good results The chief difficulty was with the construction of the upper part of the ear

Deformities due to Facial Paresis

Sir Harold Gillies ended his address with a cinematograph demonstration of his operation for correcting the deformity resulting from unilateral facial paralysis The first step in the operation was the acquisition of strips of fascia lata and their accurate division in length and breadth Next followed the subcutaneous insertion of appropriate strips in circular fashion through the musculature of both lips A similar fascial graft was then attached to a slip of innervated temporal muscle obtained by inversion and brought down over the zygoma The free end of the lower fascial strip was brought up subcutaneously and tied to the temporal slip in the small wound below the zygoma—a trifling scar alone being visible after the closure As an immediate result of this operation biting was practically normal smiling and whistling brought out no harsh asymmetry of the face and lips and emotional responses—extreme hilarity—showed only 50 per cent of the preoperative deformity

ORGAN INFERIORITY

At a meeting of the Medical Society of Individual Psychology on November 11 Dr CUTHBERT DUKES read a paper on organ inferiority, this being the second of four papers forming a symposium on the contribution of the late Alfred Adler to psychological medicine

In his introductory remarks Dr Dukes explained that his paper was short and intended to be provocative of discussion Adler's *Study of Organ Inferiority and its Psychical Compensation* published in 1907 marked the beginning of his career as a psychologist and might be said to have laid the foundation of individual psychology The book dealt with two subjects The first and simplest was the influence of an inferiority or defect in an organ as a determinant of disease For example tuberculosis was more likely to develop in a defective than in a normal organ and Adler argued that when we could find no other explanation for such a localized lesion as renal tuberculosis we might assume that the kidney itself was inferior Dr Dukes criticized Adler's statement that such an inferiority might be of a fundamental character affecting the whole urinary tract and might manifest itself in one patient by a structural deformity in another as renal tuberculosis calculus or tumour and in another as some such functional difficulty as enuresis He challenged Adler's statement that there might also be segmental inferiorities and inferiorities dependent on groups of physical characters affecting wide areas of the body and leading to defects in the height size or weight of the whole body He had never come across much evidence for an inferior state of a whole organ system or segment of the body manifesting itself in different but related ways in different members of one family But he was a firm believer in the inheritance and therefore in the familial distribution of a defect or inferiority of one particular organ The example of which he had had most experience was intestinal polyposis or multiple adenomata of the large intestine This was obviously an inherited organ inferiority The small tumours usually appeared in childhood and were at first benign but early in adult life carcinoma of the colon or rectum was a probability Here was an example of an organ inferiority acting as a determining agent in disease and recent cancer research had brought to light similar examples of inferior organs predisposing to malignant disease in animals By inbreeding it was possible to rear strains of mice with such hereditary predisposition to cancer of the liver or to cancer of the mammary gland Thirty years ago Adler said It is the inferiority of the organ and not the cancer which is inherited

Psychological Effects

The second and larger subject with which the book dealt was the effect of organ inferiorities on the psychological development of a child An inferior organ might become the centre of attention of the developing personality, and the whole plan of life might be arranged to disguise to counterbalance or to compensate for the deficiency Examples were given of the effects of such an inferiority as a defect of speech This might lead to great concentration either to overcome or to conceal the defect, so that the afflicted individual might become an orator, or a stammerer, or a recluse Thus it was not the gravity of the disease but the child's personal attitude to it which was psychologically important A serious disease might have no special importance so far as mental development was concerned A slight defect, harmless in itself but troublesome or deforming, might severely shake the courage and

Dr TWINING in reply to the above questions said that by tomography the fact of bronchiectasis could be established and it could be ascertained which lobe it was in but when it came to saying what kind of bronchiectasis it was lipiodol had the advantage every time He had not used it for cholecystography, detail must be shown in the gall bladder and contrast was already pretty good but tomography, while it heightened contrast lost some detail

In reply to a further question Dr MCDOUGALL said that now that the gross chest conditions had been explored it was proposed at Preston Hall to make an intensive investigation of sputum positive cases with minimum radiological signs

ACUTE RHEUMATIC FEVER

At a meeting of the London Association of the Medical Women's Federation on October 25, with the president, Miss E C LEWIS in the chair Professor J W MCNEE gave an address on acute rheumatic fever

Professor McNee said that since returning to Glasgow he had been impressed with the frequency and severity of the acute rheumatic diseases in Glasgow as compared with London He referred particularly to cases of acute rheumatism seen in the early spring of 1937 especially in adults and adolescents He discussed the features and possible aetiological relationship between three different types (1) ordinary acute rheumatic fever (2) chorea and (3) an illness starting with the usual phenomena of acute rheumatic fever but running on directly into the typical picture of rheumatoid arthritis He spoke of the clinical severity of the first type the striking effects of salicylates on the fever and general symptomatology, and the marked tendency to relapse if the heavy dosage of salicylates was relaxed too soon In the second type he denied that chorea only affected alert and nervous people the dull and apparently unemotional factory girl seemed just as susceptible The third type of case was important in relation to the problem of the aetiological connexion between acute rheumatism and rheumatoid arthritis These cases when seen in adolescents were not cases of Still's disease—there was never enlargement of lymph glands or spleen

Endocarditis occurred in all three groups but this was not proof of a direct aetiological connexion between the groups An exactly similar endocarditis might occur in other and quite different diseases He had seriously begun to wonder if the acute rheumatic diseases especially rheumatic fever and chorea represented any true clinical and infective entity—his faith in these things had been shaken by the recent developments in the knowledge of scarlet fever Perhaps the Aschoff body was the sole clue available at present but was that a lesion caused by a specific virus, or merely the reaction round a small area of necrosis due to various infective or toxic agents? Were Aschoff bodies to be found constantly in chorea or in the third type of case referred to? It was difficult to interpret the epidemiological facts about acute rheumatic disease that were already known It was usually a seasonal disease in Britain having its greatest incidence in November, but it had been common this year in early spring He was impressed as was Thompson in Birmingham with the number of patients who told of damp houses and of residence near a river It was difficult to suggest any influence due to diet—the disease did not seem specially to attack those in the extremest poverty and squalor but often those who had been well described as the decent poor Professor McNee concluded by saying that none of the hypotheses of aetiology—streptococci allergy or filterable virus—was at all convincing Work on all of the three types he had described must be continued in the centres where the rheumatic diseases were particularly prevalent, and Glasgow certainly appeared to be in this category

Local News

ENGLAND AND WALES

Tuberculosis in Wales

Reference is made in the twenty fifth annual report of the King Edward VII Welsh National Memorial Association which covers the year ended March 31 1937 to the conference at Shrewsbury last December, when details of a more intensive campaign against tuberculosis mortality were approved, it being admitted that the provision hitherto made by the Memorial Association had been inadequate in some respects It was decided that the Association acting as agents of the local sanitary authorities should assume responsibility throughout Wales for obtaining and recording the basic data concerning patients should carry out certain preventive measures and act more decidedly as regards discovered housing and sanitary defects With the co operation of insurance committees and approved societies there should be a tightening up of the practice of notification and reference to tuberculosis officers panel practitioners being circularized and greater emphasis being placed on the necessity for prompt reference of suspected cases among insured patients to regional medical officers preparatory to enlisting the help of tuberculosis officers The attention of the Welsh Board of Health should be drawn to the laxity in certain quarters in the notification of tuberculosis the transmission of notifications from district medical officers of health to county medical officers and the correction of housing and sanitary defects This conference was followed by another in February of this year when an adjusted financial estimate was approved and by a third in March when opposition was manifested to the proposals of the Memorial Association a deputation of which subsequently met the Minister of Health and its programme was reiterated The council of the Association deprecated the fact that the progressive and ordered development of the plan for the National Campaign against tuberculosis in Wales had been most unfairly interrupted. The report states that the total number of deaths from all forms of tuberculosis in Wales and Monmouthshire during 1936 represented a rate of 0 816 per 1 000 as compared with 0 925 in the previous year and with the rates for 1936 of 0 692 in England and Wales together and 0 681 in England The hope is expressed that this gratifying decrease in mortality will be more than maintained in future years Emphasis is laid on the danger of exposure to open cases in overcrowded homes especially in conjunction with under nourishment and dietetic defects, and it is suggested that good might be done by freeing children temporarily from adverse home conditions There is still a serious shortage of laboratory accommodation and research work is retarded by the pressure of routine investigations Surgical blocks for the treatment of cases of chronic tuberculosis as a part of the ordinary surgical tuberculosis hospital are advocated by Dr Alexander Brownlee it being impracticable to treat these patients adequately in their own homes and uneconomical to deal with them in the general wards of these institutions

An Optical Centenary

Not to many firms is it given to celebrate a hundredth anniversary or at least to have been carried on for that length of time by members of the same family and the fact that W. Watson and Sons Ltd of High Holborn, London makers of microscopes and other optical instruments, have achieved that record well deserves the production of an interesting brochure to commemorate the event The firm was founded in 1837 by William Watson and a son a grandson and a great-grandson of the founder are directors of the firm at the present day It has had its present address in High Holborn for three

tions for admission during 1937 sixty six were from persons suffering from cancer, of whom forty nine were admitted The pressure on the accommodation for female patients suffering from this disease has given the managers much concern and more beds had been made available for them Finance had, on the whole been satisfactory, although the ordinary income did not meet the ordinary expenditure, and year by year a deficit had to be met out of donations and legacies received This year the deficiency had amounted to £3,220, the ordinary expenditure having been £18,000

SOUTH AFRICA

Overcrowding in Mental Hospitals

The report (1936-7) of the Mental Hospitals Departmental Committee South Africa, discloses a lamentable condition of affairs It is stated that the number of patients resident in institutions is far in excess of the accommodation available Only in the case of European males does the accommodation appear to be in any way adequate European females and native patients of both sexes are sadly overcrowded Even among Europeans the beds are in some cases so close together and passage through dormitories is so hindered by extra beds, that in a recent instance a patient was murdered by one of his fellows before it was possible for the attendants to intervene Native patients were found to be sleeping in absolute contact with one another forming a solid layer of humanity, so that it was scarcely possible to pass through the wards Available accommodation for patients is further reduced by the lack of adequate quarters for the European staff who are too often accommodated in rooms intended for patients Some of these unfortunate nurses occupy single rooms' measuring about seven feet by nine, with armoured doors and guarded windows These rooms are, in effect, cells intended for noisy dirty, or refractory patients The hardship is accentuated in the case of night nurses who on account of the close proximity of these quarters to the patients day rooms, are unable to secure their proper rest The report states that the committee, after careful inspection of all the hospitals and institutions, decided that the accommodation provided is frequently of such a nature as to be detrimental not only to the recovery but also to the actual well being of the patients It is further stated that as long ago as 1913 a Select Committee found the accommodation provided to be both inadequate and unsatisfactory Improvements and additions since that time have not merely failed to keep pace with increased requirements but in some instances have been insufficient *even to overtake the needs which then existed* This prevalent overcrowding which makes impossible the separation of the noisy from the tranquil the dirty from the clean, the maniacal from the harmless creates, in the opinion of the committee an obstacle to recovery which cannot be overcome by any conceivable method of therapy Following a large number of general recommendations by the committee the report states that the whole administrative machinery of the Mental Hygiene Branch of the Department of the Interior is fundamentally defective and a strong conviction is expressed that it should be transferred to the Department of Public Health as an autonomous subdepartment The formation of an advisory board or council similar to the Leprosy Council, is also advocated

Health of Capetown

The report for 1936 of the medical officer of health for the city of Capetown records a serious epidemic of whooping-cough during the year under review The number of deaths reported was 188 the majority being of non European children under 5 years It is stated that the non European death rate from whooping-cough per 1,000 children living was eight times as great as the European in children under 1 year and ten times in children between 1 and 2 years There is no reduction in the mortality from tuberculosis which is a major problem for the health authorities Among the white population the death rate *from this disease is twice as great as that of the Union* as a whole and exceeds that of England and Wales In non Europeans the position is much worse the tuberculosis mortality being five times as great as in Europeans This unfortunate state of affairs is attributed to low social and economic conditions prevalent among the coloured people and also in the poorest sections of the whites Overcrowding, bad housing, and malnutrition are contributory factors which can only be improved by measures of social reform The provision of clinics, hospitals and sanatoria is also inadequate and although a considerable increase in the expenditure on tuberculosis services is foreshadowed still further extensions the report states will be necessary The non European section of the population of Capetown constitutes approximately one half of the city s 300 000 inhabitants The greater part are of mixed race, with a definite admixture of white blood known as ' Cape Coloured These people are largely the descendants of slaves, whose emancipation was completed in 1835 Their ancestors of the eighteenth century and earlier comprised Europeans, Hottentots blacks from Mozambique Madagascar *and other parts of Africa and East Indians* from the Dutch East Indies One section of the Cape Coloured known as Malays is Moslem in religion, and more immediately descended from natives of the Dutch East Indies These Malays " tend to intermarry with Moslems from British India who are comparatively newcomers The Cape Coloured also include a small proportion of Bantu natives Among all these people the principle of compulsory education is not applicable As a result there is much illiteracy In addition to ignorance a lack of discipline tends to produce a high incidence of venereal disease and alcoholism Although the bulk of the city consists of houses of brick or stone served by water carriage sewerage and a good municipal water supply some thousands of non-Europeans live in wood and iron shacks on the outskirts In these outlying districts stercus is collected weekly in pail closets by mule or ox wagons under the control of the city engineer s department, and removed to trenches in municipal land where it is buried This work presents considerable difficulty, especially in the flat sandy region known as the Cape Flats, owing to lack of roads soft soil and standing water in winter It is stated that more than 5 000 premises were dependent on this form of sewage removal in June, 1936

A Caeiro and O Orias (*Rev argent Cardiol* May–June 1937) after recording optically the heart sounds at the apex mesocardial and pulmonary areas simultaneously with the jugular pulse in twenty healthy young medical students came to the following conclusions An auricular sound at about 29 vibrations per second was recorded in 85 per cent of cases lasting for about 0 1 second, appearing in the records with an amplitude of 6 mm, about 0 015 second after the beginning of wave A of the venous pulse and from 0 034 to 0 046 second after the top of the *P*-wave in the electrocardiogram The first heart sound was found to be composed of four groups of vibrations the first consisting of one vibration the second of one and a half vibrations and the third and fourth of two vibrations each The second sound showed a frequency of 36 vibrations per second all over the praecordial area but was recorded with maximal amplitude in the mesocardiac area The so-called third heart sound was recorded in 65 per cent of the cases the average figures for its properties being as follows duration at apex—0 117 second mesocardiac region—0 136 second and base—0 092 second, number of vibrations per second at apex—3 7, mesocardiac region—34 and base—33

general consensus of opinion was to the effect that inoculation was definitely indicated and that the risk of a 'negative phase" could be ignored At the Royal Victoria Hospital where some forty odd cases of typhoid were treated, all the nurses were inoculated and no case of typhoid occurred among them

In a recent report by Dr R Taylor in the *Journal* (October 16, p 760) on the treatment of an outbreak of typhoid among the Spanish refugees in England, the camp medical commandant mentions his own initial doubts as to the advisability of inoculation *in the presence of an epidemic* Like us he was unable to find an authoritative statement on the subject in any textbook He decided to inoculate all the children, and although the hygienic conditions were bad owing to the children's unfortunate habits nevertheless the epidemic was quickly stamped out and there were no instances of severe attacks of typhoid occurring during the negative phase' One hopes that by the time this appears in print the Croydon outbreak will have been arrested, but in view of the doubts which have assailed the minds of doctors in three separate epidemics it seems worth while ventilating this problem

I cannot resist this opportunity to express the hope that the Lister Institute's serum should be given a trial in the present epidemic Our experience here led us to hope that given early and in full doses, it may prove a most valuable method of treatment—I am, etc.,

Bournemouth Nov 22 R VAUGHAN FACEY

*** According to the *Times* of November 23, anti typhoid serum has been obtained from the Lister Institute by the Croydon Public Health Department and supplied to local doctors for use in fighting the outbreak Commenting on the use of serum in an annotation in the *Journal* of November 20 (p 1029) we said The method is at least worth a trial for selected individuals where the risk of infection is high in the hope that the severity of attack may be mitigated even although complete protection may not be conferred Referring to the other point raised by Dr Facey the value of prophylactic inoculation, we said that this might be employed with reasonable expectation of success in protracted or widespread outbreaks and is indeed the only effective measure if the source of the infection is not detected or completely eradicated We would refer readers interested in the serum treatment of typhoid to the article by Dr Harold Cookson and Dr R V Facey in the *Journal* of May 15 1937—ED *B.M.J*

Oysters and Typhoid

SIR—In at least two recent cases persons who had contracted typhoid fever after eating oysters in restaurants obtained damages from the proprietors of the restaurants concerned In the second case the legal advisers of the restaurateur apparently thinking their case to be hopeless settled the case out of court after the evidence of the plaintiff had been heard In both cases the wholesalers and oyster fishing companies implicated emerged scathless The reasons for this are not at all clear to me In each case great stress was laid on evidence suggesting that the oysters were stale but surely nobody believes that staleness can produce *B typhosus* It can be alleged with what measure of truth I do not know that a stale oyster allows *B typhosus* to multiply or to acquire virulence, but that suggestion should not tell against the restaurateur who has no means of ascertaining that he has been supplied with a potentially dangerous article As no evidence was given that any member of the restaurant staffs was a typhoid carrier, it must be presumed that either the oysters were already infected with the *B typhosus* when caught (in which case the fishing company might perhaps be held to be blameworthy), or in fact the oysters had nothing to do with the typhoid I can see no reason for finding against the restaurants Perhaps somebody can tell me where my reasoning has gone astray—I am, etc,

London W 9 Nov 14 JAMES GOSSIP

Research in Rheumatism

SIR,—To dispute priority is I admit, the confession of mental feebleness, but Sir Leonard Hill (*Journal* November 20 p 1045) is strangely wrong The first rheumatism research unit was founded by myself at St Mary's Hospital in 1897 It was then a real unit—namely, one man or, as the dictionary has it a single thing or person Soon before 1900 it became two people, and then fell into line with the modern unit which suggests to a mere countryman great horses straining at the plough but is in fact more like a limpid stream running through a lordly but expensive and aristocratic property Whether this unit has done valuable research it is not for me to say Certainly some of the work has been re-done as original in this country—which is always consoling—and certainly the art of drawing the tonsils became more popular after 1900 I would remind Sir Leonard Hill that *Researches on Rheumatism* a collection of papers, was published in 1913 about a quarter of a century ago —I am etc.,

Bath Nov 20 F JOHN POYNTON

SIR,—In the report in the *Journal* (November 20, p 1042) of the laying of the foundation stone of the new "arthritis unit at the Hospital of St John and St Elizabeth by Sir Kingsley Wood it is stated that the arthritis unit in question is the second of its kind to be established in this country From a letter in the same issue from Sir Leonard Hill it would appear that the first was established by the London County Council at St Stephen's Hospital in connexion with the St John Clinic Much may depend upon what is meant by an arthritis unit but if it means a hospital ward for cases of arthritis associated with a laboratory for bacteriological and other investigations I think it must be emphasized that so far from these being the earliest attempts to investigate rheumatic disease in hospital and laboratory combined they are distinctly late in the field

The Devonshire Royal Hospital in Buxton which treats about 4 000 cases of rheumatic disease every year nearly half of them being cases of arthritis of one type or other established a laboratory and appointed a bacteriologist in 1912 This should I think be regarded as the first arthritis unit in this country In 1923 with the help of an annual contribution of £250 from the corporation a research chemist was appointed and another laboratory equipped So far as I am aware this was the earliest instance of research into rheumatism being assisted by a municipality the London County Council being second in the field At the present time the Devonshire Royal Hospital has a bacteriologist a research chemist a radiographer and two laboratory assistants engaged in research work although that of necessity includes an enormous amount of routine investigation The work done has perhaps received more notice in the United States than in this country which is only now beginning to realize the importance of rheumatic research

The public is apt to look for immediate and striking results as soon as any scheme of research is begun but

Open Endotracheal Anaesthesia in Infants

SIR,—In the *Journal* of November 20 (p 1025) there is an account, by Dr L T Clarke of Birmingham, of a new anaesthetic appliance for anaesthetizing infants I wish to point out that the technique of endotracheal anaesthesia without expiratory valve and rebreathing bag and open to the air has been in continuous use at the Babies Hospital Newcastle upon-Tyne for over two years A description of the T-piece and other details was published in the *British Journal of Surgery* in July 1937 and a more detailed paper appears in the current number of *Current Researches in Anesthesia and Analgesia* published in the United States by the International Anaesthesia Research Society

I am particularly interested in Dr Clarke's version of the "open" endotracheal technique because in February of this year I received an invitation to visit Birmingham and anaesthetize two cases for Mr W E M Wardill and Mr T Pomfret Kilner at the Queen's Hospital The operations were pharyngoplasty and the repair of cleft palate in an infant of 15 months and repair of a hare lip in a baby of about 4 weeks In addition to the surgical demonstration by Mr Kilner and Mr Wardill, I demonstrated my open endotracheal method for anaesthetizing babies to Dr Clarke, Dr McCardie Dr Featherstone, and other anaesthetists Although I am responsible for introducing to Birmingham the technique so ably described by Dr Clarke I would prefer to describe the method as a modification of the inhalational endotracheal technique devised by Dr Ivan Magill—I am etc,

Newcastle upon Tyne Nov 20 PHILIP AYRE

Combustion of Potassium Chlorate Tablets

SIR—A few years ago a warrant officer in the Royal Navy, while riding a motor bicycle came into collision with a motor car, and sustained minor bony injuries and burning He had been taking potassium chlorate tablets for a sore throat, and these tablets were in a cardboard box in his pocket After the collision the area around his pocket burst into flames and he was severely burnt Another accident that occurred only a few weeks ago was to a patient of mine who on getting into his car and sitting down suddenly heard a hissing noise in his waistcoat pocket, and found himself on fire He noticed two tablets of potassium chlorate which he had bought fall to the ground in flames and set alight the seat of his car He states that twenty-five tablets were in a paper packet, and so far as he knew there were no matches in his pocket, but he is not quite certain If a safety match box was there the potassium chlorate tablets in contact with the phosphorus of the lighting part of the box may have ignited but he is still confident that the tablets were not loose in his pocket, but were wrapped in paper It would be interesting to learn whether spontaneous combustion can occur I should be glad to know if anyone has any explanation to offer and I feel a public warning to motorists should be issued on the dangers of an accident due to potassium chlorate tablets

Pharmacists realize the combustible nature of potassium chlorate when friction is excited between this substance and phosphorus and for this reason are in the habit of instructing their clients in the careful handling of potassium chlorate tablets It is a simple matter to demonstrate this danger by striking one of these tablets on the friction paper of a box of safety matches The paper which contains phosphorus causes friction and the tablet is seen to flame up In the same way sufficient flame can be made by the tablets, on rubbing them against the head of a red match, to set the match on fire Should these tablets of potassium chlorate be loose in the pocket, friction and to some extent detonation coupled with the heat of the pocket will cause a fierce flame if the tablets are in contact with loose red matches or a safety box The chemical nature of potassium chlorate is such that it readily gives up its oxygen which will assist in feeding the flame in the process phosphorus pentoxide is formed ($5KClO_3 + 6P = 5KCl + 3P_2O_5$)

Severe burns have been caused however, when the patient has had no matches or anything of a phosphoric nature in his pocket It appears that in the presence of any small amount of organic matter and under the influence of detonation or friction the potassium chlorate will burst into flames It is therefore possible, despite the fact that the tablets are enclosed in a cardboard box that they may be fired while walking or driving and any grit or organic matter present in one's pocket will cause damage In the presence of acid such as one might get from acid drops etc., these potassium chlorate tablets will be broken down into chloric acid ($HClO_3$) Even the weak hydrofluosilicic acid will break down the potassium chlorate into chlorate acid ($2KClO_3 + H_2SiF_6 = 2HClO_3 + K_2SiF_6$) In its chemical properties this acid bears a strong resemblance to nitric acid but it is more easily decomposed being a very powerful oxidizing agent a drop of it will set fire to paper and it oxidizes phosphorus with explosive violence Potassium chlorate is also used in the making of detonators and explosives—I am etc.,

Hastings Nov 16 E F ST JOHN LYBURN

*** An accident of the same kind was recorded by Dr J Pereira Gray of Exeter in the *Journal* of November 23, 1929 (p 992) It is evident that a warning needs to be reissued from time to time Some responsible manufacturers print a caution on the label of packets containing chlorate of potash tablets advising the public not to carry these loose in the pocket and to keep them away from matches—ED *B M J*

Gastroscopy

SIR,—I was interested to read the report of the meeting of the Royal Academy of Medicine in Ireland on gastroscopy I would like to emphasize that it is as difficult to diagnose the presence of early malignant change in an ulcer by gastroscopy as it is with the naked eye and thus too much reliance should not be placed on a single examination With regard to the anaesthesia I have found that euphagin tablets which are sucked cause less discomfort to the patients than painting the palate and pharynx with decicain This tip was given to me by Mr Rodgers and Dr Hancock of St Bartholomew's

I cannot agree with Mr F J Smyth when he states that the instrument is especially valuable in the diagnosis of jejunal ulcer as the gastro-enterostomy stoma often lies in the blind spot I have been able to see the stoma in six of nine cases with a gastro-enterostomy and only two ulcers at the anastomosis although two others had been demonstrated radiologically The use of the prograde gastroscope as used in Professor Henning's clinic would increase considerably the number of stomas seen The passage of a gastroscope to the majority of patients is not an ordeal as suggested by Dr Alan Thompson though to a highly nervous patient, and to my one medical patient it was described as uncomfortable but not actually painful ("a little Teutonic perhaps") but in retrospect not so bad as he had anticipated